Public Document Pack

Health and Wellbeing Board

Wednesday, 7 October 2020 2.00 p.m.
Via public remote access (please contact the Clerk named below for instructions)

Chief Executive

Please contact Gill Ferguson on 0151 511 8059 or e-mail gill.ferguson@halton.gov.uk for further information.
The next meeting of the Committee is on Wednesday, 20 January 2021

ITEMS TO BE DEALT WITH
IN THE PRESENCE OF THE PRESS AND PUBLIC

Part I

Item No.	Page No.
1. APOLOGIES FOR ABSENCE	
2. MINUTES OF LAST MEETING	1 - 6
3. CRF ACTION PLAN IN RESPONSE TO RAPID INCREASE IN COVID-19 CASES	7 - 22
4. WINTER PLANNING	23 - 149
5. INITIAL REPORT ON THE IMPACT OF THE CORONAVIRUS ON HALTON'S ADULT SOCIAL CARE MENTAL HEALTH SERVICES	150 - 158
6. LLOYDS BANKING UPDATE	159 - 161
7. HBC LOCAL LOCKDOWN EMERGENCY PLAN TO SUPPORT SHIELDED, VULNERABLE AND THOSE SELF-ISOLATING	162 - 308
8. ONE HALTON - UPDATE REPORT	309 - 323

Agenda Item 2

HEALTH AND WELLBEING BOARD

At a meeting of the Health and Wellbeing Board on Wednesday, 15 January 2020 at The Halton Stadium, Widnes

Present: Councillors Polhill, Woolfall and Wright and S. Bartsch, G Clark, G. Ferguson, T. Hemming, T. Hill, M. Larking, R. Macdonald, E. O'Meara, K. Parker, D. Parr, C Pritchard, S. Semoff, L. Thompson, S. Wallace Bonner and S. Yeoman.

Apologies for Absence: Councillor T. McInerney and Superintendent L. Marler, L. Haworth and L. Carter

Absence declared on Council business: None

ITEM DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

Action

HWB22 MINUTES OF LAST MEETING

The Minutes of the meeting held on 2nd October 2019 having been circulated were signed as a correct record.

HWB23 2018-19 PUBLIC HEALTH ANNUAL REPORT - WORKPLACE HEALTH

The report was deferred until the next meeting.

HWB24 TRANSFORMING CARE FOR PEOPLE WITH LEARNING DISABILITIES AND/OR AUTISM AND/OR BEHAVIOURS THAT CHALLENGE

The Board considered a report and received a presentation which provided an update on the implementation of national recommendations to improve the lives of people with learning disabilities and/or autism and/or behaviours that challenge services within the Borough.

As a result of Sir Stephen Bubb's report Winterbourne View – Time for Change (2014), NHS England, the Department of Health, the Local Government Association, the Association of Directors of Adult Social Care, the Care Quality Commission and Health Education England united

and confirmed their commitment to strengthen the Transforming Care delivery programme by creating a new delivery board, bringing together the senior responsible owners from all our organisations. Nationally the programme would focus action on:

- ensuring joint health and care planning and commissioning of services to meet the needs of children and adults with behaviours described as challenging;incentivise the right model of local responsive personalised care;
- thereby prevent the placing of people inappropriately in in-patient settings;
- driving up quality in specialist health and care settings; and
- establishing robust monitoring of progress.

Members were advised on the progress that had been made to date in Halton to implement the Transforming Care national programme of work in conjunction with service users, their families, key stakeholders, clinicians and commissioners.

As part of the national service model, 48 Transforming Care Partnerships had been established and Halton was a member of the Cheshire and Merseyside Transforming Care Partnership Board. It was noted that there was still further work to be undertaken to achieve all the service model requirements. It was therefore proposed that an annual report would be presented to Halton Health and Wellbeing Board by way of assurance that the needs of people with learning disabilities and/or autism and/or behaviours that challenge were being met.

RESOLVED: That

1. the report be noted;

2. the current Halton position and progress outlined in Appendix 4 be acknowledged;

3. the Board receive an annual update report on progress made against the implementation of the national recommendations in Halton.

HWB25 CHESHIRE AND MERSEYSIDE WORKING TOGETHER AS A MARMOT COMMUNITY: STRENGTHENING SYSTEM LEADERSHIP FOR POPULATION HEALTH AND REDUCING HEALTH AND WELLBEING INEQUALITIES.

The Board considered a report of the Director of Public Health, which set out the benefits to Halton, Cheshire and Merseyside of becoming a Marmot sub region. In common with Halton's Health and Wellbeing Board, the Cheshire and Merseyside (C&M) Health and Care Partnership had identified tackling the difference between England and C&M in life expectancy and healthy life as its core purpose. Aligned to this there was an ambition to reduce inequalities in health outcomes within C&M. In order to achieve this ambition, it was proposed that the C&M Health and Care Partnership should become a Marmot Community.

Members considered a report which highlighted the benefits of a Marmot Community which included:

- Access to international expertise;
- Developing excellence in systems leadership for Population Health;
- Strengthening joint working with the NHS and local authorities;
- Maximising our impact on health inequalities together; and
- Promoting excellence in practice in C&M.

In addition the report detailed the role of the C&M Health and Care Partnership throughout the process and how they would build on current work and collaborate with the Marmot Team.

Arising from the discussion, Members had previously received a copy of the Expression of Interest for the Shaping Places bid and approval was requested to submit Board Member signatures to the document before the bid was submitted.

RESOLVED: That

1. the proposal of Cheshire and Merseyside becoming a Marmot Community be supported;

2. the Cheshire and Merseyside Health and Care Partnership will finance, oversee and assure this initiative with the support of partners; and

3. the Board agree to submit their signatures in support of the Expression of Interest for the Shaping Places bid.

HWB26 ONE HALTON - UPDATE REPORT

The Board considered an update report on the development of One Halton which included the work of the One Halton Forum, the Integrated Commissioning Group and the Provider Alliance. Since the last meeting the following progress had been made:

- The One Halton Plan was submitted to Cheshire and Merseyside Health and Care Partnership on the 31st October 2019 and positive feedback had been received;
- Organisations within the One Halton had been asked to share the One Halton Plan through their relevant Boards for endorsement;
- A One Halton summary document had been produced and a copy circulated to the Board;
- Development of a One Halton Delivery Plan;
- Cancer and Cardiovascular Disease had been chosen as the first two programmes of disease specific work to be reviewed collaboratively across Provider and Commissioner; and
- A request for funding had been received and approved. Full details of the request were detailed in the report together with a One Halton Budget Statement.

RESOLVED: That

1. the contents of the report be noted;

2. the final version of the One Halton Plan 2019-2024 be endorsed;

3. the One Halton Plan on a page be approved;

4. the initial priorities for a One Halton Delivery Plan were agreed as Cancer and Cardiovascular Disease;

5. One Halton Funding requests have been noted; and

6. the budget statement be noted.

HWB27 HALTON BOROUGH COUNCIL/NHS HALTON CLINICAL COMMISSIONING GROUP - PARTNERSHIP WORKING

The Board considered a report which provided an overview of the current partnership working arrangements between the Council, Adult Social Care and NHS Halton Clinical Commissioning Group (CCG).

In April 2013, NHS Halton CCG and Halton Borough Council (HBC) had established joint working arrangements which culminated in the organisations entering into an initial 3 year Joint Working Agreement (hosted by HBC) from April 2013 (Pursuant to Section 75 of the National Health Service Act 2006) for the commissioning of services for people with Complex Care needs.

Subsequently, in April 2015 with the introduction of the Better Care Fund (BCF), a revised Joint Work Agreement was agreed which included BCF allocation for 2015/16, along with Disabled Facility Grant for capital projects.

Members considered the current Joint Working Agreement and Governance Arrangements, including examples of joint working arrangements and future opportunities.

RESOLVED: That the Board note the contents of the report.

HWB28 PROVIDER ALLIANCE UPDATE REPORT

The Board considered an update report on the work of the One Halton Provider Alliance. Since the last meeting the Provider Alliance had met on three occasions on 9th October, 6th November and 4th December 2019. The Alliance had identified key workstreams and dedicated projects which were included in the One Halton Plan 2019-2024. Specific updates in respect of those areas were provided to the Board, together with a draft ten year vision document for Halton Place Based Integration.

RESOLVED: That the report be noted.

HWB29 INTEGRATED COMMISSIONING GROUP UPDATE

The Board received an update report on the two formal meetings of the Integrated Commissioning Group which had taken place on 15th October and 27th November 2019. In addition, the Board was provided with an update on

the Integrated Commissioning Workshop which had taken place on 12th November 2019.

RESOLVED: That the report be noted.

Meeting ended at 3.10 p.m.

Agenda Item 3

REPORT TO:	Health & Wellbeing Board
DATE:	7th October 2020
REPORTING OFFICER:	Director of Public Health
PORTFOLIO:	Health and Wellbeing
SUBJECT:	CRF Action Plan in Response to Rapid Increase in COVID-19 Cases
WARD(S)	Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 The purpose of this report is to brief the Board on the Cheshire Resilience Forum Action Plan in response to a rapid increase in COVID 19 cases.

2.0 **RECOMMENDATION: That the Board note the contents of the report.**

3.0 **SUPPORTING INFORMATION**

3.1 All areas of Cheshire have seen an increased incidence in COVID-19 cases in the last week (as of 14th September), with more significant increases being observed in Warrington and Halton. Cheshire currently has a lower incidence than other areas in the North West, but the rate of increase is of concern.

3.2 In response to these concerns, the Cheshire Resilience Forum has produced an action plan (Please see Appendix 1). The plan sets out a summary of the epidemiological evidence for Cheshire and steps that are being taken NOW in response to the rapid increase in Covid-19 cases, and also what future steps are under consideration. The appendix at the back of the action plan provides a more detailed summary of Covid-19 surveillance data for both Cheshire and Merseyside.

3.3 As of 17th September the 7 day incidence rate for Halton was 61.5 per 100,000. This compares to 111.2 for Warrington, 31.7 for Cheshire West and Chester and 24.4 for Cheshire East. The NW currently has 24% of England's cases but only around 15% of the national testing capacity.

4.0 **POLICY IMPLICATIONS**

4.1 The actions set out within the CRF plan affect a wide range of local authority and partner organisation functions and services. The implications will need to be

considered individually alongside the capacity and resources needed to support these actions at a local level.

5.0 OTHER/ FINANCIAL IMPLICATIONS

5.1 The actions are funded wherever possible from existing test and trace grants to local authorities, and also through the use of and redeployment of existing resources. However, there is a natural limit to capacity / resources at a local level.
The Plan states that, "The opportunity cost of not taking these actions on both health & wellbeing, and on economy is significant."

6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1 **Children & Young People in Halton**
There are a range of actions within the plan aimed at early years settings, schools and colleges to help prevent the spread of Covid-19.

6.2 **Employment, Learning & Skills in Halton**
The plan sets out action for employers and educational settings to help control the spread of Coronavirus.

6.3 **A Healthy Halton**
All of the actions within the plan are directly related to this priority and the Covid-19 pandemic. It is hoped that implementation of the plan will reduce and control the spread of the virus within communities.

6.4 **A Safer Halton**
The Police will have enforcement powers in relation to Covid-19 regulations. Local authorities will continue to offer support to the business and hospitality sector on ensuring Covid- secure settings.

6.5 **Halton's Urban Renewal**
The plan provides action related to Transport to ensure the safe operation of services. Communication of key public health messages across outdoor spaces and leisure venues are also an essential ongoing requirement.

7.0 **RISK ANALYSIS**

7.1 The implementation of this action plan is crucial to reducing the risk to health and wellbeing and the economy.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 N/A

9.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

9.1 None

CRF Action Plan in Response to Rapid Increase in COVID-19 Cases

15th September 2020

Key Objectives

- Protect the most vulnerable members of the community
- To prevent wider spread and further outbreaks in high risk setting
- To bring levels of Covid back in line with national average over the coming weeks
- To protect Cheshire's economic recovery

Summary of Epidemiological evidence in Cheshire (14th September 2020)

- All areas of Cheshire have experienced a rapid increase in incidence in the last week.
- More significant increases have been observed in Warrington and Halton.
- The majority of new cases are in people of white ethnic background.
- The majority of new cases in the last two weeks are in young adults and working age groups
- There has not been a significant increase in cases over the age of 65 years
- There is no difference between gender of case, despite early reports of a female predominance.
- Cheshire currently has lower incidence than other areas in the North West, but the rate of increase is of concern
- The NW currently has 24% of England's cases but only around 15% of the national testing capacity
- Appendix One shows latest Covid rates for Cheshire

CRF Action Plan in Response to Rapid Increase in COVID-19 Cases

The table below describes what actions are being taken NOW in response to the rapid increase in Covid-19 cases, and also what future steps are under consideration.

The actions are funded wherever possible from existing test and trace grants to local authorities, and also through the use of and redeployment of existing resources.

However, there is a natural limit to the capacity / resources we have at a local level. All of Cheshire's local authorities are facing huge financial challenges arising from COVID-19, and these challenges are made all the more difficult by the absence of any certainty in respect of future funding, therefore we are also calling for additional resources in the short term and more certainty of such resources in the medium-term.

The opportunity cost of not taking these actions on both health & wellbeing, and on economy is significant.

Priority Area	Level	Actions
Surveillance/Intelligence	Current actions	Daily surveillance at a local level, and twice weekly Cheshire meeting: Understand the epidemiology of the current situation and appropriately target action/ control measures
	Next potential escalation steps	Daily Cheshire intelligence meetings Deep dive epidemiological analytical support

Outbreak Management	Current actions	Local outbreak control plans and outbreak management meeting / health protection boards established and meeting CRF SCG / TCG stood up and meeting twice weekly Testing Capacity/ Sit-Rep Across C&M – Daily Huddle
	Next potential escalation steps	Increase frequency of outbreak management / health protection board meetings and CRF SCG / TCG
Clinically Vulnerable	Current actions	Issue direct communication to individuals and families of people who were formally in shielding, advising them to take extra care and attention, think about their contacts, and attending COVID-secure settings only (warn and inform) Promote widely the support available for extremely vulnerable populations through the relevant local authority helplines and contact centres, and in particular considering access to food and medication Confirm process for provision of support to clinically vulnerable should escalation be needed
	Next potential escalation steps	Direct advice to shielding population to stay home Request nationally that shielding is reintroduced locally as per national guidance Establish stronger use of volunteers to support those who are vulnerable and voluntarily wish to shield or self-isolation, with food / humanitarian aid Ensure support provision over 7 days per week For those who are vulnerable and voluntarily wish to shield or self-isolate establish clear messages and access to care for poor mental health or crisis support

Care sector	Current actions	Standard precautions (rigorous implementation of current IPC and test and trace guidelines) and advice to visitors (share warn and inform letter directly to all registered visitors) Advice to Care Homes and Supported Accommodation to undertake garden visits only with strict adherence to national guidelines, at least 2m socially distanced, PPE etc. Instruct care homes to close to non-essential visitors, including health and social care staff, due to increasing transmission rates (End of life visits will be supported, with strict IPC measures in place) Targeted communications to care homes reinforcing the importance of staff adhering to social distancing guidance outside of work, and to avoid non Covid safe businesses Work with care home sector to stress the importance of staff not moving around different work place settings; in particular agency staff should be assigned to specific homes. Promote to sector the opportunity to access infection, prevention and control monies if they have not done so Promote and facilitate flu vaccination programme
	Next potential escalation steps	Instructing staff to minimise social interactions outside work Explore alternative to use of public transport for staff Consider instructing local care homes to cease visitors altogether, except for end of life Consider exploring with care homes potential for staff to remain within the home to live on a temporary basis
Other vulnerable people	Current actions	Issue a 'Warn and Inform' and support to self –isolate information letter to settings/ services related to vulnerable people (e.g. hostels) and groups who may find it more difficult to isolate Reinforce working from home wherever possible

	Next potential escalation steps	Consider rehousing homeless individuals and families Reinstate targeted support mechanisms for marginalised groups to enable them to isolate or shield as needed Ensure hostels and supported living settings are stringently applying guidance and appropriate controls Establish community based targeted support for marginalised communities such as Romany families, to ensure our support is effective and received Request extension of temporary "no eviction" arrangements for tenants/renters
NHS	Current actions	NHS services restarting in line with national direction from NHSE/I Maintain COVID-secure facilities Maintain current restricted hospital visiting Promote importance of social distancing with workforce when not in work
	Next potential escalation steps	Reinstate testing on discharge for all inpatients Suspend some services e.g. elective surgery NHS workers asked to limit their social interaction outside work
Essential workers	Current Actions	Assurance around enhanced social distancing and risk mitigation measures in work environment and taking extra care by sharing warn and inform guidance to employers and individuals Issue a 'Warn and Inform' letter to all essential workers to protect vulnerable people with whom they work and to maintain business continuity and reduce spread of the virus. Advice to avoid non Covid safe businesses and crowds and maintain robust social distancing Ensure that Covid-secure practice is in place with workers who are moving between high-

		risk settings eg health, social care, schools, early years settings Communicate appropriate testing routes for essential workers Promote importance of flu-vaccination in key workers Increasing stocks of PPE for distribution on an emergency basis
	Next potential escalation steps	Prioritise testing for essential workers Consider targeted routine asymptomatic testing of essential key workers Consider limiting movement of peripatetic staff between high-risk settings Restrict social care face to face visits to essential visits only; and use alternative means to visit Essential workers to limit their social interaction
Education, including nursery, and FE	Current actions	Establishing and refining methods of quality assurance and supporting early years and educational settings in applying guidance and in managing cases and contact tracing. Support settings to refine the concept and monitoring of a 'bubble' and other prevention control measures in early years and education settings and ask educational settings to review their risk assessments in line with the contain framework Encourage staff to take extra care by sharing warn and inform guidance, including social distancing outside of work Strongly encourage settings to encourage parents use face coverings at drop-offs / pick-ups Recommend use of face coverings in communal areas for both staff and high school students Delivery of training for schools and nurseries on the application of national guidance, best practice and expected prevention controls measures Specific strict advice and guidance on visitors and the use of and temporary staff in schools

		and education settings Assessing the viability of children needing APG returning to school and supporting the development of pathways to support them and families
	Next potential escalation steps	Continued monitoring, improving and top-up training to support quality assurance for early years and schools Targeted visits and support for schools based on: - Self-declared assessment of schools processes, control measures and use of bubbles - visit schools with large proportions of children or staff excluded because of a confirmed case - Concerns are raised by child, parents, staff or a member of the community Stronger messages supporting schools to ask parents to use face covering on school premises Dependent upon local epidemiology and context: Advisory rotas in secondary schools and further education colleges Consider routine asymptomatic testing of staff and children e.g. in outbreaks Replenish school stocks of emergency testing kits Work with schools to implement four tier system as defined by the DfE, supporting school preparation for blended learning, for example by making sure vulnerable learners have access to appropriate IT and support, and individual risk assessments are updated for SEND pupils When established, locally introduce and embed the new national team to support schools and early years in single cases management and for advice/ guidance Establish clearer messages, enhanced trauma informed support and care within settings,

		and easier access to care poor mental health or crisis support for staff, children or those' s children whose families are effected by poor mental health or bereavement
Higher education establishments	Current actions	Support universities through CAMPUS Shield programme with developing and exercising outbreak plans and ensuring clarity of process for prevention and management of cases, including testing programme and contact tracing on campus Public Health Messages for students in both university and private accommodation around hand hygiene, social distancing, face coverings, and rule of 6 Ensure appropriate risk assessments are in place in settings in line with DFE guidance Support to vulnerable learners is identified and implemented Consider use of face masks in communal areas Work with universities to ensure fresher's events are Covid safe, and unofficial events are cancelled
	Next potential escalation steps	Implementation of online teaching / tiered system
Young adults and working age population	Current actions	Context sensitive messaging around risk reduction – handwashing, physical distancing, face coverings Disseminate a strong message to younger population reinforcing the rule of 6, and advising against large events / gatherings Identify local influencers to support targeted messaging Work with police partners and community teams regarding enforcement response

	Next potential escalation steps	CHAMPS behaviour change campaign in development and specifically aimed at young adults Consider restrictions on night time gatherings Consider restrictions to off-site sales of alcohol Explore messages for temporary workers who frequently change work location, and distribution of warn and inform letters, using BEIS Establish clear messages, workplace trauma informed support and easier access to care for those experiencing poor mental health or in a state of crisis Work with national government on additional measures to restrict local restrictions on meeting socially/ households (all ages/cross generational)
Business and hospitality	Current actions	Disseminate a strong message to businesses advising that customer facing staff wear face coverings, they use booking systems where possible, and that they communicate their expectations of customers around the use of face coverings Communicate to public the importance of only visiting Covid-secure settings / businesses Advice to hospitality entertainment venues on risk reduction; Monitoring and regulation of proposed large events/gatherings Disseminate a strong message to businesses and community settings about the requirement of staff to seek a test on the development of symptoms; to self-isolate until they receive the test results; and to follow Government guidelines if the test is positive Disseminate an updated version of the Business Pack, including PHE Action Cards, to support Covid-secure practise, and to next steps in the event of a single case / outbreak amongst staff Follow-up the workplaces identified via case follow-up Undertake targeted visits to premises that intelligence suggest are unable or failing to maintain social distancing / Covid secure practices, or where there are specific geographical areas of concern

		Targeting high risk settings such as beauty premises and gyms Work with police on enforcement powers and approach – eg fixed penalty notices Promote existing police line about reporting possible breeches Close down businesses who are creating a public health threat, and communicate our interventions widely to the public Review local planned events over the next few months. Discuss with organisers around safety and standing down events, relevant closure of events if an imminent public health threat (CRF maintained list) Reinforce and reintroduce 2m in all shops / hospitality businesses Push working from home message wherever possible
	Next potential escalation steps	Request national government to support powers to issue fixed penalty notices Food and drinks establishments may only operate takeaway and delivery services; restrict opening times of licensed premises Explore closure of high risk settings and specific sectors with additional national government support e.g. limiting food hospitality to takeaways, closure of pubs and restaurants Explore use of dispersal orders for gathering crowds Enforce working from home
Transport	Current actions	Work with Merseytravel to communicate key messages to staff and customers Work with taxis / private hire industry to communicate key messages to staff and customers

		Ensure schools transport cell continues to meet to resolve issues Ensure schools follow guidelines when they have to send children home to avoid public transport where possible
	Next potential escalation steps	Enforcement of use of face coverings in all transport settings Explore with government powers of restricting taxi drivers / hackney cabs from outside Cheshire coming into the area (due to them being unable to earn income in their own lockdown area)
Leisure activities	Current actions	Communication of key public health messages
	Next potential escalation steps	Closure of (non-essential) sport and leisure activities, e.g. leisure centres, swimming pools, gyms, sporting events with spectators / community participation, and libraries
Communications Strategy	Current actions	Strong communications strategy coordinated through CRF Use of community champions and local celebrities to get high impact messages across Development of local authority led community champions model to disseminate messages throughout Cheshire, and focussing on younger people and those of working age Communications around forthcoming events such as Halloween and Bonfire night (CRF held list of events) to ensure Covid safe practice Reinforce importance of hand hygiene, social distancing, use face coverings on public transport and other settings, and rule of 6
	Next potential escalation steps	Champs insight work to inform behaviour change campaign esp. regarding young people Additional Behavioural Science support to ensure messages are targeted to different communities Greater focus on mental health and suicide awareness messages – reducing stigma and

		clearer messages on how people can help themselves/ each other
Testing / contact tracing	Current actions	CHAMPS hub model for follow up of complex cases Individual local authorities enhanced contact tracing model for index cases failed to be contacted within 24hrs Individual local authorities follow up on outbreak situations Individual local authorities testing plans, coordinated through Cheshire level test and trace group. Coordinated testing capacity approach across Cheshire established
	Next potential escalation steps	Substantial additional testing capacity requested from national team Dedicated contact tracing support from national team Test kits for GPs Explore hospital testing capacity
REQUESTS FOR JBC		Deep dive epidemiological support Additional testing capacity for Cheshire, for both symptomatic and asymptomatic testing as required (Population level symptomatic testing, Asymptomatic testing in outbreak situations (e.g. schools), Asymptomatic testing for high risk settings (protect vulnerable), Prioritisation for essential workers / testing strategy) Need national support for swift testing and results of key workers Need national support for swift testing and results for staff and learners in educational settings

		Dedicated contact tracing support from the national team for Cheshire, including additional resources as required Additional local resources to support public health, environmental health, licensing, and enforcement activity Roll out of NHS App earlier than 24th September Pausing any restart of sporting and entertainment events such as leisure centres / swimming pools, park run, football, rugby, athletics events etc Cheshire as pilot site for rapid testing facilities Additional enforcement powers and support with closing down pubs, organised events, and private parties Additional Behavioural Science support to ensure messages are targeted to different communities

Cheshire and Merseyside COVID Surveillance: 17th September 2020 CONFIDENTIAL - NOT TO BE SHARED EXTERNALLY

			PHE threshold for escalation	Cheshire				North West	
	Local Authority			Cheshire East	Cheshire West and Chester	Halton	Warrington	Highest LA	Lowest LA
Daily exceedance rating				RED	RED	RED	RED		
Alert levels	Confirmed cases (Last 7 days)			93	108	79	233	607	5
Alert levels	Incidence 7 days*	Rate per 100,000	>50 per 100,000	24.4 (22.1) ↑	31.7 (16.4) ↑	61.5 (23.4) ↑	111.2 (35.3 ↑	212.7	7.3
Alert levels	Weekly positive tests	%		2.3% ↓	2.2% ↑	4.5% ↑	7.4% ↑	11.7%	0.6%
Alert levels	Incidence 14 days*	Rate per 100,000	>100 per 100,000	47.3 (31.3)	48.5 (24.1)	85.6 (28)	148.9 (43.9)	349.0	10.2
Alert levels	Individuals tested (7-day moving average)	Rate per 100,000		149.3 ↑	206.3 ↑	194.1 ↑	214.2 ↑	312.7	101.6
Contact tracing	Contacts in NHS Tool	Total		1789	1780	679	1792		
Contact tracing	Contacts in NHS Tool	Completed		1234	1204	400	1126		
Contact tracing	Contacts in NHS Tool	% Completed		69%	68%	59%	63%		
Contact tracing	Contacts in Level 1	Total		1948	1408	298	782		
Contact tracing	Contacts in Level 1	Completed		1948	1400	298	761		
Contact tracing	Contacts in Level 1	% Completed		100%	99%	100%	97%		
Outbreaks	Care Home	Last 7 days		1	2	1	0		
Outbreaks	School setting	Last 7 days		1	1	1	3		
Outbreaks	Workplace settings	Last 7 days		0	1	0	2		
Outbreaks	Total community	Last 7 days		0	1	0	6	6	0
Deaths		Week number 36		1	1	0	0		

			PHE threshold for escalation	Merseyside				
	Local Authority			Knowsley	Liverpool	Sefton	St. Helens	Wirral
Daily exceedance rating				RED	RED	RED	RED	GREEN
Alert levels	Confirmed cases (Last 7 days)			149	498	141	178	298
Alert levels	Incidence 7 days*	Rate per 100.000	>50 per 100,000	99.6 (34.1) ↑	100.6 (39.6) ↑	51.2 (35.2) ↑	98.9 (26.1) ↑	92.2 (49.2) ↑
Alert levels	Weekly positive tests	%		6.7% ↑	7.6% ↑	4.3% ↑	7.5% ↑	4.9% ↑
Alert levels	Incidence 14 days*	Rate per 100,000	>100 per 100,000	135.7 (42.1)	142.1 (54.6)	86.8 (46.8)	127.7 (32.8)	145.7 (79.2)
Alert levels	Individuals tested (7-day moving average)	Rate per 100,000		213.8 ↑	188.2 ↑	170.9 ↑	187.3 ↑	267.3 ↑
Contact tracing	Contacts in NHS Tool	Total		1082	3849	1461	1338	2824
Contact tracing	Contacts in NHS Tool	Completed		667	2295	906	807	1842
Contact tracing	Contacts in NHS Tool	% Completed		62%	60%	62%	60%	65%
Contact tracing	Contacts in Level 1	Total		105	1460	773	726	1066
Contact tracing	Contacts in Level 1	Completed		105	1457	760	723	1066
Contact tracing	Contacts in Level 1	% Completed		100%	100%	98%	100%	100%
Outbreaks	Care Home	Last 7 days		1	0	2	1	1
Outbreaks	School setting	Last 7 days		0	12	0	0	4
Outbreaks	Workplace settings	Last 7 days		0	4	0	0	0
Outbreaks	Total community	Last 7 days		2	3	2	5	3
Deaths		Week number 36		0	1	0	0	0

 Agenda Item 4

REPORT TO:	Health & Wellbeing Board
DATE:	7th October 2020
REPORTING OFFICER:	Leigh Thompson, Chief Commissioner, NHS Halton CCG
PORTFOLIO:	Health Care
SUBJECT:	Winter planning
WARD(S):	Borough-wide

1.0 **PURPOSE OF REPORT**

1.1 The purpose of the paper is to appraise the Halton Health & Wellbeing Board of the 2020 Winter Planning requirements and the Mid Mersey System Winter Plan Submissions.

