

Subject:	Winter Planning for Health and Social Care		
Date of Meeting:	16 October 2019		
Report of:	Executive Lead Officer for Strategy, Governance & Law (Monitoring Officer)		
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Ward(s) affected:	(All Wards);		

FOR GENERAL RELEASE

Glossary:

- Local A&E Delivery Board (LAEDB) – partnership body that coordinates urgent care across the city, including planning for seasonal pressures
- Sustainability & Transformation Partnership (STP): NHS regional planning footprint
- SES: Sussex & East Surrey (area covered by local STP)
- BSUH – Brighton & Sussex University Hospitals Trust: NHS trust responsible for Royal Sussex County Hospital
- SECamb – South East Coast Ambulance NHS Foundation Trust: NHS trust responsible for local emergency ambulance services
- Sussex Resilience Forum – local partnership that coordinates emergency planning
- CQUIN (Commissioning for Quality and Innovation) – NHS system that makes part of NHS provider income conditional on delivering locally agreed performance targets
- LLOS (long length of stay) – NHS metric that records all patients spending more than 20 days in an in-patient bed
- 111 – urgent but non-emergency NHS phone service
- Discharge to Assess (D2A): initiative that entails undertaking care assessments of individuals *after* they are discharged from hospital to their own homes

1. PURPOSE OF REPORT AND POLICY CONTEXT

- 1.1 There is a consistent surge in the use health and care services in the winter months, creating additional pressure on a system already struggling to meet

demand. This report seeks to provide HOSC members with assurance that partners have robust, evidence-based plans in place to cope with winter 2019/20.

1.2 **Appendix 2** includes information on local winter planning supplied by Brighton & Hove CCG.

2. **RECOMMENDATIONS:**

2.1 That the Committee notes the information included in this report.

3. **CONTEXT/ BACKGROUND INFORMATION**

3.1 There is a consistent increase in demand for health and care services during winter months. This has several causes: cooler and wetter weather can worsen certain medical conditions, particularly respiratory problems. There is also an increase in trips and falls in the winter, potentially as a result of extreme weather, but mainly because the colder conditions can act to exacerbate health problems experienced by frail older people. In addition, winter is the season for flu and norovirus.

3.2 All local health and social care systems are expected to agree a plan for the winter period (01 December 2019 to 31 March 2020). The plan covers the whole health and social care system, from preventing unnecessary admission to hospital through to supporting timely discharge home, ensuring that access to services and patient safety is maintained.

3.3 The plan provides system assurance that service capacity across the health and social care system will be sufficient to meet forecast levels of demand and is able to respond quickly and effectively when there are exceptional surges in demand that require a rapid system response.

3.4 Winter planning is the responsibility of the local A&E Delivery Board (LAEDB) a partnership body bringing together a wide range of organisations (the Brighton & Hove LAEDB Terms of Reference/membership are included for information as **Appendix 1**).

3.5 **Plan Objectives.** The LAEDB-set winter planning objectives are:

- To maintain patient safety and service quality at all times;
- To ensure that acute hospital bed occupancy is maintained at a level that ensures that patients who require admission to a hospital bed are able to be admitted in a timely way, thereby avoiding the risk of overcrowding in A&E and delays to ambulances being able to handover patients and respond to 999 calls;
- To ensure that community health services are maximised, e.g. improving length of stay and utilisation and increasing the number of patients who can be safely discharged home. Effective use of community services during the winter period will support timely discharge from hospital and avoidance of unnecessary admission to an acute hospital bed;

- To ensure the delivery of agreed improvement plans in respect of national NHS access standards including the 4 hour A&E standard, the 18 week referral to treatment standard and cancer waiting times standards;
- To deliver the national ambition to reduce the number of patients in an acute hospital bed with a long length of stay by 40% by March 2020 – It is well evidenced that patients with a long length of stay in acute hospital settings are at high risk of de-conditioning.
- To ensure system Delayed Transfer of Care (DTC) are no greater than 3.5% of acute hospital beds.
- To proactively prevent and manage infection control outbreaks issues such as influenza and norovirus

3.6 Using learning from last year

3.5.1 Last Winter was very challenging for the Brighton & Hove system, but the system was able to maintain a focus on patient safety. There are a number of lessons that have been identified that informed the development of the plan for this winter.

3.5.2 A 2019 LGA (Local Government Association)/NHS peer review of local 'hospital to home' services identified a number of opportunities to strengthen partnership working; all system partners are committed to this. An example of this learning is the development of a whole system approach to capacity and demand planning for winter which will significantly strengthen planning.

3.5.4 However it is recognised that the system remains a challenged system and there is an improvement journey that needs to be continued to deliver the best possible services to the residents of Brighton & Hove. It is also important that the system effectively supports staff during the challenging winter period

3.5.5 The slides attached (**Appendix 2**) give the detail of mitigations developed in response to learning from previous performance.

3.6 **Management of the winter plan.** The Local monthly A&E Delivery Board will be the lead body managing delivery over the winter period. There will also be weekly face to face meetings of the senior system leadership at the Operational Command Group to support delivery and the option of daily escalation calls if necessary.

3.7 HOSC involvement

3.7.1 The local health and care system's ability to cope with seasonal demand surges is a key factor in delivering high quality services that meet national targets and local aspirations. The HOSC has a role in seeking assurance that system partners are working effectively together to plan for winter. HOSC members may particularly wish to consider the following:

- Are there sufficient city acute hospital beds to cope with forecast demand over the winter?
- Is the system doing all it can to reduce acute attendances by offering community/primary alternatives?

- Can the local system cope with the forecast demand for urgent care without a negative impact on elective care (e.g. having to cancel planned operations because beds are needed for emergency care)?
- Is the system doing all that can be done in terms of having a coordinated approach to hospital discharge (e.g. efficient use of step down beds and residential care beds)?

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

4.1 Not relevant to this report which is to note.

5. COMMUNITY ENGAGEMENT & CONSULTATION

5.1 This report has been prepared with input from Brighton & Hove CCG.

6. CONCLUSION

6.1 Members are asked to note local system preparations for increased demand for health and care services over the winter.

6.2 If members are not assured that local winter planning is robust, they may want to further scrutinise issues or make recommendations to the responsible bodies (LAEDB, Health & Wellbeing Board)

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

7.1 Not relevant to this report for information

Legal Implications:

7.2 There are no legal implications to this report

Lawyer Consulted: Elizabeth Culbert; 01/10/2019

Equalities Implications:

7.3 This plan shows that partners are working together to ensure that a strategic approach to the reduction of excess winter deaths (EWDs) is taken across the local health and social care economy. The winter plan can help to reduce health inequalities, and as part of the planning all partners should consider how they might target high-risk groups and address the wider determinants of health.

Sustainability Implications:

7.3 None identified

Any Other Significant Implications:

7.4 None identified

SUPPORTING DOCUMENTATION

Appendices:

1. Terms of Reference/membership of the Local A&E Delivery Board (LAEDB)
2. slides on winter planning for Brighton & Hove provided by BH CCG

Documents in Members' Rooms

None

Background Documents

None

