



Although a formal committee of Brighton & Hove City Council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Adults and Healthwatch.

Title: Sussex Health and Care Partnership Winter Plan 2020-21 Update

Date of Meeting: 10 November 2020

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Wards Affected: All

FOR GENERAL RELEASE

Executive Summary

A high level summary paper on the winter plan 2020-21 was presented to the Brighton and Hove Health and Wellbeing Board on 08 September 2020. The purpose of this paper is to provide an update on progress and reference further detail relating to the specific elements of the winter plan submitted to NHS England on 01 October 2020. This report is set out to include a summary of the plan covering the following key elements:

- The approach taken to develop the Brighton and Hove Local A&E Delivery Board (LAEDB) system winter plan
- Key risks and mitigating actions for the winter period
- An overview of winter system capacity and demand planning which has been developed using a standardised approach and taking into account potential Covid-19 surge
- Plans in relation to Integrated Urgent Care, Primary Care, Mental Health, Adult Social Care and Care Homes
- The influenza plan, which has been developed to ensure that national vaccination rate targets for staff and vulnerable patient cohorts are achieved for extended cohorts of patients in 20-21, that there is an effective plan to avoid and respond to infection outbreaks and initial preparedness for any

- potential mass Covid-19 vaccination
- The winter communications strategy and tactical plan, which is being developed in line with the national campaign and with input from provider and commissioner communication leads
- The winter operating model for 2020-21, which has been developed to align with the national and NHSE SE regional winter operating model
- Identification of the high-level winter plan risks and the mitigating actions that have been identified
- Confirmation of the governance and assurance processes that have been followed to assure our plans for winter
- Confirmation of the next steps, actions and timelines for further developing our plans ahead of winter

1. Decisions, recommendations and any options

- 1.1 The Brighton and Hove Health and Wellbeing Board are asked to **note** the Sussex Health and Care Partnership winter plan 2020-21 update.

2. Relevant information

2.1 Winter Planning Approach

The winter plan has been developed by the Brighton and Hove Local A&E Delivery Board (LAEDB) which includes representation from all local system health and social care providers and commissioners. This group has been instrumental in developing key elements of the winter plan which has included:

- Setting out key risks and mitigations for winter in each system
- Capacity and demand modelling
- Mitigations to address identified gaps
- Learning from winter 2019-20
- Escalation triggers, Covid-19 early warning triggers, local outbreak plans, and use of the Single Health Resilience Early Warning Database (SHREWD)
- The winter operating model for the winter period

The plan has been developed in line with the national Key Lines of Enquiry (KLOEs) and regional guidance which note consideration of EU exit in addition to development of plans covering all parts of the system including primary care, acute, community and mental health plans. The winter plan includes plans on Communications, Flu, NHS 111 and NHS 999.

The winter plan is linked to the work underway in relation to the system financial plans required in October.

A robust governance and assurance process has included review and feedback of the plan at the Brighton and Hove LADEB, Brighton and Hove Health and Wellbeing Board and Health Oversight and Scrutiny Committee

(HOSC), CCG committees including Quality and Safety, alongside a newly established Integrated Care System (ICS) Winter Oversight and Assurance Group.

The ICS Winter Oversight and Assurance Group undertook an initial RAG rated assessment of the winter plan on 03 September 2020 which subsequently informed further refinement. Final review of the plan by the Brighton and Hove LAEDB took place during week of 21 September 2020.

A final oversight and approval of the plan took place on 25 September 2020 by the ICS Oversight and Assurance Group and by CCG Executive Management Team on 28 September 2020, in advance of submission of the Brighton and Hove winter plan to NHS England & NHS Improvement on 01 October 2020.

