Sussex
Health and Care Partnership

Winter Plan 2021-22

Summary of Winter Plan

Winter Plan 2021-22

- Winter planning is a statutory annual requirement to ensure that the local system has sufficient plans in place to manage the increased activity during the Winter period and plans are developed with input from partners across the system including the Local Authority, providers and commissioners

- The overall purpose of the Winter plan is to ensure that the system is able to effectively manage the capacity and demand pressures anticipated during the Winter period which this year runs from the end of November to 31 March 2022

- Our plans ensure that local systems are able to manage demand surge effectively and maintain patient safety and quality during this period

- For 21/22, the planning process considers the impact and learning from last Winter, as well as learning from the Summer period and the system response to Covid-19 to date. Plans are being developed on the basis of robust demand and capacity modelling and mitigations to address system risk.

- The Winter Plan was submitted to NHSE/I on 17th September 2021 following a revision to the Winter planning timeline from NHSE/I due to the deteriorating position of UEC performance both regionally and nationally, combined with growing pressures with Covid and RSV. It is expected that the system will receive feedback from NHSE/I in the next week and be asked to respond to a regional assessment of the plan. The plan has been shared with the Local A&E Delivery Board (LAEDBs) and was approved on 23rd September

- The plan takes account of Covid-19 management and response in the system, including capacity required to respond to surge

Summary of Winter Plan

The objectives of the Winter plan are:

- To maintain patient safety at all times
- To prepare for and respond to periods of increased demand, including any future increases in COVID-19 infections
- 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 avoid ambulance handover delays of over 30 minutes
- To ensure delivery of the elective care recovery and restoration trajectory
- Strengthen Same Day Emergency Care (SDEC), Ambulatory Emergency Care (AEC) model and the Acute Frailty model
- Deliver capacity to manage any Covid-19 demands including critical care capacity
- Manage any flu or other infection control challenges safely and effectively

The Winter Plan was developed in conjunction with the following Key Lines of Enquiry (KLOE):

- Plan for managing covid surge scenarios
- Plan for non-covid / normal winter pressures
- Plan for protecting planned care and cancer treatment through winter pressures
- Plan for MH

Winter Plan – Challenges and Mitigations

Challenges	Mitigating actions
1. <u>Workforce</u> There is a risk that workforce will be further challenged during the Winter period across health and care sector due to: a. Sickness / isolation requirements b. General attrition c. Increase in retirements/return to retirement d. Impact of mandatory vaccination for care staff In addition, the vaccination programme continues to demand staff from within the system, reducing availability to bolster/backfill sickness and absences in key services Alongside a potential reduction in goodwill and ability to provider extra resource from existing staffing pool this creates **<u>a risk that there will be workforce challenges in health and care settings throughout the period.</u>**	<u>Provider level</u> 1. Careful and co-ordinated application of staff annual leave. 2. Assessment of staffing levels on a daily basis and implementation of local response actions to meet shortfalls in capacity, including: internal redeployment of staff, informed by risk-assessed priorities; augmentation of bank capacity, and utilisation of bank and agency staff in priority areas; ongoing provision of enhanced health and wellbeing, and resilience support. 3. Continued implementation of workforce expansion plans. <u>System level</u> 1. Workforce Directors' weekly collective review and escalation meetings, chaired by CCG Chief People Officer. 2. Activation of Mutual Aid process. 3. Application of a consistent risk-based assessment of the need for contact traced staff to remain away from the workplace. 4. Maintained consistency in the application of bank rates.
2. <u>Care Market – Capacity and Responsiveness Risk</u> There is a current issue and further risk that the independent sector provision of care home and home care packages of care cannot meet demand against a backdrop of increased staff vacancies to: • Take discharges from acute settings including End of Life Care discharges - impacting MRDs • Continue to support existing community based care provision – impacting on safety of patients and risk of acute admissions	1. Implement 2021/22 annual inflation uplifts recognising that both Local Authorities have applied annual inflation to their fees offered already from the start of the financial year. 2. Review with local authorities of potential for longer term contracts and block payments to help support workforce planning 3. Partnership work with local authority to directly engage with and to stimulate the market as much as possible. 4. Work with quality team to review risk of harm on case by case basis 5. Work with community providers for contingent options to provide or maintain bespoke complex care outside of acute settings.
3. <u>IPC, Flu, Covid and other – Demand, Performance, Quality and Safety</u> There is a risk that there may be a further Covid-19 wave over and above current modelled predictions, in addition to the risk that the system may see a surge in Flu and other viral illnesses this Winter due to suppression. **<u>There is a risk that demand outstrips capacity and risks the delivery of performance, alongside quality and safety of services.</u>**	1. Ongoing System implementation of IPC controls and guidance across the system, including testing (patients and staff) 2. Monitoring and reporting of NHS provider outbreaks with additional Infection Prevention specialist support from the CCG 3. Implementation of the COVID 19 booster campaign and annual Flu vaccination (staff and patients) 4. Quality escalation calls to monitor patient safety, quality and patient experience by Chief Nursing officer/ Deputy Chief Nurse across Providers 5. Continued monitoring of quality and performance standards across NHS Providers via monthly quality review and performance meetings. 6. Review of the system memorandum of understanding to support infection prevention but manage flow between providers for viral illness.
<u>4. Acute and Community Setting - Discharge and Flow</u> Given the current supply constraints and fragility in the care market, there is a risk that flow will continue to be compromised over Winter. This may be compounded by the challenges with care homes and domiciliary care providers accepting Red/Amber patients for discharge.	1. MRD improvement action plans and trajectories in place across all three systems 2. Systems are developing plans to include projected capacity requirements for hospital discharge 3. Community beds to be utilised for Red/Amber discharges using side rooms and cohort bays 4. Utilisation of the MRD escalation framework and operational system support from the resilience team 5. Local Authority actions to continue to engage care market and secure additional capacity

