

Health & Adult Social Care Select Committee

27 November 2019

West Sussex Winter Plan

Report by West Sussex CCGs

Summary

The winter plans outlined in this presentation cover the health and social care systems across West Sussex including the Surrey & Sussex Healthcare NHS Trust (SASH) and Western Sussex Foundation NHS Trust (WSHFT). The planning also covers Princess Royal Hospital (PRH) in Haywards Heath part of the Brighton Sussex University Hospital Local A&E Delivery Boards (LAEDB) system due to services accessed at PRH by West Sussex residents. All plans are consistent across West Sussex.

The NHS in Sussex has taken a partnerships approach to Winter Planning, including a £3.3m funding commitment from West Sussex County Council to support residents with increased needs during the winter period and to keep NHS services resilient during the busy period.

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 plans cover the whole health and social care system from preventing unnecessary admission to hospital through to supporting timely discharge home ensuring that access to services ensuring 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 plans have been developed by WSHFT and SASH LAEDBs, which have representation from all local system health and social care commissioners and health care providers. The plans for winter build on learning from previous years as part of a continual improvement process. The plans were considered for assurance by the Coastal, Crawley, Horsham and Mid Sussex Governing Bodies in September and individual providers have assured their own plans through their respective boards. NHS England have also reviewed the LAEDB system plans across the Sussex Health and Care Partnership and have confirmed that they are also assured.

Focus for scrutiny

The Committee is asked to scrutinise the contents of this report. Key areas for scrutiny include:

- (1) Winter plan approach
- (2) Risks and mitigations
- (3) Next steps

Members of the select committee are asked to note that the NHS Winter Plan for 19/ 20 has been approved by NHS England, and is therefore not subject to significant change.

Winter plan objectives

The main objectives of the winter plan are:

- 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 and 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 four 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.

Lessons learnt from previous years

Each year the health and social care systems across West Sussex undertake reviews of winter to understand lessons learnt to enhance future planning. These lessons have been incorporated into the plans for winter 2019/20 as follows:

- 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.
- Single winter communications plan across Sussex and East Surrey aligned to the national NHS campaign.

- Development of discharge to assess pathways across health and social care to ensure people do not wait in acute hospitals when they can be supported at home.
- Improve use of timely business intelligence to identify system pressure to enable a more proactive approach.
- Renewed focus on long length of stay (over 21 days) in acute trusts to manage patient flow.
- The systems have undertaken reviews of drivers of increase A&E demand and has identified self-presenters with minor conditions as a key area of growth. System wide collaboration is underway to deliver Integrated Urgent Care model (IUC) including Urgent Treatment Centres (UTC) roll out from December 2019 to tackle this increase in demand.
- West Sussex wide system capacity and demand planning for this winter has built further upon the successful planning model that was used for last winter.

Capacity and demand planning

Integral to the winter plan is the development of a consistent Sussex wide system demand and capacity planning approach which has been developed. The model enables local systems to forecast predicted system demand over a 12 month period with a particular focus on the winter period and to identify any system capacity risks that require mitigating actions to be developed and agreed. Additional winter capacity is agreed across West Sussex as follows-

Community capacity

- Community and the local authority discharge to assess pathway, Home First, which launched have launched across West Sussex including local authority domiciliary care to support the new pathway.
- Health spot purchase beds in the independent sector for additional capacity.
- Additional community beds around the Princess Royal Hospital and WSHFT systems.
- Coastal Stroke Early Supported Discharge for the Coastal system - timelines to be confirmed.

Acute capacity

- WSHFT- 82 additional acute winter beds (38 St Richard's Hospital, 44 Worthing Hospital).
- WSHFT planned length of stay improvements (same day emergency care, fractured neck of femur, frailty, cardiology rapid access, gastro ambulatory care, 36 bed equivalents).
- SASH- 33 planned escalation beds; elective profiling reducing demand by 5 to 8 beds. 39 exceptional escalation beds have been agreed for short term use in extremis.
- PRH- 15 additional acute medical beds at PRH (January-20) – PRH re-stack. 20 acute exceptional escalation beds (PRH and Royal Sussex County Hospital)

West Sussex County Council

The West Sussex County Council winter plan is included as an appendix. Key commissioning and investment focus this winter is around the implementation of Home First across West Sussex and care and support at home reflecting a primary focus on enabling people to return home wherever possible. The Council also recognises that the allocation of funding may also be required to respond to challenges across the system over the winter months. The aim is to respond flexibly during the winter in the face of demand and also in the face of significant challenges that were faced over the last year with regards to market pressures. In summary the plan includes the following additional capacity to manage demand over winter:

- Discharge to assess bedded care.
- Home first pathways- purchase of care provision from domiciliary care frameworks to support implementation of Home First pathway alongside Sussex Community Trust. This also includes provision of meals on wheels.
- Additional capacity of care and support at home, through commissioned rounds of service across West Sussex.
- A pilot for a new model of provision of care at home focused on a self-employed personal assistants model facilitated by an agency.
- Workforce campaigns.
- Free flu vaccinations for WSCC employees, and local communications plan.
- Winter block beds with a focus on dementia and nursing.