2.0 **RECOMMENDATION**

RECOMMENDED: That the H&WBB

(1) Acknowledge the winter planning requirements

(2) Support the 2 local system winter plans and the Mid Mersey submission.

3.0 **SUPPORTING INFORMATION**

3.1 The attached Mid Mersey Winter Planning document and the 2 local system Winter plans have been derived from local system partnerships of Warrington and Halton and St Helens and Knowsley.

The 2 local plans have been simply aggregated to form a Mid Mersey introduction into the system response to Winter. On receipt of our plans the Urgent and Emergency Care Network and the Cheshire & Merseyside Health & Care Partnership will aggregate the plans up as a Cheshire & Merseyside response. In a parallel and complementary manner, the work of the Acute hospital Cell and the Out of hospital cell Phase 3 planning response plus the A&E Delivery board will have oversight of delivery and implementation. The local systems will need to continuously assess local delivery for any new challenges for the winter planning task ahead. It has been agreed that the foundation or building blocks are at a place and will maintain performance and stakeholder involvement.

4.0 **POLICY IMPLICATIONS**

4.1 N/A

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 N/A

6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

None

6.1 **Children & Young People in Halton**

6.2 **Employment, Learning & Skills in Halton**

6.3 **A Healthy Halton**

6.4 **A Safer Halton**

6.5 **Halton's Urban Renewal**

7.0 **RISK ANALYSIS**

7.1 *N/A*

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 N/A

9.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

Document	Place of Inspection	Contact Officer

Executive Summary

This executive summary is a short preface into the 2 local system winter plans that make up a Mid Mersey Sub System within the Cheshire and Merseyside Health and Care Partnership.

This winter is likely to place unique pressures on the health and care system. COVID-19 remains a concern with seasonal flu and other viruses, seeing an increase in transmissions over the winter period. These pressures create risks to the health and wellbeing of both people who need care and support and our workforce who provide it.

In our worst-case scenario, four additional challenges would exacerbate pressures on the health and social care system in winter 2020/21, increasing demand on usual care as well as limiting surge capacity:

1. A large resurgence of COVID-19 nationally, with local or regional epidemics.

2. Disruption of the health and social care systems due to reconfigurations to respond and reduce transmission of COVID-19.

3. A backlog of non-COVID-19 care that has accumulated as routine clinical care has been suspended during the first outbreak.

4. A possible influenza epidemic that will be additive to the challenges above.

These factors have all been considered in the attached winter plans and mitigations for a resurgence of COVID-19 this winter has substantially changed the local response to that used for previous winter planning and the first wave of infection in spring 2020.

3 overarching principles for our local systems are:

- **Ensuring everyone who needs care or support can get high-quality, timely and safe care throughout the autumn and winter period**

- **Protecting people who need care, support or safeguards, the health & social care workforce, and carers from infections including COVID-19**

- **Making sure that people who need care, support or safeguards remain connected to essential services and their loved ones whilst protecting individuals from infections including COVID-19**

It is therefore essential that we “local partners” work closely together to ensure that we are prepared for the additional pressures that we will face this winter, particularly a growing resurgence of COVID-19 cases. These 2 local systems (Warrington & Halton and Knowsley & St Helens) have worked seamlessly together to converge and set out the clear and robust steps we are taking to ensure the Mid Mersey system is prepared for winter, and that we offer sustainability, consistency and mutual aid.

The plans have been presented to the Mid Mersey Accident & Emergency Delivery Board and the Urgent and Emergency Care network where a set of Key Lines of Enquiry where presented back to us to ensure we met the necessary requirements for a robust winter response.

Throughout the planning of these 2-winter resilience plans the partners have extended support to ensure close working across health and social care. Therefore, within these plans we will continue to see:

- Continuous work with local authorities, given the critical dependency of our patients – particularly over winter - on resilient social care services. Ensuring that those medically fit for discharge are not delayed from being able to go home as soon as it is safe for them to do so in line with Department of Health & Social Care/Public Health England (DHSC/PHE) policies

- Sustaining current staffing, beds, and capacity, while taking advantage of the additional £3 billion NHS revenue funding for ongoing independent sector capacity, Nightingale hospitals, and support to discharge patients quickly and safely from NHS hospitals through to March 2021.

- Deliver a very significantly expanded seasonal flu vaccination programme for Department of Health & Social Care (DHSC) determined priority groups, including providing easy access for all staff promoting universal uptake. Mobilising delivery capability for the administration of a Covid19 vaccine when a vaccine becomes available.

- Expanding the 111 First offer to provide low complexity urgent care without the need for an A&E attendance, ensuring those who need care can receive it in the right setting more quickly.

- Maximum use of 'Hear and Treat' and 'See and Treat' pathways for 999 demand, to support a sustained reduction in the number of patients conveyed to Type 1 or 2 emergency departments.

- Continue to make full use of the NHS Volunteer Responders scheme in conjunction with the Royal Voluntary Society and the partnership with British Red Cross, Age UK and St. Johns Ambulance which is set to be renewed.
- Extend the support to care homes and social care through the Primary Care Networks and local federations.

The plans build upon initiatives and partnership working already in place, embedding in pathways and processes to support enhanced discharge planning, admissions, and attendance avoidance, including both local and national initiatives such as NHS 111 First and Community Rapid Response. The plans are likely to adapt and adopt due to the changing nature of Covid-19 and the global pandemic.

The Health & Wellbeing Board is asked to note the submitted plans and Key Lines of Enquiry and to support the Mid Mersey system response to Winter pressures.

Mid Mersey Winter Planning 2020

Contents

Contents 5
Introduction 6
Mid Mersey System 8
Background 9
Winter Planning Requirements 10
1. Demand 11
2. Capacity 14
3. Exit Flow 15
4. Workforce 16
5. External Events 17
6. Assumptions 18
7. Risks and Mitigations 19
8. Work Continuing 20
9. C&M Strategic KLOE Part 2... 22

Introduction

This document is the introductory aggregated Winter Planning submission for the Mid Mersey AED board system. The Mid Mersey Winter Planning document provides an overview of the two place based operational system winter plans. The two local place based plans have been derived from local system partnerships of Warrington and Halton and St Helens and Knowsley.

This planning document is not to replace the 2 local plans but to summarise the Mid Mersey position and to support the planning process.

This document has been sent to NHSE/I, Winter planning experts at the Urgent and Emergency Care Network (UECN), the Mid Mersey AED Delivery Board and to the Halton and Warrington Urgent Issues Committee.

On receipt of our plans the Urgent and Emergency Care Network and the Health & Care Partnership have shared with us initial comments (Appendix 1) for which we have to update our response and plans by Monday 7th September 2020 for final submission on the 21st September 2020.

The 'plans' are seeking to answer the NHSE/I KLOEs across the five current dimensions of demand, capacity, workforce, exit flow and external events, but not to the exclusion of locally specific challenges and circumstances which local plans must clearly include and where possible address.

Once completed the HCP and the UECN will summarise, in a parallel and complementary manner the work of the hospital and out of hospital cells Phase 3 planning. The local systems will need to continuously assess if this creates any new challenges for the winter planning task ahead. It has been agreed that the foundation or building blocks at a place / AED Delivery Board system level in Cheshire and Merseyside would be as follows (including our local authority and other key partners):

- North Mersey
- S&O
- Mid Mersey
- Wirral
- Cheshire (incorporating potentially three 'Trust' system based plans)

The Mid Mersey system comprises of 4 CCGs, 4 Local Authorities including Public Health, health and social care providers, 2 Acute Hospitals, a Mental Health Hospital, a range of Community Care Providers, Primary Care, Voluntary and 3rd Sector providers. The 4 local places of Halton, Knowsley, St Helens and Warrington support

and manage the local populations health, care and wellbeing needs to provide local place based plans with a responsibility to respond to anticipated events such as Winter pressures, Flu, Covid19 and local and regional surges in demand.

Due to complexities of the provider landscape there is a need to engage with the wider system partners such as North Mersey, Cheshire's, Wirral and Southport and Ormskirk when seeking mutual aid and or clinical pathway adherence.

The governance for the Mid Mersey system lies with the respective organisations and does not take authority away from the local organisations including legal duties and powers.

Within this document there will be reference to the Warrington and Halton Winter plan and the St Helens and Knowsley Winter plan. Both plans are fully integrated responses to the anticipated winter pressures including a specific response to the increasing demand on restoration and recovery following Covid19.

The System is also cognisant of the requirements as part of the Phase 3 Recovery and the NHS Peoples Plan, with the need to consider the impact of the additional pressures on the front line staff and particularly those with vulnerable characteristics, to address inequalities in access to care and support and the differential outcomes, to support vulnerable and isolated members of the community, including children, shielded patients and those presenting with new anxiety and mental health concerns.

Collaborative work with the local Public Health Teams and Public Health England to restore the population health programme and to continue the reaching out to the shielded and vulnerable groups to ensure no one is left behind.

Mid Mersey System

The Mid Mersey System is made up of the two planning systems of St Helens and Knowsley and Warrington and Halton, consisting of the respective boroughs and based around the primary catchment of the two acute hospitals. Although recognising there are cross boundary relationships between both the planning systems but also with other systems outside of Mid Mersey.

The Winter Planning documents for the 2 systems are attached and reflect the collaborative working within across partners to provide a support network across the partners in the management of the populations health, the demands on any part of the system and the efficient and effective flow on any patients journey.

The 4 boroughs have a population just in excess of 670,000 residents, with pockets of high deprivation, poor levels of health and a high need for health and social care support.

St Helens and Knowsley	Warrington and Halton
• St Helens and Knowsley Teaching Hospitals NHS Trust • North West Brought NHS Foundation Trust • NHS St Helens CCG • NHS Knowsley CCG • St Helens Council • Knowsley Council	• Warrington and Halton Hospitals NHS Foundation Trust • Bridgewater Community Healthcare NHS Foundation Trust • NHS Warrington CCG • NHS Halton CCG • Warrington Borough Council • Halton Borough Council

The attached plans detail the local service provision and integrated approach to pathway management designed to mitigate fluctuations in demand and to maintain people safe and well in their own homes and communities wherever possible.

Background

The need for health and social care undergoes large seasonal fluctuations, peaking in the winter. The NHS and social care systems typically operate at maximum capacity in the winter months, with bed occupancy regularly exceeding 95%. Four additional challenges have great potential to exacerbate winter pressures this year by the increasing demand on usual care as well as limiting surge capacity and social distancing measures being put into place.

In our worst-case scenario, four additional challenges would exacerbate pressures on the health and social care system in winter 2020/21, increasing demand on usual care as well as limiting surge capacity:

1. **A large resurgence of COVID-19** nationally, with local or regional epidemics.

2. **Disruption of the health and social care systems** due to reconfigurations to respond and reduce transmission of COVID-19. This has had knock-on effects on the ability of the NHS to deal with non-COVID-19 work.

3. **A backlog of non-COVID-19 care** that has accumulated as routine clinical care has been suspended during the first outbreak.

4. **A possible influenza epidemic** that will be additive to the challenges above.

These factors need to be considered in the context of winter when:

- Pressures on NHS services are high and the NHS and social care systems are typically operating at maximum capacity.
- Availability of health and social care staff (including care home, domiciliary and residential care staff) and facilities (including support facilities such as laboratories) may be reduced due to winter health impacts and winter weather disruption (e.g. snow and flooding).
- Availability of PPE and appropriate equipment and resources to support provider delivery.
- Finally, the increase in local outbreaks and increases in surge response.
- Combine all of the above factors, means that mitigations for a resurgence of COVID-19 this winter will need to be substantially different to that used for previous winter planning and the first wave of infection in spring 2020.

Winter Planning Requirements

This plan will follow the below winter planning timetable.

1. Five system plans to be completed by cop **Monday 24th August** and submitted to Urgent and Emergency Care Network Board (UECNB)

2. UECNB to review the plans against NHSE/I system flow assessment template and Phase 3 letter (Table 1 below)

3. Any immediate omissions or matters of concern fed back by UECNB to systems cop **Wednesday 26th August** (changes to be made if required)

4. Summary of high level system risks shared by UECNB with Acute, Out of Hospital and Mental health and Primary Care cells to inform Phase 3

5. Health & Care Partnership summary completed by UECNB team and submitted cop **Tuesday 1st September**

6. Final Phase 3 plans submitted 12 noon **Monday 21st September**

The next section will respond to the Key Lines of Enquires (KLOE's) and provide an overview of the content within each local winter plan.

Key lines Of Enquiry Part 1.

Winter 2020/21 Planning System-Flow Assessment (AEDB version)

Region: North West **A&E Delivery Board:**

Demand
- In what ways is the local system working to reduce avoidable admission into hospital or other environments?
- What are the key drivers of system demand?
- How is the local system expecting demand to be different this winter (compared to previous winters)?
- How is the local system planning to manage any surge in demand this winter (primary, community and secondary care)?
- How will the local system maintain effective oversight of performance across the winter months?

Capacity
- How is the local system seeking to make maximum use of existing and potential capacity this winter, including mutual aid?
- How is the local system seeking to balance increasing emergency demand with the restoration of critical services (esp. routine elective care)?

Workforce
- What steps is the local system taking to maximise the utilisation and effectiveness of its permanent workforce?
- Where workforce gaps exist what potential contingency procedures can be invoked?
- What are the key workforce risks over winter across the system? What mitigations are being put in place to reduce risk?

Exit flow
- What are the key risks to flow?
- How is the local system seeking to work together to support improved flow at system exit points?
- What lessons learnt from COVID-19 related to exit flow will be implemented/ maintained through this winter?

External Events
- What local system impacts are anticipated related to a 2nd COVID-19 surge?
- What local system impacts are anticipated related to flu?
- What local system impacts are anticipated related to Brexit?
- Does the local have an approved communications plan agreed?

1. Demand

In what ways is the local system working to reduce avoidable admission into hospital or other environments?

- Both local systems are preparing to reset and enhance community services to provide timely response to patients for both health and social care needs.
- Community response services, including the new Rapid Community Response Service in Warrington as part of the early implementer programmes. Also including frailty, falls, respiratory, heart failure, assessment and reablement services.
- Urgent Treatment Centres are available to all patients across the Mid Mersey System as an alternative to A&E.
- The 111 First programme will be phased into operation prior to winter with Warrington going live in September and St Helens in November.

- The 111 providers are sustaining the 111 CAS capacity and NWAS are planning to increasing the number of calls that will be managed through either hear or see and treat rather than conveyance to hospital.
- Proactive community management of long-term conditions through the PCN anticipatory care programmes will aim to reduce exacerbation of chronic disease.
- The Voluntary and 3rd Sector partners will continue to provide support to patients in their own homes and communities.

What are the key drivers of system demand?

- The elderly population are in general the highest users of health and care services and this increases during the winter months with exacerbation of respiratory conditions, plus addition respiratory, gastric and urinary infections, and deterioration of frail status.
- Post Covid patients are experiencing long term respiratory issues as well as levels of PTSD. The pandemic has also seen an increase in patients who are seeking MH crisis support particularly younger people, shielded presenting late with conditions, and people trying to navigate the care systems to access services they think are safe and responsive.

How is the local system expecting demand to be different this winter (compared to previous winters)?

- Difficult to predict the overall impact of demand on service this winter with the level of variability and changes in working practices due to distancing and PPE requirements. The hospital and out of hospital cells are developing 4 scenarios to model the potential demand and their discharge flow and these are being used to ensure there is adequate baseline capacity across the system, with additional escalation opportunities if the need arises.
- The reports on the winter flu season in Australian look favourable potentially due to public behaviour improvement for infection control and self-care during the pandemic.
- Conversely due to some patients holding off their presentation with symptoms there are cases of higher acuity and deterioration.
- Workforce loss will continue to be the primary risk and concern entering the winter with both genuine loss of staff through infections and sickness, but also in being lost through the test and trace process.

How is the local system planning to manage any surge in demand this winter (primary, community and secondary care)?

- Primary Care are continuing to restore service as much as possible to provide face to face assessments.
- The UTCs are implementing bookable appointments and will be configured with the 111 First programme.
- Community services are planning for all services to be operational and with some offering extended hours.
- There are expansions in acute bed stock, assessment for the need of additional community beds, secured care home beds, additional domiciliary care packages.
- All services responded quickly and effectively to the national requirement for the 1st wave of the pandemic and the as the redeployed staff have returned to their normal roles they have retained the “muscle memory” to be able to respond again to any surge in demand that require service to be redeployed again.

How will the local system maintain effective oversight of performance across the winter months?

- The Mid Mersey System has a structure of collaborative meetings that allow front line staff to discuss individualise issues on a daily basis through to strategic decision making at a senior level.
- Patient flow
- Local System Recovery
- Urgent Care Oversight Group
- Mid Mersey System Management Group
- A&E Delivery Board
- A Mid Mersey MADE event is being considered to ensure all preparations are in place and any gaps or blockages are raised and addressed.
- As part of the monitoring of the daily situation for capacity, PPE requirements and outbreaks the Out of Hospital Capacity Tracker is being utilised by the local systems to keep a watchful eye for any issues.

2. Capacity

How is the local system seeking to make maximum use of existing and potential capacity this winter, including mutual aid?

- During the pandemic the services within the system had to work very different to the original norm and solutions and improvements were found that will continue into the new norm as part of the system recovery. These include virtual triage, assessment and treatment, implementation of single point of access pathways, collaboration in enhanced discharge and management, integration of teams caring for the same client groups.
- Organisations have learnt new ways to work more agile and utilise their workforce and facilities to redeploy resources across their organisations and with partners to meet the demands.
- The use and partnership with the NHS Volunteer Responders and the local Voluntary and 3rd Sector services will continue during the winter period to provide additional support to patients and people in the community.
- Mutual aid will continue with the hospital and out of hospital cell demand and capacity planning and within the system for TTTC and the distribution of PPE and other enablers.

How is the local system seeking to balance increasing emergency demand with the restoration of critical services (esp. routine elective care)?

- Mid Mersey is fortunate that both acute hospitals have two sites and have already reconfigured services to allow a clean site to continue to manage elective case during any further COVID outbreaks.
- Utilisation of the IS sector for elective diagnostic and treatment services, as well as care placements in the community.
- Increased facilities for diagnostics, bed base at both acute trusts, escalation capacity if required.
- Community support to provide alternative options to A&E, maintain patients safe in their own homes and ensure effective discharge of patient to reduce any delayed transfers of care and reduce the number of super stranded patients occupying acute beds.

3. Exit Flow

What are the key risks to flow?

- Changing demand on A&E due to the public behaviours navigating the care system.
- Significant increase in complexity and acuity of patients increasing the length of stay and the requirements for packages of care.
- The loss of residential and care home and domiciliary care provision either through financial viability or through outbreaks.
- Loss of workforce from self-isolation requirements.

How is the local system seeking to work together to support improved flow at system exit points?

- The enhanced discharge process for both Trusts has improved the exit flow significantly with reductions in DTOC and rapid deployment of appropriate packages of care relating to the 4 pathway profiles.
- Trusted assessor, discharge to assess and reablement first are all embedded into each of the trusts and the places.
- The community response offer and the enhanced care home support will allow efficient hand overs of clinical responsibility and continuity of care plan delivery.

What lessons learnt from COVID-19 related to exit flow will be implemented/ maintained through this winter?

- The enhanced discharge processes will remain, the additional domiciliary care capacity with be sustained over winter.
- Effective intermediate care processes have seen the length of stay reduce to around 15 days allowing increase productivity and reduced occupancy to ensure step-up and step-down capacity is available.

4. Workforce

What steps is the local system taking to maximise the utilisation and effectiveness of its permanent workforce?

- People plan identifies the value of the workforce and the need to support them in their roles. All staff will be considered for their needs and their risks to work in their roles. All staff will be offer timely vaccination and provided with the appropriate PPE and equipment to allow them to work safely and not put themselves or their patients at risk of nosocomial infection.
- Staff will have where possible agile working arrangement to be able to see patients virtually and face to face to mitigate productivity losses from social distancing and decontamination requirements.
- When necessary staff will be fluid in the work to be able to be redeployed in outbreaks occur.
- Clean site arrangements have been put into place to allow routine work to continue.
- NHS responders and the voluntary sector will continue to support the patient's wider needs.

Where workforce gaps exist what potential contingency procedures can be invoked?

- Mutual aid arrangements will continue to operate across the system and the work being undertaken within the Hospital Cell will consider the ongoing management of capacity mutual support for the management of waiting lists.
- Providers are reviewing their establishment and their absence levels and utilising bank and agency staff as required.
- If additional bed capacity is required within the community, additional multidisciplinary staff will be needed to run the facilities, without depleting the existing teams. Consideration will be made on staffing models and partnership mechanisms to provide cover.

What are the key workforce risks over winter across the system? What mitigations are being put in place to reduce risk?

- Loss of staff from infection or through TTTC.
- PPE and staff safety, particularly for shielded and vulnerable staff groups.

5. External Events

What local system impacts are anticipated related to a 2nd COVID-19 surge?

- The Mid Mersey system managed the 1st wave extremely well and had excess capacity in all sectors and did not need support from other systems and did not have to rely heavily on IS capacity.
- The learning from wave 1 will allow a second wave or a local outbreak to be managed more effectively with less impact on support services. Clean sites have been designated to ensure routine activity can continue as long as safely possible.
- Test protocols are in place for all patients and IPC approved pathways and facilities are defined.

What local system impacts are anticipated related to flu?

- Flu vaccination campaign will ensure all identified cohorts are offered vaccination, continued campaigns regarding social distancing, hand washing, face hygiene and face covering will limit the spread of any respiratory infections.

What local system impacts are anticipated related to Brexit?

- Staffing and drug availability are not currently a concern and will continue to be reviewed.

Does the local have an approved communications plan agreed?

- The local system is developing a communication plan for the winter campaign, including winter warmth, Covid warning, flu advice, ideally in line with the national winter campaign.

6. Assumptions

- All service will ensure that the Quality, Safety and Care of staff and patients remains paramount.
- There is an assumption that no additional winter funds will be made available to the system to provide additional capacity or contingency measures.
- If material outbreaks of infection occur existing resources will be redeployed to meet surges in demand and may require suspension of some routine services.
- Restoration and maintenance of all services will continue in advance of the winter period.
- Local Authority Reset for social care and public health will continue in line with the national guidance.
- Public Health will continue to monitor and report on localised outbreaks and provide outbreak management and control measures.
- Providers will continue to maintain routine elective services for as long as clinically and safely possible during any future outbreaks.
- The recovery of routine activity backlogs will continue over winter and will deliver the trajectories to return to pre-covid waiting lists and times by March 2021.

7. Risks and Mitigations

What are the top three identified risks for the A&E Delivery Board ahead of winter?	What mitigating actions will be/have been put in place to reduce the risk ahead of winter?	*Please RAG rate mitigating actions in terms of risk to delivery, i.e. GREEN = low risk to delivery/very achievable; RED = high risk to delivery/dependent upon multiple factors/stakeholders to ensure delivery*
1. Workforce. Staffing absences due to COVID impacting upon service capacity and overall system flow. (Acute/Community/Social Care).	Additional capacity for staff testing with quick turnaround across health and social care. Agile working arrangements. Remote assessment approaches and telemedicine maximisation. Use of Agency staff and provider workforce recruitment plans as enacted during COVID Peaks. Mutual aid approaches	Amber
2. Bed capacity – Acute and Community.	Additional capacity identified for surge planning acute and community. Home First approaches Trust contingency plans – 1a can be used for acute capacity during winter. Daily review of EMS/capacity tracker to inform system escalation and decision making. Mutual aid approaches	Amber
3. Infection Prevention & Control Capability.	Daily monitoring via EMS/capacity tracker (PPE/staffing). Linked to escalation governance. Agile working. IPC plan developed in line with national guidance. Mutual aid approaches. Executive oversight.	Amber

8. Work Continuing

- The Hospital and Out of Hospital Cells will continue to model the anticipated demand and capacity requirements

- The Mid Mersey System Management Group will meet monthly to maintain the collaboration and react to any rising issues.

