Report: **East Sussex Winter Resilience Plan 2019/20**

To: East Sussex Health Overview and Scrutiny Committee

From: Jessica Britton, Executive Managing Director, East Sussex Clinical Commissioning Groups

Author: Robert Szymanski - Head of Urgent Care
Paul Relf - System Resilience Manager

Date: 28th November 2019

Overview:
The Health Overview Scrutiny Committee (HOSC) members are asked to note the 2019/20 Winter Resilience Plan for the three East Sussex CCGs – Eastbourne, Hailsham and Seaford CCG, Hastings and Rother CCG and High Weald Lewes Havens CCG.

1. Context and Background

This paper provides a summary update on the Winter Resilience Plan (Winter Plan) for East Sussex. The purpose of the Winter Plan is to ensure our local system, and our partner organisations, have robust and evidence-based plans in place to cope with a surge in the use of health and care service over the winter months – December 2019 – March 2020. This surge in demand is often caused by certain medical conditions that worsen in the winter months, for example, respiratory problems, exacerbated health problems in frail older people, an increase in trips and falls, or increased incidences of flu and norovirus.

Winter Planning is the responsibility of Local A&E Delivery Boards (LAEDBs), which bring together health and care commissioners and providers. In East Sussex, the LAEDB works closely with neighbouring systems and providers that provide care and support for East Sussex patients, including Brighton & Sussex University Hospitals NHS Trust (BSUH), Maidstone and Tunbridge Wells NHS Foundation Trust (MTW) and Sussex-wide providers such as Sussex Partnership NHS Foundation Trust (SPFT) and Sussex Community NHS Trust (SCFT).

The Winter Planning process is an annual process and East Sussex AEDB has worked over the course of the spring and summer months to develop a whole system plan that ensures the provision of sufficient service capacity across health and social care. The same process was applied for AEDBs responsible for overseeing neighbouring systems, including Brighton & Hove and High Weald Lewes Havens CCGs for the BSUH system, and West Kent for the MTW area.

The local Sussex plans, covering East Sussex Healthcare NHS Trust (ESHT) and BSUH, were finalised and signed off by the AEDBs in October 2019, and subsequently submitted to NHS England (NHSE) for assurance.

The East Sussex Winter Plan objectives are:

- To maintain inpatient acute bed occupancy of no more than 85% by Monday 23rd December and to aim to maintain bed occupancy below 95% throughout winter. This means that the beds within the acute trusts should never be 100% full and that there are available acute beds to use when there are surges in admissions.
- To make sure that community capacity is fully utilised. This means that all intermediate care bedded units are used by suitable patients and then the length of stay of those patients is monitored, and patients are supported with, for example, their rehabilitation needs to get them to their home within the most appropriate timescale and safely. This includes bedded capacity (for example at Bexhill Irvine Unit, Milton Grange Eastbourne or Crowborough Hospital) but also domiciliary care provided by community teams (for example, Crisis Response).
- To avoid ambulance delays of over 30 minutes.
- To deliver a 40% reduction in patients with a Long Length of Stay (this is categorised as over 21 days) from October 2019 to March 2020. This change started in October 2019.
- To ensure the number of people with a Delayed Transfer of Care (DTOCs) is no greater than 3.5% of all patients.
- To increase weekend discharge rates so that people can get home safely whenever they are ready and fit to do so.
- To proactively prevent and manage infection control issues such as influenza and norovirus.
- To maximise the use of Same Day Emergency Care (SDEC). SDEC is the provision of same-day care for patients requiring urgent and emergency services such as A&E who would otherwise be admitted to a hospital for an overnight stay. Using this care model, primary care and self-presenting patients to A&E can be sent to an appropriate service within the hospital directly and safely discharged home the same day rather than being admitted.
- To support patients presenting at A&E to get the most appropriate service for their need. This might include an alternative service or clinic or Urgent Treatment Centre.
- If the patient presents the A&E department having been seen by primary care first, and has a letter, the patient can directly attend a clinic or service without being seen within the A&E department.

