

## **East Sussex – Winter Planning**

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This paper provides an update on the plans in place across the East Sussex health and social care system to prepare for winter, to ensure system resilience and maintain patient safety and operational performance over the winter period.

### **1. Winter Planning**

#### **1.1. Role of Local A&E Delivery Boards**

In respect of winter planning Local A&E Delivery Boards (LAEDBs) core responsibilities are as follows:

- Developing plans for winter resilience and ensuring effective system wide surge and escalation processes exist;
- Supporting whole-system planning (including with local authorities) and ownership of the discharge process
- Participating in the planning and operations for local ambulance services
- Participating in the planning and operations of NHS 111 services including oversight of local Directory of Services development
- Agreeing deployment of any winter monies

The East Sussex population is the responsibility of the following three LAEDBs:

- East Sussex Better Together LAEDB
- Brighton and Hove LAEDB
- Maidstone and Tunbridge Wells LAEDB

Each LAEDB is responsible for developing a comprehensive plan for winter and the development of these plans starts immediately following the previous winter and is a continual cycle.

The above LAEDBs have worked over the course of the spring and summer months to develop whole system plans that ensure the provision of sufficient service capacity across health and social care over the winter period and to ensure that the system plans are resilient to anticipated demand surges and periods of pressure during winter.

## **1.2. NHS England winter planning assurance process**

All LAEDBs were required to submit their winter plans to the NHS England South East regional team in August for assurance review against set criteria, which are attached as annex 1. Following the feedback received from NHS England plans have been further updated and reviewed by the respective LAEDBs and will be finalised and signed off by all LAEDBs by 30 November 2018.

## **1.3. Lessons learnt from last winter**

Each LAEDB has reviewed the effectiveness of the previous year's winter plans to ensure that lessons learnt are captured to inform future planning. In addition a South East regional workshop was held where local systems collectively had an opportunity to share lessons learnt and what worked well in their respective systems over winter.

For East Sussex an example of some of the key lessons learnt from last winter are set out below:

- Need to involve primary care earlier in winter planning process;
- Further develop the pathways to stream patients away from the A&E department;
- Further develop capacity and demand planning tools to include community and adult social care service capacity;
- Further improvements in the level of weekend discharges and discharges earlier in the day;
- Commission additional winter capacity in a targeted way to support agreed patient pathways as opposed to spot purchasing capacity in response to demand pressure;
- Need to better align local communications plan with the national campaign and develop a more targeted approach to our communication plans.

Whilst last year winter was challenging at a both a national and local level there were a number of positive outcomes from last year's winter plan that were also identified by the LAEDBs and the ESBT system was identified by NHS Improvement as one of the three most resilient systems in South East region over last Winter.

## **1.4. System winter capacity planning**

Detailed system capacity planning has been undertaken by each LAEDB to confirm the capacity required to manage expected demand over Winter and to be able to manage demand surges during the period.

A summary of the key actions being taken and additional capacity being put in place across East Sussex for Winter.

### **1.4.1 Primary Care**

- 100% Coverage of Extended Primary Care Access
- Enable direct booking into extended access via NHS 111

- Additional walk in centre capacity on bank holidays and over Christmas and New Year.
- Proactive care home ward rounds
- Development of the Lewes Health Hub – Three Lewes GP practices to provide a GP led acute care team with telephone triage at Lewes Victoria Hospital.
- Text reminder system in place to remind patients to attend for seasonal flu injections and to order repeat prescriptions.

#### 1.4.2 Acute Hospital Capacity

- 75 additional winter escalation beds (28 at EDGH and 28 at Conquest, 18 Royal Sussex County Hospital, 11 Newhaven Downs)
- Action plan in place to deliver further reductions in length of stay, which is currently on track to deliver
- System supported accelerated discharge events to be held throughout the winter period
- Continued system focus on reducing long length of stay patients and sustaining Delayed Transfers of Care (DTC) performance through daily and weekly patient level reviews and system escalation.