- A Mid Mersey Wide MADE Event will be arrange as part of the Urgent Care Oversite Group to ensure all preparations are in place

- The Winter Communication Campaign will continue to be developed.

- Analysis of demand scenarios, undertaken by PA Consulting and Venn will inform the strategic and operation requirements and the Capacity Tracker will monitor the local situation reporting.

- Place based Intermediate Care Reviews will be completed and implemented.

- The option analysis for the potential need and means of delivery for Seacole type sub-acute beds will provide a recommendation for the Mid Mersey Capacity and Demand Group

- New models of working and care, identified during the 1st wave of the pandemic, will be mainstreamed. Including the roll out of new initiatives such as 111 First.

- Development work for respiratory and frailty programmes will be fast tracked to identify the "quick wins" to reduce the risk of hospital attendances during winter.

- Working with the Public Health Aging Well and Living Well team there will be a reach out to the vulnerable population, who may be isolated and lonely and at risk of decompensation.

Table 1

Prepare for winter by:

- Sustaining current NHS staffing, beds and **capacity**, while taking advantage of the additional £3 billion NHS revenue funding for ongoing independent sector capacity, Nightingale hospitals, and support to quickly and safely discharge patients from NHS hospitals through to March 2021.

- Deliver a very significantly expanded seasonal **flu vaccination** programme for DHSC-determined priority groups, including providing easy access for all NHS staff promoting universal uptake. Mobilising delivery capability for the administration of a Covid19 vaccine if and when a vaccine becomes available.

- Expanding the **111 First** offer to provide low complexity urgent care without the need for an A&E attendance, ensuring those who need care can receive it in the right setting more quickly. This includes increasing the range of dispositions from 111 to local services, such as direct referrals to Same Day Emergency Care and specialty 'hot' clinics, as well as ensuring all Type 3 services are designated as Urgent Treatment Centres (UTCs). DHSC will shortly be releasing agreed **A&E capital** to help offset physical constraints associated with social distancing requirements in Emergency Departments.

- Systems should maximise the use of 'Hear and Treat' and 'See and Treat' pathways for 999 demand, to support a sustained reduction in the number of patients conveyed to Type 1 or 2 emergency departments.

- Continue to make full use of the NHS Volunteer Responders scheme in conjunction with the Royal Voluntary Society and the partnership with British Red Cross, Age UK and St. Johns Ambulance which is set to be renewed.

- Continuing to **work with local authorities**, given the critical dependency of our patients – particularly over winter - on resilient social care services. Ensure that those medically fit for discharge are not delayed from being able to go home as soon as it is safe for them to do so in line with DHSC/PHE policies

9. C&M Strategic KLOE Part 2.

Area	Key line of enquiry
Winter plans (demand)	• Have escalation plans been properly tested; what brokerage arrangements are in place? • Where are there problems in putting in place staff and estate availability? What is being done to address these issues? • Who takes performance oversight and what interventions can they deliver? • Acute/Community beds - Local care systems are under extreme pressure, viability of homes is an issue - what actions are being taken to address this? particularly as these beds will be crucial.
Winter plans (capacity)	• Are there detailed implementation plans in each system to deliver the initiatives? Are any likely to be delayed or at risk? • Management of long term conditions – lack of information as to planning for how to do this: who and what community services have been included? • Telehealth – expansion of the detail around this would have been beneficial, i.e. cost/service for care sector • Deflection of patients in to other parts of system following assessment of needs – what does that look like?
Winter plans (workforce)	• Where are the workforce issues, is recruitment likely to be successful? Is there any use of mutual aid or at least collaborative working to avoid poaching? Will mutual aid be across both health and social care?
Winter plans (Exit Flow)	• How will staff be supported to move towards a home first mindset and to avoid risk aversion? How will cultural change be delivered?
Winter plans (External Events)	• Communication plans – do they include social care sector to share vital messages?

Area	Key line of enquiry
Winter plans (demand)	• Have escalation plans been properly tested; what brokerage arrangements are in place? ✓ Escalation plans have been discussed and tested locally specifically in light of Covid and have been revised to reflect the current system needs. ✓ Brokerage arrangements are in line with the national Enhanced Discharge guidance and have been specifically strengthened in all areas and tested throughout the COVID period. SOP's, protocols and DOS have been updated to reflect these changes. • Where are there problems in putting in place staff and estate availability? What is being done to address these issues? ✓ Acute Trust Capital bids have been submitted to address service capacity and IPC regulations. Due to Covid restrictions and IPC requirements new and innovative ways of working have been tested and mobilised in all areas. ✓ The use of telephony, video conferencing and mobile technology has only helped with the restrictions. Staffing has and will remain a risk but organisations within the systems have supported priority areas through mutual aid and where appropriate redeployment of staff to areas of greatest need. Estate issues are being addressed locally and wherever possible the restoration and recovery phase3 plans are supporting winter planning requirements. Access to diagnostics is a concern particularly (AGP). ✓ The requirement to comply with enhanced personal protective equipment (PPE) and infection prevention and control measures in order to keep staff and patients safe inevitably impacts on the levels of patient activity and types of treatment that can be undertaken. Latest national guidance remains that following an aerosol generating procedure (AGP), which produces small airborne particles which may contain viruses such as COVID-19, there is a need to vacate the room for up to an hour, dependent upon the type of ventilation system in operation in each individual clinic, after the procedure to allow the aerosol droplets to settle and for the room to be then cleaned before the next patient is seen. ✓ Collaborative work taking place between CCGs, NWB and CSP; ✓ Children returning to school presents potential impact on Track and Trace system.

Area	Key line of enquiry
Winter plans (demand)	• Who takes performance oversight and what interventions can they deliver? ✓ The local system leaders take oversight of plans and in each area local performance is managed and reviewed as before Covid. With reset and recovery meetings picking up the phase 3 planning requirements. We have an established AED board, Urgent Care Oversight Group (UCOG) and now the newly formed Mid Mersey System management group, which supports the Mid Mersey sub system response to Winter planning, capacity management and flow. ✓ Individual organisation's have their local responsibilities specifically to deliver local intervention ✓ Providers are adhering to the attached Hospital Discharge Service: Policy and Operating Model document (page 47), which provides an overview of discharge decision making and escalation. • Acute/Community beds - Local care systems are under extreme pressure, viability of homes is an issue - what actions are being taken to address this? particularly as these beds will be crucial. ✓ Acute capacity established e.g. Bevan Court (56 – not all additional) in STHK and K25 (18) at WHHFT. ✓ Current occupancy levels in residential and care home settings is reported at 70% with both bed availability and opportunities for surge expansion. Spot purchasing and block arrangements are available as and when required and are captured with the winter plans locally. ✓ With home first and additional Dom Care the bed situation in Mid Mersey is stable and has taken into account the possible resurgence of COVID and additional pressures from Flu. ✓ Each authority has a care home resilience plan in place, and are undertaking regular risk analysis and actions to mitigate risks in this system

Area	Key line of enquiry
Winter plans (capacity)	• Are there detailed implementation plans in each system to deliver the initiatives? Are any likely to be delayed or at risk? ✓ Detailed plans are in place and the only likely risk to implementation is the impact of a resurgence of Covid and Winter Flu on workforce. ✓ Local Authorities have detailed plans around care home resilience, but there is a significant risk to the sector. • Management of long term conditions – lack of information as to planning for how to do this: who and what community services have been included? ✓ Local NHS community providers plus primary care (PCN's and federations) plus Local Authority Public Health teams and DAS's (plus Children's leads) have all been engaged in the planning and the design and implementation of the winter plans. ✓ There are specific schemes in place for the management of exacerbations of LTC particularly frailty 7 respiratory conditions. • Telehealth – expansion of the detail around this would have been beneficial, i.e. cost/service for care sector ✓ The enhanced care home sector with the support from the CCG's have increased connectivity and equipment to support virtual MDTs', ward rounds and advice and guidance. ✓ This has been funded through the health COVID easement monies and has not negatively impacted on the care sector. • Deflection of patients in to other parts of system following assessment of needs – what does that look like? ✓ For all deflection services currently in operation are detailed within the local winter plans. ✓ NHS111 fully operational in Warrington and St Helens roll out will be November.

Area	Key line of enquiry
Winter plans (workforce)	• Where are the workforce issues, is recruitment likely to be successful? Is there any use of mutual aid or at least collaborative working to avoid poaching? Will mutual aid be across both health and social care? ✓ Workforce issues are apparent in all health and care sectors but contingency plans have been evoked and plans have been put in place. Locally in Mid Mersey we established a workforce redeployment group that has currently been stood down but if necessary could be re-established. ✓ Mutual aid and local system support is agreed in principle and can be enabled if necessary. ✓ Local Authority mutual aid across care homes is in place, this will create a 'bubble' system.

Area	Key line of enquiry
Winter plans (Exit Flow)	• How will staff be supported to move towards a home first mindset and to avoid risk aversion? How will cultural change be delivered? ✓ The integrated discharge teams are already working on a home first model and have been doing so since March 2020. The enhanced discharge pathways and system reset plans have supported staff in managing the risks and are fully supported by the local system leaders. ✓ Trusted assessor arrangements are in place, enhanced discharge pathways are agreed between all system partners and regular strategic MDT's are carried out to identify any blockages and to improve flow. ✓ A discharge to assess philosophy is being adopted in line with the new Hospital Discharge Service: Policy and Operating Model. Initial assessments to transfer to a place of safety will be undertaken in hospital for those who no longer have a right to reside and assessment of long term need undertaken in the community; ✓ Discharge review has taken place, this has already been highlighted within winter plan.

Area	Key line of enquiry
Winter plans (External Events)	• Communication plans – do they include social care sector to share vital messages? The Winter Communications Plan was agreed and implemented across the Mid Mersey footprint for 19/20 was reviewed and evaluated in February 2020. The key outcomes and learnings had been shared with the AED board and will be incorporated into the planning process and activities for 20/21. Discussions are being held with NHS E/I and the CMHCP regarding a C&M approach to the winter communication plan. Weekly meetings are taking place with a view to the development of a C&M wide plan, with a single approach in terms of the call to action, campaign materials, key messages etc. Whilst this will be a C&M wide plan, each locality will retain the ability to flex the messages and approach to meet local need. The benefit of doing a C&M plan is to ensure consistency of messaging and increase outcomes due to the level of impact! which brings in all parts of health an Social Care including Public health, 3rd sector and the peoples voice.

APPENDIX 1

St Helens & Knowsley Winter Plan 2020/21

DRAFT 5

NHS

Page 50

INTRODUCTION

The draft winter plan aims to answer a series of KLOES as set out by NHSE/I that clearly demonstrates how the health, social care and voluntary sector system partners within the St Helens & Knowsley Hospitals catchment area have planned for winter. The plan is informed by the Cheshire & Merseyside Cell capacity and demand modelling, local modelling assumptions, lessons learned from COVID including managing surge and also in the event of another COVID wave during winter. The plan summarises the key system risks and mitigating approaches across the partnership.

The plan builds upon initiatives and partnership working already in place or embedding in relation to discharge planning, admissions and attendance avoidance, including both local and national initiatives such as NHS 111 First.

System partners have developed this plan with the key aims of managing acute bed occupancy, nosocomial infections and community based infection rates for COVID-19. Phase 3 reset and recovery guidance in relation to elective recovery and capacity has also informed the capacity planning and risk assumptions.

In summary the plan covers:

1. Capacity and Demand, with a key focus upon bed capacity
2. Exit Flow
3. Hospital
4. Workforce
5. Risks and mitigation
6. System oversight and Governance
7. Appendices and external events

1. CAPACITY AND DEMAND.

How we are currently working to reduce avoidable admission and attendance and other environments to improve discharge flow:

- **NHS 111 First Implementation**

  St Helens & Knowsley; A project group has been established to oversee implementation of the NHS 111 First programme for St Helens & Knowsley. Partners are working with the Regional Team to assess state of readiness in preparation for the December 1st Go Live date (likely by 23rd November). Progress is attached within the initial assurance assessment (below). The plans will ensure opportunities for alternatives to A&E are maximised and enable increased out of hospital direct booking and referrals, including the key priority of direct booking into A&E and direct referrals to key specialities such as Frailty and Respiratory.

  111 First assurance template Mid Mersey

  Warrington & Halton Hospitals are in the first phase of NHS 111 First and due to go live on the 8th September. Learning from system partners will be taken on board as part of the St Helens & Knowsley implementation.

  One of the key aims from the change in public message and access is to demonstrate a 20% shift of existing unheralded attendances (self-referrers/walk ins) to ringing NHS 111 First. The overall outcome aim is then a reduction in unheralded attendances by 10%.

- **Hear & Treat /See & Treat**

  The Table below illustrates the See and Treat opportunities available to NWAS crews across Mid Mersey. A project group is established (with membership from NWAS and CCGs) to expand the scope of the St Helens admissions/attendance avoidance car and develop a STHK footprint Frailty Response Vehicle by October 2020. This will raise the S&T % across the footprint. During Covid the S&T CCG breakdowns have been unavailable but prior to Covid 19 the St Helens % was highest at 27%.

  Halton and Knowsley circa 24% in December 2019. It was identified through the collaborative breakthrough NWAS workshops that some ED footprints had a S&T rate of 34%. If this level of success was emulated across the STHK CCG footprint it would

result in a decrease of mean 18 ambulance attends per day. It was however noted that that socioeconomic and geographical factors play a part in this.

To support S&T maximisation, each CCG area has updated its section in the NWAS Clinical Handbook via the Blackpool team. Locally, rotation of NWAS crew members across the patch to include coverage on the Avoidance car has proved to be effective in encouraging more reticent paramedics to use the S&T potential available in the community.

S&T and Mental Health – North Mersey has access to 3 vehicles; the British transport police MH vehicle, NWAS MH vehicle and Merseyside police MH vehicle. There is no similar offer in Mid Mersey. NWAS operational Staff in the East Sector consider this to be a significant gap.

Due to unique commissioning arrangements in St Helens the GP OOH stop taking S&T requests from crews at 7am and OOH finishes at 8am but AVS is not available until 8:30am. There is a 90 min gap. The commissioners will address this with the provider by the end of September 2020 in readiness for Winter 20/21.

A session where the stakeholders discussed S&T in detail produced the following key themes that need addressing:

- Crew behaviours and confidence of paramedics to apply MTS fully are factors to variation in S&T rates per paramedic and it is recognised that change in culture/ practise from ‘scoop and run’ to S&T will take time to embed.
- Capacity is an issue – the S&T offer in the community is not ring-fenced to support paramedics only. It is an ‘add on’ to existing service and not part of the core service. In the majority of cases it is not commissioned and the provider is not contractually obliged to provide the service. In GP OOH the service is offered through an MOU with NWAS.
- Consistency of offer across Mid Mersey is a contributory factor – there are significant differences across the 3 CCGs especially with regard to UTC / WIC (convey non ED)
- Availability – 90 min gap weekdays mornings in St Helens.
- Availability - no dedicated MH vehicle in mid Mersey yet 3 in North Mersey

See & Treat in mid Mersey	AVS	MH	OOH GP	Frailty	Falls	Respiratory	WIC / UTC	Other
Halton **December 2019 S&T rate was 24%**	24/7 2 + PC24	NWB 24/7 Operation Emblem Street Triage	Halton Assessment Team Mid week 19.00-08.00 Weekends 6.45-22.00	Halton Integrated Frailty Service Mon-Fri 09.00-17.00	Integrated Assessment Team & Capacity and Demand Team	Resp car pilot 0700-2100 7 days	Widnes 08.00-20.00 Runcorn 08.00-09.00 (currently booking by phone)	CAS for 111 and S&T response for crews available 24/7
Knowsley **December 2019 S&T rate was 24%**	24/7 2+ PC24	NWB 24/7	As AVS	Aintree FAU direct access weekdays 9-4pm Frailty urgent response team 2 hr response	Falls service provided by NWB linked to Frailty service.	24/7 2 hour response 0800-2000, can be called overnight to review next day & Resp car pilot 0700-2100 7 days	2 WIC's planning to take direct booking and from 111 first	CAS for 111 and S&T response for crews available 24/7
St Helens **December 2019 S&T rate was 27%**	8.30am – 6:30pm ROTA	NWB 24/7	6:30pm – 7am weekdays for Rota (25 practices) 6:30pm – 8am	Direct line for NWAS crews 9am -5pm weekdays Patient criteria - older people living with frailty Typical responses will include either • Tel advice by Frailty Nurse /	St Helens NWAS avoidance car operates 7-7 weekdays	Resp car pilot 0700-2100 7 days	Protocol agreed between NWAS and UTC re MTS amber outcomes to be conveyed.	CAS for 111 and S&T response for crews available 24/7 at BH and weekends with gap of 90 mins for S&T on weekdays.

			weekdays for PC24 (9 practices)	Consultant to paramedic OR • visit within 2 hours • Agreement to meet crew in Whiston E.D				Alert meds mgmt. if pts are stockpiling Contact Cares for pts who need minor clinical support and / or social care input

Current Mid Mersey Performance around S&T and H&T is not available due to the pandemic.

Respiratory car – the respiratory car is at an advantage as the clinician can do blood gases and prescribe.

It is worth noting that the A&E Board prioritised Frailty, Respiratory and OOH (S&T) for system review to enable understanding and discussions of variance in outcomes across the boroughs and sharing learning in relation to models that could be influencing different outcomes in the area. The gap analysis and assessment has continued throughout COVID and will be reviewed presented to the A&E Board when it reconvenes. The aim is to reduce variation and standardise approaches where it makes sense to do so.

- **UTCs**

St Helens Urgent Treatment Centre

The St Helens UTC had enabled Direct Booking from 111 from December 2018 (May 2020 5 slots available per day available during shift handover period and also GP on site). The utilisation of the slots improved during 2019 following some analysis of 111 daily traffic consequently the utilisation rate ranges from 50 – 100% . As part of the NHS 111 First implementation, the volume, times and codes applicable to the appointments are being reviewed with on the onsite team and the Liverpool CCG DOS team pre winter 2020. The St Helens Codesets were modified in August 2020 as a response to some inappropriate 111 referrals.

The UTC in Widnes (Halton – STHK facing) will be set up to take DBs ahead of winter. There is a conscious effort between the provider and commissioners that the Widnes and St Helens UTCs mirror each other as much as possible to ensure some level of standardisation for NWAS conveyances and 111 outcomes. The UTCs in St Helens and Widnes (and WIC in Huyton to certain extent) need the same protocols and criteria to support crews to avoid ED conveyance or advise self-care and this forms part of the phase 2 UTC plans. From July 2020 the ST Helens UTC has an ultrasound Scan on site with radiographer, this is primarily to support the implementation of a community DVT diagnostic service at the UTC and to reduce unnecessary attends at the Trust GP assessment unit.

In addition to the appointments available to 111 call handlers there is an agreement in place between STHK ED and the St Helens UTC to make 2 appointments available the next day for individuals who turn up during the evening at ED with minor injuries or illness (weekdays only for now). This commenced in Jan 2020 and it is evident that the patient is much more compliant to leaving ED and attending the UTC the following day if they have an appointment. This is something that can be mirrored in other WICS / UTCs locally.

Halton Urgent Treatment Centres

Halton UTCs are now both fully UTC accredited and will achieve all of the 27 core standards and there will be 5 slots available per day for 111 direct booking. The aim of the new model of care is to ensure the service is integrated into primary and community care to offer patients with low acuity, minor injuries and illness, same day access to urgent care services. This new model aims to decrease Halton A&E activity for the two acute trusts by up to 20% per year. This will ensure patients are seen in the right place, at the right time by the right health care professional.

Knowsley UTC/WIC

Knowsley have 3 Walk in Centres and 2 of which are in the areas, geographically which generate the footfall to Whiston Hospital. The Walk in Centre due to COVID -19 has currently adopted a booking approach following telephone triage. The CCG will, as part of the implementation of 111 first, ensure there are direct booking slots for the centres to deflect unheralded patients from the ED. This is initially planned at 5 slots per day.

The UTC's original commitment was to develop the 'end state' model and have this agreed by Aug 2020, this has been clearly impacted by COVID response so progress has been delayed. All WiCs remain open (operating on total triage basis in line with community services COVID S.O.P) and outline intention remains that they will not be subject to future designation as UTCs, instead transitioning to primary care access hubs in line with PLACE plans being developed.

- **IUC**

The IUC infrastructure is to be considered as part of the NHS 111 First Implementation Group in St Helens. Direct Booking into in-hours primary care is in place, including OOH primary care and the UTC. The DoS profile for each CCG area will be reviewed to optimise any opportunities to signpost or DB the public into appropriate clinical settings.

- **CAS (Clinical Assessment Service)**

Each CCG area has 24/7 CAS capability (that is accessed via 111) within AVS and Out Of Hours primary care . A pan Mersey procurement for OOH and 24/7 CAS took place in 2019/20 with the successful bidder commencing the service in April 2021 . The CAS resource for this winter will be in line with the CAS resource in winter 2019 /20 . However, additional CAS capacity is currently provided by the national Covid CAS as part of the online 111 offer. CAS capacity locally is also under consideration as part of NHS 111 First implementation.

- **SDEC/Direct access pathways**

An SDEC Steering Group is well established across St Helens & Knowsley. Key priorities in year have focussed upon:

- Opportunities to enable enhanced community pathways to reduce referrals into the Trust
- Acute SDEC
- SDEC CQUIN implementation.

- UTI analysis and review to inform quality improvements
- Flu and pneumonia review audit to support quality improvements
- Analysis of variation in LoS across Merseyside Trusts to inform local priorities for redesign,
- Frailty and Respiratory SDEC and direct access
- Mental Health admissions audit to inform priority improvements

In summary the key priorities continue to be:

- Implementation of community DVT pathway for winter making use of UTC and primary care resource, DVTs are the highest reason for GP referrals to the assessment unit
- IV therapy – ongoing review of ESD and admissions avoidance opportunities. Medicines access has been reviewed in the community to enable direct access to the teams ensuring adequate supplies where access issues were raised.
- Hypertension pathway
- Direct access frailty and increase in SDEC frailty
- Respiratory admissions avoidance team in A&E ongoing – review direct access pathway to the service as part of NHS 111 First
- GP streaming pathway
- Mental Health 24/7 and admissions avoidance

- **Mental Health**

Halton:

Earlier this year, NHS Halton CCG commissioned North West Boroughs to establish and run a 24-hour Mental Health Crisis Line. The purpose of establishing the service was to ensure that the Halton population had access to crisis support 24/7 during COVID-19.

The service offers telephone support to both adults and children (no age restriction) and is staffed by North West Borough Mental Health Practitioners who are able to assess people over the phone and if necessary, signpost them onto other services for support. The crisis line can also make direct referrals into other mental health services.

The service will continue to operate and provide support during Winter 2020-21 and will support admissions avoidance.

St Helens:

St Helens also commissions aa 24 hour Mental Health Crisis Line and in addition has recently commissioned the quell counselling service for age 26 upwards.

Knowsley:

NHS Knowsley commissions 24 hour Mental Health Crisis Lines with both of our Mental Health Trusts – NWBH and Mersey Care. While the purpose of bringing forward the implementation of this service by 12 months was to ensure that the Knowsley population will have access to crisis support during the COVID 19 period, the service will continue as we move out of this period. This is part of the CCG's commitment to implementing the Mental Health Long Term Plan with the aim of providing alternative support for people experiencing a mental health crisis and supports the wider goal of admission avoidance.

Medicines Management:

Community pharmacy continues to play an active role in prevention and attendance avoidance at practices and A&E across boroughs, below summarises the range of services in place:

- **Improved Access**

These services support improved access to primary care and avoidance of unnecessary admissions where treatment could safely be provided within the community. Two of the services also support the self-care agenda which is vital to ensuring best use of NHS resources, particularly during the winter period.

- **Minor Ailments Service**

This scheme is operated across the majority of pharmacies and so there is wide geographical coverage. Patients can self-refer to any pharmacy delivering the service and request to be treated under this scheme. The scheme covers specific minor ailments and illnesses and medication can be provided from an agreed local formulary of over the counter medicines free of charge if patients are exempt from NHS prescription charges. The scheme will be jointly reviewed with neighbouring CCGs, St Helens and Knowsley, during Autumn 2020 to ensure it is in line with NHSE guidance and the local self-care work programme. At this time there is a reciprocal agreement across Knowsley and St Helens so that Halton patients can be

treated under the scheme in any of these areas. This supports and encourages patient to seek advice and support from the right place first time and so improving access within the system. We all have a reciprocal agreement

- **Avoidance of Admissions (IV Antibiotics access)**
  This ensures rapid treatment in the community without the need for a hospital admission.

- **Avoidance of Admissions (Access to Palliative Care Medicines)**.

  A number of pharmacies stock an agreed list of end of life medication to improve access to these vital medications in a timely manner at a very critical time for patients and carers and ultimately will avoid patients having to be admitted to a hospice or secondary care unnecessarily to obtain the correct medication. During COVID the CCG commissioned two of these pharmacies to provide an urgent one-hour delivery service for suspected or confirmed COVID patients to manage end of life symptoms, this service will be continually reviewed as we go into Winter to assess its ongoing suitability and ensure it is fit for purpose. All palliative pharmacies in Halton have also been provided with a mobile phone to ensure timely communication between prescribers and dispensers and to support resolution of issues.

- **Minor Eye Conditions Service (MECS) – Pharmacy Support Service**

  In Halton and St Helens, patients seen by local opticians, as part of this service, who require medication as a result can be supplied this from a pharmacy free of charge if they do not pay for their prescriptions

- **Improved Medicines Optimisation to reduce non-elective admissions**

  In line with the national medicines optimisation agenda the CCG Medicines Management Pharmacists and Technicians focus is on high priority areas that can support a reduction in unnecessary admissions and the out of hospital agenda. As we go into winter, priorities will focus around respiratory, cardiovascular and antimicrobial resistance as well as refocussing on safe use of opioids for chronic pain. Structured medication reviews will continue for complex patients with long term conditions and specifically for care home residents. The reduction in polypharmacy and de-prescribing in appropriate patients will support a reduction in unnecessary admissions due to adverse effects related to medication and will also support more effective use of NHS resources.