2. Lessons learnt from last winter

All LAEDBs across Sussex and Healthcare Partnership undertook a whole-system stock-take on the lessons learned from last winter and identified key improvement opportunities and actions for this year. A summary of these opportunities, and examples of associated actions, are outlined in the table below:

Area/Opportunity for Improvement		Actions Taken
Improved access to primary care which includes additional evening and weekend appointments.		• Patients are now able to make appointments with their GP practice or referred to a local primary care hub for evening and weekend appointments. This is available across all Sussex. • Work is also being undertaken to enable direct booking via NHS 111 into these additional

Area/Opportunity for Improvement		Actions Taken
		primary care appointments.
Improve the integrated way in which community services support local people and a focus on system-supported and weekend discharges. System-supported discharges are those discharges that require input from community or local authority teams (for example, from community hospitals or Crisis Response team); and Improvements in patient flow across the organisation.		• Local systems are developing Integrated Discharge Teams (IDT), which is a multi-agency team made up of adult social care colleagues, physiotherapists, occupational therapists and ward staff to make discharge plans for patients. The team is integrated which stops paper referrals to each other and helps to have all the correct professionals making discharge plans with the patient and family. • Discharge to Assess (D2A) pathways are in place across BSUH and ESHT systems to support patient flow. D2A pathway is for people who are clinically well enough but may still require services for a short-term period outside of acute bed. Additional capacity is being mobilised across all systems as per demand and capacity planning undertaken by each LAEDB (see section 3 for details).The formation of the new Integrated Discharge Team (IDT) will aid patient flow which includes the multidisciplinary team working together to aid flow. For example, in ESHT a new electronic NerveCentre bed management system uses live data, and the A&E department can alert the control centre that a specific bed is required for a patient so that this bed can be allocated remotely letting the A&E department know. This helps speed up patient flow.
Mental Health capacity		• Sussex-wide Mental Health Programme – Investment in core crisis response and home treatment teams. • New psychiatric decision unit at Mill View in Brighton covering all Sussex. • Monitoring of available mental health capacity onto the Single Health and Resilience Early Warning Database (SHREWD). This is applicable to ESHT and BSUH systems.
Reduced number of Delayed Transfers of Care and patients over 21 days' length of stay.		• The national Discharge Patient Tracking List will offer a tool to help the better management of the causes contributing to this. This started in October 2019 across ESHT, BSUH and MTW.

3. System winter capacity planning

Demand and capacity modelling has been undertaken to forecast predicted system demand for acute capacity over 12 months, with a particular focus on the winter period and to identify any system capacity risks that require mitigating actions to be developed and agreed. A consistent demand and capacity modelling was applied across Sussex.

For the ESHT system, we will have additional winter capacity as follows:

- 16 additional beds at the intermediate care units at Bexhill and Rye hospitals
- 40 additional beds at Eastbourne District General Hospital (EDGH) and Hastings Conquest Hospital (CQ)
- Additional 10 Discharge To Assess beds

There will also be additional social care capacity, including packages of domiciliary care, and additional care managers to support the discharge process from acute hospitals across seven days.

For the BSUH system, additional winter capacity being commissioned is as follows:

- 9 Additional Newhaven Beds
- 48 Additional Community Beds
- 21 Additional Local Authority Beds
- 15 Additional Acute Medical Beds at Princess Royal Hospital (PRH) in Haywards Heath (Jan-20); and 20 Acute Exceptional Escalation Beds (PRH and Royal Sussex County Hospital (RSCH) in Brighton)

Additional capacity is also being mobilised through the introduction of the Discharge to Assess (covering PRH catchment area), and additional local authority domiciliary capacity for West Sussex, East Sussex and Brighton and Hove areas over the winter period.

For the MTW system there are similar measures being put in place through plans developed through the West Kent AEDB.

4. System partners – winter plan actions

East Sussex County Council

Using its share of the national winter allocation to Local Authorities, and building upon its existing admission avoidance and acute discharge initiatives, the County Council has undertaken the following additional actions in preparation for Winter 2019/20:

- Secured additional independent sector care home provision to support increased numbers of patients accessing the Discharge to Assess bed-based pathway. Discharge to Assess (D2A) is a pathway where people who are clinically well enough to be discharged from an acute hospital but may still require care services for a short-term period. The person in a D2A bed may need a funded short-term placement in their home or a community setting, and require some further assessment for longer-term care and support, but undertaken in a home or community setting rather than in a hospital setting.
- Block purchased an additional 104 hours of independent sector homecare per day to support admission avoidance and timely discharge for three weeks from 16th December to the 5th January 2020.
- Flexed the access criteria for Directly Provided Services (Joint Community Rehabilitation and Milton Grange) to maximise capacity and utilisation, supported by the provision of additional equipment and therapy input to maintain flow.
- Enhanced seven-day working and weekend assessment and discharge by the deployment of additional care managers and, for the out-of-county acute hospitals, through reciprocal arrangements with other local authorities.