#### 1.4.3 Community Services

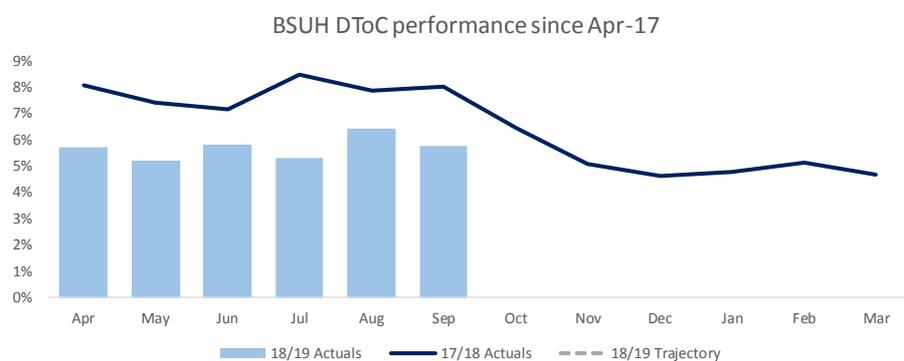
- 32 additional winter community escalation beds (12 at Bexhill and 5 at Rye Hospital, 15 in Brighton & Hove).
- Admission avoidance schemes including the implementation of High Intensity User Service and revised community pathways for 5 priority conditions (UTIs, Non Injury Falls, Cellulitis, Flu/Pneumonia, Catheter related issues) and the establishment of an overnight referral management service.
- Frailty Nurse Specialists have been recruited to support the community nursing teams in the High Weald Lewes Havens area and this service already exists in across ESBT.
- Early supported discharge pathway for stroke patients in High Weald Lewes Havens was introduced in August 2018 and will be fully operational for the winter period.
- Improve the occupancy of community hospitals to at least 90% - 95% through standardising admission criteria.
- Focus on reducing length of stay in community hospitals to improve system flow through implementation of the nationally recognised patient *SAFER* flow and *Red2Green* principles.

#### 1.4.4 Adult Social Care

- 27 additional discharge to assess beds to be commissioned by East Sussex County Council on behalf of the East Sussex CCGs over the winter period.
- 104 additional care hours to be pre-booked for the 3 week Christmas and New Year period.
- Proposals have been identified about the use of the £2,586k East Sussex share of the national winter allocation to local authorities for social care, recently announced by the Secretary of State. This will be discussed by partners at the relevant LAEDBs before being considered by the East Sussex County Council Cabinet in December.



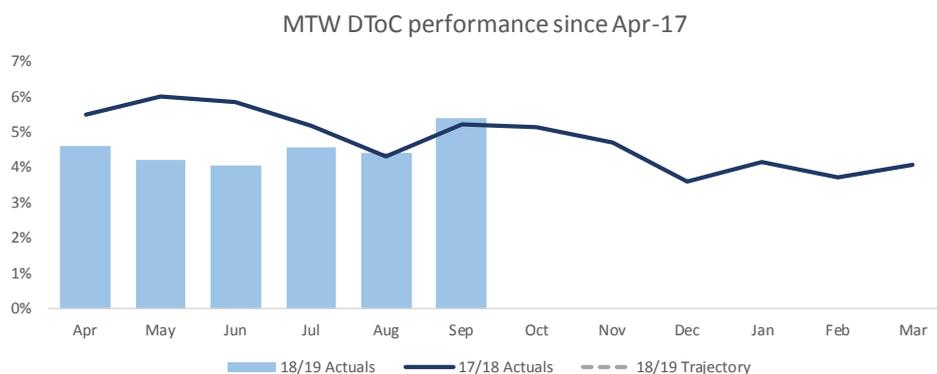
Figure 2 – Brighton Sussex University Hospitals NHS Trust DTOCs



BSUH

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
18/19 Trajectory												
18/19 Actuals	5.7%	5.2%	5.8%	5.3%	6.4%	5.8%						
17/18 Actuals	8.1%	7.4%	7.1%	8.5%	7.9%	8.0%	6.5%	5.1%	4.6%	4.8%	5.1%	4.7%
National Target	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%

Figure 3 – Maidstone and Tunbridge Wells NHS Trust DTOCs



MTW

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
18/19 Trajectory												
18/19 Actuals	4.6%	4.2%	4.1%	4.5%	4.4%	5.4%						
17/18 Actuals	5.5%	6.0%	5.9%	5.2%	4.3%	5.2%	5.1%	4.7%	3.6%	4.2%	3.7%	4.1%
National Target	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%

## 1.6. Long length of stay patients

In addition to the focus on ensuring that DTOCs remain low there is a national ambition to ensure that nationally is a 25% reduction in patients who stay in hospital for more than 20 days by 1<sup>st</sup> December 2019.