Maintaining patient flow

There is national ambition to reduce by 40% the number of patients in an acute hospital bed with a long length of stay over 21 days 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.

Extensive programmes are in place across West Sussex to understand the data related to long length of stay and the delivery of system wide actions to ensure patients are not delayed in acute hospitals when they are medically optimised. Alongside the work to improve flow to tackle long lengths of stay, delayed transfer of care remain a focus at local level to ensure delays are no greater than 3.5% of acute hospital beds. Actions include-

- The national Discharge Patient Level Tracker is in place at ward level across acute trusts recording standard codes for patients with a stay of over 21 days.
- Weekly multi-disciplinary long length of stay panels are in place to review all patients with 21 day length of stay and agree next steps.
- Review of frailty impact on length of stay in acute trusts.
- Sharing best practice from board/ ward rounds to increase standardisation.
- Let's get you home policy and communication campaign is in place to support patients/ families with onward care decisions.
- Development in community pathways are progressing, including the discharge to assess pathways, will contribute to reducing long length of stay. Home first is being rolled out across West Sussex reducing the number of patients waiting in the acute when they are medically fit for discharge.

It is noted the long length of stay ambition remains a challenge and risk to capacity over winter. Work continues to develop actions to improve performance including identifying best practice from areas that have successfully met the target.

Mental Health

The on-going mental health acute inpatient capacity and demand challenges remain a strong focus in Sussex to ensure patients receive the right care in the right place to improve flow and outcomes for patients. Sussex Partnership Foundation Trust (SPFT) is leading an improvement programme and developments include-

- Psychiatric Decision Unit at Mill View Hospital now fully operational – able to take 4 patients for prolonged assessment of up to 23 hours; dedicated space for WSHT.
- Detailed milestone Out of Area Placements reduction improvement plan and trajectory in place.
- Increased Crisis Resolution Home Treatment Team resource.
- Street Triage in place.
- 111 Clinical assessment service including mental health coming online Dec/Jan 2020.
- Increase in SPFT Clinical Bed Management to 24/7 cover.
- Improvements for acute inpatient flow: system MADE events and fortnightly whole system delayed transfers of care call.
- Core 24 bids successful for Worthing and St. Richards Hospitals – recruitment underway for Worthing.
- Core 24 bids for PRH, Conquest & EDGH hospitals in progress.
- Working with local authorities to improve access to supported accommodation for MH patients.
- Developing specific plan with WSHT for mental health support in A&E.

South East Coast Ambulance Trust

The winter capacity plan for Ambulance services covers the period 1st November 2019 until 31st March 2020. The plan covers the identified winter pressure reporting period and details the Trust's intentions for delivering its core business. Analysis of historical data for this period over the past four years will be utilised to identify the anticipated periods of increased demand.

Primary Care

All systems are focused on ensuring that improved primary care access capacity is fully utilised over the winter period, including relocation to the acute hospital sites in response to an identified increase in primary care A&E presentations. A programme is in place across West Sussex to enable direct booking into improved access services and Urgent Treatment Centres via 111 by December 2019 using digital or alternative interim solutions.

Integrated urgent care

The IUC model across Sussex brings together the 111, Clinical Assessment Service (CAS) and local face to face services to ensure seamless access to urgent care services. The 111 CAS will go-live on 1 April 2020 with enhanced clinical input to ensure patients access the most appropriate services.

Collocated urgent treatment centres (UTC) in Worthing and St Richard's A&E departments are being developed. These will go live on 1 December 2019 with full roll out by April 2020. The Crawley UTC is already in place and meeting the nationally required standards.

The plan for direct booking from 111 is being developed. A communications and engagement plan that links to changes in behaviour and the move to 'talk before you walk' has been developed to cover this activity.