- **Community services**

  Both North West Boroughs and STHK have reviewed their community and mental health services and have considered which services could be stepped down if staff are required to cope with a surge. They have assessed their services in to High, Medium and Low priority and will be considering which services each staff type could support in the event of a Covid surge.

  We will link in to the out of hospital cell for consistency in planning for the impact on community and mental health services in the event of a surge of cases.

  Telemedicine:

  The Merseycare telehealth model has been considered at a St Helens level to support the management of patients with Heart Failure and COPD living in the community. A full Mersey approach to adopt the merseycare infrastructure was suggested by the HCP and a business case has been submitted to St Helens CCG to assess viability of 300 St Helens patients being monitored in this way. A local proposal was put to the exec team in the CCG in July 2020. The St Helens community teams are selecting the patients currently and have worked in partnership with colleagues in Liverpool to further understand how this can be used most effectively to maximise resources and support shielding patients/admissions avoidance. This approach further supports learning from COVID in use of telemedicine where outcomes are clearly demonstrated.

  Community nursing:

  Community Nursing Teams continue to support delivery of the enhanced discharge pathway guidelines and explore telehealth models across all providers.

  Specialist teams across respiratory, cardiac and frailty services offer a 2 hour crisis/urgent response across boroughs supporting admissions and attendance avoidance for patients.

- **Primary Care;** please refer to Appendix 1

- **Pro-active care / risk stratification**

St Helens:

Following a successful pilot across 6 practices demonstrating reductions in use of both primary care and attendances / admissions to hospital, a business case was developed to support roll out across all practices. Should this be successful, the CCG will continue to work in partnership with the LA and practices to phase in wider practices throughout winter. The model uses the Welsh predictive tool for risk stratification to identify high risk patients and creation of a MDT plan to wrap around each patient.

The outcomes monitored are:

- Reduce avoidable hospital A&E attendances and resultant non-elective admissions
- Reduce relevant Ambulatory Care Sensitive Condition A&E attendances and resultant non-elective admissions (NELs)
- Reduce cost associated with above
- Increase number of patients feeling able to manage their long term condition/their heath
- Increase ability of patients to self-care
- Review the care of 100% of target cohort

Halton:

The High Intensity User (HIU) service offers a robust way of reducing high intensity user activity to A&E and aims to reduce the number of non-elective admissions and GP contacts as a natural by-product.

The aim of the service is to catch the “frequent attenders” at A&E and to drive a case management approach that prevents this cohort of patients from returning time after time to A&E time, as they can be better managed elsewhere.

In addition, the HIU service will aim to:

- Work with multi-agency and existing professional services to negotiate a new and innovative way forward
- Reduce the impact on unscheduled care services and the wider health economy resulting from reduced 999 calls, which otherwise would have attended A&E and possible admission or a call to the police

- Actively seek safe solutions for this cohort through community and service connections and the voluntary sector in order to support them to flourish.

The Halton HIU Service launched in July 2019. However, due to data sharing issues the service didn't become fully operational until October 2019. Discussions with St Helens & Knowsley Hospital are currently ongoing to increase the number of referrals into the service, especially ahead of winter.

Due to COVID-19, face-to-face client interaction hasn't been possible, Therefore, the HIU lead has mainly communicated with patients by either phone or video calls, which hasn't been ideal and has since led to some HIU patients relapsing. Nationally, this has been recognised, as an issue as the success of the HIU programme relies on that person-centred 1-1 approach.

Knowsley:

Risk stratification tools are in place (via Aristotle), it is being utilised to support care home work and this is also being assessed for use in flu planning to (e.g. what %age of patients are in high risk groups so would be called into practices for LTC reviews and provide vaccination as part of the appointment). For if low risk there is potential for remote LTC reviews and use of the drive through/walk through facility).

- **Infection prevention and control - community**

Influenza (please also refer to Appendix 5 for Borough plans)

The Infection control teams will provide care home "Preparation for influenza" training. PHE Care home Influenza resource pack will be distributed and monitored. Influenza outbreaks will be monitored by the quality team. This will include:

- Arrangement of swabbing to aid diagnosis,
- Advice to the care home on infection control measures to be implemented. Liaison with PHE re outbreak management.
- Facilitate antiviral medications via the agreed antiviral pathway.
- Encouraging and monitoring uptake of influenza vaccine in residents and staff.
- Liaison with Communications to advice on information to be sent out.
  Update the Infection control web pages to ensure that there is current information for the 2020-2021 flu season.
- All Infection control team members are trained and updated in Immunisation and are able to vaccinate in emergency situations.
- Working as part of the St Helens Flu Planning team.

Covid19 management

The Specialist teams provide infection control advice to partners in the CCGs and the Local authorities. This includes;

- Information regarding PPE, Isolation, transfer queries, hospital discharge queries.
- Advice and work with appropriate teams to introduce any new initiatives that are recommended from Nationally, e.g. Point of care testing in care homes for Covid19 and Influenza A/B.
- Working closely with the care home staff to advice regarding changes in guidance for management of Covid19.
- Facilitate referrals for Covid19 testing for community patients in their own homes.
- Management of Outbreaks of Covid19
- Working with the care homes to ensure prompt identification of suspected and confirmed outbreak of Covid19.
- Ensuring all infection control precautions are in place during outbreak.
- Cascading information as required regarding outbreaks of Covid19 to all partners in the CCG and the local authority.
- Liaise with PHE regarding suspected/confirmed outbreaks of Covid19.
- Supporting the care home staff with whole care home testing of residents and staff and ensuring actions are taken when positive results are obtained.

NHS & Social care staff coronavirus testing

Borough strategies include testing for patients, NHS staff, care home residents and staff and testing for the general public. The aim of the testing plan is to support the management of COVID in the boroughs, to reduce as far as possible outbreaks, and to keep critical staff in work in health and care wherever possible. The strategy sets out the plan for:

- Care home testing of residents and staff, both routine testing and symptomatic testing. This aims to support care homes in keeping people safe in the homes and supports our care home sector, who are a vital part of the health and care system in the borough, to operate safely over winter;
- Testing of patients in hospitals, to keep hospitals as safe as possible for patients and to minimise the impact of Covid as far as possible;
- Testing of NHS staff, both routine and symptomatic testing, to ensure out health workers have regular access to testing as far as possible;
- How we support the most vulnerable people in our community by ensuring access to testing;
- How we will escalate testing in the event of increasing numbers of cases or local outbreaks.

Local drivers of demand:

St Helens & Knowsley Teaching Hospitals (All CCGs) | April 2019 - June 2020 | All Referrals A&E Attendances by Top 10 Diagnosis

Source: SUS

All-Referrals

	Financial Year
Top 10 Diagnosis - A&E Attendances	**2019/20**
Diagnosis not classifiable	13,936
Respiratory conditions	10,998
Nothing abnormal detected	10,895
Gastrointestinal conditions	9,427
Cardiac conditions	6,719
Laceration	6,255
Dislocation/fracture/joint injury/amputation	6,051
Contusion/abrasion	5,619
Sprain/ligament injury	5,256
Urological conditions (including cystitis)	5,164
Grand Total	**80,320**

All-Referrals

	Financial Year
Top 10 Diagnosis - A&E Attendances	**2020/21**
Nothing abnormal detected	3,103
Gastrointestinal conditions	2,129
Diagnosis not classifiable	1,946
Laceration	1,542
Cardiac conditions	1,536
Dislocation/fracture/joint injury/amputation	1,444
Respiratory conditions	1,276
Urological conditions (including cystitis)	1,198
Unknown	1,183
Contusion/abrasion	1,136
Grand Total	**16,493**

The latest A&E information on attendances further reaffirms the system approach to prioritisation of frailty and respiratory pathways and models of care. In addition, as part of the Think NHS 111 First approach, Respiratory, Gastro, minor injuries, ‘nothing abnormal detected’ and urological conditions are being prioritised for ‘deep dive’ analysis to inform out of hospital pathway improvements and ‘streaming out’ from A&E pathways as part of the integrated NHS 111 First plans, including targeted communications.

Admissions data:

St Helens & Knowsley Teaching Hospitals (All CCGs) | April 2019 - June 2020 | A&E Admissions by Top 10 Diagnosis

Source: SUS

All-Referrals

	Financial Year
Top 10 Diagnosis - A&E Admissions	**2019/20**
Chest pain, unspecified	882
Lobar pneumonia, unspecified	1,499
Maternal care for other specified fetal problems	1,767
Pain localized to other parts of lower abdomen	1,038
Pneumonia, unspecified	987
Precordial pain	856
Sepsis, unspecified	1,357
Singleton, born in hospital	2,439
Supervision of other normal pregnancy	955
Urinary tract infection, site not specified	942
Grand Total	**12,722**

Ongoing review of admissions data and also GP referrals has fed the SDEC project priorities in-year and a series of clinical audits to inform quality improvements across the system e.g. UTIs and pneumonia. Work continues with system partners regarding out of hospital pathways and SDEC as we head into winter.

How we expect capacity and demand to look this winter compared to previous winters:

- **Acute**

The Cheshire & Merseyside Hospital Cell is charged with building a robust acute capacity management plan. Four scenarios of future Covid demand have currently been modelled based on the Cheshire and Merseyside population and historic Covid activity:

- **Slow decline of Covid** over the coming months; no surge capacity required, normal bed capacity maintained, 90% occupancy, elective activity restarts
- **Second peak** over coming months; shift to surge capacity where Covid demand exceeds CC available capacity, 90% occupancy. Including loss of theatres and G&A beds
- Many **smaller waves of Covid**; 90% occupancy, short term shift to surge as required
- **Second smaller peak** over coming months; shift to surge capacity where Covid demand exceeds CC available capacity, 90% occupancy. Including loss of theatres and G&A beds

Summary:

- A slow decline of Covid activity allows elective activity to return to 40-50% of historic levels in most trusts. It is anticipated this would be higher at SHK due to the 'cold-site' arrangements.
- There is no overall shortfall of beds across the system, although at times in the period there are insufficient beds for both non-elective and elective activity in some trusts, leading to the shortfall lines/bars.
- **A second peak** falling in winter will lead to a significant shortfall – approaching 50% - of NEL beds unless this demand is substantially reduced or directed to other services.
- The difference between phase 2 surge and full surge is minimal on elective activity. This is due to G&A beds constraining elective activity even though theatres remain available in the phase 2 surge model.
- The 40-50% of remaining elective activity is due to specialist trust capacity and is not likely to continue given the need to absorb NEL demand from other hospitals.
- **For a second peak** falling in winter will there are sufficient Covid CC beds under Phase 2 levels but not under full surge levels.

- There is a significant shortfall of NEL CC beds which would likely impact the ability of the specialist trusts to continue elective surgery.
- Under full surge there are sufficient beds across the system to absorb all activity providing patients can be transferred between sites.
- **A smaller peak** falling pre-winter still has a significant impact on the bed availability for elective surgery resulting in most non-specialist trusts not able to continue elective programmes outside of cold sites.
- There is a shortfall of NEL beds which will further diminish the ability of trusts to continue elective activity.
- **With a smaller peak** the system should be able to cope within Phase 2 critical care levels.
- The shortfall of non-elective beds will likely further diminish the elective programmes, particularly in specialist trusts.

This plan is aiming to demonstrate the whole system approach to capacity planning, demand management and surge as outlined within our current approaches outlined earlier in the plan, such as NHS 111 first and out of hospital approaches and the sub-acute and surge capacity and system governance that follows below.

- **Sub-acute**

The Cheshire & Merseyside Out of Hospital Cell as set out in the mandate from NHSE/I is charged with ensuring that adequate capacity is available in out of hospital settings and to oversee the management of the hospital discharge process to achieve targets set.

Despite the lack of expected demand for additional non acute beds, the modelling undertaken for the phase 3 capacity plan indicates that the C&M system would need up to 1543 OOH beds to manage surge demand (Covid and Winter). This, coupled with instructions from NHSEI, has led to the development by the Cell of its plan for up to 300 intensive rehabilitation (Seacole) beds for Cheshire and Merseyside. The Mid Mersey proportion of this is estimated to be 120.

Despite the NHSE planning requirement, it is reported to be unlikely that funding will be made available for the Seacole beds. The C&M modelling is still underway and has not concluded, added to this is the variation across areas in specific bed breakdown across the patch. Prior to the Seacole aspirations, the Mid Mersey system already had in train varying plans for additional bed capacity based upon previous local analysis and VENN capacity and demand analysis. SHK Trust have commissioned a 52 bedded modular ward to improve the frailty offer and admissions avoidance capacity, this also includes an additional 12 assessment areas. In addition, ward 1a

is being used as part of the Trust contingency (32 beds) from the Frailty ward move to Bevan Court as outlined below, this will be resource dependent. Within St Helens Borough Council, there is potentially 59 additional care home beds for COVID surge planning as part of winter and discussions are underway with this proposal. This is in addition to the expected redeployment and flexible use of existing sub-acute and intermediate care beds as follows:

- **Mid Mersey bed base (St Helens/Knowsley/Halton):**

The core function of the current sub-acute bed base is summarised in table 1. The Table provides an overview of core IMC capacity and sub-acute capacity and capability to support COVID + patients and surge, as part of system flow and bed management from existing plans.

Table 1 winter sub-acute capacity

Name of unit	IMC bed or transitional (GTG AW other)	Location	Total beds on site	Total beds available for step down	Max number of c19 positive at any one time	Does it take GTG patients AW POC or placement - non covid	Bed occupancy rate % Q1 20/21 and 19/20	Has unit been used for P3 covid+ patients for 14 days to date	Max number of beds ring-fenced for covid - July 2019 onwards
Duffy	IMC	St Helens hospital	28 (2 ring-fenced for day surgery cases)	26	0	Yes as determined by gatekeepers to support surge	95% 19/20 75% Q1 20/21 (improved Q1 from previous year).	no - cold site	0 Cold Site
Seddon	Neuro rehab	St Helens hospital	20	20 (neuro rehab patients take priority over IMC)	0	No – TBC as part of surge plan with Network.	92% mean 19/20 75% Q1 20/21	no - cold site	0 – cold site
Oakmeadow	IMC	Halton	29	29	debbie Coburn to check	No - strictly IMC	TBC	no - strictly IMC	none
B1	IMC	Halton	22	4	4	No - strictly IMC	TBC	no - strictly IMC	4

Brookfield	both	St Helens	30	29	12	yes can be enacted to support surge	19/20 mean 53% Q1 20/21 25%	yes	18
Newton	IMC	St Helens Newton le Willows	30	24	depends on other factors such as O2 use , acuity and staffing	Takes GTG P3 positive. If necessary can take GTG AW POC but there are other places for this.	TBC	yes - only hot site suitable for NH patients	C specify number as depends on levels of acuity on unit, if on O2 and other factors .
St Barts	IMC	Knowsley	19	19	0	No - due to the multiagency admission process it is difficult to admit patients who are not true intermediate care. Anecdotally those with social or behavioural problems are not considered to be suitable candidates.	80% general year round occupancy	no - strictly IMC	0
Appleby Court	IMC	Knowsley - North Mersey	4	4	0	as St Barts	TBC	No - strictly IMC. Long term residents on site need	0

								to be considered.	
Bevan court 2 (new development)	Frailty/Short stay / GTG	Whiston	52 beds and 12 assessment (frailty unit - 22 IP, 12 assessment and 30 non-acute IP).	30 non acute for both admissions avoidance and step down.	TBC	Yes	N/A	N/A	tbd
TOTAL			234 (Inc 12 AX)	Will vary depending on flow.	16				22

- **Bed utilisation trends**

The system has experienced a reduction in utilisation of the IMC/sub-acute capacity during the coronavirus compared to previous levels. Insight gained, reports that the cause is multi-factorial, due to the availability of community beds, domiciliary care capacity and general position generated through reported additional family support in place from agile working arrangements, thus resulting in less displacement to facilities as interim measures to manage bed flow. This is in addition to the enhanced discharge pathways approach has impacted upon improved flow across most units. It is however expected that demand will / may resume to normal or near normal levels and therefore the following system plans are in place to address including the escalation governance arrangements.

- **COVID testing policy – discharge**

The current agreed policy is that all patients will be tested prior to discharge from IP. Should a care home not be able to safely receive the patient due to other factors in the home such as an outbreak or inability to ensure social distancing, then alternative interim solutions will be sought via sub-acute capacity and community bed capacity.

- **Surge plan – sub acute Beds**

Newton and Brookfield units (BF St Helens only) have flexibility to support both COVID + patients and also short term transitional to support general flow in terms of capability to flex existing bed use to manage surge. This proved successful during COVID and will be enacted through existing discharge governance and operations in the event of further surge / COVID.

Seddon Suite is a neurorehabilitation unit. Seddon beds could be utilised for Surge capacity should a second significant peak occur but this would be in agreement with the Network and Hospital Cell. (Non-COVID) for general intermediate care or transitional capacity from rebasing of the existing bed base as seen during COVID. This would be considered as part of the local escalation governance approach in terms of system pressures.

Bevan Court is a significant development on the Whiston Hospital site, which will offer a total of 52 beds and 12 assessment areas, this has involved the relocation and enhancement of the frailty offer and capacity, SDEC and also the capability to 'step-down' patients who do not have right to reside and awaiting community support. This creates capacity of 52 IP beds and 12 assessment spaces. The reconfiguration also freed up much needed bed capacity on the hospital site to support discharge flow on the previous 1a frailty unit of 30 beds which can be used as part of winter contingency planning. Overall, the implementation of the new frailty assessment unit, will include 22 inpatient beds and 12 acute assessment spaces, collocated with a 30 bedded non-acute inpatient ward, this will support a reduction in bed occupancy and improved flow of older patients away from the Emergency Department (ED) and admission units. The proximity to the ED will allow for pull of patients into the frailty unit for same day emergency care (SDEC), assessment for acute inpatient admission or short stay admission into the non-acute ward. This model of care will result in timely flow of patients from the ED and acute medical units, moving patients that normally stream through the acute medical take to appropriately skilled staff, providing them with an elevated standard of care in the process.

The frailty practitioners and consultants in ED, along with the therapy team who work in all areas, will identify and pull people from ED, creating flow and timely assessment by the multi-disciplinary team. This will also allow appropriate direct access to the clinicians/service and facilitate reliable handover reducing duplication often seen in the assessment process.

The increase in ambulatory capacity will allow a larger group of our older population to be transferred quickly from ED, to a more appropriate and comfortable environment and will free up capacity in the ED, which in turn will reduce overcrowding and support compliance with social distancing.

The new unit will also allow for planned assessments stepped up from the community frailty services for St. Helens, Knowsley and Halton, avoiding ED attendance without compromising standards.

With regard to the non-acute unit, the intention is to utilise this capacity for the bulk of patients who enter the medical admission system with little or no acute medical need, but cannot be immediately discharged due to their need for ongoing support such as POC, rehabilitation or transitional placement etc. There are also those reviewed via the SDEC stream who require a short stay admission but not intensive support, who could be accommodated within this bed base, which in turn would support the respective community frailty teams in Knowsley, Halton and St. Helens.

Further development of this model could see a wholescale restructure in outpatients for DMOP. Traditional outpatients could be replaced by telephone/tele-med follow ups, with rapid access in ambulatory or community review by the respective teams replacing 'new' outpatient appointments. For example, frailty or falls clinics would be better accommodated in the unit where they can be seen by an MDT for comprehensive assessment, rather than the current traditional outpatient set up. Consultant clinic time would then be fluid across the week for planned urgent review in the unit.

Local authorities – plans including surge approach

St Helens:

- **Contact Cares (St Helens integrated SPA) ED social work function**; The service is currently undergoing a restructure that will see a 7 day a week 8.00am to 10.00pm service in time for this winter. This includes an increase of approximately 39% in the social care hours allocated to this function. The working pattern will mirror that of the Contact Cares Crisis Response function providing further flexibility to move staff resource to follow demand around both avoid admission pathways and to support the increase in ambulatory care in the ED department through initiatives like the Bevan Unit.

  Both the increase in resource, achieved through the re-designation of posts, and the restructured working patterns will enable more efficient support of discharge pathways at times of high demand.

  This initiative should contribute to reduced attendances/ admissions, readmissions and bed days.

- **Contact Cares Reablement Restructure**; Currently_undergoing a restructure_that centres around a change in working patterns and uplifts all staff to the role of Intermediate Care Support Worker, this will enable a more flexible, responsive service with all staff being able to deliver on non-complex hospital discharges around those awaiting care packages and therapy led programmes that have a rehabilitative focus. With the new working patterns anticipated to commence on the 14th September, recruitment to any vacancies that remain post restructure should see this embedded for late October/ early November with

increasing improvements in reduced length of stay anticipated throughout 20/21. This resource will also contribute to avoid admission through its ability to support primary care and locality MDTs in maintaining people at home.

- **Trusted Assessor;** Now assessing for all but the more specialist homes in St Helens, 24 in total.

- **Contact Cares Test & Trace;**The Test & Trace functions of Contact Cares are currently being increased to include Contact Tracers and an Assistant Manager (Test & Trace). This will provide an integrated link with Public Health to enable shared learning and resources around those who need to self-isolate etc. Inclusion in the Contact Cares Front Door will ensure prompt alerts to local outbreaks so that Contact Cares can assist the system in responding quickly to reduce risk wherever possible.

- **DNLO/ Rapid Discharge Function;** Since winter 19/20 these functions have become part of the Contact Cares Front Door and indications are that this has improved the quality of information at discharge enabling more efficient discharge and reduced likelihood of readmission amongst this cohort of patients.

- **Agile Working;** The Covid 19 pandemic has accelerated the local authority's agile working plans and so we have very quickly rolled out technology that facilitates this to much higher numbers of staff and to a much higher specification to that previously available. This has increased efficiency and given us a higher level of resilience in terms of being able to deliver functions remotely when required, including in adverse weather conditions.

Nursing Homes and Care Homes:

The demand for bed-based provision has reduced considerably since the start of the pandemic. Prior to COVID-19 occupancy levels across all bed types in the borough of St Helens was regularly between 95% and 97%. Since the outbreak of the virus occupancy levels dropped to approximately 80% and have remained at this level for the last 13 weeks. On 07 August, there were 230 empty care home beds in the borough, of which 156 were available. These were 35 residential beds, 42 residential with dementia beds, 58 nursing beds and 21 nursing with dementia beds. The remaining 74 were unavailable, 46 of these beds were unavailable due to 2 closed wings in a care home that is in the process of being sold and 28 due to an outbreak of COVID-19 in 2 separate care homes. The care home sector is aligned to trusted assessor model for hospital discharge.

- **Surge Plan**

Whilst there are more beds than we have seen going in to winter in previous years, we will have to manage potential outbreak situations in care homes throughout the winter period, and this could mean beds become unavailable at short notice and this could change on a regular basis. We are working with care homes on an ongoing basis to support them throughout the pandemic to minimise the impact on their residents and bed availability.

The care home described above which is currently in the process of being sold and which has 2 empty wings could potentially be opened for surge capacity, for either Covid or non Covid cases. In addition, there is a respite service in St Helens that is currently closed to admissions and seeking to diversify its business model in the short/medium term. We are working with these homes on how quickly they can be mobilised. In addition to the 156 available beds, this gives surge capacity of up to 59 beds.

Domiciliary Care

The demand for domiciliary care provision has also reduced considerably since the start of the pandemic. It is reflective of people wishing to reduce the footfall through their household and making alternative arrangements to be supported by family members, friends and neighbours. Following the peak of the pandemic demand has begun to rise slightly. However, there remains plenty of capacity in the market with care packages being picked up swiftly.

The current process for allocating care packages is to initially offer them to tier 1 providers and in the event of tier 1 providers not being able to accommodate a care package then it is offered to tier 2 providers. If there is no response from either tier 1 or tier 2, then it is offered again to both tiers until the package of care can be accommodated by a provider. Currently the majority of care packages are being quickly accepted by tier 1 indicating ample capacity in the current market. There have been a few exceptions that needed to be sent to tier 2, were they have accommodated immediately.

This is an unusual position and we have previously kept a log of packages that have taken longer than a week to procure and have been round the system multiple times e.g.

- 21st August 2018 18 packages had been waiting more than 10 days.
- 11th December 2018 it was 34
- 15th August 2019 it was 5
- 19th December 2019 it was 7

Throughout the Covid period there have been no delayed packages of domiciliary care. In the event of surge in demand we anticipate meeting this demand by a combination of existing capacity in tier 1 and by utilising tier 2 providers.

Knowsley

Nursing and Residential homes:

The CCG and LA continue to work closely to identify and utilise capacity where available particularly for EMI patients, live bed tacking information is available which will help support any demand and capacity requirements for the market.

Halton:

The bed based service remains in place where home is not possible with a dedicated MDT approach to improve function and continue rehab at home. This model has been used throughout the pandemic successfully reducing length of stay and therefore increasing bed based capacity. Care homes are currently running at a 17.5% vacancy rate.

Social Care:

Social work team remain operational in the community and supporting hospital discharge. Care home sector is aligned to trusted assessor model for hospital discharge. The care home sector will be supported to manage current and ongoing COVID situation. An additional block purchased 500 hours of domiciliary care commenced February 2020 and will continue through winter. This has successfully managed flow both out of hospital and bed based services.

The approach is to maintain an average LoS between 14 and 21 days during winter in short term bed bases which will really impact on available capacity. The role that community services (Reablement, domiciliary care, care homes, community health services) have with home first and the enhanced discharge pathways is key to this. Daily board rounds and review within IC services in relation to discharge and movement on to home / long term service has resulted in significant reduced LoS and therefore increased capacity. This approach will continue.

- **Surge Plan - Mutual aid approaches**

In advance of winter, the Mid Mersey system flow group has developed a draft MOU in support of mutual aid approaches. This will be subject to ‘testing’ across known areas of challenged capacity in advance of winter to inform operational escalation and implementation of the MOU.

- **Restoration and recovery of elective work**

The phase 3 reset and recovery guidance is very clear in the expectation to reintroduce as much activity as possible, bringing capacity back to levels seen pre-COVID for Cancer, Elective/diagnostics, Mental Health community and primary care. During COVID, much of the routine elective and community capacity was redeployed in line with NHSEI guidance to support implementation of the emergency planning approaches within Acute Hospitals and pathways such as discharge facilitation into the community. Clearly, bringing this capacity back in to reintroduce routine service capacity impacts on the ability for the system to maintain existing redeployment approaches to manage surge and staff absences. The ability to introduce capacity is being risk assessed across services routinely with contingency plans agreed should we experience a second significant COVID Phase.