Winter Plan – Primary Care

Ref.	Action	Delivery Date	Expected Impact
PC 1.1	Weekend nursing home GP support will be increased at bank holidays and other times of pressure in the system to reduce admissions and ED attendances	In place	• Reduced admissions and ED attendances
PC 1.2	The CCG will work with Healthwatch to design consistent messaging for use by GP practices to confirm the patients can still access primary care, face to face if needed	November 2021	• Reduce no. patients reporting inability to access face to face appointments
PC 1.3	To support practices going into winter, particularly in the event of a resurgence of Covid-19, significant investment has been made in General Practice of £2.4m for Brighton and Hove to ensure practices can stream and see patients effectively. Funding for hot hubs has been agreed up until the end of March, and use of these sites will be maximised to provide additional primary care capacity if needed	In place up to end Mar 2022	• Reduce no. patients reporting inability to access appointments • Improve patient outcomes
PC 1.4	A number of LCSs, including Assertive Outreach for BAME and other patients protected characteristics, have been agreed to increase the offer to patients in primary care	In place	• Increased take up of health checks, vaccination programmes, and other preventative measures to improve health and reduce health inequalities
PC 1.5	A flu plan will build on the 105 increase in vaccination rates in 2020/21. This includes updating the Flu toolkit to all practices, weekly monitoring of vaccination rates, and subsequent timely action by exception if needed	In place	• Improved vaccination uptake and availability of flu vaccines • Effective monitoring of flu vaccination rates in place
PC 1.6	Proactively encourage engagement with NHSE *Time to Care* Programme for the bottom 10% of practices in Brighton and Hove	End Oct 2021	• Improve Demand and capacity management in practices; and as a result improved access to primary care for patients
PC 1.7	Additional CCG staff will be appointed to support the continued Covid-19 mass vaccination programme	Nov 2021 (subject to recruitment)	• Increased staffing capacity for Covid-19 vaccination programme
PC 1.8	An escalation framework will be developed to identify resilience issues at an early stage	Mobilisation Oct/Nov 2021	• Increased visibility and management response to mitigate pressures in primary care
PC 2.0	Access to primary care will be increased by making GP-IA capacity available for NHS111 through direct booking. Primary care support to UTC will be increased, freeing up the GP at front door / UTC to see pts	End of Oct 2021	• Reduce ED/UTC attendances • Reduce overcrowding • Increased face to face capacity • Improve patient outcomes

