

Public Document Pack

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13 September 2021

Dear Member,

Health and Adult Social Care Scrutiny Committee - Wednesday, 15 September 2021

Please find enclosed the following documents for consideration at the meeting of the Health and Adult Social Care Scrutiny Committee on Wednesday, 15 September 2021 which was unavailable when the agenda was published.

Agenda No	Item
5.	Recovery Planning (Pages 3 - 14)

Yours sincerely

Tony Kershaw
Director of Law and Assurance

To all members of the Health and Adult Social Care Scrutiny Committee

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Health and Adult Social Care Scrutiny Committee

15 September 2021

Recovery Planning

Report by Director of Law and Assurance

1. Summary

- 1.1 The purpose of this agenda item is for the Health and Adult Social Care Scrutiny Committee (HASC) to scrutinise how the Sussex Health and Care Partnership is planning to recover from the Covid-19 pandemic and restore health services for West Sussex residents. This item will also provide the HASC with a plan for how health partners will provide services over the winter period, as part of the wider restoration plan.
- 1.2 The [Sussex Health and Care Partnership](#) (SHCP) brings together thirteen NHS organisations and local councils that look after social care and public health into what is known as an integrated care system (ICS). This includes the West Sussex Clinical Commissioning Group (CCG), NHS provider trusts and West Sussex County Council. Through this they are working together to improve health and social care and the health of local people, to ensure that health and care services are high-quality and to make the most efficient use of resources.
- 1.3 A report coordinated by the West Sussex CCG is appended to this report.

2. Focus for scrutiny

- 2.1 Areas to consider are:
 - a) The approach taken by health partners to draft the plan, focusing on the modelling undertaken that has provided the evidence base for the priorities identified;
 - b) The continued restoration of primary care services and plans to respond to any additional pressures, especially approaching the winter period; and
 - c) The capability to deliver the plans as set out, taking into consideration workforce challenges and clinical capacity.
- 2.2 The Chairman will summarise the debate, which will then be shared with the West Sussex CCG.

3. Details

- 3.1 The background and context to this item for scrutiny are set out in the attached report including resource and risk implications and all factors taken into account.

Tony Kershaw

Director of Law and Assurance

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Appendices

Appendix A – Recovery Planning Report

Background papers

None

West Sussex Health and Adult Social Care Scrutiny Committee 15/9/21

Recovery Planning

1. Introduction

1.1 Sussex health and care partners in West Sussex continue to work together to respond to the Covid-19 pandemic, both in terms of the active support for an operational response (including the Covid-19 Vaccination Programme) and the restoration of health and care services.

1.2 This paper sets out:

- The current operational response to Covid-19
- The current position of the vaccination programme in West Sussex
- An update on restoration
- Planning for winter

2. Operational response to Covid-19

2.1 Together all health and care partners are continuing to work in partnership to support and care for those with Covid-19, and to provide help, care and support for those experiencing ongoing symptoms after contracting Covid-19.

2.2 The operational response from our acute Trusts to care for those needing hospitalisation for Covid-19 has decreased since the winter. However, there continue to be people with Covid-19 being admitted into hospital in Sussex. On 31 August, national data records show there were 79 people with Covid-19 at University Hospitals Sussex NHS Foundation Trust, and 14 of those were receiving mechanical ventilation. Staff are working incredibly hard, and infection control processes and pathways remain in our hospitals to ensure patients and staff are protected.

2.3 In addition to treating any patient who is unwell with the virus, and vaccinating our communities, the NHS is also taking action to support those suffering ongoing health issues.

2.4 The NHS in Sussex has established a Post-Covid Assessment Service (PCAS) to give patients access to multi-professional advice, and ensure they are on the right clinical pathway to treat their symptoms, including breathlessness, chronic fatigue, "brain fog", anxiety and stress.

2.5 In Sussex, the two community providers within Sussex Health and Care Partnership (SHCP), Sussex Community NHS Foundation Trust (SCFT) and East Sussex Healthcare Trust (ESHT), were identified as the lead providers for this service, along with their partners.

2.6 The Sussex wide Post Covid Assessment Service (PCAS) launched in January 2021 in response to both national requirements and the locally emerging needs of patients who had been affected by the first wave of Covid infections in March 2020. The initial remit of the service was to assess patients still experiencing

symptoms 12 weeks after initial Covid infection to identify their ongoing care and support needs and facilitate access to services that would meet these needs.

- 2.7 Latest submitted data up to 2nd July 2021 show a total of 477 referrals to PCAS across West Sussex. National data suggests that circa 2.9% of patients who have had a positive test will require further NHS support to manage their condition.