Primary Care

In October 2018, we launched additional primary care improved access (PCIA)

appointments in local GP hubs. This capacity is now well established across East Sussex and it allows patients to be seen in a variety of convenient locations which reflect the local need, including telephone consultations and video consultations. In addition to PCIA appointments, the out-of-hours GP service will continue to be provided after 6.30pm on weekdays and 24-hours at weekends.

Community pharmacies will provide the NHS Community Pharmacist Consultation Service (CPCS). This service connects patients who have a minor illness or need an urgent supply of medicine with a local community pharmacist. To access the service patients can call NHS 111.

We are also working with local GP federations to provide support to care homes and to be able to provide primary care-led ward rounds within homes. This will provide continuity of care to the patients and provide support to the care staff within the homes.

Ambulance/999 Winter Plan
South East Coast Ambulance NHS Foundation Trust (SECAMb) developed a Sussex-wide Winter Plan. The 999 Winter Plan uses demand and capacity modelling, and the Trust will flex demand and resources as required to meet the demand. This will ensure a clinically safe service is maintained, and mitigate and minimise the impact on the wider NHS and system.

NHS 111 Winter Plan
The NHS 111 Winter Plan has adopted learnings from previous winters and has expanded its collaborative network across partner organisations/services.

Mental Health Plan
From last year's performance and a review of what went well we have applied this to this year's mental health plan and have bolstered service provision and service improvement.

- Increased mental health crisis provision within the Emergency Departments at acute hospitals through Core 24 services to achieve 24/7 access to urgent mental health care
- Implemented street triage working with the ambulance provider (SECAmb).
- The recruitment of additional mental health practitioners.
- Increased provision of crisis resolution home treatment teams.
- A new modernised urgent care treatment lounge at Eastbourne Psychiatric Department where patients can be referred from the community/police or SECAmb for assessment.
- Psychiatric Decision Unit at Mill View Hospital – able to take four patients for prolonged assessment of up to 23 hours.
- NHS 111 Clinical Assessment Service (CAS) including mental health practitioners going live by the end of January 2020.
- Working with local authorities to improve access to supported accommodation for mental health patients.
- Improvement programme for acute inpatient flow for mental health patients – through system-wide MADE events (Multi Agency Discharge Events) and fortnightly whole-system delayed transfers of care call.

5. Influenza vaccination and outbreak plan

Provider organisations are working to meet vaccination rates of 80% across clinical staff.

We are making sure that patients who are unable to get to their GP practices are vaccinated at home.

As last year, we are currently establishing dedicated support to assist with flu management within care homes out-of-hours (after 6.30pm and at weekends and bank holidays). This means that if there was an outbreak in a care home, a practitioner will attend to assess patients in their care or nursing home and provide antiviral medication (if appropriate).

6. Winter Plan communications plan

The aim of the communications winter plan is to set out a coordinated approach to communications and engagement to help encourage and signpost people to get the right service for them. The objectives of the strategy are:

- To raise 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 meets accessibility standards of the alternative services, such as NHS111, Primary Care Improved Access, Urgent Treatment Centres and bookable appointments into other primary and community services.
- 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 NHS111 (phone and online) and Pharmacy 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.

7. System surge and escalation plan and operating model

The system escalation plan articulates the multi-agency surge management and escalation plans for the East Sussex AEDB system.

It is operationally-focused and details explicitly how our system will respond to pressures throughout 2019/20. The plan is aligned to the national Operational Pressures Escalation Levels (OPEL) framework. This ensures a consistent approach and improved whole system response to managing operational pressures that is based upon best practice and is fit for purpose.

The escalation process has been designed using the Single Health and Resilience Early Warning Database (SHREWD) and agreed indicators have been established based on their tactical impact on the system, and are fed into the system on a live basis and automated, where possible. This provides an overview of system pressures and enables discussions and targeted actions to be undertaken.

8. Conclusion

The LAEDBs covering BSUH, ESHT and MTW systems developed 2019/20 Winter Plans to ensure our health care system, and all partner organisations:

- Are resilient throughout the winter period and continue to provide safe care for local people at all times.
- Have sufficient acute and out-of-hospital capacity available to meet likely demand over the winter period.
- Ensure safe and timely transfers of patients within the system to the right care setting (for example, from an acute bed to the patient's own home or a community bed with suitable support).
- Are able to achieve and maintain agreed access targets and trajectories for elective and cancer care.
- Ensure risks are identified and managed.