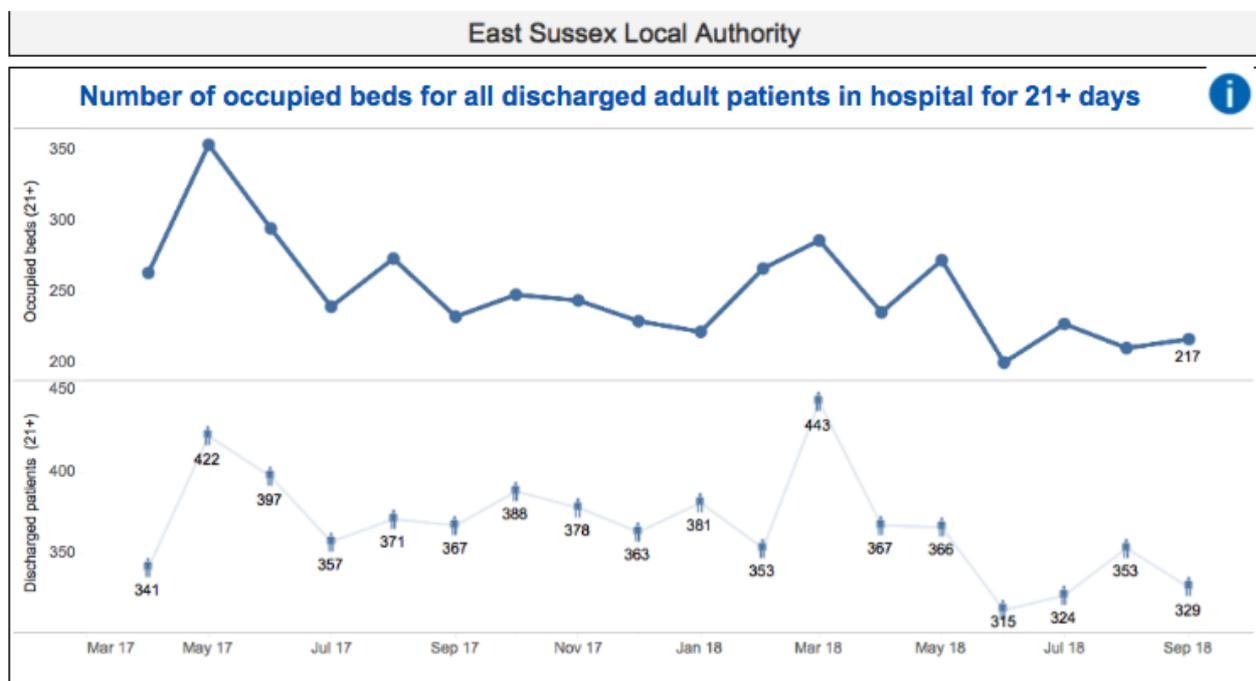
There are a significant cohort of patients who occupy acute hospital beds who are medically fit but do not necessarily meet the official definitions of a DTOC. The national ambition to reduce long stay patients is aimed at ensuring that patients are in

the best environment to meet their needs, ideally their own home, at the earliest opportunity and without delay.

In achieving this national ambition local systems and acute hospitals will be able to release acute bed capacity to enable those who require acute to be admitted without delay.

Overall good progress is being made across the East Sussex Health and Wellbeing footprint to achieve the national ambition of no more than 192 patients with a length of stay of more than 20 days by 1 December 2018.

Figure 4 – Number of occupied beds for discharged adult patients in hospital for 21+ days



Each LAEDB has plans in place, informed by NHS Improvement best practice guides on Focus on Improving patient flow<sup>1</sup> and the Guide to reducing long hospital stays<sup>2</sup> to achieve the national long length of stay ambition as this is seen as a key enabler to support the local system winter capacity plans.

### 1.7. Managing flu over winter

Influenza is an acute infection of the respiratory tract caused by the influenza A and B viruses. Influenza occurs in a seasonal pattern with epidemics in the winter months, typically between December and March. The severity of the illness can vary from asymptomatic infection to life-threatening complications. In the UK, the average

<sup>1</sup> Good practice guide: Focus on improving patient flow - [https://improvement.nhs.uk/documents/1426/Patient\\_Flow\\_Guidance\\_2017\\_13\\_July\\_2017.pdf](https://improvement.nhs.uk/documents/1426/Patient_Flow_Guidance_2017_13_July_2017.pdf)

<sup>2</sup> Guide to reducing long hospital stays - [https://improvement.nhs.uk/documents/2898/Guide\\_to\\_reducing\\_long\\_hospital\\_stays\\_FINAL\\_v2.pdf](https://improvement.nhs.uk/documents/2898/Guide_to_reducing_long_hospital_stays_FINAL_v2.pdf)

number of deaths attributed directly to influenza is approximately 600 in non-epidemic years and between 12,000 and 13,800 deaths in epidemic years.