3. Update on the Covid-19 Vaccination Programme in West Sussex

- 3.1 To date, across Sussex more than 2,471,290 vaccinations have been delivered (1,290,324 first doses and 1,180,966 second doses).

- 3.2 In West Sussex, 647,703 people have received at least one dose of the vaccine (87.1% of the county's population) and 599,709 have received two doses (80.7% of the population).

Uptake as on 8 September 2021	First Dose	Second Dose
1. Care Home Residents & Residential Care Workers	98.0%	86.5%
2. 80+ & Health and Social Care workers	96.8%	94.3%
3. 75-79	97.1%	95.9%
4. 70-74 & Clinically Extremely Vulnerable	96.1%	94.9%
5. 65-69	94.4%	93.3%
6. At Risk	90.2%	86.6%
7. 60-64	91.4%	89.9%
8. 55-59	90.3%	88.4%
9. 50-54	88.8%	86.7%
10.140-49	84.0%	80.2%
11.30-39	74.7%	65.9%
12.18-29	73.3%	53.3%
Grand Total	87.2%	81.6%

- 3.3 As the roll out continues, the areas of focus are:

- **Cohort penetration across current eligible groups:**
 - Promotion of the national booking system and walk in / pop-up sessions to promote the evergreen offer from the NHS for anyone eligible to be able to receive a vaccine
 - Focus in areas of deprivation and low uptake to increase uptake and support communities to ensure everyone has the opportunity to have their vaccination
 - Small grant schemes are underway to support voluntary schemes in communities.

- **Vaccination of under 18s:**
 - Vaccination of 16 and 17 year olds is underway, primarily at booked sessions by local vaccination services but also at walk in sessions, including Bognor Regis, Chichester, Crawley, Haywards Heath, and Worthing;
 - Vaccination of 12-15 clinically extremely vulnerable – local vaccination services are contacting families directly to offer this vaccination;
 - Vaccination for 12-15 year old household contacts – GP practices are identifying their immunosuppressed and their household contacts.
- **Phase 3:**
 - Programme will evolve to become Flu and Covid-19 Vaccination Programme to show the alignment of the two vaccinations;
 - Services are being finalised as the points of access for the Phase 3 vaccination;
 - 18 pharmacies have been supported to NHS England/Improvement (NHSEI) to increase access points for local communities and they have been taken onto second assurance level;
 - Awaiting further guidance on the coterminous delivery with seasonal flu.

4. Update on Restoration

4.1 NHS England set out the main priorities for the year ahead in the document [2021/22 priorities and operational planning guidance](#) , they described them as:

- A. Supporting the health and wellbeing of staff and taking action on recruitment and retention
- B. Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19
- C. Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services
- D. Expanding primary care capacity to improve access, local health outcomes and address health inequalities
- E. Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay
- F. Working collaboratively across systems to deliver on these priorities.

4.2 Sussex submitted its recovery plan to address these priorities in June 2021 and has been working hard to deliver the plan collectively across all health and care partners.

4.3 The Sussex system is one of the highest performing across the country for how well it is recovering NHS services. This shows the immense amount of work of teams put into the local NHS.

4.4 However, we know there is a lot more to do and all health and care partners are committed to ensuring our population receives the best possible care.

4.5 Key areas of work are outlined below:

5. Urgent and Emergency Care

- 5.1 Emergency Care remained open throughout the pandemic and so there has been no change to these services, however all health system partners are experiencing high levels of demand, especially on the day, walk in activity for A&E and Urgent Treatment Centre services. System capacity and flow is a challenge affecting all providers.
- 5.2 Work is underway to map and understand the data behind these rises in activity, to develop operational and strategic solutions to ensure patients can continue to receive the right care, in the right place, at the right time.
- 5.3 Work to support urgent care services includes:
- An action plan to support those who are medically ready for discharge is in place and West Sussex County Council is working with domiciliary care providers to create additional flow out of the acute hospitals;
 - Additional non-emergency patient transport capacity has been agreed for until mid September to help with the transportation of patients in the late afternoon and evening, with the aim of increasing same-day transfers when a patient has been assessed as medically ready for discharge;
 - Summer support: St John's Ambulance Additional first-aid provision was in place at Worthing seafront over the bank holiday weekend to help provide advice and treatment of minor injuries, as an alternative to attending ED/UTCs in the area;
 - A pilot extension to opening hours of Bognor Regis Minor Injury Unit during the summer holidays to support system demand;
 - a Sussex wide Service Finder has been rolled out, providing access to the Directory of Services to ambulance crews, allowing them to identify appropriate services for referral;
 - Public communications and engagement campaign to promote NHS111 and online as first point of contact when it is not an emergency.