2. EXIT FLOW.

How we are working together on system flow:

- **Discharge pathway and discharge to assess.**

  The national discharge guidance commenced review and implementation from March 2020. The SHK catchment now operates a single point of access for St Helens, Knowsley & Halton Borough discharges from the Trust to further support same day discharge performance. All referrals for pathways 1, 2 and 3 are facilitated via St Helens Contact Cares Integrated Discharge Team. In addition to further improve the quality and timeliness of referrals, a single discharge form and digital solution is being developed with pilots of the single form underway. Further remote assessment and solutions have also been tested during this period to support infection control measures across the wards with the borough teams.

  The discharge pathway is attached in Appendix 2.

St Helens, Halton and Knowsley will continue to operate home first, discharge to assess for Pathway 1 hospital discharge and crisis response in the community with Reablement care, therapy and community nursing support. Implementation and ongoing review will be continuously monitored by the Strategic Discharge Group.

Community and Acute Therapy:

A six week project will commence in September to further improve the 'hospital to home' therapy pathway and model. This is a joint initiative across the Acute Trust and Community Therapy Teams with commissioners. Discharge to assess and home first principles have been applied both prior to and during the COVID period and the system partners are committed to continuous improvement in relation to integrated pathways supporting the model. Both St Helens & Knowsley CCGs have Trusted Assessor models in place.

Governance is in place to both oversee and implement system flow (refer to section 6).

- **Lessons learned from COVID**

The key learning from COVID has been captured with the patient flow board remit using insight from a recent system workshop, this outlines how the system will continue to use and embed learning from COVID (section 6).

3. HOSPITAL – Whiston, St Helens and Newton Hospitals.

- **Eliminating overcrowding in ED – maintaining IPC distancing measures.**

The Trust has invested in an additional temporary waiting area pod to support social distancing/IPC, and also create additional capacity for winter in the event of second surge in COVID. Appendix 3 details the SOP for management of overcrowding in A&E at St Helens & Knowsley Hospitals.

- **Rapid COVID testing**

We are expecting that a Rapid COVID testing Unit will be available for Whiston ED from Mid-September (likely to only have capacity to undertake rapid tests for 16 patients per day as the test takes 90 minutes to process). This will enable a quick decision for some patients to plan appropriate treatment and better patient flow/bed utilisation. Ideally we would like to have additional machines available to increase the numbers of patients that can be tested and excluded as having COVID.

- **Additional physical capacity to support non elective patient flow and increased demand during winter**

  - ED Stretcher triage capacity has recently increased from 5 to 8 which will help to support timely handover of ambulance patients
  - Additional temporary waiting area capacity to support social distancing in ED is now in situ.
  - Additional 30 beds (step down and admission avoidance) will be available from 25th August 2020 (Bevan Court)
  - Potential to open an additional 32 winter surge beds from December to March 21 (resources dependent)
  - Additional discharge lounge capacity is scheduled for January 2021, will enable the accommodation of patients who require a bed or trolley, therefore freeing up acute bed capacity earlier.
  - A capital bid has gone in to increase ICU capacity by 7 beds. The Trust is awaiting the outcome of this bid. This will increase capacity from 14 to 21 ICU beds.

- **Capacity planning and elective activity restoration.**

  The Trust is well underway with activity and plans to restore elective waiting lists to pre covid levels and return to as closely as possible to pre-covid levels of activity. In line with Phase 3 planning guidance, the Trust is assessing its position and trajectory for elective capacity until the end of the financial year, recognising the challenges of IPC/Social distancing needs and PPE. Activity in the independent sector will need to continue to support the recovery programme for plastic surgery, orthopaedics and MRI.

  Capital and short term revenue funding has been received to establish a fourth endoscopy room in St Helens Hospital to restore activity and reduce waiting times back to pre-covid levels. This is expected to open in November 2020. Please see appendix 4 for the Trust clinical support service winter plan.

- **Flu**
  The Trust will be commencing its flu campaign earlier this year. It is envisaged this will be September.

- **High intensity users**
  The Trust high intensity user meetings have been re-established with partners and will be convening regularly to review repeat admissions cases as part of a system wider approach to admissions avoidance.

- **Mental Health**

  Psychiatric Liaison Service:

  Patients presenting at either Warrington or St Helens & Knowsley ED departments with a mental health condition are currently assessed by the Mental Health Practitioner from the Psychiatric Liaison Service (PLS) in the ED. Patients are either signposted to other mental health services of receive intervention as required. The aim of the PLS is to help reduce the number of mental health admissions into secondary care, reducing length of stays in hospital for patients. The service currently operates 24/7.

  PLS also works with clinical staff on the wards to assess whether mental health patients are suitable for discharge and help the patient to get home sooner with community mental health support. PLS aims to reduce unnecessary admissions into secondary care and contributes towards reducing the length of stay for patients.

  24/7 Crisis Response Resolution & Home Treatment: this forms part of crisis offer. Secondary care service to help support and maintain patients at home step down into community services and support. Became a 24/7 service offer from 1st April 2020. Helping reduce length of stay in a mental health patient bed.

4. WORKFORCE.

In addition to mutual aid approaches across services, organisations have worked well during COVID to implement the national guidance for service cessation and redeployment and more recently the system reset and recovery guidance across all organisations.

The system will continue to work towards recovery of elective services as per the guidelines issued and continue to risk assess the situation in terms of supporting ongoing system surge and recovery. Organisations are in a position where they are continually matching the services to the changing demands / circumstances and will continue to do so and partners are working continually within these principles.

Decisions relating to redeployment and capacity for restarting and also surge will be taken both at organisation level and via the system escalation governance should this be required.

Agile working, home working and telehealth approaches will continue to further support infection prevention and social distancing in addition to capacity for testing.

5. RISKS AND MITIGATION.

Top three identified risks for the Mid Mersey A&E Delivery Board ahead of winter?	What mitigating actions will be/have been put in place to reduce the risk ahead of winter?	*Please RAG rate mitigating actions in terms of risk to delivery, i.e. GREEN = low risk to delivery/very achievable; RED = high risk to delivery/dependent upon multiple factors/stakeholders to ensure delivery*
1. Workforce; Staffing absences due to COVID impacting upon service capacity and overall system flow. (Acute/Community/Social Care).	Additional capacity for staff testing with quick turnaround across health and social care. Agile working arrangements. Remote assessment approaches and telemedicine maximisation. Use of Agency staff and provider workforce recruitment plans as enacted during COVID Peaks. Mutual aid approaches	Amber
2. Bed capacity – Acute and Community.	Additional capacity identified for surge planning acute and community. Home First approaches Trust contingency plans – 1a can be used for acute capacity during winter. Daily review of EMS/capacity tracker to inform system escalation and decision making. Mutual aid approaches	Amber
3. IPC capability.	Daily monitoring via EMS/capacity tracker (PPE/staffing). Linked to escalation governance. Agile working. IPC plan developed in line with national guidance. Mutual aid approaches. Executive oversight.	Amber

SUPPORT REQUIREMENTS:

Is there any further support to winter planning that could be provided to the A&E Delivery Board by either the NHSE&I North West regional/national team?
1. Revenue funding to support workforce contingencies/bed capacity. 2. Hand on support to teams delivering improvement projects. 3. Capital funding in line with bids submitted.

6. SYSTEM GOVERNANCE.

The Mid Mersey A&E Board will operate throughout the winter period to oversee implementation of plans and system risk. The Mid Mersey Operational Group will continue to meet monthly to oversee/implement priority work-plans for UEC/Board, such as NHS 111 First, Respiratory and Frailty plans and Out of Hospital.

The Mid Mersey System Flow Board will continue to work within the Hospital and Out of Hospital Cell direction and liaise with the A&E Board on matters of system flow and mutual aid and surge management in line with the Terms of Reference.

- **SHK Strategic discharge group; achievements and ongoing approach:**

  For the SHK catchment, a strategic operational group has been active since March 2020. The group is represented by:

  - SHK
  - St Helens, Knowsley and Halton CCGs /LAs
  - NWB
  - Bridgewater

The key aim has been to implement and oversee performance in relation to the COVID Enhanced Discharge capacity guidelines and protocols. The group meets twice weekly to review and oversee operational matters and is in the process of developing digital solutions to further enhance the timeliness and quality of the assessment process and pathways across health and social care. Outcomes are monitored via a Dashboard that has been developed and agree across partners. In additional daily discharge meetings are held to review the discharge tracking lists with the SPA/MDT staff. Escalation approaches are being reviewed to further enhance the approach as we head into winter. As this has evolved, the group is now completing the priority digital solutions and assessment priorities.

Going further into winter a System 'Patient Flow Board' will established in September to:

- Continue to develop the tools and methods to oversee patient flow across the system; through community services and hospital.

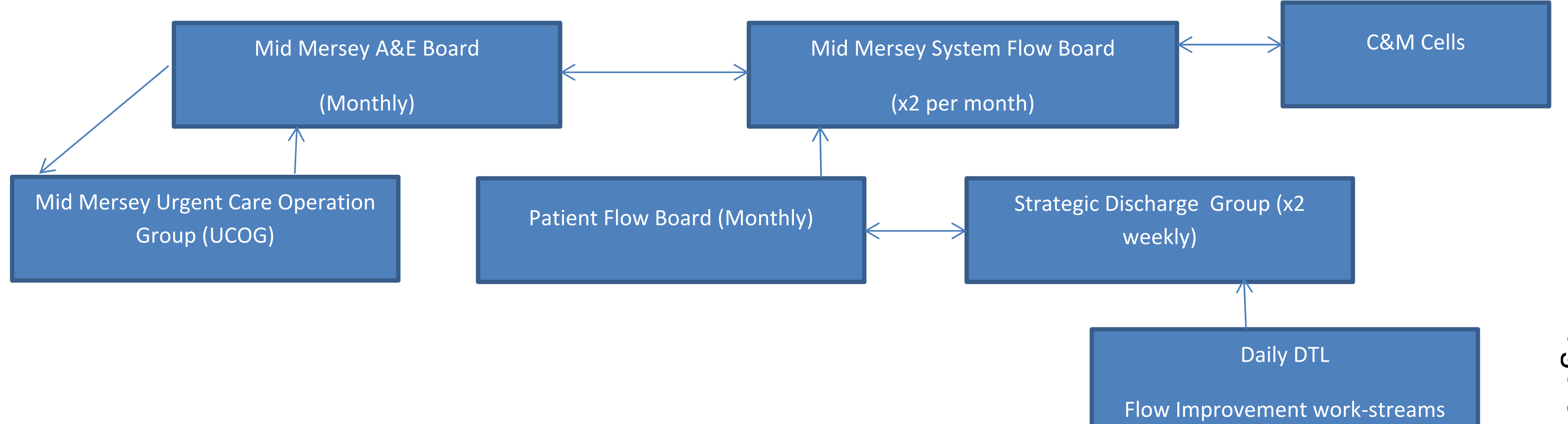
- Focus on the three Boroughs of Halton, Knowsley and St Helens; comparing efficiency in delivery of pathways with a view to sharing learning and providing mutual aid.
- Lead the delivery of digital solutions to support virtual working within the hospital and within localities.
- Embed the Enhanced Discharge Pathway following COVID-19 and the Stage 3 letter from NHSE/I.
- Programme manage the output of the Enhanced Discharge Pathway projects
    - One form to support patient discharge across all pathways
    - Oversight and development of bedded options across the footprint
    - Development of discharge to assess approaches across all pathways in line with national guidance
- Develop and lead the strategic vision for the programme of work.
- Oversee and support preparation for winter and COVID scenarios.

- Oversight and escalation governance (EMS/OPEL/Discharge and flow governance and oversight.
- Performance metrics and trends

An escalation workshop will take place in September and will take on board a 'peer' review approach to further strengthen local approaches to escalation and risk management.

The capacity tracker and EMS systems are currently operational across Mid Mersey and are regularly updated (the aim is daily) by system partners. They will be used proactively to monitor trends and enable early intervention in relation to risk management across partners. This provides an overview of staffing, beds, PPE, etc to inform local escalation discussions.

Mid Mersey System Governance (SHK)



7. APPENDIX / EXTERNAL EVENTS.

Appendix 1; Primary care plans

St Helens Primary Care WInter Plan sum

Halton Primary care.docx

Appendix 2; Discharge Pathway

Discharge To Assess Process Reviewed Au

Appendix 3; IPC policies; Overcrowding and IPC measures in ED SHK

Overcrowding and IPC measures in ED.c

Appendix 4; Clinical Support Service Winter Plan SHK

Clinical Support services winter plan S

Appendix 5; Communication Plans

Each area is required to produce a comms/engagement plan as part of the national assurance documents to be submitted. (These are yet to be published together with the NHSE Template).

In terms of the approach this year for the winter comms planning across Mid Mersey we are in a very different position to last year with Covid-19 and the added complexity re the flu vaccination programme and NHS 111 First.

Discussions are underway with AEDB leads, NHS E/I and the CMHCP regarding a Cheshire & Merseyside (C&M) approach to the winter communication plan.

The outcome of the initial discussions is the proposal to take a C&M approach with the support of the C&M Health and Care Partnership to co-ordinate the development and implementation of a C&M wide plan, with a single approach in terms of the call to action, campaign materials, key messages etc. Whilst this will be a C&M wide plan, each locality will retain the ability to flex the messages and approach to meet local need.

This approach will not only be more consistent but should make best use of our collective resources.

Proposals are in the process of being developed by A&E Delivery Board and HCP comms leads to ensure this aligns with the NW regional winter plan with CCG reps (myself) joining the group to help with development of the plan.

Appendix 6; Flu Plans

Delivery of St Helens Flu Vaccination Progr

- Halton Flu summary:

The 2020-21 flu campaign will commence mid-September and intensively run through until the end of November 2020, though opportunities for individuals meeting the influenza criteria will be eligible for the immunisation until 31st March 2021.

During the first phase, NHS Halton CCG's priority is to vaccinate the 65+ age group as well as 18-64 age group with underlying identified health conditions, with the aim of increasing uptake rates on previous years. The CCG is currently awaiting guidance from NHSE regarding the vaccination of an additional cohort group which will target healthy individuals between the ages of 50 and 64 years. It is anticipated that the

latest cohort eligible for the flu vaccination will be offered later in the flu campaign and the CCG is exploring suitable venues such as local church halls and community centres in order to deliver the vaccination programme on a much larger scale.

The purpose of vaccinating eligible cohorts with influenza immunisation is to help reduce the circulation of flu and the co-allegiance of COVID-19 with the aim of reducing the numbers of patients presenting at ED and being admitted to secondary care particularly with the potential of exacerbation of co morbidities .

PHE have specified that communication regarding influenza vaccine is promoted individually and not in collaboration with COVID 19. This is to ensure the population we serve are aware of the importance of influenza vaccines and how it can reduce the spread of the virus within the community and consequently reduce the impact of illness produced by the flu infection.

The CCG aims to support providers to review the uptake and delivery of the influenza immunisation within the identified eligible 2 and 3-year old cohorts. By reducing the spread of influenza infection from children this will enhance herd immunity as well as reducing the carriage of infection to vulnerable and elderly populations.

Currently a review is being supported by the CCG alongside Primary Care, Acute Trusts and Community Providers reviewing capacity, demand and workforce to ensure the complexities and demands of the influenza programme will be delivered timely, effectively and to the health and wellbeing benefit of individuals within the localities we serve.

A joint flu action group for Warrington and Halton localities are ensuring consistent and collaborative working is established across all areas of the Health and Social care environment. A communications campaign is being developed locally, with the support of any national information and publications jointly with Halton and Warrington Borough Councils using social media and local media to promote initiatives, information and signposting to populations of Warrington and Halton.

- Knowsley position statement:

Primary care plan; The Knowsley Flu plan is going to Primary Care Committee in September. The focus is upon mass vaccination (drive through/walk through) model to be in place from (likely mid) Sept to compensate for impact of IPC/social distancing requirements on General practice ability to manage 'traditional' flu clinics and offer additionality for expanded cohort model. This will also support potential later programme of COVID vaccination and drive through delivery of additional phlebotomy and may be adapted/adopted for COVID assessments (e.g. O2 sats monitoring for symptomatic patients to inform decision to admit).

System flu plan is in development.

APPENDIX 2

Warrington and Halton System Winter Plan 2020-2021

V 0.9

Contents

1.0 Version Control and Endorsement Information 6
2.0 Introduction and Purpose 7
2.1 Introduction 7
2.2 Brief Review of 2019/20 7
Escalation Capacity 8
Improved Type 1 ED 4-hour performance standard 9
Reduced Super stranded compared to previous year 9
Reduced number of arrivals by ambulance 10
2.3 National Guidance 10
Preparation for winter 10
2.4 WARRINGTON CCG Population – Key Information 11
2.5 HALTON CCG Population- Key Information 11
2.6 Purpose 12
Appendix 1 details the references for each KLOE. 12
3.0 Context and Challenge for 2020/21 12
3.1 Warrington and Halton Hospital NHS Trust 13
3.2 St Helens and Knowsley Hospital Trust 14
3.3 Moving into Winter 15
4.0 Key Workstreams 15
4.1 111 FIRST – System Catchment 15
Appendix 2 NHS 111 First – Additional Information 16
4.2 Rapid Response 16
Warrington Rapid Community Response Service (RCRS) 16
Halton Integrated Frailty Service (HIFS) – (Investment needed – further work required) 17
4.4 Care at Home 17
Warrington 17
Halton 18
4.5 COVID RESPONSE Planning and Preparedness - System Catchment 18
4.6 FLU - Warrington and Halton 19
Eligible flu cohorts for 2020/21: 20
Bridgewater – Vaccinations (Investment needed – further work required) 20
Bridgewater – Flu Testing (Investment needed – further work required) 21
Appendix 3 – Halton and Warrington Flu Action Plan 21
4.7 Integrated hospital discharge 21

DRAFT

Warrington ... 21
Halton ... 21
4.8 Intermediate Care Bed Capacity ... 21
Warrington ... 21
Halton ... 23
4.9 Intermediate Tier Services Escalation Plan - Warrington ... 23
Appendix 4 - Please see for the Intermediate Tier Services Escalation Plan ... 23
4.10 24/7 Mental Health Crisis Line – System Catchment ... 23
4.11 HIU – System Catchment ... 23
4.12 Volunteer and at Home Support - Warrington ... 24
4.13 Reconfiguration of ED – System Catchment ... 24
Appendix 5 - ED department configuration ... 24
Patient Placement ... 24
Appendix 6 ... 24
4.14 WHHFT Workforce Risk and Mitigation ... 24
4.15 Elective Plan - System Catchment ... 25
Actions ... 25
4.16 Long Length of Stay – System Catchment ... 26
Appendix 7 - Current LLOS position ... 27
4.17 Where Best Next ... 27
4.18 Care home discharge coordinator - Warrington ... 28
4.19 Brexit Planning – System Catchment ... 28
4.20 Minor Ailments Service – Halton ... 29
4.21 Avoidance of Admissions (IV Antibiotics) – Halton ... 29
4.22 Avoidance of Admissions (Access to Palliative Care Medicines) ... 29
Halton ... 29
Warrington ... 29
4.23 Minor Eye Conditions Service (MECS) – Pharmacy Support Service - Halton ... 30
4.24 Improved Medicines Optimisation to reduce non-elective admissions ... 30
Halton ... 30
Warrington ... 30
4.25 Urgent Treatment Centres – Halton ... 30
4.26 Psychiatric Liaison Service - Halton ... 31
4.27 24/7 Crisis Response Resolution & Home Treatment – Halton & Warrington ... 31
4.28 Community IV Team ... 31

DRAFT

4.29 Central Equipment Store (Investment needed – more work required) 32
4.30 Halton Bladder and Bowel Service 32
5.0 Primary Care 32
NHS Priorities for Primary Care SOP V3.4 33
5.1 Warrington 34
Total Triage 34
COVID Face to Face Assessment Centre 34
GP Home Visits 34
Workforce 35
Additional Roles Reimbursement Scheme (ARRS) 35
Primary Care Restart 35
Local Enhanced Services (LES) 36
Network Contract Directed Enhanced Service (Network Contract DES) 36
Enhanced Health in Care Homes 36
Structured Medication Reviews and Medicines Optimisation 37
Early Cancer Diagnosis 37
Social Prescribing Service 37
Potential COVID second wave outbreak 37
Improved Access to General Practice 38
5.2 Halton 39
Total Triage 39
COVID Service 39
Additional Roles Reimbursement Scheme (ARRS) 39
Improved Access 39
Primary Care Network Enhanced Health in Care Homes & Provision of Anti-Viral medication 40
6.0 Respiratory 40
Improve Pneumonia Management 40
Optimise Long Term Conditions 41
Minimise COVID Cross Contamination 41
Appendix 8 – Respiratory further detail 41
7.0 North West Boroughs response to the Capacity Challenge 41
8.0 System Wide Communication Plan 42
9.0 Management & Reporting 42
10.0 Conclusion 43
Appendices 44

DRAFT

Appendix 1 – KLOE reference table 44
Appendix 2 – NHS 111 First Additional Information 45
Appendix 3 – Warrington & Halton Flu Action Plan 2020/21 47
Appendix 4 – Intermediate Tier Services Escalation Plan 51
Appendix 5 – Space within Warrington Hospital ED 56
Appendix 6 – Patient Placement 57
Appendix 7 – Long Length of Stay (LLOS) per CCG 58
Appendix 8 – Respiratory Driver Diagram 59

1.0 Version Control and Endorsement Information

Date	Version	Author	Comments
30.07.2020	V 0.1	Tricia Cavanagh-Wilkinson	2020-2021 – Initial System Submissions
13.08.2020	V 0.2	Sara Garratt	Revised Formatting, order, and gaps
13.08.2020	V 0.3	Tricia Cavanagh-Wilkinson Sara Garratt	Primary Care Halton Revised formatting & order
17.08.2020	V0.4	Tricia Cavanagh-Wilkinson	Updated WHHFT Sections Bridgewater workstreams Primary Care Warrington
17.08.2020	V0.5	Sara Garratt	Reviewed content, revised order and link to KLOE's Respiratory section added
18.08.2020	V0.6	Tricia Cavanagh-Wilkinson	Appendices added, proof reading, KLOE check, small amends.
19.08.2020	V0.7	Sara Garratt	Review of 2019/20 Conclusion National Guidance
20.08.2020	V0.8	Tricia Cavanagh-Wilkinson / Sara Garratt	North West Boroughs Meds Optimisation KLOE reference update
21.08.2020	V0.9	Sara Garratt	Intermediate Tier Service Escalation Endorsement Table Final Formatiing

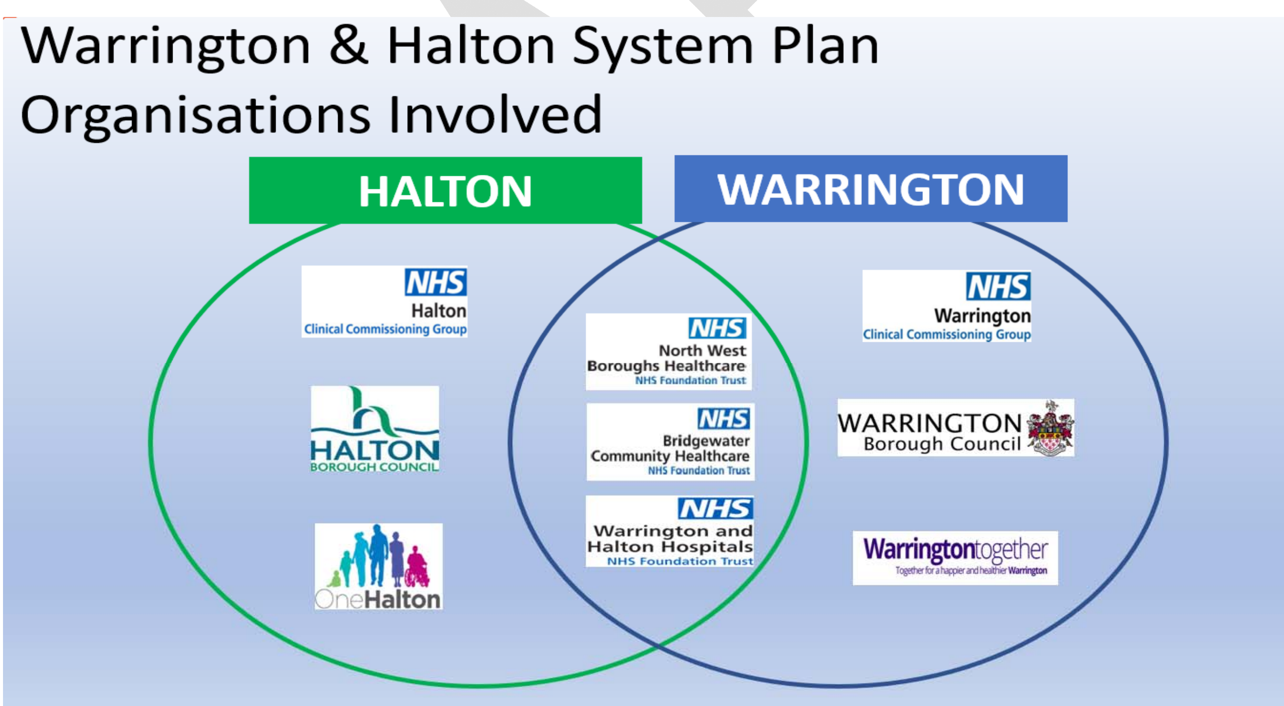
Endorsement		
Detail	**Date**	**Comments**
Governing Body	07.09.20	
Joint Urgent Issues Committee	29.07.20 26.08.20	Recommendations Noted TBC
NHSE/I check and challenge	TBC	
Health & Well-Being Board	TBC	
Warrington Health Forum	TBC	
Warrington Primary Care Oversight Group (PCOG)	TBC	
Bridgewater:- • Executive Management Team • Senior leadership team, • Borough operational meeting	TBC	
Warrington LA, Senior Management Group	TBC	
Halton Borough Council Senior Management Team	TBC	
WHHFT, Strategic Executive Oversight Group	TBC	
North West Boroughs Senior Management Team	TBC	

DRAFT

2.0 Introduction and Purpose

2.1 Introduction

Each constituent organisation represented has made a commitment to deliver consistent and timely support to enable all parts of the system to work collaboratively together to continue to improve patient safety, experience, and outcomes.



The Warrington System is defined as the population catchment that ordinarily uses WHHFT. This broadly covers Warrington CCG and the Runcorn part of the Halton CCG population.

