

**HOSC– Winter Planning  
to support the Health and Care  
system**

# Introduction

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- Planning for the winter period is a national requirement for local preparation for additional demands and pressure on the health and social care system expected during 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.
- 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.
- The plan is being developed by the local system Local A&E delivery board (LAEDB), which has representation from all local system health and social care providers and commissioners (see Appendix 1 LAEDB Terms of Reference).
- The plan for winter builds on learning from previous years as part of a continual improvement process
- The final version of plan will be approved by the LAEDB at the end of September following assurance review by NHS England. The plan will also be considered for assurance by the B&H CCG Governing Body in September and individual providers will assure their own plans through their respective boards.
- Whilst the winter plan covers the broader system that Brighton and Sussex University Hospitals NHS Trust serve the focus of this report is specifically on the Brighton and Hove element of the plan.
- We are bringing this update to the HOSC for information



**Brighton and Hove**  
Clinical Commissioning Group



**Brighton & Hove**  
City Council

# Winter Plan 2019/20 Objectives

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- To maintain patient and staff 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 in a timely manner with care support. 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 are no greater than 3.5% of acute hospital beds.
- To proactively prevent and manage infection control outbreaks issues such as influenza and norovirus.

# Winter Plan 2019/20 key elements

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- ✓ System capacity and demand plan to address the expected increased demand
- ✓ Primary Care
- ✓ Community Services
- ✓ Acute Hospital plans
- ✓ Social Care
- ✓ Mental Health
- ✓ 999 and 111
- ✓ Infection Control and influenza vaccination
- ✓ Business Continuity
- ✓ Severe weather planning
- ✓ Winter Communications and Engagement
- ✓ Enhanced capacity requirements to meet the Christmas and New Year period 24th December - 7th January 2020
- ✓ System Pressure monitoring and escalation response
- ✓ Risks to delivery and mitigating actions



# Learning from Last Winter

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## What went well:

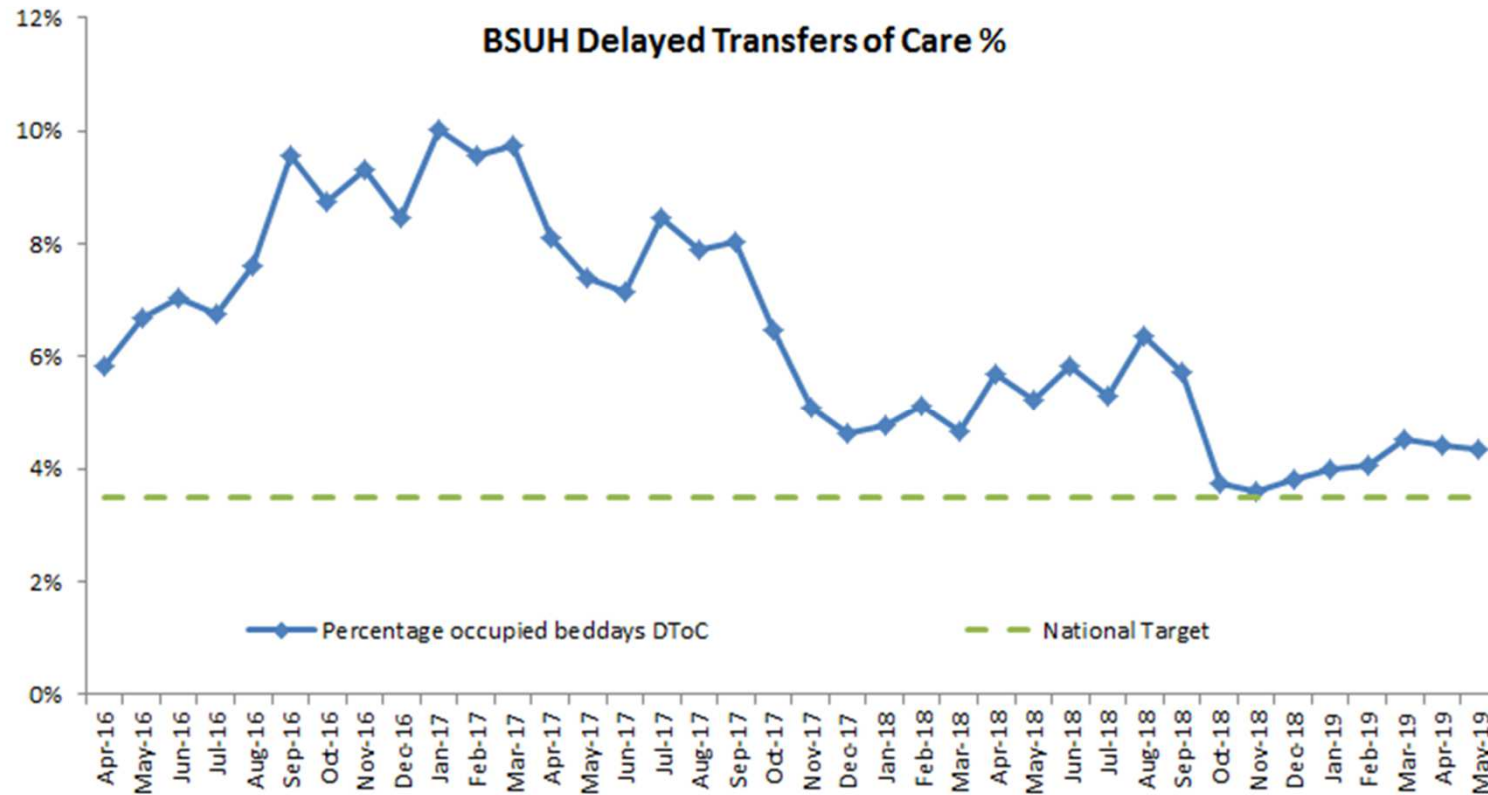
- Following action taken collectively by health and social care partners delayed transfers of care from Brighton & Sussex University Hospital decreased from 6.4% to 3.5% ahead of the winter period and were sustained between 3.5% and 4.1% after winter.
- Support from other local health and social care systems in response to pressure in the local system.
- Maintenance of patient safety in A&E during periods of sustained demand pressure.
- Ability of system partners to rapidly support additional capacity in response to system pressure.
- Mobilisation of additional care home clinical support ward rounds across the city.
- Introduction of mental health street triage services in Brighton and Hove from early December.
- Increase in the number of paramedics following a recruitment drive by SECamb.
- Single winter communications plan across Sussex and East Surrey aligned to the national NHS campaign.
- Increased provision of rehabilitation beds and home care hours over the winter period.



# Learning from Last Winter

## What went well:

- Overall reductions in DToCs



# Learning from Last Winter

Area/Opportunity for Improvement		Action taken
The need for a whole system approach capacity and demand plan for winter	➔	A whole system Capacity & Demand model is being developed
Improved utilisation of primary care, improved access	➔	Direct booking digitally enabled via NHS 111 by Nov 19
Ambulance response times	➔	Additional investment in SECAmb for 19-20
Ambulance handovers delays at RSCH	➔	Agreed system ambulance handover improvement plan
Improvements to acute hospital flow	➔	Increase in ambulatory same day emergency care and BSUH internal flow improvement programme
High number of patients in an acute bed with long length of stay (21 days+)	➔	Long length of stay improvement programme
Limited community rehabilitation capacity	➔	Commissioning additional capacity for 19-20 – Lindridge, Newhaven Downs
Levels of long term care home admission	➔	Discharge to Assess (D2A) Improvement Programme
Care Home responsiveness in assessing new residents	➔	Increased engagement with residential and nursing providers Care Matching task and finish group to maximise brokerage efficiency
Mental Health Capacity	➔	SES STP MH Programme – Investment in Core 24, Crisis Response and Home Treatment Teams, Opening of new 24/7 Psychiatric Decision Unit.