Sussex influenza vaccination and outbreak plan

Currently the Southern Hemisphere is experiencing higher levels of Influenza, which provides an indication of potentially high impact Influenza season within the UK. In 2018/19, high levels of flu activity and outbreaks had a significant impact on provider organisations, therefore early planning and effective communication to increase vaccination uptake is vitally important, along with the prompt management of any outbreaks in closed settings.

Public Health England (delegated to local personnel) has ultimate responsibility for the overall plan, with specific responsibilities resting with the CCG for certain elements. The CCGs held a Flu Planning meeting in July to review the 2018/19 influenza season and develop system plans for 2019/20 and a flu plan has been developed working in partnership with social care, providers and primary care colleagues. The expected outcomes of the plan are as follows:

- NHS providers to achieve a minimum 80% front line clinical staff vaccination rate;
- Improve vaccination rates for all staff group across primary care;
- CCGs to offer free Influenza vaccination for all staff via a standard approach across all CCGs;
- Increase in compliance with Influenza national vaccination programmes for social and primary care staff;
- Continued system focus on increasing vaccination programme uptake for high risk patient groups within primary care;
- Implementation of near patient testing in A&Es to improve out of hours testing and rapid identification of cases supporting appropriate placement of patients and prevent outbreaks;
- Commissioning of a standardised out of season flu outbreak service to assess and provide antiviral treatment and prophylaxis in and out of hours;
- Clear outbreak Management process for all adult social care settings to include escalation pathway to Public Health England for guidance and support;
- Provision of training and clear outbreak management for adult social care settings to support and manage outbreaks;
- Infection Control Champions programmes to promote influenza vaccination and management of outbreaks across all system partners;
- Supporting the national Influenza campaign at a local level and supplementing this with local SCHP and East Surrey communications.

Communications plans for winter

A Sussex wide winter communications strategy and tactical plan, aligned to the national campaign has been developed, building on the learning from last year. The aim of the communication strategy is to help people get the right care in the right

place, first time this winter and to start to encourage behavioural change. The top four objectives are:

- To always, have patients and patient stories leading on all communication activity.
- 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 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.

The Sussex Health and Care Partnership will follow the national communications timeline. However, the system continues to see an increase in attendances from New Year well into January. Therefore, it has been agreed locally that proactive communications will ramp up throughout January to support the system.

There will be both planned and reactive communications. Reactive communications will be based on the pressures and demands within the system.

Learning from last year will be utilised to run targeted messages to high A&E users but as these do vary from area to area:

- Across all of Sussex we will to the broadcast wide, general public messaging.
- Across all of Sussex targeting women, 19-29 (highest users of A&E after U18s – Sussex wide).
- In West Sussex our additional target is: 50-59 and 80-89 year olds (men and women).
- This is based on the A&E figures from 2017/18 and 2018/19.

Key risks and mitigations

The winter plans include risks to service delivery identified by LAEDBs. The key risks this winter are summarised below with the high level mitigating actions.

Risk: Poor system flow could result in the failure to deliver acute and community length of stay assumptions and required occupancy levels will result in significant patient flow risks.

Mitigation: the winter plan is in place including lessons learnt from previous peaks in activity. A system capacity and demand planning model has been developed including capacity to provide resilience over winter.

Risk: Increase in Urgent and Emergency Care (UEC) demand above plan assumptions could result in performance and quality risks.

Mitigation: a quarter one deep dive of UEC activity has taken place and action plans are in place for four programmes- self presenters, conveyance, long length of stay and mental health.

Risk: Workforce challenges across the health and social care system could impact upon the resilience of local services.

Mitigation: workforce remains the biggest risk across the system. This is managed routinely within providers and risks escalated to daily system calls as required.

Governance and next steps

LAEDBs for Coastal West Sussex, SASH and BSUH will be responsible for monitoring the delivery of the winter plans and for responding to any system risks that emerge over the winter period.

The winter framework ensures that review and sign off of the winter plan takes place at the relevant Local Management Teams, Executive Management Team, Local A&E Delivery Boards, CCG Quality and Safety Committees and Governing Bodies, West Sussex Health and Wellbeing Board and the West Sussex Health & Adult Social Care Select Committee (HASC).

Delivery and oversight of the winter plans and monitoring of performance against actual plan assumptions commenced from October 2019 with monthly reports to be submitted to LAEDBs, the CCG Local Management Team and the CCGs' Executive Management Team.

Detailed system operational plans covering the Christmas and New Year period will be developed and agreed by the LAEDBs by 30 November 2019.

Name of person responsible for the report

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Appendices

The West Sussex County Council Winter Plan.

Background papers

None