2.2 Brief Review of 2019/20

The winter of 2019/20 brought challenges but also many successes for the Warrington System. The winter months of 2017/18 were the worst experienced for a while. During that period and into the summer of 2018, whole system working started to develop.

In 2018/19 we started working with the VENN group and we embedded the model to determine our priority work areas. Many of those actions were implemented through the winter months and some followed on into the summer.

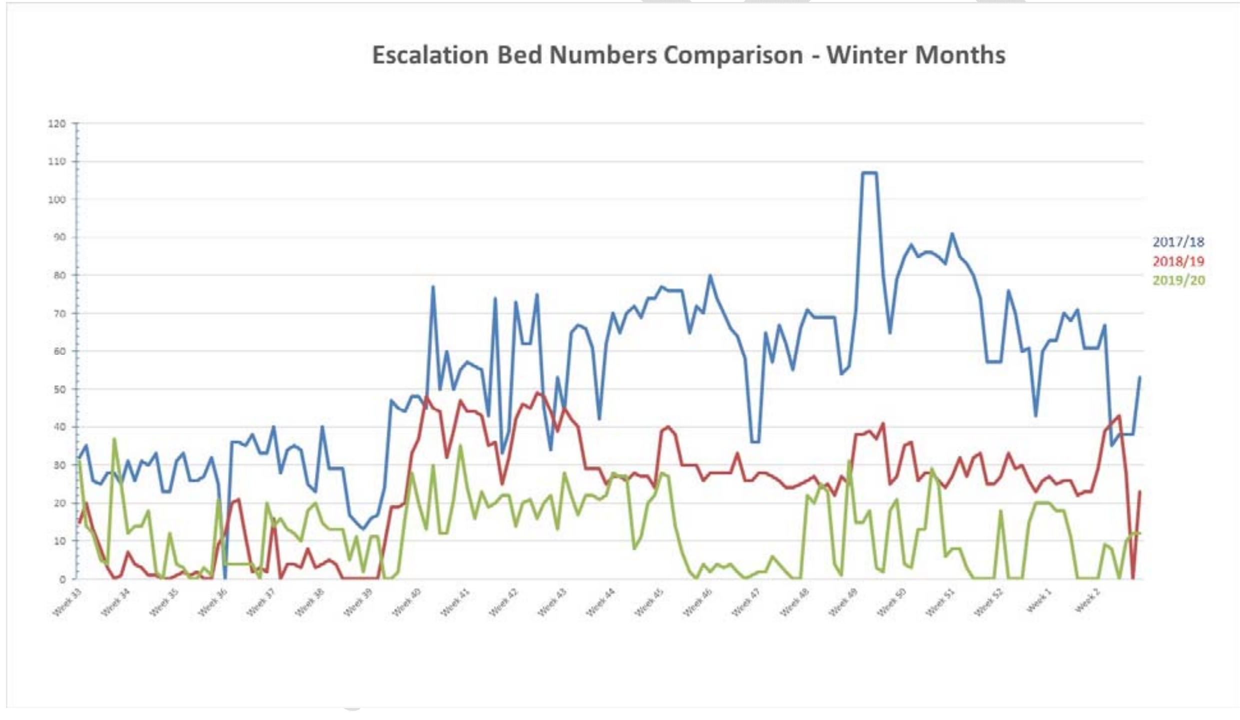
During the winter months of 2019/20 those actions were embedded. System working blossomed and we designed more key activities featured in our winter plan for 2019/20 that were also successfully implemented.

Because of our whole system approach there were many benefits experienced. Listed below are a few of those benefits:-

Escalation Capacity

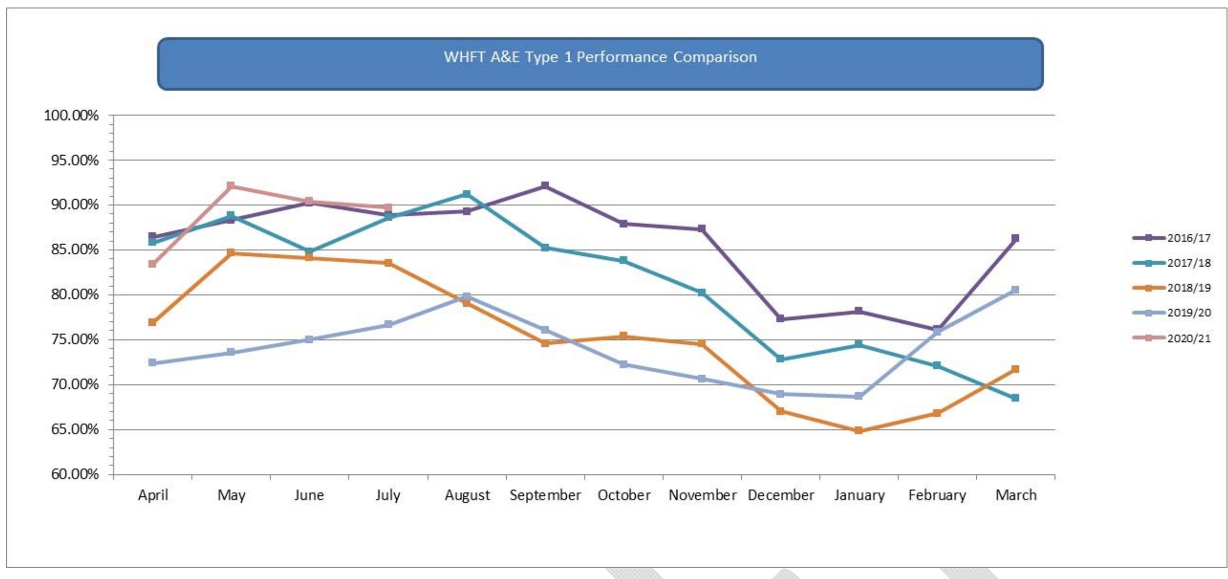
During the winter months (October – March) of 2017/18 we used c. 9338 escalation bed days. In 2018/19 that reduced to c. 3808.

During the winter months of 2019/20 our use of escalation bed days reduced again to c.2,604 meaning in that 2-year period we reduced the use of escalation bed days by 72%. The chart below shows that reduction.



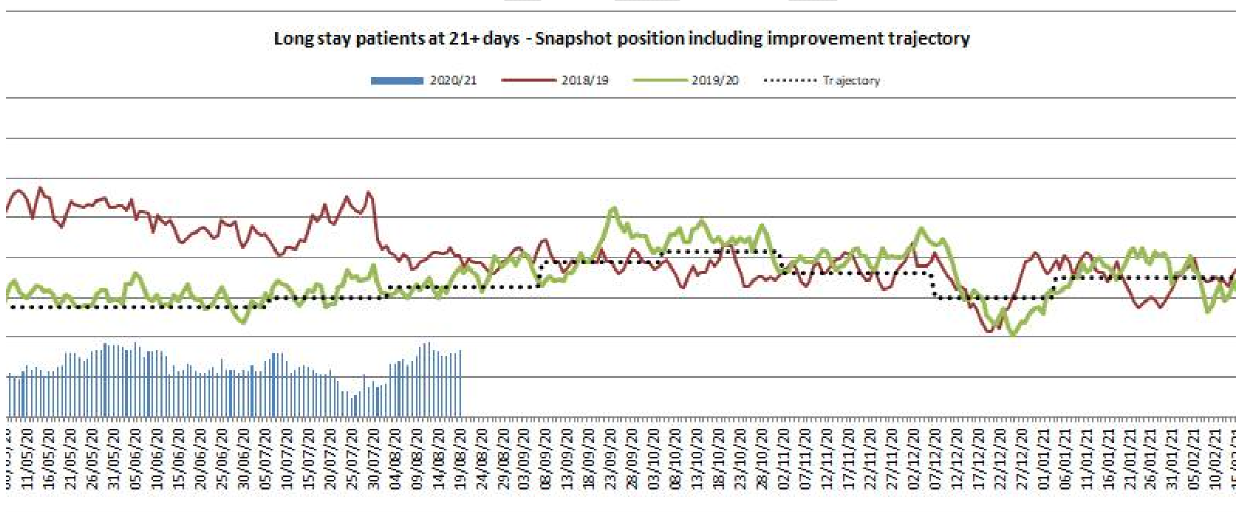
Improved Type 1 ED 4-hour performance standard

Type 1 performance in 4 of the 6 winter months of 2019/20 compared to 2018/19 improved



Reduced Super stranded compared to previous year

Overall sustained reduction in the number of super stranded patients



Reduced number of arrivals by ambulance

Continued downward trend of arrivals by ambulance.

2.3 National Guidance

Following the release of the letter from Simon Stephens and Amanda Pritchard, winter planning has centred around these expectations which are summarised below:-

Preparation for winter

Systems are asked to prepare for winter by:

- Sustaining current NHS staffing, beds, and capacity, while taking advantage of the additional £3 billion NHS revenue funding for ongoing independent sector capacity, Nightingale hospitals, and support to quickly and safely discharge patients from NHS hospitals through to March 2021.
- Deliver a very significantly expanded seasonal flu vaccination programme for DHSC-determined priority groups, including providing easy access for all NHS staff promoting universal uptake. Mobilising delivery capability for the administration of a Covid19 vaccine, if and when a vaccine becomes available.
- Expanding the 111 First offer to provide low complexity urgent care without the need for an ED attendance, ensuring those who need care can receive it in the right setting more quickly. This includes increasing the range of dispositions from 111 to local services, such as direct referrals to Same Day Emergency Care and specialty 'hot' clinics, as well as ensuring all Type 3 services are designated as Urgent Treatment Centres (UTCs). DHSC will shortly be releasing agreed ED capital to help offset physical constraints associated with social distancing requirements in Emergency Departments.
- Systems should maximise the use of 'Hear and Treat' and 'See and Treat' pathways for 999 demand, to support a sustained reduction in the number of patients conveyed to Type 1 or 2 Emergency Departments.
- Continue to make full use of the NHS Volunteer Responders scheme in conjunction with the Royal Voluntary Society and the partnership with British Red Cross, Age UK and St. Johns Ambulance which is set to be renewed.

DRAFT

- Continuing to work with local authorities, given the critical dependency of our patients – particularly over winter - on resilient social care services. Ensure that those medically fit for discharge are not delayed from being able to go home as soon as it is safe for them to do so in line with DHSC/PHE policies (see A3 above).

In addition, it's important to note that Primary Care is still working under directions and in accordance with the national standard operating procedure for primary care. Currently at version 3.4

2.4 WARRINGTON CCG Population – Key Information

- Estimated 209,700 resident population (2017 MYE)
- Life expectancy (2015-17)
  - Males = 78.9 years
  - Females = 82.4 years
- Warrington Borough Council unitary local authority
- 26 GP practices, 5 Primary Care Networks (PCN's).
- Registered GP population 220,940
- Warrington Together is our Integrated Care Partnership
- Main NHS providers:-
  - Acute - Warrington & Halton NHS Foundation Trust (WHHFT)
  - Acute – St Helens & Knowsley NHS Foundation Trust (STHK)
  - Community - Bridgewater NHS FT (BCHT)
  - Mental Health – North West Boroughs Healthcare Foundation Trust (NWBHFT)

2.5 HALTON CCG Population- Key Information

- Estimated 128,432 resident population (2018 MYE)
- Life expectancy (2015-17)
  - Males = 73.5 years
  - Females = 76.7 years
- Halton Local Authority
- 14 GP practices, 2 Primary Care Networks.
- Registered GP population at 1st April 2020 133,410
- One Halton is our Integrated Care Partnership
- Main NHS providers:-
  - Acute - Warrington & Halton NHS Foundation Trust (WHHFT)
  - Acute – St Helens & Knowsley NHS Foundation Trust (STHK)
  - Community - Bridgewater NHS FT (BCHT)
  - Mental Health – North West Boroughs Healthcare Foundation Trust (NWBHFT)
  - PC24
  - GP Extra

DRAFT

2.6 Purpose

This plan defines the response from the Warrington and Halton health and social care and wider system to the escalation, capacity, and health outcome challenges of winter on the demand for urgent care. The plan also aims to answer the Key Lines of Enquiry (KLOE's) set out by NHSE/I as described below.

Winter 2020/21 Planning System-Flow Assessment * DRAFT FINAL VERSION EXPECTED w/c 27th JULY *

Region: North West — ICS / STP and AED Delivery Board Versions

Demand
- In what ways is the local system working to reduce avoidable admission into hospital or other environments?
- What are the key drivers of system demand?
- How is the local system expecting demand to be different this winter (compared to previous winters)?
- How is the local system planning to manage any surge in demand this winter (primary, community and secondary care)?
- How will the local system maintain effective oversight of performance across the winter months?

Capacity
- How is the local system seeking to make maximum use of existing and potential capacity this winter, including mutual aid?
- How is the local system seeking to balance increasing emergency demand with the restoration of critical services (esp. routine elective care)?

Workforce
- What steps is the local system taking to maximise the utilisation and effectiveness of its permanent workforce?
- Where workforce gaps exist what potential contingency procedures can be invoked?
- What are the key workforce risks over winter across the system? What mitigations are being put in place to reduce risk?

Exit flow
- What are the key risks to flow?
- How is the local system seeking to work together to support improved flow at system exit points?
- What lessons learnt from COVID-19 related to exit flow will be implemented/ maintained through this winter?

External Events
- What local system impacts are anticipated related to a 2nd COVID-19 surge?
- What local system impacts are anticipated related to flu?
- What local system impacts are anticipated related to Brexit?
- Does the local have an approved communications plan agreed?

3 |

Appendix 1 details the references for each KLOE.

Throughout the document footnotes of the KLOE reference numbers are included where each entry meets each KLOE for ease of review.

3.0 Context and Challenge for 2020/21[1]

On 3rd March 2020, a national major incident was declared in response to the Covid-19 pandemic. Warrington and Halton Teaching Hospitals NHS Trust and St Helens and Knowsley Teaching Hospitals NHS Trust instigated level 4 incident control and management.

From this point on, both Trusts started to reduce elective surgery to support planning and preparedness of the anticipated impact of Covid-19. This was to release staff for refresher training, release bed capacity for Covid-19 patients and theatres/recovery facilities for adaptation work.

On 17th March 2020, official notification was received from NHS England directing providers to plan to postpone all non-urgent elective operations from 15th April at the latest, for a period of at least three months. Emergency admissions, cancer treatment and other clinically urgent services

[1] KLOE 4a

continued unaffected. Use of the independent sector for additional surgical and diagnostic capacity was enabled.

Both local hospitals have been able to manage all the pressures of the pandemic with adequate bed and critical care capacity. Although they have seen significant numbers of staff having to self-isolate, for either personal or family infections, the staff redeployment programme and the mutual aid scheme have ensured the continuation of safe and effective services.

Cheshire and Merseyside Health Care Partnership (HCP) and the Covid-19 Hospital Cell have been working with all acute hospitals to determine operation capacity, backlog and productivity.

In April 2020 NHS England (NHSE) released directions relating to Phase 2 Recovery. The national requirement had two elements:

- First six weeks to July to deliver urgent surgery
- July 2020 to March 2021 to bring elective activity back towards normal levels

There is an expectation, that because of infection control requirements for distancing there will be a reduction in beds by approximately 20%. Also, the ability to run outpatient clinics while maintaining distancing could at least half the productivity for elective services.
Phase 3 guidance has recently been released by NHS England and requires Trusts to return in September to at least 80% of their last year's activity for both overnight electives and for outpatient/day case procedures, rising to 90% in October.

To ensure that patients continue to receive timely care and treatment, urgent and emergency services have continued during the Covid19 pandemic. It is nationally recognised that the impact of the pandemic will increase clinical waiting times, review, and treatment. Therefore, it is important that all Trusts have a process in place to manage this.

3.1 Warrington and Halton Hospital NHS Trust

In response to the guidance, initially, all urgent and cancer two week wait patients on the admitted PTL were reviewed to identify the correct priority level for each patient. Each patient had a clinically led review to assess the correct waiting time priority, supported by the specialty Clinical Business Unit (CBU) management team. This process is monitored via the Trust's Performance Review Group (PRG) twice weekly, which is supported by a newly developed information dashboard. The Trust has also initiated a Recovery Board that convenes twice weekly to monitor the reintroduction of services.

To ensure that governance standards are maintained, no services have re-started without the appropriate documentation to ensure patient safety. This includes information relating to the provision of personal protective equipment and standard operating procedures where appropriate. This documentation has been signed off at the Recovery Board.

The management of the RTT PTL is reviewed by the Trust's RTT Business Manager and is monitored via the Performance Review Group weekly and the Key Performance Indicator (KPI) Subcommittee monthly.

RTT performance is also impacted by outpatient and diagnostic services. These services form part of the overall recovery plans being instigated, and innovative ways of working are being developed.

A weekly report is sent out to the Clinical Business Unit (CBU) teams detailing whether any of their respective patients have waited more than 40 weeks. Clinicians and CBU teams are asked to review

DRAFT

the information provided and escalate accordingly. Patients over 40 weeks are reviewed by the Trust's PRG.

Progress is discussed monthly at the NHS Warrington CCG Clinical Quality Focus Group and at quarterly Contract Review meetings with the Trust.

The Trust's Chief Operating Officer and key CBU Managers meet fortnightly with the CCG Chief Commissioner and Key commissioning managers to ensure that the Trusts recovery is aligned with wider system recovery.

The Trust has been able to contain its own cancer activity to date without the need to use the Cancer Alliance surgical hubs. The Trust has a weekly catch up with both CCGs and their Cancer GP leads to ensure that there is cohesive approach to recovery.

3.2 St Helens and Knowsley Hospital Trust

St Helens and Knowsley Hospitals Trust has operated a full command and control structure internally with daily briefings from the frontline services being clinically and managerially reviewed through the bronze command centre and escalated when necessary. The Trust has set the principles of safety, quality and outcome for patients, families and staff and has restructured and redeployed staff in line with national guidance and local infection control requirements.

The Trust has operated hot and cold sites between Whiston and St Helens, as well as utilising the independent sector capacity, to ensure cancer patients and urgent patient referrals are seen and have access to diagnostics and treatment. Non-elective care has largely been uninterrupted, while elective care has been held back but restarted in May and is being restored as quickly as guidelines and staffing levels allow.

All specialities are now available on the Electronic Referral Service (eRS) for booking and all referrals are being triaged by the clinical team to determine urgency, diagnostic needs, and suitability for virtual or face-to-face appointments. Any patients requiring admission are advised of their requirements for self-isolation and swabbing prior to their admission.

The Trust is working closely with the Hospital Cell for the restoration and recovery of all services, which is being supported by PA Consulting to develop the capacity and demand trajectories and scenario planning for any further waves of COVID-19 outbreaks or winter pressures.

The Trust, during the initial outbreak, continued to provide all cancer services that were possible within the national guidelines. Diagnostics and procedures that are aerosol generating had to be suspended initially until national infection control guidance was issued, and all services are now operating, albeit currently at lower productivity owing to decontamination times between patients. The Trust has a number of long waiters, due to patients being shielded and the risks of infection being greater than their condition. This group will now be booked in for treatment as shielding has finished.

The Trust is a mutual aid hub for skin and gastrointestinal cancer for the Network and there are currently discussions with the Countess of Chester to support them with their skin cancer backlog.

DRAFT

3.3 Moving into Winter

Moving into the winter months the planning continues to meet the challenge of the Phase 3 requirements in parallel with usual winter planning to ensure demand is met in the most appropriate place for patients with an urgent clinical need.

System wide, our main areas of focus remain:-

Element of Whole Pathway	Potential Areas to explore (Can consider any combination)
Avoid Admissions	Specific admissions avoidance schemes that can be put in place
	Working with General Practice – Extended hours / additional resource
	Acute Visiting Service and closer working with NWAS
Hospital Front Door	More significant presence at front door to 'pull' people out once attended. Perhaps enhancement of Frailty pathways. Link to enhanced short-term home-based offer. Link to clinical 'risk'
	Enhance capacity – Available space and resources in ED and/or potential of a enhancing short-stay / assessment capacity to enhance flow (without removing Ward capacity)
Beds	Enhance capacity on Short-Term / Intermediate Care Beds (Wards if not available)
	Enhance overall LoS (stranded / super-stranded / discharges)
	Review discharge approach and timeliness
Short-Term Home-Based Care	Enhance current services by: bringing together health and social care elements, supporting more individuals who are higher-need, developing single pathway and referral (Home First pathways)
Long-term Home Care	Discuss potential of enhancing Domiciliary Care market through additional recruitment / uplift in cost. Enhance discharge pathways through Integrated Discharge approach
Community Mental Health	Support growing demand for Mental Health services: Assess requirements for Psych Liaison and Home Treatment over Winter / Support additional Community Mental Health demand

DRAFT

4.0 Key Workstreams

4.1 111 FIRST – System Catchment[2]

NHS 111 First will ensure that patients can access the clinical service they need, first time, both in and outside of hospital, with the convenience of a booked appointment or time slot. Importantly, it will help to reduce the risk of transmission of COVID-19 between patients and to staff by reducing crowding in waiting areas across services.

Warrington is one of two northern systems to be an 'early-implementer' of NHS 111 First. Following the success of NHS111 in the COVID-19 pandemic, most patients are now comfortable contacting the telephone triage service.

The 'call-before-you-walk' system requires patients to call their GP in the first instance or NHS 111 before attending the Emergency Department (ED). The new model will go live from the 8th September 2020 supporting the assessment and streaming of patients who would normally present unannounced.

Patients validated for arrival to secondary care through NHS 111 and the Clinical Assessment Service (CAS) will be given appointments at either the Emergency Department, Minor Injuries Unit and ED Ambulatory. Patients validated for arrival to the Urgent Care Centre and primary care will also be

[2] KLOE 1a, 1c, 1e

offered appointments where these are available. Many patients will be directed into other services and many will be given self-care advice and information.

The project team are responsible for delivering the model, services, and operational process. Once mobilised, the group will monitor impact and continue to refine the offer making best use of all services across the system.

This will improve patient experience, reduce overcrowding, reduce avoidable admissions, unplanned and longer than necessary stays in hospitals, resulting in lower risk of nosocomial and other infections and de-conditioning for patients.

Appendix 2 NHS 111 First – Additional Information

4.2 Rapid Response

Warrington Rapid Community Response Service (RCRS)[3]

A redesign of intermediate tier services has progressed to address the current system capacity deficit and to deliver services that meet the needs of the population.

Phase 1 developed an interim solution, which in the context of the overall Intermediate Tier Service Review and Redesign Project and in agreement with the Warrington Better Care Fund (BCF) focused on the design and implementation of a co-ordinated Rapid Community Response Service to reduce hospital attendance and admission and emergency admission to respite care.

Phase 2 is in progress to develop the long-term model for Rapid Response supported by NHSE as one of seven national accelerator programmes.
Purpose:-

- Facilitate hospital discharge and prevent hospital admission by providing a rapid response to individuals experiencing a crisis which puts them at risk of hospital attendance/admission or residential care admission.
- Prevents dependency where with some intense input from relevant disciplines the individual can be supported to maintain/regain their independence.
- Keeping people at home longer, maximising their independence and increasing quality of life.

Principles:-

- The Rapid Community Response Service is available at least from 0800 to 1900, 5 days per week and will extend to 7 days over winter. Additional recruitment is underway to move from the 14 team members currently in post to the full complement of 40 team members.
- A Rapid Community Response Service which is a multi-disciplinary team of health and social care staff, working closely with PCNs. The focus is on maintaining people in their own home and preventing avoidable admission to acute hospital or residential care.
- Referrals into the service is via a single point of access. The team triages all referrals and responds to all those that require an assessment/intervention within 2 hours. Those referrals which do not require a 2-hour response and those following assessment that do not require urgent intervention are redirected to the appropriate service.
- Care and treatment to be provided for up to 72 hours. Necessary onward referral to community health or social care services is made to ensure continuity of care is provided.

Service Model:-

[3] KLOE 1a, 1b, 2b, 3a, 4b

DRAFT

Provides an enhanced rapid response service through:-

- Co-location of elements of existing rapid response services to form a new Rapid Community Response Service.
- Enhancing the capacity of the new service with additional roles.
- Developing clearer pathways and joint working relationships between the Rapid Community Response Service and other community services that can 'respond rapidly'.
- Co-location with Primary Care's Home Assessment Service.

Halton Integrated Frailty Service (HIFS) – (Investment needed – further work required)[4]

The Halton Integrated Frailty Service (HIFS) identifies and manages frailty syndromes in people over 65 years, before they require hospital admission. It is a responsive service that supports people living with frailty, their carers, GPs, health, and other care workers to collaboratively manage frailty as a long-term condition, optimising the frail person's independence, health and wellbeing.

This is a three-fold development to widen both the scope and the operating hours of the service, whilst augmenting working practice with allied services.

At present, the service only accepts people aged 65 and over; this development will widen that scope to include people aged 18 and over. Furthermore, the development will see an extension of the hours of operation from a Monday to Friday service to seven days a week. In addition to this, the Trust's specialist nursing resource in Halton, including the Heart Failure, Stroke, Falls and Community Matron Services will increase focus on supporting HIFS to deliver the frailty pathway and management of deterioration and admission avoidance.

There is also an opportunity to align HIFS with the Halton Rapid Access and Rehabilitation Service (RARS), to deliver a Home First discharge pathway with deterioration management capability.

Benefits of the Development:

- Service available to a wider segment of the population in Halton
- Service available at weekends
- Minimisation of unplanned ED attendances and admissions linked to frailty and deterioration
- Availability of multi-disciplinary expertise and input into the HIFS service

4.4 Care at Home[5]

Warrington

Reablement is a short-term service that is delivered at home. This service is currently offered to people with disabilities and long-term conditions who may be recovering from an injury or illness or are experiencing an exacerbation of their long-term condition. The service supports patients to regain skills and build confidence. The service takes people from the hospital and the community and provides (not limited to):-

- Assistance with personal care
- Continence care
- Meal preparation
- Medication administration

[4] KLOE, 1a, 2a, 4b
[5] KLOE 1a, 1d, 2a, 3a, 4b

DRAFT

The capacity within the service can support 60-70 people at any one time depending on the case mix. Between March 2019 and March 2020, 40% were discharged from reablement not requiring any ongoing support and 10% had a reduction in their ongoing care needs. It is usual for circa 5 people on any given day to be waiting for this service. Waiting times are generally around 6 days as demand for the service has increased.