2.2 Key Winter Risks

The key winter risks identified are set out below alongside mitigating actions:

- **Covid-19 related surge:** There is a risk that there will be a second wave surge resulting in system fragility and potentially impacting on patient safety and delivery of restoration and recovery trajectories.
Mitigations: Demand and capacity planning has modelled reasonable scenarios and plans to close this gap identified. Covid-19 phase one schemes have been reviewed as part of the Covid-19 stocktake exercise and schemes recommended to continue to sustain community capacity. A Sussex Monitoring Group is established to develop early warning mechanism and local outbreak management plans.
- **Critical care capacity:** There is a risk that critical care capacity will be insufficient to manage normal winter demand and a second wave Covid-19 surge and that this will impact on restoration trajectories.
Mitigations: A Critical Care system surge and capacity plan has been agreed. Monitoring and management of critical care capacity at system level to manage Covid-19 related surge. A Regional/Cross border Escalation Plan will be in place alongside access to SE Critical Care Surge hubs and commissioned critical care transfer resource. This includes work with Surrey and Frimley to agree how we will use critical care capacity to manage demand as it arises across the three ICS systems
- **Workforce:** There is a risk to the resilience of the health and care workforce during the winter months. Existing workforce pressures are likely to exacerbated by requirements for shielding and self-isolation, staff resilience and increase levels of sickness absence.
Mitigations: Risks assessments for at risk staff completed across the system and workplace environments adapted to be Covid-secure where possible. The delivery of staff flu vaccination programme. Redeployment and PPE protocols established and in place to deal with surge periods. Sussex ICS mutual aid mechanisms in place.
- **Staff, key worker and Patient testing:** There is a risk that NHS and non-NHS key workers will not be able to access testing, which will

extend periods of staff absence related to Covid-19 or that patients will not be able to access timely testing.

Mitigations: A Sussex ICS Testing Prioritisation Framework has been developed. Pillar 1 capacity and demand modelling developed to inform the above. Re-establishment of provider in house staff testing capacity. Sussex Central Booking Hub to facilitate and prioritise access for key workers. Targeted deployment of mobile testing units

- **Public Behaviour:** There is a risk that patients may be reluctant to access face to face services during a Covid-19 surge and local lock down scenario potentially impacting on health outcomes and delivery of restoration trajectories

Mitigations: Extensive system wide communications and engagement plan and a single system access policy in development.

- **Residential and Care Home fragility:** There is a risk of outbreaks and closures in residential and care home settings.

Mitigations: Care home enhanced support in place delivered by PCNs, medicines management team and community services. Care Home Support LCS in place for primary care support, prior to the introduction of the Enhanced Health in Care Homes DES scheme in October 2020. Care home fragility and issues are monitored managed and coordinated by a dedicated joint care home cell including provision of PPE. Stock take of care homes in progress to consider areas / homes where additional focus may be required.

- **Mental Health:** There is a risk of increased Mental Health demand as a result of Covid-19. Unmet surge mental health activity will impact on quality and patient experience in addition to placing pressure on A&E impacting negatively on system flow

Mitigations: Detailed mental health demand and capacity planning has been completed. Increasing Mental Health workforce and reconfiguration of services to support the front door. Mental health escalation framework, triggers and actions to support resilience. A weekly Sussex ICS Mental Health Resilience group established.

- **Medically Ready for Discharge (MRD) delivery:** There is a risk that the system will not sustain the discharge trajectories assumed in the modelling to protect acute bed capacity.

Mitigations: A community-led Executive MRD Task and Finish Group has been established to oversee the development and delivery of MRD improvement plans. Modelling and work-up of proposals to secure additional community capacity to support discharge is underway, relating to “Home First” discharges and bedded community capacity.

- **NHS111 First:** There is a risk that the funds allocated to support rollout may be insufficient to enhance the NHS111-CAS to the degree required to deliver targeted benefits

Mitigations: Proceed with ESHT as fast follower at pace; share lessons learnt across other Trusts in parallel; confirm NHS111 capacity requirements following full service mobilisation; commissioning group established to manage pan-Sussex elements and contractual levers; collaboration across systems to provide a collective response

2.3 Demand and Capacity Modelling

System-wide demand and capacity modelling has been undertaken in conjunction with the Brighton and Hove LAEDB based upon the approach agreed with the Acute Care Collaborative and community provider. This modelling exercise reviewed both acute and community activity, while modelling assumptions were co-designed with providers

The winter plan has been developed aligned to the third phase planning submission and a key deliverable is to ensure the system can deliver its trajectories relating to elective care. This has been built into demand and capacity modelling for non-elective care in each system. Delivery of winter resilience and effective management of any further Covid-19 surges is critical to the ability of the system to deliver the restoration and recovery plan and related trajectories.