6. Hospital elective treatments

- 6.1 The NHS across West Sussex continues to work hard to reschedule routine treatments and good progress is being made. Rescheduling treatment will prioritise those with the highest clinical need and those who have been waiting longest.
- 6.2 The overall total of people on waiting lists is increasing as new referrals are made, but the percentage seen within 18 weeks is increasing; the average waiting time is falling; and the number of people waiting over a year is reducing.
- 6.3 Latest figures were published on 09 September, providing data for July 2021, and show that during the month 19,093 people started treatment at University Hospitals Sussex NHS Foundation Trust (UHSx) and 2,314 people started treatment at Queen Victoria Hospital NHS Foundation Trust (QVH).

- 6.4 Source: National Consultant-led Referral to Treatment Waiting Times Data 2021-22 in the following link <https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-data-2021-22/>
- 6.5 Both Trusts have submitted a specific recovery plan to target those with long waits for treatment, and this includes eliminating the very long waits (104 week+) by December 2021, and for QVH, this includes all waits over 78 weeks (except for where patients decide to wait longer).
- 6.6 To help to provide improved access for patients in a timely way, we are:
- Collaborating between primary and secondary care to treat more patients without the need for an onward referral, including the increased uptake of Advice and Guidance scheme;
 - Providing opportunity for outpatient appointments to take place remotely;
 - Supporting patients to have an increased role in their care and management when they need follow up support.

7. Cancer

- 7.1 In line with elective treatments, the NHS in West Sussex is working hard to ensure that patients are supported in a timely way across cancer services.
- 7.2 The number of referrals has increased and is higher than the same period in 2019/20 pre pandemic. All providers are ensuring two week wait referrals are delivered and reducing month by month the number of people waiting.
- 7.3 In addition to access to cancer care, there is also a specific focus on reducing health inequalities in cancer prevention, diagnosis and treatment. This work centres on screening uptake and also on the expected levels of suspected cancer referrals. Data shows that whilst the number of referrals is increasing, it is lower than expected for our population and so targeted work is underway to ensure that people are coming forward, that they are supported and encouraged, and the clinical pathways are in place to provide help and advice.

8. Mental Health

- 8.1 The impact of Covid-19 on our population has led to an increase in demand for mental health and wellbeing services. It is expected that this generated demand on services is likely to increase over the coming years.
- 8.2 Planning for 2021-22 has therefore taken into account the need to recover performance across mental health services, manage the predicted rise in demand and respond to the need to transform services across our communities.
- 8.3 Overarching priority for this financial year is to invest, expand and fast-track the transformation of mental health services to ensure that people are able to access the care they need over the short, medium and longer term.
- 8.4 A specific area of focus is the support available to support children and young people with their emotional health and wellbeing. Local authorities, NHS services and other partners across a range of services are working together, including investing more than £6m this year to improve and expand specialist

mental health services and focus on increasing capacity in early intervention and prevention as well as additional support directly into schools.

- 8.5 Another key focus has been to eliminate inappropriate adult and older adult acute out of area placements. In recent months, this ambition has been particularly challenged as mental health distress in our communities has significantly increased following the easing of lockdown restrictions, but all partners are committed to achieving this goal.
- 8.6 In terms of specific services, Improved Access to Psychological Therapies (IAPT) services have been restored and now have been expanded, with plans for additional recruitment. Targeted funding to support suicide prevention and to enhance rough sleeping and asylum seeker services continues.

9. Transformation of Mental Health services

- 9.1 Community mental health services are at the heart of the NHS Long Term Plan. One of its key objectives is to develop “new and integrated models of primary and community mental health care which will support adults and older adults.” The NHS Mental Health Implementation Plan 2019/20 – 2023/24 describes our overall approach to delivering these models and corresponding investment to support the process.
- 9.2 The NHS Long Term Plan describes a:
- a. “new community-based offer [that] will include access to psychological therapies, improved physical health care, employment support, personalised and trauma-informed care, medicines management and support for self-harm and coexisting substance use... and proactive work to address ...disparities.”
- 9.3 There is an opportunity to move towards joined up care and whole population approaches, and thereby establishing a revitalised purpose and identity for community mental health services. It supports the development of Primary Care Networks, Integrated Care Systems (ICS) and personalised care. As of March 2021, the ICS has agreed and signed off the new model (gaining full engagement with and sign up from all stakeholders) and secured funding through a successful bid to NHSEI.

10. Primary Care (GP Practices)

- 10.1 In line with colleagues across the health and care system, general practice in West Sussex is experiencing high levels of demand.
- 10.2 GP practices are all open; they never closed although they were working in a different way during the pandemic response to ensure the safety of patients and their staff.
- 10.3 The CCG is working with our GP practices, the Local Medical Committee and wider NHS partners to address pressures facing general practice and the challenges patients are having when trying to contact their practice and arrange an appointment.