An additional 214 hours of capacity has been provided across the system, operational from November 2019. A further 186 hours is still in the recruitment phase and a further 259 hours has been recruited to for the Rapid Community Response Team to access.

This additional capacity will: -

- Enable access to reablement, striving towards the 2-day access standard.
- Enable the acceptance criteria to be widened meeting more unmet demand and should eliminate waiting times in the acute trust and enable a discharge to assess model.
- Created additional capacity for patients to access this from the Community, Intermediate Care Bed Base and the acute trust which should improve flow and handover across the whole system.
- Enhanced support to the rapid response service ensuring it can handover patients to continue any required interventions ensuring the rapid response capacity remains fluid and able to respond immediately to people in crisis and immediate risk of admission

Halton[6]

Social work team remain operational in the community and in supporting hospital discharge. The care home sector is aligned to the trusted assessor model for hospital discharge and will be supported to manage the current and ongoing COVID situation. An additional block purchased 500 hours of domiciliary care commenced February 2020 and will continue through winter. This has successfully managed flow both out of hospital and bed-based services.

4.5 COVID RESPONSE Planning and Preparedness[7] - System Catchment

At WHHFT, the Recovery Board continues to meet twice weekly to coordinate the Trust's response to the COVID-19 pandemic and the recovery of services in line with the requirements set out in the third phase of the NHS response to COVID-19.

The key activities identified will be reviewed constantly with the changing situation and through direction from the system and NHSE.

An exercise was carried out on 3/8/2020 to steer our second wave planning alongside winter planning. Aspects of planning taking place prior to winter include: -

- Testing capability – sustained collaboration with the local network to provide capacity for testing, rapid testing, and adaption to changes.
- Participation in the SIREN study from the end of August 2020 to enhance in-house testing.
- Medical equipment – Critical Care equipment allocation to support winter pressures and equipment pressures linked to a potential second wave of COVID-19.
- Training – opportunities for training on new equipment.
- Simulation training with key staff groups.

[6] KLOE, 1d, 2a, 3a, 4b
[7] KLOE, 1b, 1c, 1d, 2a, 3a, 3b, 3c, 4c, 5c

DRAFT

- Escalation planning and Full Capacity Plan. Our phase one COVID-19 Escalation Plan has been reviewed to support our winter pressures and COVID-19 management. This incorporates escalation planning across ED, all wards, Paediatrics and Critical Care.
- PPE – FFP2 testing plan and longer-term planning of PPE supplies. Involvement in mutual aid. FFP3 planning in collaboration with the network.
- Workforce – staff welfare plans, debrief, resilience and deployment planning.
- Robust workforce risk assessments.
- Redeployment hub- in place to support potential staffing requirements to manage second wave pressures.
- Impacts of Brexit – keeping up to date with potential risks to flows of supplies of consumables, PPE, and medicines.
- Patient placement SOP- to support COVID-secure pathways and cohorting of patients.

Surge and capacity plans have been considered.

The Trust has an 18 bedded modular build (K25) on site to help support winter demand. The intention is for this facility to be used to support surges in demand and provide additional capacity at peak times. A staffing model has been approved for this ward.

In addition, ward B3 at Halton offers a 26-bed space that can be stepped up as part of our escalation planning.

Any further surge demands will be managed in collaboration with the region.

It is anticipated that there may be some additional demands this winter: -

- Managing influenza alongside COVID-19
- Increased demands on our capacity related to COVID-19
- Restoring elective activity safely alongside any resurgence of COVID-19
- Socially distancing in ED

WHHFT will use learning from the first and second phase response to COVID-19 to prepare for additional pressures this winter.

4.6 FLU[8] - Warrington and Halton

The 2020-21 flu campaign will commence mid-September and intensively run through until the end of November 2020, though opportunities for individuals meeting the influenza criteria will be eligible for the immunisation until 31st March 2021.

During the first phase, the priority is to vaccinate the 65+ age group as well as 18-64 age group with underlying identified health conditions, with the aim of increasing uptake rates on previous years. CCGs are currently awaiting guidance from NHSE regarding the vaccination of an additional cohort group which will target healthy individuals between the ages of 50 and 64 years. It is anticipated that the latest cohort eligible for the flu vaccination will be offered later in the flu campaign and the CCGs are exploring suitable venues such as local church halls and community centres in order to deliver the vaccination programme on a much larger scale.

[8] KLOE, 1a, 1b, 1c, 2a, 3a, 4b, 5b, 5d

Eligible flu cohorts for 2020/21:

In 2020/21 groups eligible for the NHS funded flu vaccination programme are the same as last year, although this may change if the programme is expanded, and include:

- All children aged two to eleven on 31 August 2020 (DOB: 1.9.2009 - 31.8.2018 inclusive).
- Children of appropriate age for school year 7 (DOB: 1.9.2008 – 31.8.2009).
- Those aged six months to under 65 years in clinical risk groups.
- Pregnant women.
- Those aged 65 years and over.
- Those in long-stay residential care homes.
- Carers.
- Close contacts of immunocompromised individuals.
- Health and social care staff employed by a registered residential care/nursing home, registered domiciliary care provider, or a voluntary managed hospice provider.
- Household contacts of those on the NHS Shielded Patient List. Specifically, individuals who expect to share living accommodation with a shielded person on most days over the winter and therefore for whom continuing close contact is unavoidable.
- Health and social care workers employed through Direct Payment (personal budgets) and/or Personal Health Budgets, such as Personal Assistants, to deliver domiciliary care to patients and service users.

The purpose of vaccinating eligible cohorts with influenza immunisation is to help reduce the circulation of flu and the co-allegiance of COVID-19 with the aim of reducing the numbers of patients presenting at ED and being admitted to secondary care, particularly with the potential of exacerbation of co-morbidities.

PHE have specified that communication regarding influenza vaccine is promoted individually and not in collaboration with COVID 19. This is to ensure the population we serve are aware of the importance of influenza vaccines and how it can reduce the spread of the virus within the community and consequently reduce the impact of illness produced by flu infection.

The CCGs aim to support providers to review the uptake and delivery of the influenza immunisation within the identified eligible 2 and 3-year old cohorts. By reducing the spread of influenza infection from children this will enhance herd immunity as well as reducing the carriage of infection to vulnerable and elderly populations.

Currently a review of capacity, demand and workforce is supported by both CCGs, Primary Care, Acute Trusts and Community Providers. This will ensure that the complexities and demands of the influenza programme will be delivered in a timely and effective way and to the health and wellbeing benefit of individuals within the localities we serve.

A joint flu action group for Warrington and Halton localities is ensuring consistent and collaborative working is established across all areas of the Health and Social Care environment. A joint communications campaign is being developed locally by Warrington & Halton CCGS and Warrington and Halton WBCs making use of any national information and publications. The campaign will use social media and local media to promote initiatives, information, and signposting to populations of Warrington and Halton.

Bridgewater – Vaccinations (Investment needed – further work required)

This development will see the implementation of the following plans:

DRAFT

Drive in vaccinations at Widnes Urgent Treatment Centre and other Community settings

- Community Nurses to vaccinate all housebound patients in their case load, to reduce GP workload.
- All services to deliver flu vaccinations to all patients they treat as routine.
- Internal vaccination programme to deliver 80% compliance rate.

Benefits of the Development:

- Prevention of a spike in flu to free up resource to deal with any potential second spike in Covid-19.
- Reduced demand on services across both acute and community.
- Increased internal resilience against flu.

Bridgewater – Flu Testing (Investment needed – further work required)

This development will expand the use of Point of Care Flu testing kits that are currently used by the GP Out-of-Hours service and the Enhanced Care Home Support Team by rolling this out to Warrington and Halton Community Matrons, Care Homes, and HIFS service in Halton. This will provide the capability for these services to deliver a 10-minute diagnosis of flu and the ability to start therapy straight away.

Benefits of the Development:

- Early diagnosis and commencement of anti-viral treatments
- Reduced ED admissions of patients age 18+ years
- Reduce inappropriate use of antibiotics

Appendix 3 – Halton and Warrington Flu Action Plan

4.7 Integrated hospital discharge

Warrington[9]

Discharge to assess pathway to be established by end of October 2020. This is including commissioning of specialist bed capacity and additional home care via Reablement services.

Halton

Integrated team operates on the Warrington Hospital site managing pathways 1 – 3 discharges. In addition, the team 'track' all Halton people aged 55+ admitted to the trust to enable timely assessment and discharge. The focus is on a home first / discharge to assess model with IC MDT community services being the first point of discharge. IC bed capacity is available in the exceptional circumstance that this is required and operates a discharge to continue rehab model ensuring increase capacity through reduced length of stay. The same model operates at Whiston hospital.

4.8 Intermediate Care Bed Capacity

Warrington [10]

The main bed based intermediate care (IMC) unit is at Padgate House. It's a council owned 35 bedded IMC Nursing unit. Four beds are dedicated to Stroke patients. The care and social work element of the

[9] KLOE 1d, 2a, 3a, 3c, 4b
[10] KLOE, 1a, 1d, 2a, 3a, 4b, 4c, 5a

DRAFT

service is delivered by Warrington Borough Council (WBC) adult services and the nursing/therapy input is delivered by Bridgewater Community Trust.

The second bed-based unit is a 14 bedded nursing unit at Brampton Lodge in Appleton. The building is owned by a private provider who delivers the care component, whilst Bridgewater Community Trust provide the therapy input and WBC adult services deliver the social work support.

Unusually, both these establishments offer nursing, as opposed to only residential intermediate care bed capacity. A previous snapshot audit identified that 64% of service users' needs could have been met in a residential environment.

This has led to the commissioning of 8 intermediate care residential beds at Woodleigh. These beds are utilised for the intermediate care cohort, as well as flexing remaining capacity for patients awaiting commissioned services.

Additional intermediate care bed / flex bed capacity:

During the COVID 19 pandemic, there has been experience of delays in accommodating COVID positive patients in the intermediate care bed bases. This has resulted in the commissioning of 7 beds at Whittle Hall to accept COVID positive patients only. This allows the remaining intermediate care bed cohort to maximise their full bed capacity.

95% of the Intermediate Care bed capacity is accessed via the acute hospital discharge process of admission avoidance, these are also accessed via an attendance to ED rather than from the community setting.

The aim of the additional capacity is to prevent avoidable hospital admissions, facilitate early hospital discharge and will provide:

- An alternative to hospital admission where a service user's medical or care needs requires 24-hour residential care with GP oversight.
- Comprehensive assessment, treatment and advice to service users and carers participating in a rehabilitation programme.
- Service users will have medical oversight, provided by a general practitioner.
- Service users will receive a fully integrated multi-disciplinary review including medical, nursing, therapy, and social care input if appropriate.
- Service user will receive physiotherapy and occupational therapy according to their needs which will be provided by the Intermediate Care Service.
- Where service users require support for continence this support will be provided by the Bladder & Bowel Service following assessment and referral.
- The additional capacity will provide reablement, therapy and care offering an alternative to hospital admission for those directly referred from the community for rehabilitation and for service users requiring a continued period of rehabilitation in transition from acute hospital care. We would not expect length of stay to exceed six weeks and discharge planning will commence on admission to ensure their needs can be met in an appropriate setting.
- Capacity for intermediate care for COVID 19 positive patients.

The target group for the service are those people:

- Aged 18 years or older.
- A resident of Warrington or in a neighbouring authority with a Warrington GP.
- Assessed as requiring intermediate care by the Intermediate Care Trusted Assessor.
- Willing to consent to care and/or therapeutic input.

DRAFT

- Have the ability and be motivated and in agreement to engage in their rehabilitation plan.
- Considered to gain a benefit from intermediate care/ rehabilitation.
- Medically stable.
- Must not require specialist input to manage their behaviour or be considered a risk to themselves or others.

There has also been a recent view of Warrington's intermediate care bed base offer. This has resulted in the implementation of a standard and less restrictive criteria across all three bed bases.

Halton[11]

Halton will continue to operate home first, discharge to assess for Pathway 1 hospital discharge and crisis response in the community with Reablement care, therapy, and community nursing support.

Bed based services remain in place where home is not possible with a dedicated MDT approach to improve function and continue rehabilitation at home. This model has been used throughout the pandemic, successfully reducing length of stay and therefore increasing bed-based capacity.

4.9 Intermediate Tier Services Escalation Plan - Warrington[12]

Appendix 4 - Please see for the Intermediate Tier Services Escalation Plan

4.10 24/7 Mental Health Crisis Line – System Catchment[13]

Earlier this year North West Boroughs was commissioned to establish and run a 24-hour Mental Health Crisis Line. The purpose of establishing the service was to ensure that the Warrington and Halton populations had access to crisis support 24/7 during COVID-19.

The service offers telephone support to both adults and children (no age restriction) and is staffed by North West Borough Mental Health Practitioners who are able to assess people over the phone and if necessary, signpost them onto other services for support. The crisis line can also make direct referrals into other mental health services.

The service will continue to operate and provide support during Winter 2020-21 and will support admissions avoidance.

4.11 HIU – System Catchment[14]

The High Intensity User (HIU) service offers a robust way of reducing high intensity user activity to ED and aims to reduce the number of non-elective admissions and GP contacts as a natural by-product.

The aim of the service is to catch the "frequent attenders" at ED and to drive a case management approach that prevents this cohort of patients from returning time after time to ED time, as they can be better managed elsewhere.

In addition, the HIU service will aim to:

- Work with multi-agency and existing professional services to negotiate a new and innovative way forward.
- Reduce the impact on unscheduled care services and the wider health economy resulting from reduced 999 calls, which otherwise would have attended ED with a possible admission, or a call to the police.

---

[11] KLOE, 1a, 2a, 4b
[12] KLOE 3b, 3c, 4a
[13] KLOE, 1a
[14] KLOE, 1a

DRAFT

- Actively seek safe solutions for this cohort through community and service connections and the voluntary sector in order to support them to flourish.

Due to COVID-19, face-to-face client interaction hasn't been possible, therefore, the HIU service mainly communicated with patients by either phone or video calls, which hasn't been ideal and has since led to some HIU patients relapsing. Nationally, this has been recognised as an issue as the success of the programme relies on that person-centred 1-1 approach.

4.12 Volunteer and at Home Support - Warrington[15]

Building on the success of the 'Safe and Well' offer mobilised in the Borough during Covid, it is proposed to retain and build on the volunteer force to commission a pilot 'good neighbour scheme' from Autumn 2020. This scheme will focus on connecting people to their communities to reduce feelings of isolation/loneliness, promote health and wellbeing and offer practical support to help people to regain and maintain their independence. The scheme will include support to people to settle in back at home after a stay in hospital/intermediate care and will also provide informal breaks for carers to support them in their caring role.

4.13 Reconfiguration of ED – System Catchment[16]

In response to the demands associated with COVID-19, the department adapted to support the safety and appropriate isolation of patients accessing the department. The emergency department is configured to triage patients safely based on their presenting symptoms, including pathways for patients with respiratory symptoms. The clinical teams present are responsible for determining the safest place for patient placement.

Appendix 5 - ED department configuration

Patient Placement

Following patient assessment, there is a clear process in place to manage the placement of patients. All patients are screened for COVID-19 upon admission (Emergency or Elective).

Appendix 6 – Admission Process Flowchart

4.14 WHHFT Workforce Risk and Mitigation[17]

Gaps in our workforce generally exist within both our Nursing and Medical staff groups. Contingency plans we are seeking to put in place are international recruitment, improved bank recruitment/fill rates and to increase the number of substantive clinical support roles.

It's predicted over winter the key workforce risks will exist within our Staff Nurse roles and a small number of Medical roles.

To address the Staff Nursing shortages the Trust will be embarking on the International Recruitment of 30 Staff Nurses, we hope to have these in place by the end of the year. To supplement this, the Trust are also increasing the number of clinical support roles, (HCAs) and are currently recruiting these; we hope to have an additional 40 to 60 substantive HCAs in post by late 2020.

The Medical Gaps are harder to fill substantively, however we continue to work with WWL and their international recruitment programme, we are also building up our Medical Bank; to supplement this

[15] KLOE 1a, 3a
[16] KLOE 2a
[17] KLOE 3b, 3c

DRAFT

we're currently in discussions about joining the doctors in training bank, which will give the Trust access to greater numbers of trainee bank doctors.

4.15 Elective Plan[18] - System Catchment

The Trust has developed a proactive elective plan to sustain the process of the delivery of elective activity over the winter period. The Planned Care working group continue to develop this to support the delivery of elective activity as part of recovery, the third phase of the response to COVID-19 according to the guidance and to increase activity in the coming months. This plan will provide the capacity to deal with emergency activity, deliver the elective activity, and to support restoration and improvement against the Referral to Treatment performance (RTT), whilst ensuring access to urgent, cancer services and long waiters are met in according to the third phase NHS response guidance.

As part of our restoration plans, the Captain Sir Tom Moore Building (formerly CMTC) AND Florence Nightingale Building are being developed as The Halton Elective Centre. The development of the elective hub continues and supports resilience for potential winter pressures. This provides a safe and COVID-light pathway to deliver elective treatment to category 1 and 2 patients and those with >52 weeks wait.

The plan, which is focussed on elective work, will reduce the number of cancellations, and ensure elective patients receive their treatment in a safe way on a COVID-light pathway. Activity will continue to be delivered on the two sites however, escalation plans to manage COVID-19 pathways could lead to all elective activity occurring at the Halton Elective Hub.

Actions

The key components of the plan are:

Responding to the priorities identified in Third Phase of Response to COVID-19, including:-*Accelerating the return of non-Covid health services, making full use of the capacity available in the window of opportunity between now and winter*

- We aim to restore full operation of all cancer services. This work will be overseen by a national cancer delivery taskforce, involving major patient charities and other key stakeholders.
- We continue to recover the maximum elective activity possible between now and winter (August – October).
- In September, we plan to achieve at least 80% of last year's activity for both overnight electives and for outpatient/day case procedures, rising to 90% in October (aiming for 70% in August).
- This means that we need to very swiftly return to at least 90% of last year's levels of MRI/CT and endoscopy procedures, with an ambition to reach 100% by October.
- We aim to achieve 100% of last year's activity for first outpatient attendances and follow-ups (face to face or virtually) from September through the balance of the year.
- Clinically urgent patients should continue to be treated first, with next priority given to the longest waiting patients, specifically those breaching or at risk of breaching 52 weeks by the end of March 2021
- Waiting lists are scrutinised frequently through the Patient Review Group, Planned Care Group meetings and updates are subsequently reported to Recovery Board on a weekly basis. These updates are shared with the Strategic Executive Oversight Group.

[18] KLOE, 1c, 1d, 1e, 2a, 2b

DRAFT

- In the months leading up to the Planned Care Group will develop plans to ensure full utilisation and plan for additional activity to sustain our elective plan in line with the third phase guidance.
- We plan to continue our collaboration with Spire Cheshire to support the elective programme in Theatre Radiology and Endoscopy through the national ISP contract.
- The Planned Care Group continues to manage the elective process and support patient and staff safety through the elective pathway.
- Evening and weekend elective activity plans have been submitted to support increase in activity and a reduction in waiting lists in Endoscopy.
- The Winter Plan will start 21st December until 31st January 2021. The end date for the Warrington site will be reviewed in January to determine if longer is required. The Halton Elective Centre will continue to be fully operational during this time
- We will schedule am Day Cases activity only on Christmas Eve and New Year's Eve across all three sites.
- During the 2-week Christmas period there will be a focus on Day Case activity at the Halton Elective Centre and any inpatient activity will be reviewed should we need to undertake inpatient lists. Particular attention will be paid to those patients >52 weeks in line with the priorities outlined in the phase 3 response to COVID-19.

4.16 Long Length of Stay – System Catchment [19]

Long length of Stay (LLOS) stay patients, specifically those that stay in hospital for more than 21 days account for 7% of all NEL admissions and 20% of hospital stays nationally. As well as being better for patients, reducing LLOS also releases capacity. In line with other trusts and planning guidance, NHSE have challenged acute trusts to achieve a 40% reduction of long length of stay patients by March 2020. Locally, this equates to having no more than 95 patients at any time in Warrington Hospital with a stay more than 21 days.

Significant progress has been made from the 2019/20 baseline position with the reduction in long length of stay patients supported by:

- Long length of stay reviews
- Clinical engagement
- Roll out of the SAFER bundle
- Same day emergency care
- Acute frailty services
- Daily discharge situation reporting
- Transitional care
- Care home discharge coordinator
- Intermediate care

March 2020 saw a significant reduction in LLOS due to the Covid-19 pandemic. NHSE tasked all hospitals to reduce the acute bed capacity by 50% to ensure that capacity was available to meet the increased demand for secondary care.

[19] KLOE, 1b, 1d, 2a

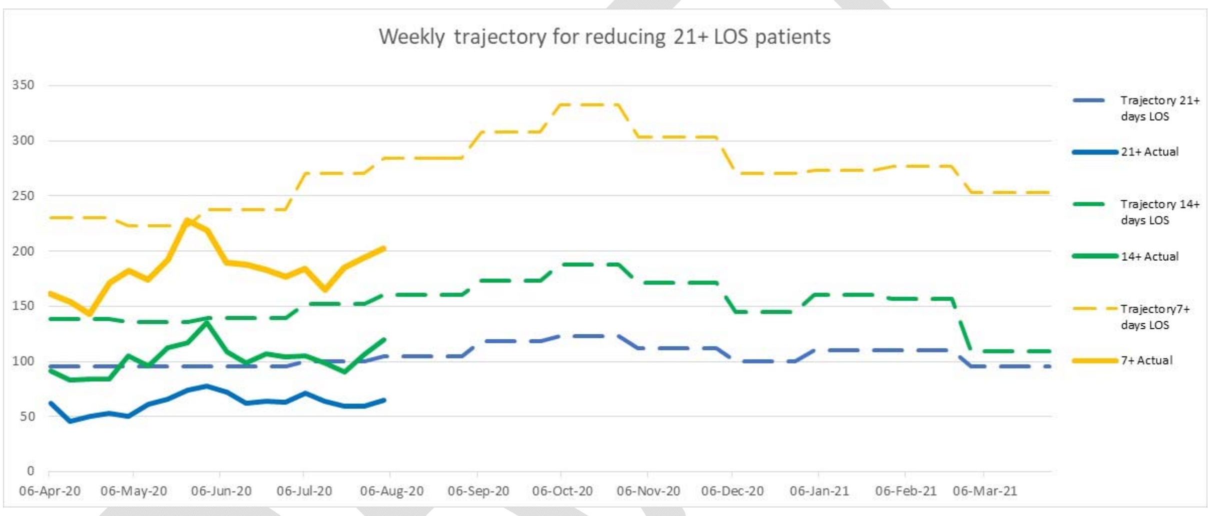
For winter 2020/21, delayed transfers of care will be further reduced which will contribute to the overarching LLOS measure by introducing additional capacity within:

- Rapid Response (see 4.2)
- Reablement service (see 4.4)
- Intermediate care (see 4.9)

These services provide assessment, care and rehabilitation at home for 11 people per week with a plan for 37 people per week when the services are forecast to reach full establishment in January 2021.
Initiatives within WHTHFT and across the intermediate care tier including:

- Where Best Next
- Home for Lunch

The chart below describes both the agreed trajectory and actual performance for patients in Warrington Hospital.



Within this total, there are of course, several non-Warrington and/or Halton CCG patients.

Appendix 7 - Current LLOS position

4.17 Where Best Next[20]

NHSE has challenged our system to achieve a 40% reduction in the number of patients staying in hospital in excess of 21 days. Whilst a long length of stay may be clinically appropriate for some patients, for most patients' long lengths of stay are associated with deconditioning, increased dependency, and an increased risk of contracting a hospital acquired infection. The clinical case for reducing long lengths of stay is clear and success to this approach is entirely dependent upon the support of our key partners from across the Health and Social Care system.

WHHFT completed a Where Best Next campaign in October 2019, December 2019, and January 2020. Key objectives of the campaign centred on the five key principles:

- Plan for discharge from the start

[20] KLOE, 4b

- Involve patients and their families in discharge decisions
- Establish systems and processes for frail people
- Embed multidisciplinary team reviews
- Encourage a supported 'Home First' approach

WHHFT arranged for a training session, open to all staff, based around NHS England and NHS Improvement five key principles which can help ensure that patients are discharged in a safe, appropriate, and timely way.

The session took place in October 2019 and was supported by external partners.

Where Best Next has continued daily on three in-patient wards identified as having the highest lengths of stay and for all medically optimised/ fit in-patients.

In collaboration with the Integrated Discharge team at WHHFT, the intermediate care tier plan to launch where best next within the Intermediate care bed bases, launch planned in conjunction with the "Home for lunch" project on 13/08/2020. Both initiatives intend to support safe and timely discharge from Hospital and Intermediate care, reducing overall LLOS.

4.18 Care home discharge coordinator - Warrington[21]

The Care home discharge coordinator role was introduced at WHHFT in December 2018/19 with the objective to:

- Support improvement in hospital discharge arrangements from hospital to Nursing and Residential Homes in Warrington, improving patient experience, clinical safety and patient flow.
- Facilitate discharge where issues have arisen which could compromise the quality or timeliness of discharge from hospital, working with all relevant staff across organisational boundaries with a problem-solving approach.
- Track Care home patients from EDD to discharge to enable timely discharge and support arrangements e.g. provision of equipment, therapy input etc.
- Work with the hospital discharge team based at Warrington hospital, to act on behalf of Care Home providers, to support appropriate assessment and facilitate timely and safe discharges from hospital to Care Homes within Warrington.

The Care home trusted assessor has continued to act on behalf of care home providers, to support appropriate assessment and to facilitate safe and timely discharges from hospital. The average length of stay for care home residents prior to the commencement of the role in November 2018 was 12.11. Today the average LLOS for care home residents in WHTHFT is 11.2.

The role of the care home discharge coordinator is currently funded via the better care fund; this is due to be reviewed in December 2020/21.

4.19 Brexit Planning – System Catchment[22]

Brexit planning will be monitored through the Event Planning Group ahead of the UK's exit from the European Union. Our response will continue to be guided by the publication of additional supporting

[21] KLOE, 1d, 2a, 3a, 4b
[22] KLOE, 5c

DRAFT

information from NHSE with regards to the UK exit strategy. The impacts on supplies of medicines and consumables will be monitored closely.

4.20 Minor Ailments Service – Halton[23]

This scheme is operated across the majority of pharmacies in Halton so there is wide geographical coverage of the service across the whole locality. Patients can self-refer to any pharmacy delivering the service and request to be treated under this scheme.