2.4 Integrated Urgent Care

In line with national guidance, the key areas of focus for the delivery of the Urgent and Emergency Care Programme and NHS111 is the implementation of 111 First. The Brighton and Hove system go-live is planned for 01 December in line with national requirements. In addition, the Clinical Assessment Service will be mobilised by October 2020 along with further increases in call handler capacity identified to support the Covid-19 response.

South East Coast Ambulance Service NHS Foundation Trust (SECAmb) have released a winter plan for Kent, Surrey and Sussex covering the winter period from 01 November 2020 to 31 March 2021 with specific emphasis on the critical period, from early December to mid-January.

2.5 Flu Programme

A Sussex wide Influenza Programme Board has been established from June 2020 with task and finish groups focusing on prevention of viral illnesses, delivery of vaccination programmes, outbreak management plans across all providers and critically the expansion of the national vaccination programme. In addition, a 2020-21 Influenza Prevention Plan has been developed and identifies the following key priority areas:

- National Influenza Vaccination Programme for both patient and staff groups
- Vaccination supplies
- Personal Protective Equipment (PPE)
- Flu testing
- Outbreak Management
- Communications and engagement strategy
- Local and regional reporting
- Commissioning in and out of hours outbreak services
- Prevention of all Winter Viral Infections

2.6 Primary Care

A primary care resilience plan has been developed in order to support practices during the winter period, particularly in the event of a resurgence of Covid-19. This will ensure resilience within General Practice; recognising the additional challenges to delivery resulting from social distancing so that access to services is maintained and undue pressure on the rest of the system is avoided. This work has included making final arrangements for hot sites and zoning, alongside a review and harmonisation of all LCSs across Sussex to ensure prioritised services for high risk patients.

The medicines management team are supporting the primary care restoration and recovery programme, including an agreed clinical service model supporting Enhanced Health in Care Homes from 01 October 2020. Sussex has 99.4% pharmacy coverage for the Community Pharmacy Consultation Service providing both "speak to" and "face to face" access to community pharmacy via NHS 111 Clinical Assessment Service and NHS 111 online. NHS England & Improvement are making arrangements for a locally enhanced service which will cover pharmacies on Christmas Day for a three-hour session.

2.7 Mental Health

Sussex Partnership Foundation Trust (SPFT) has provided a winter plan which summarises the key schemes to address both current pressures, winter surge and further impact of Covid-19. In line with the NHSE Winter Operating Model for 2020-21, the plan outlines the response to the following areas:

- Increase mental health crises service provision to mitigate attendances at A&E:
 - e.g. building upon the development of the urgent care lounges and Havens capacity as a result of Covid-19, in addition to the Sussex Mental Healthline, Crisis Resolution Home Treatment Teams
- Access to 24/7 psychiatric liaison in A&E to enable rapid discharge from A&E and wards
 - Including Delivery of 24/7 mental health liaison teams in all A&Es through Core24, plus CAMHs liaison team at the Royal Alexandra Hospital
- Actions to support mental health system pressures, plus learning from Covid-19:
 - Including development of urgent care hubs, discharge to assess schemes, significant programme of work to support reduction in out of areas placements

There is a risk of increased Mental Health demand as a result of Covid-19. Unmet surge mental health activity will impact on quality and patient experience in addition to placing pressure on A&E impacting negatively on system flow. The following mitigations have been identified:

- Detailed mental health demand and capacity planning has been completed.

- Increasing Mental Health workforce and reconfiguration of services to support the front door.
- Mental Health escalation framework, triggers and actions.
- Weekly Sussex ICS senior system oversight of mental health flow established.
- Block contract of 24 additional beds in independent sector in Sussex for six months
- Sustain reduce in length of stay and delayed transfers of care to maintain flow in acute psychiatric provision
- Effectively utilise system escalation and framework (Clinical Bed Management policy)

2.8 **Adult Social Care and Care Homes**

The Brighton and Hove Local Authority is an integral member of the Brighton and Hove LAEDB and has worked closely with partners in the development of the system plans, the integrated discharge arrangements and the mitigating actions for the additional Covid-19 pressures. The national Adult Social Care Winter Plan was released on 18 September 2020 and is being reviewed by local systems to inform additional actions as required. Local Authorities are required to finalise their plans and write to Department of Health & Social Care to confirm they have done this by 31 October 2020. Local authority draft plans are therefore incorporated in the place-based plans which will be updated to reflect any changes during October 2020.