- 10.4 All forms of appointments are available – face to face, online and telephone – to make sure that practices can best meet the needs of their patients and manage the increased demand they are experiencing.
- 10.5 Data suggests that the number of available GP appointments has risen to within 1% of pre pandemic levels, and the proportion of face to face as opposed to virtual appointments is in line with the national average.
- 10.6 Face to face appointment rates have been increasing since the beginning of the calendar year. In July 2021, 59.4% of appointments were face to face compared to 59.0% in June 2021 and 58.7% in May 2021.
- 10.7 The rate of same day appointments has remained largely static in recent months. (44.7% same day appointments in July 21 vs 45.0% in June and 44.0% in May).
- 10.8 Actions taking place include:
- Additional funding being made available to support the resilience and wellbeing of general practice staff, and to ensure practices can deliver their business as usual while meeting the demands of the Covid-19 Vaccination Programme and now seasonal flu campaign;
 - The CCG has recruited a Health Facilitation (HF) team. The HF Team will support general practice to ensure people living with a learning disability receive their annual health checks, improving uptake and to bring the CCG in line with achieving the 72% target set nationally for 2021/22.
 - A new Locally Commissioned Service (LCS) has been launched to support people with learning disabilities, autism and serious mental illness to receive their COVID-19 vaccine.
 - A consistent system approach to managing patient choice being agreed; proposals to develop in hours GP operating models to support new patient contact pathways and increase resilience with approach being piloted in Regis PCN area in West Sussex
- 10.9 The CCG is working closely with Healthwatch and patient groups to monitor and review patient experience and ensure that it feeds into work with primary care.
- 10.10 It has also been reported by some GP practices that they are experiencing an increasing level of abuse from patients, especially to their receptionist teams. No-one should have to experience abuse at work and a public campaign is expected this Autumn that sets out poor behaviours will not be tolerated, whilst providing helpful information about how GP practices are currently working and how to get the best possible support from your practice and wider community services.

11. Winter Plan 2021-22

- 11.1 Context - 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.
- 11.2 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

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Appendix A

Winter period which this year runs from the end of November to 31 March 2022.

- 11.3 Our plans ensure that local systems are able to manage demand surge effectively and maintain patient safety and quality during this period.
- 11.4 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.
- 11.5 The plan takes account of Covid-19 management and response in the system; including capacity required to respond to surges in demand.
- 11.6 Approach - As for the 2020/21 winter plans, our plans will take the form of Place based plans, supported by ICS level plans for overarching services. Providers will also develop plans covering their individual organisations. ICS level plans will include NHS 111 and NHS 999, communication plans, infection control (Covid-19 / flu / norovirus / RSV), vaccination and EPRR. Plans will align with ensuring delivery of key national targets including those related to performance, restoration and recovery timelines and relevant planning guidelines
- 11.7 Key elements of the winter plan will include:
- Learning from winter 2021-2022;
 - Capacity and demand modelling;
 - Setting out key actions, risks and mitigations for winter in each system;
 - Mitigations to address any identified gaps;
 - Escalation triggers, Covid-19-19 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 in each place.
- 11.8 Objectives - 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

12. Hospital Discharge Planning

- 12.1 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.
- 12.2 In that context, partners across the Sussex ICS have agreed to develop local plans to ensure the continuation of this approach. For West Sussex, this will be a joint plan between health partners and West Sussex County Council. This approach will support local NHS services with the continued restoration and recovery of elective and cancer procedures, as well as ensure that services have sufficient capacity to respond to the anticipated surge in demand for emergency care during the winter season.
- 12.3 A joint approach to planning will enable 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 West Sussex residents. The hospital discharge planning period is proposed to run from October 2021 to March 2023. This incorporates the winter planning for 2021-22 and for 2022-23.
- 12.4 Longer-term joint planning will provide 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.

13. Next Steps for the Winter Plan

- 13.1 The plan will be approved by the Local A&E Delivery Boards in September with an initial plan shared with NHSE/I for their review on 17 September. The plan will be considered for assurance by West Sussex CCG and individual providers will assure their own plans through their respective boards.
- 13.2 A table-top stress testing exercise of the Winter plan and escalation framework will take place in October 2021 and following that exercise and any regional feedback, a refresh of the plan will be considered to incorporate learning and additional actions required.
- 13.3 Debrief exercises and lessons learned reviews will be undertaken routinely following periods of surge and this will include debrief after Christmas and New Year.

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