Winter Plan: Primary Care and Brighton and Hove Local Authority Homeless Actions

Homeless services in primary care		Status
• Patient list size– 1418 [17% increase in yr.]. • ARCH have treated 982 different patients on 6552 occasions. • This represents over 69% of our registered patients using the surgery every month	Ongoing	Ongoing
Joint Primary Care and Local Authority Actions	**By When**	**Status**
• A hospital in-reach team consists of a GP and an advocacy worker	Ongoing	Ongoing
• Step Down Beds – 5 beds in a 24/7 supported accommodation service with care staff and clinical in-reach to support the safe discharge of medically fit to discharge or delayed transfer of care patients who are without a fixed abode from general health wards. The service is accessed via the Pathway Team	Ongoing	Ongoing
• A&E Preventing Admissions Worker – Justlife Health Engagement Worker based at A&E working to divert homeless clients from admission by supporting access to housing and support services.	Ongoing	Ongoing
• Out of Area Health Engagement Worker – Justlife Health Engagement Worker working with clients with a history of rough sleeping placed in emergency accommodation out of city to support access to health services, and longer term housing.	Ongoing	Ongoing
• Expansion of the Integrated Primary Care Team to include Clinical Lead, Occupational Therapist and Therapy Assistant	Ongoing	Ongoing
• COVID Care Hub, [5 beds]supporting rough sleepers who cannot isolate	Ongoing	Ongoing
• Out-reach service for Flu and Phase 3. Initiate Covid booster programme and Flu Vaccination for homeless and insecurely homed	Ongoing	Ongoing
• Severe Weather Provision shelter is open to all when temperature drops to 'feels like' 0 degrees or in response to an Amber Weather Warning	Ongoing	Ongoing
• 'Off street offer' connect rough sleepers to appropriate accommodation	Ongoing	Ongoing

The 18 Month Hospital Discharge Plan

The 18 month Hospital Discharge Plan is a proposed joint plan between health partners and Brighton and Hove City Council to deliver a period of recovery and stabilisation around hospital discharge planning.

The national Hospital Discharge Programme (HDP) provided systems with temporary funding to support improved hospital discharge during the peak Covid-19 pandemic and allowed for 'discharge to assess' models to be implemented, which significantly reduce hospital discharge delays.

Currently, the continuation of the national HDP is not certain beyond the end of September 2021, and therefore partners have agreed to develop local plans to ensure the continuation of hospital discharge.

This is to support local NHS services with the continued restoration and recovery of elective and cancer procedures, as well as to ensure that services have sufficient capacity to respond to the anticipated surge in demand for emergency care during the winter season.

The 18 Month Hospital Discharge Plan

The 18 month Hospital Discharge Planning period runs from October 2021 to March 2023. This incorporates the winter planning for 2021-22 and for 2022-23.

The joint approach to planning enables the local authority to plan together with NHS partners for a more sustainable and efficient hospital discharge model where risks and resources are shared to deliver a common set of standards and service improvements for local residents.

Longer-term joint planning provides a more stable horizon for securing the necessary capacity in a more efficient way, with a stronger response from the provider market by encouraging longer-term recruitment and retention of essential care workforce.

Winter Plan – Next Steps

Action required	By When	Status
Demand and capacity modelling completed	August 2021	Completed
System development of the Winter plan	August - September 2021	Completed
Updated OPEL Escalation Framework for 21/22	August 2021	Completed
Review and sign-off of Winter Plan	16 September 2021	Completed
NHSE submission	17 September 2021	Completed
Review and sign-off of final plan following NHSE review	September – October 2021	Not due yet
Stress testing table-top exercise undertaken	5 October 2021	In progress
Monitoring of plans and actuals against planning assumptions	October 2021 – End March 2022	Not yet due
Detailed plan for Christmas and New Year confirmed	December 2021	Not yet due
Winter lessons learnt stock-take exercise	March 2022	Not yet due