Local Authorities as lead agency in respect of care homes, are key partners in the Sussex wide and place-based care home workstreams. A stocktake of care home support is in progress which includes:

- Review the currently commissioned support to care homes what needs to continue, and any gaps
- Working with local place-based Care Home Incident Management Teams to test how resilient homes are for winter, and if increased support is needed
- Review of existing communication channels to ensure that key messages about winter planning are delivered
- Review of escalation triggers, in order to build care home key metrics into the overall Sussex escalation framework
- Aligning existing data and intelligence with data from other sources, including Continuing Health Care, safeguarding and SECAMB

2.9 **Communications**

Public communications and messaging during winter forms a key part of planning. A communications and engagement strategy for winter has been developed at an ICS level and is currently being reviewed and agreed with partners. This year, the design and approach for the winter preparedness campaign takes into account Covid-19 and the requirement to ensure patients and the public know where to access care, what is available and how to safely access services. The strategy brings winter preparedness messages together

with public information about how the NHS is currently working to encourage confidence and manage expectations.

A system-wide approach to communications and engagement for the next six months is set out in the strategy which includes targeted communication for the clinical at-risk groups and other key audiences. Core to the strategy is delivery of local communications that are aligned to the national NHSE and Public Health messaging under the 'Help Us Help You' branding. This campaign focuses on the following key areas:

- Access – aiming to embed a culture of early presentation and diagnosis, particularly for cancer and maternity services, and accessing GP services from home
- Flu – maximising flu vaccination uptake across the core and expanded cohort of eligible groups
- Pressures – managing pressures and safety by enabling patients to access NHS services differently, with a core focus on 111 First implementation

2.10 **Winter Operating Model and Escalation**

A scaleable integrated operating model has been developed for the system covering Winter, Covid-19 and EU exit. This model is underpinned by a Sussex ICS Escalation Framework that incorporates additional triggers relating to critical care, MRD and Covid-19 early warning indicators. The escalation framework is built around four levels, aligned to the OPEL framework used for winter resilience purposes, and also aligned to the alert status positions that will be used by public health leads in each local authority to describe the local infection position.

An agreed process is in place to coordinate reporting and mitigating action plans in respect of the nationally agreed triggers for urgent and emergency care escalation to NHS England & Improvement.

2.11 **Next Steps**

The Brighton and Hove Winter Plan has been through a detailed governance and assurance process. An ICS Winter Oversight and Assurance Group on 25 September 2020 undertook a final review of the detailed plan with a further CCG Executive Management Team review on 28 September 2020. Final changes from the Brighton and Hove LAEDB approval process, ICS Oversight and Assurance review, and from the CCGs Executive Management Team were made ahead of submission to NHSE/I on 01 October 2020.

NHSE/I feedback on the winter plan submission has been received. The feedback was overwhelmingly positive. The Resilience Team have developed an action plan to progress the areas for improvement ahead of response to NHSE/I on 02 November 2020. This action plan and the NHSE/I feedback will be taken to Brighton and Hove LAEDB and OPEX groups for review and comment by system partners. Feedback from NHS England and any revised plans will be reported to both the CCGs Quality and Finance and Performance Committees in November 2020.

3. Important considerations and implications

Legal:

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 (October 2020 to 31 March 2021).

Lawyer consulted: Nicole Mouton

Date:21/10/2020

Finance:

A commissioning stock-take exercise looking at quality and value for money reviewed the additional capacity put in place during the Covid-19 response and has informed the winter plans in terms of actions recommended to continue as part of the arrangements to maintain delivery of the national Hospital Discharge requirements. The winter plans are linked to the work underway in relation to the system financial plans required in October.

Finance Officer consulted: Sophie Warburton

Date: 22/10/2020

Equalities:

The aims of effective collaborative winter plan arrangements are to ensure that local health and care systems are able to continue to deliver the totality of services that have been developed to meet the needs of the local population which would be in line with agreed local and national strategies and priorities. An Equality Impact Assessment is not appropriate for this paper. Where services are further developed to support delivery during the winter period EIAs will be undertaken.

Supporting documents and information

None