# National Influenza Plan 19-20

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- Target uptake for eligible individuals:
  - 75%
  - 80% (front line staff)
- General Practice Directed Enhanced Service (named lead, registers, early planning, proactive communications and immunisation to ensure patients protected before flu starts circulating)
- Vaccines available from GP and community pharmacies
- GP to collaborate with community, care homes, nursing homes
- System approach to outbreak management
- Data collection process September 2019; collection November – February
- Public Health England has ultimate responsibility for the overall plan, with specific responsibilities resting with the CCG for certain elements



# Sussex-Wide Influenza Plan 2019-20 - Summary

Target area	Planned Outcome	Comments/Progress
Primary Care	Implementation of the National Influenza Vaccination programme for over 65 years, Under 65 years with clinical risks, Pregnant Women and Children aged 2&3 years.	Briefing to all Primary Care Localities with the changes to the National 2019/20 Influenza programme during Aug/September 2019
Primary Care	NHSE Assurance of Primary Care Vaccination Suppliers to determine if delay in Supply of Vaccination due to WHO delay in manufacturing Vaccine.	A request has been sent to all GP Practices across SES CCGs requesting this information. To be returned to NHSE on 5 <sup>th</sup> August.
Provider Trusts	Work with Provider Trusts in meeting the Clinical staff Influenza vaccination rates of 80% - national target	National Commissioning for Quality and Innovation (CQUIN) Target 2019/20 is 80% of Frontline staff require vaccination.  Increase availability of Peer to Peer Influenza vaccination and education programmes
Provider Trusts	Review of provider Trusts to offer vaccinations at ante-natal appointments to Pregnant Women	Assurance Sought of Provider plans at Sussex and East Surrey CCG meeting in July 2019
Provider Trusts	Provider organisations to offer long stay patients Influenza vaccinations	Assurance Sought of Provider plans at Sussex and East Surrey CCG meeting in July 2019
Social Care/ Independent Providers	Increase in compliance with Influenza National Vaccination programmes for Social care and Independent Providers staff	Increase awareness of National Influenza Vaccination programme offer of free Influenza Vaccine.
Primary Care	Improve vaccination rates for all staff groups across primary care	
CCGs	Clinical Commissioning Groups to offer free Influenza vaccination for all staff	A standard approach to be adopted across all Sussex and East Surrey CCGs

# Winter communications campaign

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The winter comms strategy is to take a coordinated and consistent approach to communications and engagement, to help encourage behavioural changes in our population that will mitigate the winter pressures within the local health system.

## Aims and Objectives

- To raise the awareness among the public of the alternative local services to A&E and explain when to use them.
- To ensure information is easily accessible through a range of channels and meet accessibility standards of the alternative services, such as, NHS111, GP Improved Access, Urgent Treatment Centres and bookable appointments into other primary and community services.
- To raise awareness among the public of when they should use GP services and what alternative Primary Care services are available to them.
- To raise awareness of NHS111 (phone and online) and Pharmacist and explain how they can help you this winter.
- To raise awareness of the benefits of self-management and to provide information that encourages and supports patients to self-care.
- To establish channels of feedback that will help to better inform why people access A&E and GP services, which can be used to shape and adapt services in the future.

## Communications approach

The proactive communications plan has been developed to encourage the public to use A&E responsibly, to promote self-care and other NHS services and that may be better suited based on their condition.

- Aligned with national NHS Help Us Help You campaign - utilising those resources and collateral
- A stand alone flu campaign, designed and implemented in partnership with PHE colleagues
- Combines communications with robust engagement activity to ensure a set of honed key messages are reaching and are understood by the public

# Winter communications campaign

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## Using insights

- Targeted campaign introduced for winter 2019/20 following lessons learnt 2018/19 and Healthwatch recommendations
- Use the CCGs insights and data to identify whom we needed to reach; this was based around our A&E figures.
- The patient insight showed that in Brighton and Hove a high percentage of people attending A&E (excluding the under 18's) over the winter months with a primary care need are:
  - 20-39 year olds
  - 40-59 year olds
  - Residents in Kemptown / Whitehawk / Moulsecoomb

## Communications channels

- **Media Handling** - co-ordinated system wide across the Sussex and East Sussex STP
- **Communications channels** - Use of channels and distribution based on insights, including geographical targeted distribution of comms materials (Flyers, posters, and Z-Cards) and paid for advertising
- **Website and social media**

## Engagement channels

- **Events/groups** - organise bespoke engagement events and established events and groups
- **Group discussions** - hold public group in a range of localities and at different times of the day.
- **Social Media** - run a number of social media initiatives throughout the campaign
- **Targeted engagement - subject** - carry out targeted work where we want to engage about key issues. This will comprise bespoke focus groups and online discussions/feedback.
- **Targeted engagement - people** - we will talk with specific groups and carry out targeted work in specific locations.
- **Attending existing meetings and forums** - existing meetings, forums and groups to discuss the key messages and gather feedback from those present.