The Sussex and East Surrey CCGs have jointly developed an STP wide flu plan 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 75% clinical staff vaccination rate;
- NHS providers to offer long stay patients Influenza vaccinations;
- 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
- Commissioning of out of season flu outbreak service to assess and provide antiviral treatment and prophylaxis in an 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;
- Infection control champions programmes to promote Influenza vaccination and the management of outbreaks.
- Supporting the national Influenza campaign at a local level and supplementing this with local STP communications.

This year there is a separate flu campaign out to run in parallel with our main winter campaign to give it specific and more sustained focus. This was a lesson learned from last year's winter campaign when the rate of flu vaccinations declined from the middle of November as the focus was moved to other themes.

With a dedicated focused plan and approach to flu separately to the winter communications plan will support an improvement in take up of this year's vaccine.

### **1.8. Winter communications plan**

A proactive Sussex and East Surrey STP wide winter communications plan has been developed, aligned to the preventative "Help us, help you, stay well this winter" national campaign, to encourage the public to use A&E responsibly, to promote self-care and other NHS services that may better meet the needs of patients based on their condition.

The objectives of the plan are as follows:

- 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, GP Improved Access, Urgent Treatment Centres and Walk-ins.
- 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 NHS 111 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.

Throughout the winter period, we will proactively be promoting NHS 111- with the key theme being 'NHS 111 is more than a helpline'.

In addition there will also be following the NHSE Campaign focus around using pharmacists, with the strapline 'don't wait until you feel worse, ask us first'

The national and local themes will be:

## **2018**

October: Flu vaccines

October – November: NHS 111 – Urgent Care Services

November – December: Pharmacists

December: GP improved access

## **2019**

January - February: NHS 111 Online

March: Pharmacy

## **2. System winter resilience plans**

### **2.1. LAEDB system capacity and surge management plans**

There is a national NHE England Operational Pressures Escalation<sup>3</sup>Levels (OPEL) - Framework that all LAEDB systems have implemented to assess pressure across the system and the associated level of risk and escalation response required.

Each LAEDB has developed and agreed a local system based demand and capacity surge escalation plan. These plans are reviewed at least annually and are aligned to the national OPEL framework that set out clearly the actions required by each part of the system in response to the level of escalation and the specific risks identified.

Each individual organisation within the local health and social care system has in place its own surge and escalation plan, which sets out the internal actions required and the individuals or roles responsible for implementing the actions in response to actual or predicted risk.

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<sup>3</sup> The National Operational Pressures Escalation Levels Framework can be found at the following link: <https://www.england.nhs.uk/wp-content/uploads/2012/03/operational-pressures-escalation-levels-framework.pdf>

## **2.2. SHREWD (Single Health Resilience Early Warning Database) Resilience**

To support local system demand and capacity surge management plans a well-established web based system is commissioned across both the Kent & Medway and Sussex and East Surrey STPs

SHREWD resilience provides a real time view of pressure and enables front line teams and operational leaders to identify 'where' pressure is across the health system very quickly. Within three clicks users can get to the granular detail and root cause of 'why' the system is under pressure. Data is captured live or in real time wherever possible and shared with all providers across the health economy via a web interface and smartphone app.

## **2.3. Surrey and Sussex CCGs winter operating model**

This winter the eight Surrey and Sussex CCGs, which are now under the single leadership of a single accountable officer have jointly appointed a winter director to co-ordinate planning for winter and the response to local system pressures that require broader system support and to co-ordinate the commissioners response to common pressures or themes that require a more strategic level response.

## **2.4. Local system daily conference calls**

Throughout the winter period between December and March each local AEDB system will be holding system wide daily conference calls involving commissioner, providers and adult social care and supported by access to SHREWD Resilience to enable a full assessment of system pressure and to identify and agree actions to mitigate any risks identified. These calls will take place 7 days a week and will be chaired by senior operational leads for each LAEDB system by executive level leads or a CCG Director on-call (out of hours) when a system is in escalation.

## **3. Impact of Quality, Innovation, Productivity and Prevention (QIPP) on winter preparedness**

The CCGs QIPP programmes have all had quality impact assessments completed and there have no negative impacts on the LAEDB winter plans have been identified.

In the main the individual QIPP schemes agreed by the CCGs are fully supportive of the LAEDB winter plans as they are focused on reducing demand on our acute hospitals and ensuring that patients are able to access the services that best meet their individual needs.

## **4. Recommendations**

The committee are recommended to:

- **Note** the update on the East Sussex winter plan and system resilience.

*Mark Angus, Winter Director, Sussex and East Surrey CCGs*

29<sup>th</sup> November 2018