# Winter plan key risks and mitigations

Risk	Mitigations
<b>System Flow</b>	<ul style="list-style-type: none"> <li>• Additional community and Newhaven confirmed to come online Sept/Oct 19</li> <li>• Establish multi agency agreement on standard operating procedure and escalation process and triggers for all community pathways</li> <li>• LLOS action plan in place, multi system engagement secured, regularly reviewed</li> </ul>
<b>Challenge with timely access to domiciliary care</b>	<ul style="list-style-type: none"> <li>• Local authority engagement with homecare provider market</li> <li>• Care Matching task and finish group to maximise brokerage efficiency</li> </ul>
<b>Workforce challenges across the system</b>	<ul style="list-style-type: none"> <li>• Prebooking block contracts with agency and bank staff</li> <li>• STP wide and local winter communications plan</li> <li>• Flu vaccine uptake by staff</li> <li>• Upskilling workforce to ensure flexibility across multiple areas</li> <li>• Preplanning rota fill across providers</li> </ul>
<b>Mental Health patient flow pressures</b>	<ul style="list-style-type: none"> <li>• STP Mental Health Programme Investments 19-20</li> <li>• STP Executive escalation related to housing and accommodation risk identified.</li> <li>• Development of SES Mental Health escalation plan, triggers and related actions.</li> </ul>
<b>Low uptake of flu vaccine</b>	<ul style="list-style-type: none"> <li>• National and local campaigns</li> <li>• CQUINs in place to support uptake locally</li> </ul>
<b>Increased attendances / admissions from at risk cohorts i.e. frail elderly, respiratory, homeless</b>	<ul style="list-style-type: none"> <li>• Multi system core care plan access</li> <li>• Forum to discuss and plan for high intensity users</li> <li>• Robust community planning for same day service access e.g. respiratory</li> <li>• Streaming away from A&amp;E to ambulatory and frailty units where appropriate</li> <li>• Robust admission avoidance pathways and full access/utilisation of available pathways</li> </ul>
<b>Brexit</b>	<ul style="list-style-type: none"> <li>• Coordinated no deal Brexit contingency planning through Sussex Resilience Forum</li> </ul>

# LGA/NHS peer review recommendations/actions

Overarching objective 'Put the patient and the wider population needs first'

Recommendation/Finding	Action
There is a lack of trust, respect and confidence between partners	New weekly face to face system operational executive meeting focused on leading improved system collaboration and delivery
Staff need the collective vision of the Home First philosophy to work to	Discharge to Assess improvement programme
The system needs a Demand and Capacity Plan which is dynamic and future proofed	Underway and coordinated by senior Operational Executive Group
Managers and staff need to be empowered to lead and act - too many system calls	Review of system escalation, triggers and actions
The focus on complex DToCs is distracting focus from the real cause of poor patient flow	Long Length of stay improvement programme, simplified out of hospital pathways, improved front door service model for rapid assessment and discharge and an integrated approach to discharge
An agreed model of care was not articulated or shared	Simplification of discharge pathways



# Next Steps



	Action
Aug/Sep	NHS Review and Assurance process
September	Winter Plan covering entire BSUH Footprint to Local Accident and Emergency Delivery Board (LAEDB)
September	Process of stress testing plan
September	Final Plan submitted to LAEDB for approval
September	CCG governing body review and approval
Throughout Winter	Close monitoring of winter plan throughout the winter by all partners (via LAEDB Monthly and Operational Executive Group weekly)

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# Conclusion

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- Last Winter was very challenging for Brighton and 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.
- The LGA/NHS peer review has identified a number of opportunities to strengthen partnership working, all system partners are committed to this
- The development of a whole system approach to capacity and demand planning for winter will significantly strengthen our plans
- 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 as a system we effectively support our staff during the challenging winter period