The scheme covers specific minor ailments and illnesses and medication can be provided from an agreed local formulary of over the counter medicines free of charge if patients are exempt from NHS prescription charges.

The scheme will be jointly reviewed with neighbouring CCGs, St Helens, and Knowsley, during Autumn 2020 to ensure it is in line with NHSE guidance and the local self-care work programme. At this time there is a reciprocal agreement across Knowsley and St Helens so that Halton patients can be treated under the scheme in any of these areas. This supports and encourages patient to seek advice and support from the right place first time and so improving access within the system.

4.21 Avoidance of Admissions (IV Antibiotics) – Halton[24]

This service is provided by two Halton pharmacies. They stock an agreed list of IV antibiotics to support access in the community when needed for the OPAT team and to avoid an admission to secondary care purely to access this medication.

4.22 Avoidance of Admissions (Access to Palliative Care Medicines) [25]

Halton

This service is provided by five Halton pharmacies. They stock an agreed list of end of life medication to improve access to these vital medications in a timely manner at a very critical time for patients and carers and ultimately will avoid patients having to be admitted to a hospice or secondary care unnecessarily to obtain the correct medication. During COVID the CCG commissioned two of these pharmacies to provide an urgent one-hour delivery service for suspected or confirmed COVID patients to manage end of life symptoms, this service will be continually reviewed as we go into winter to assess its ongoing suitability and ensure it is fit for purpose. All palliative pharmacies have also been provided with a mobile phone to ensure timely communication between prescribers and dispensers and to support resolution of issues.

Warrington

This service is provided by nine Warrington pharmacies. They stock an agreed list of end of life medication to improve access to these vital medications in a timely manner at a very critical time for patients and carers and ultimately will avoid patients having to be admitted to a hospice or secondary care unnecessarily to obtain the correct medication. During COVID the CCG commissioned three of these pharmacies to provide an urgent one-hour delivery service for suspected or confirmed COVID patients to manage end of life symptoms, this service will be continually reviewed as we go into Winter to assess its ongoing suitability and ensure it is fit for purpose. All palliative pharmacies

[23] KLOE, 1a, 1d, 2a, 3a
[24] KLOE, 1a
[25] KLOE, 1a

DRAFT

have also been provided with a mobile phone to ensure timely communication between prescribers and dispensers and to support resolution of issues.

4.23 Minor Eye Conditions Service (MECS) – Pharmacy Support Service - Halton[26]

The CCG is in the process of commissioning the pharmacy element of the MECS service. Patients seen by local opticians, as part of this service, who require medication as a result can be supplied this from a pharmacy free of charge if they do not pay for their prescriptions. This is primarily to support treatment of urgent eye conditions during the COVID period but will remain in place to support the ongoing MECS service as they move back towards recovery and routine consultations.

4.24 Improved Medicines Optimisation to reduce non-elective admissions[27]

Halton

In line with the national medicine's optimisation agenda, the CCG Medicines Management Pharmacists and Technicians focus is on high priority areas that can support a reduction in unnecessary admissions and the out of hospital agenda. As we go into winter, priorities will focus around respiratory, cardiovascular and antimicrobial resistance as well as refocussing on safe use of opioids for chronic pain. Structured medication reviews will continue for complex patients with long term conditions and specifically for care home residents. The reduction in polypharmacy and de-prescribing in appropriate patients will support a reduction in unnecessary admissions due to adverse effects related to medication and will also support more effective use of NHS resources.

Warrington

In line with the national medicines' optimisation agenda the CCG Medicines Management Pharmacists and Technicians focus is on high priority areas that can support a reduction in unnecessary admissions and the out of hospital agenda. As we go into winter, priorities will focus around respiratory, cardiovascular and antimicrobial resistance as well as refocussing on safe use of opioids for chronic pain. The team is also supporting the frailty workstream and de-prescribing in appropriate patients will support a reduction in unnecessary admissions due to adverse effects related to medication and will also support more effective use of NHS resources.

4.25 Urgent Treatment Centres – Halton[28]

Two Urgent Treatment Centres which provide a new model of care will be available in the Borough from October 2020. The aim of the new model of care is to ensure the service is integrated into primary and community care to offer patients with low acuity, minor injuries and illness, same day access to urgent care services.

This new model aims to decrease Halton ED activity for the two acute trusts by up to 20% per year. This will ensure patients are seen in the right place, at the right time by the right health care professional.

The UTC's will align with the NHS 111 First model and enable 111 to book appropriate patients into the services. Both Warrington and Halton populations will be able to use these services. It is also a minimum standard that the UTC sites will be able to receive patients via ambulance arrival, again those that are appropriate which will also reduce the demand into both acute ED departments.

[26] KLOE, 1a, 2a
[27] KLOE, 1a
[28] KLOE, 1a, 1d, 2a, 3a

DRAFT

4.26 Psychiatric Liaison Service - Halton[29]

Patients presenting at either Warrington or St Helens & Knowsley ED departments with a mental health condition are currently assessed by the Mental Health Practitioner from the Psychiatric Liaison Service in the ED. Patients are either signposted to other mental health services or receive intervention as required. The aim of the PLS is to help reduce the number of mental health admissions into secondary care, reducing length of stays in hospital for patients. The service currently operates 24/7.

PLS also works with clinical staff on the wards to assess whether mental health patients are suitable for discharge and help the patient to get home sooner with community mental health support. PLS aims to reduce unnecessary admissions into secondary care and contributes towards reducing the length of stay for patients.

4.27 24/7 Crisis Response Resolution & Home Treatment – Halton & Warrington[30]

Part of crisis offer. Secondary care service to help support and maintain patients at home step down into community services and support. Became a 24/7 service offer from 1st April 2020. Helping reduce length of stay in a mental health patient bed.

4.28 Community IV Team[31]

The IV therapy service plays a pivotal role in hospital admission avoidance, by offering access to intravenous therapy treatment to residents of Halton and Warrington in a community setting or their own homes. The current service offer is a seven-day service operating between 08:00 – 17:00 and the focus of this development is to increase the operational hours of the service to 07:00 – 20:00.

This change will be achieved by a reconfiguration of the current staffing model to "spread" the capacity more effectively across the widened hours of operations. A demand and capacity exercise has been completed to inform the new model and has provided confirmation that the team are able to effectively accommodate the extended service offer.

Benefits of the Development:

- Reduce the number of avoidable ED attendances and hospital admissions and/or readmissions by providing an intravenous therapy service in the community.
- Contribute to effective discharge pathways and smooth transition between providers across health and social care.
- Provide safe, flexible, and responsive services which meet patient and population needs, release capacity and maintain high quality care.
- Improve pathway efficiency through positive communication between provider partners and promotion of Bridgewater services.
- Reduce unnecessary hospital admissions through use of active admission avoidance and early intervention pathways.
- Reduce hospital-based length of stay through pro-active discharge management and early supported discharge (ESD) pathways.
- Support Enhanced Care Home Service to maintain people in their usual environment.

[29] KLOE, 1a
[30] KLOE, 1a
[31] KLOE, 1a, 2a

4.29 Central Equipment Store (Investment needed – more work required)[32]

The Trust's Community Equipment Stores provides equipment services that support independent living for residents of all ages in Halton and Warrington. The provision supports early hospital discharge into the community setting and reduction in avoidable hospital admissions.

This development centres on expanding the operational hours of the service from Monday to Friday 08:00 – 16:00 to a seven-day provision, with a two-hour response time for priority dispatches that the meet essential criteria.

Benefits of the Development:

- Reduced avoidable hospital admissions by enhancing independence at home
- Minimise delayed discharge from hospital into the community
- Service availability at weekends

4.30 Halton Bladder and Bowel Service[33]

The Halton Bladder and Bowel Service is available to people aged 18 and over who are experiencing issues with bladder or bowel continence. The service aims to improve quality of life, by providing support and advice on the self-management of incontinence, including provision of appropriate aids and products, and training on continence issues to patients, their families/carers and other health professionals.

This development introduces the Warrington style catheter service, to enable a quicker response to blocked catheters and failed TWOC (trial without catheter) and will ensure provision of a consistent responsive catheter support service across Halton and Warrington.

Benefits of the Development:

- Improved quality of service
- Reduction in unplanned hospital admissions
- Consistence of offer across Halton and Warrington

5.0 Primary Care[34]

General Practice is often the first point of contact for the health care needs of patients; general practice provides continuity of care over a lifetime and often across generations.

During the winter months, primary care providers, like all other system providers, can find demand for their services increased significantly compared to the summer months. This can mean that the capacity for bookable appointments is used quickly requiring practices to extend clinics. In turn this can of course mean that clinics run late. Like the rest of the system, this can contribute to staff feeling exhausted and anxious.

Whilst the Primary Care Network Directed Enhanced Service has enabled the introduction of additional clinical staff through the 'Additional Roles Reimbursement Scheme', Warrington still has a per head shortage of clinical staff and therefore the additional patient demand during the winter months does increase pressure on and within the primary care system.

[32] KLOE, 1a
[33] KLOE, 1a
[34] KLOE, 1a, 1b, 2a, 2b, 3a, 3b, 3c, 4c

DRAFT

Primary care like most other services has been severely affected during COVID-19, and GP Practices are delivering their commissioned services in accordance with the National Standing Operating Procedure (SOP), which is currently V3.4. (August 2020).

NHS Priorities for Primary Care SOP V3.4

- General Practice, to restore activity to pre-Covid levels where clinically appropriate and reach out proactively to clinically vulnerable patients and those whose care may have been delayed.
- Practices should open for delivery of face to face care, whilst triaging remotely in advance wherever possible.
- Ensure online consultation systems are in place to support total triage.
- Ensure video consultations are available to support clinical needs.

5.1 Warrington

Total Triage

Primary Care remains at the forefront of the coronavirus "challenge" and whilst COVID changed the method of delivery to a total triage platform overnight all practices have remained open and treating their patients.

The new total triage way of working includes telephone consultations, new digital ways of working, on-line consultations (known locally as eConsult) and video consultation, this new way of working is embedded for future care delivery.

Primary Care for patients who do not have symptoms of COVID-19 is all delivered from a patient's registered practice however patients who have any symptoms of COVID-19 or indeed live in a household where COVID-19 symptoms are present must be treated in a separate environment by separate clinical staff. In Warrington there is one COVID face to face assessment centre used by all 26 practices.

Making every contact count is still very much the embraced ethos within primary care, embedded within the processes of the total triage systems, primary care actively signposts their patients to the most appropriate part of their workforce within the health system to ensure that patients are seen by the right person, at the right time in the right place.

Every contact to primary care is first clinically triaged. It is important to note that if it is deemed clinically appropriate, an appointment will be made for a face to face consultation within the practice or the COVID face to face assessment centre with a suitable clinician. Alternatively, patients may be signposted to another service more appropriate for their needs, e.g. pharmacy, RCRS, Warrington Wellbeing Service (for social needs) or IAPT services for any low-level mental health needs.

On-line consultations have significantly increased across Warrington over recent months, the CCG is working with eConsult and GPs to review the pathways to ensure the service continues to be safe but responsive. A review will be undertaken to determine if this digital method of accessing primary care can be developed into the out of hours service to assist the ways of working within that service.

COVID Face to Face Assessment Centre

From 1st August 2020 a single face to face assessment centre is in place across the Warrington population to ensure patients with COVID symptoms are examined and treated in a safe, infection control compliant environment. This service extends to patients who are resident in a household where there are COVID symptoms and is not just for patients who have possible COVID.

From 1st November 2020 the face to face assessment service specification will be varied to enable the service to meet the winter pressures of patients who have both COVID and influenza like symptoms (which are very similar). The service specification will link directly into other winter schemes across the health system to ensure that people who can be safely managed in the community are and that admissions to hospital can be avoided where necessary.

GP Home Visits

Each Practice offers a GP Home visiting service under the core contract. In response to COVID-19 the CCG commissioned a Home Assessment Service for shielded patients, the service was paramedic led and complemented the Rapid Community Response Service managed by Bridgewater Foundation NHS Trust. The two services were co-located and complemented each other in service delivery.

DRAFT

The CCGs commissioned service recently ended however, Bridgewater has now employed the paramedic for a further 12 months to develop a proof of concept. This service will support winter pressures with admission avoidance.

Workforce

GPs and clinical staff in primary care work in small teams, where most other NHS providers often work as part of a larger team. Across Warrington, there are four practices with sole medical practitioners responsible for a surgery ('single handed' practice). This equates to approx. 11,569 patients. So, should a GP or clinical staff member in these practices become unwell, that patient population may be without a medical practitioner having a knock-on effect across the system. There is also potential for a whole practice having to self-isolate which is a significant risk for primary care.

PCN's and the CCG are working together to assess the level of impact and through completion of risks assessments, mitigations are being agreed and plans are being developed in response to any notable risks raised.

Additional Roles Reimbursement Scheme (ARRS)

To support the delivery of the national specifications, PCNs will have access to funding to employ specific clinical roles within their networks. The Additional Roles Reimbursement Scheme will fund 100 per cent of the cost of some roles which will be developed during the contract term. This team will support the identified workforce shortage in General Practice and increasingly become involved in-patient care.

The roles include:

- Clinical pharmacists, who will review patient medications.
- Social Prescribing Link Workers, who will address non-clinical issues such as isolation.
- Physiotherapists, who support recovery and mobility.
- Pharmacy Technicians, who support patients to get the best out of their medicines.
- Physician Associates, who can take medical histories and blood pressures, complete insurance forms and explain treatments, freeing up the GP.
- Health and Wellbeing Coaches, who work alongside patients who may need additional support.
- Care Co-Ordinator's, who are trained health professionals that help to manage patient's care.
- Dieticians, who diagnose, treat, and educate on dietary and nutritional problems.
- Podiatrists, who diagnose and treat conditions of the feet and lower limb.
- Occupational Therapists, who can support with everyday activities which have become difficult.

Across Warrington, PCNs are currently completing their workforce plans as directed by NHS England under the Network Contract DES. A rapid recruitment processes will be mobilised to enhance the workforce and fully utilize the ARRS resource.

Primary Care Restart

Primary Care in Warrington has responded extremely well over the past 5 months to the global pandemic to minimise its impact on our population and to manage the virus in those who have been affected. All practices have adopted the national Standard Operating Protocol and practices have all ensured that patients are seen safely.

In accordance with the letter received on 9th July 2020 from NHS England, Primary Care is now starting to restore activity to usual levels. The letter outlined the next stage of the COVID-19 response which

DRAFT

is to move primary care into a 'recovery' stage, focusing on, where possible, restoring routine care to patients.

Local Enhanced Services (LES)

The CCG commissions a LES to support the practices to deliver the Warrington Brand. This ensures that all practices offer similar enhanced services that deliver bespoke Warrington services meeting our local needs. In March 2020, NHS England instructed that all LES schemes, unless supporting COVID, should be paused. The intention was to ensure that GP/primary care capacity was released to focus on the response to the demands of COVID-19.

NHS E has recently confirmed that LES programmes can now restart. Therefore, the CCG is currently reviewing all service specifications to ensure they are fit for purpose and complement delivery of the national SOP v3.4. Once defined and agreed, the services will commence from September 2020 – March 2021 (6-month period).

Network Contract Directed Enhanced Service (Network Contract DES)

The "Network Contract DES" was first introduced in the Directed Enhanced Services Directions 2019. The Network Contract DES placed obligations on practices and commissioners and granted various entitlements to practices with effect from 1 July 2019. An objective of the Network Contract DES in 2019 was for primary medical services contractors to establish and develop Primary Care Networks ("PCNs").

The Network Contract DES forms part of a long-term, larger package of general practice contract reform originally set out in Investment and Evolution: A five-year framework for GP contract reform to implement the NHS Long Term Plan.

During 2020/21, the DES sets outs obligations for PCN's across several areas, these are: -

- Enhanced Health in Care Homes
- Structured Medication Reviews and medicines optimization
- Early cancer diagnosis, and
- Social Prescribing Services

Enhanced Health in Care Homes

There are 55 CQC registered care homes across Warrington including homes for patients with a mental health disability. PCNs are aligned to each home, along with Clinical Leads identified for each home.

PCNs are working closely with community providers to plan the next stages of the enhanced health in care homes, which will: -

By 30th September 2020 – develop and coordinate a multidisciplinary team (MDT) with community service providers and other relevant partners.

By 1st October 2020 - Commence weekly ward round with every care home and commence MDTs to enable the development of personalised care and support plans with people living in the PCN's Aligned Care Homes.

This proactive and pre-emptive approach to managing residents within care homes will support the winter plan by reducing the number of admissions to hospital and by enabling faster discharge.

DRAFT

Primary Care working with community providers will ensure that care is provided appropriately and will endeavor to keep patients in their own homes.

Structured Medication Reviews and Medicines Optimisation

From the 1 October 2020, the PCNs are required to identify and prioritise PCN patients who would benefit from a structured medication review, which must include patients:

- in care homes
- with complex and problematic polypharmacy, specifically those on 10 or more medications
- on medicines commonly associated with medication errors
- with severe frailty, who are particularly isolated or housebound patients, or who have had recent hospital admissions and/or falls; and
- using potentially addictive pain management medication

This detailed review is a practical and proactive review of the most vulnerable who are often the patients who end up being admitted to hospital. By linking in with other services it is envisaged that admissions to hospital during winter for this cohort of patients will be reduced.

Early Cancer Diagnosis

From 1 October 2020, PCNs are required to:

- review referral practice for suspected cancers, including recurrent cancers.
- review the quality of the PCN's Core Network Practices' referrals for suspected cancer, against the recommendations of NICE Guideline and make use of:
- practice-level data to explore local patterns in presentation and diagnosis of cancer

Social Prescribing Service

PCNs are encouraged to have social prescribing link workers in place across primary care. In Warrington, the local authority commissions a wellbeing service which offers a similar service. To avoid duplication and to ensure seamless pathways are in place that will benefit patients and practices a Task & Finish group has been established. A public engagement event has taken place and the next phase of the project is for PCNs to recruit into post in readiness for winter 2020/21.

PCNs are currently seeking advice for the implementation of this service, which will be in place for Winter 2020.

Potential COVID second wave outbreak

During COVID-19, GP Practices responded to the outbreak effectively to manage to patient populations. Should a second wave occur, primary care will activate their business continuity planning that was put into place from March 2020. A high-level overview of the primary care COVID response is described below: -

- Total triage processes were put into place which included amending how access to premises takes place (via intercom to reduce foot fall).
- Practices zoned their premises and patient flows.
- SOPs were put into place to support the changes.
- Five COVID face to face assessment centre's were established across the Warrington Borough (this is now just one centre for the Warrington population).
- Patient taxi transport services were commissioned to transport patients to primary care COVID and non COVID services across the town.

DRAFT

Improved Access to General Practice

Extended Access Service

The CCG commissions Bridgewater Foundation NHS Trust to deliver an extended access service. The service is available from 5.30pm – 8pm weekdays, Saturdays 10am-4pm and Sunday 10am – 2pm. The total capacity commissioned is 3660 minutes (equivalent to 17.26 hours per 1,000 weighted population). The CCG working with the PCNs is currently exploring how the service can be improved and expanded to meet patient demand.

GP Extended Hours Service (DES requirements)

Through the Network DES, GP Practices are delivering an extended hours service, which offers patients 30 minutes per 1000 registered patients per week.

This is broken down across the Networks as described in the diagram below: -

PCN	Hours delivered each week
Central East	19.6
Central &West	23.65
East	16.4
WIN	26.7
SWaN	24.6
Total	111 additional hrs

GP Out of Hours Service

Bridgewater Foundation NHS Trust is commissioned to deliver a GP Out of Hours Service from 6.30pm – 8.00am Monday – Friday and a 24hr service during weekends and bank holidays.

The CCG are currently exploring if online consultation systems can be embedded into the EA and GP OOH Services.

ECGs in Primary Care

The CCG has commissioned a 12-lead ECG service in Primary Care, which is currently live across 24 Practices. The next stage of development is a 24hr tape service.

The CCG and the Acute Trust are currently mobilising the service, which will be in place for winter 2020/21.

DRAFT

5.2 Halton[35]

Total Triage

Primary Care remains at the forefront of the coronavirus "challenge". NHS England continues to require practices to operate under a total triage platform.

Total Triage includes telephone consultations, on-line consultations (known locally as eConsult) and video consultations. Every contact to primary care is first clinically triaged. If a patient clinically requires a face to face appointment this is offered.

Primary Care for patients who do not have symptoms of COVID-19 will be delivered from a patient's registered practice. Patients who have any symptoms of COVID-19 or indeed live in a household where COVID-19 symptoms are present must be treated in a separate environment by separate clinical staff through the local operationalised COVID response service.

COVID Service

Both Halton Primary Care Networks covering the populations of Runcorn and Widnes continue to ensure access to services are available for patients with suspected/confirmed Covid-19 and their household members. The specific separate services available during the peak are being adapted.

Plans are being developed to provide this service from the two Urgent Treatment Centres with the ability to scale up the provision should a second peak occur. This service includes home visits where required.

Additional Roles Reimbursement Scheme (ARRS)

The Halton PCNs are reviewing workforce and intend to maximise the funding available via the Additional Roles Reimbursement Scheme. This will increase the number and enhance the skill mix of staff within primary care to support demands over winter. This will assist total triage in directing patients to the most appropriate member of the primary care clinical workforce.

Improved Access

Extended Access

Primary Care in Halton will continue to provide evening and weekend appointments, or extended access, at two sites. In Runcorn this is provided at Heath Road Medical Centre whist in Widnes this is provided within the Urgent Treatment Centres. All patients across Halton can attend either site. Appointments are available between 6.30pm-9pm weekdays and 9am-3pm weekends and during bank holidays.

Prior to the pandemic NHS 111 were able to directly book patients into this service. Whilst this was switched off during the initial pandemic peak, direct booking is being re-introduced and will once again be available over the winter.

Discussions also continue to improve the links between the Extended Access service into the Urgent Treatment Centre and vice versa allowing patients to be seen by the most appropriate healthcare professional; and the development of robust pathways.

[35] KLOE, 1a, 1c, 2a

DRAFT

Extended Hours

Following the introduction of the 2019/20 PCN Enhanced Service for Extended Hours, all practices now offer additional early morning or evening appointments. Whilst this service was stood down during the pandemic, this is now fully re-instated and will be available this winter.

Care Navigation

Halton Care Navigators have been established since September 2018. One of the top ten high impact actions outlined in the GP Five Year Forward View, care navigation supports patients to make informed decisions on how they access services as an alternative to waiting for a GP appointment. Whilst the pandemic had disrupted access to these services, this is being re-instated as the local system returns to pre-Covid service levels. Patients can be signposted to the following services:

- Community Pharmacy
- Health Improvement Team
- Minor eye conditions (MECS)
- MSK service
- Sexual health
- Wellbeing Access

Primary Care Network Enhanced Health in Care Homes & Provision of Anti-Viral medication

Since 2017 GP practices have been aligned to specific care homes, ahead of the new PCN DES requirements. Whilst patients retain the choice to decide which practice, they would like to remain registered with, the scheme promotes registration with the aligned practice offering an improved and less reactive model of care by providing regular ward rounds.

This scheme has been invaluable during the Covid-19 Pandemic with ward rounds being held virtually to ensure continuity of care. Both Halton Primary Care Networks are fully implementing the new national requirements and are looking to retain the additionality that the local scheme brings to ensure patients in care homes continue to receive pro-active primary care provision.

In addition, the CCG will continue to commission PC24 to provide anti-viral medication to care homes in the event of a Flu outbreak.

6.0 Respiratory[36]

A number of key activities are in place across the system to improve the care of respiratory patients.

During 2019/20 Cheshire and Merseyside were working across the region to roll out a Transformation Change Programme and to develop a "good pathway" for the system. The Programme is expected to continue its rollout throughout Winter 20/21 and be fully operational again in 2021.

Respiratory development currently sits within multiple CCG workstreams including respiratory ambulatory care, the flu vaccination programmes and a Post COVID follow up pathway. The CCG has mandated a local Respiratory Work Programme Post COVID which outlines the priority projects. They are:-

Improve Pneumonia Management

- Point of Care Testing
- Vaccinations
- IV Team Support

[36] KLOE, 1a

Optimise Long Term Conditions

- Medication Optimisation (Rescue Packs, Physician Associates)
- Pulmonary Rehab
- Palliative Care
- Enhanced Care Homes

Minimise COVID Cross Contamination

- Rapid response community IV Therapy
- Supporting in Close to Home environment

Appendix 8 – Respiratory further detail

7.0 North West Boroughs response to the Capacity Challenge

There will be an enhanced service to meet the capacity challenge in 2020/21.

Whilst we have maintained a psychiatric liaison service, the core hours will be extended to provide a 24/7 service, with visibility at the acute hospital. Known as "Core 24", this is a funded service to provide psychiatric input for service users who require assessment and intervention.

This service will be available to ED. The service provision with extended delivery commenced on the 10th August 2020, and a night practitioner, (registered mental health nurse), commenced on the 17th August 2020. It is expected by the end of September in preparedness for the 'Winter Months', our service care model will include psychology as well as the existing nursing and medical staff.

The above cover will be available 7 days a week, 365 days a year. It will need to be established how this model aligns itself with the WHHFT intent of implementation of NHS 111 First, given that model would want to signpost service users and limit 'on foot' attendance, however it is expected we will have a cohort of mental health users who may present with physical health interventions in the first instance and the availability of mental health support is to be welcomed. More information can be found in 4.25.

On the 14th April 2020, the trust launched its 24/7 crisis line, (brought forward given the national pandemic), and this is a helpline available to service users, and very much fits in with the NHS 111 First approach. Again, alignment with the philosophy of NHS 111 First is to be established as a 'pathway' for mental health users. More detail can be found in 4.9.

In response to service users who may be an inpatient at WHHFT but have further or identified mental health needs, the response for assessment will be enhanced given the increase in capacity with the development of the 24/7 in reach service.

With NWBH, twice daily bed management calls have been developed, (as an enhanced response to Covid19 and form a strong component of business continuity), which now include medical/consultant representation to enhance clinical decision making and patient flow. A 'RAG' rated admission criterion for beds has been established and will be launched in preparation for the winter months.

It is to be noted that there will continue to exist a 'community provision' – Park House which can support an identified care package for crisis intervention and will be utilised appropriately to support the existing bed stock and demand at the trust.

All other internal measures established in the winter plan for 19/20 will continue.

DRAFT

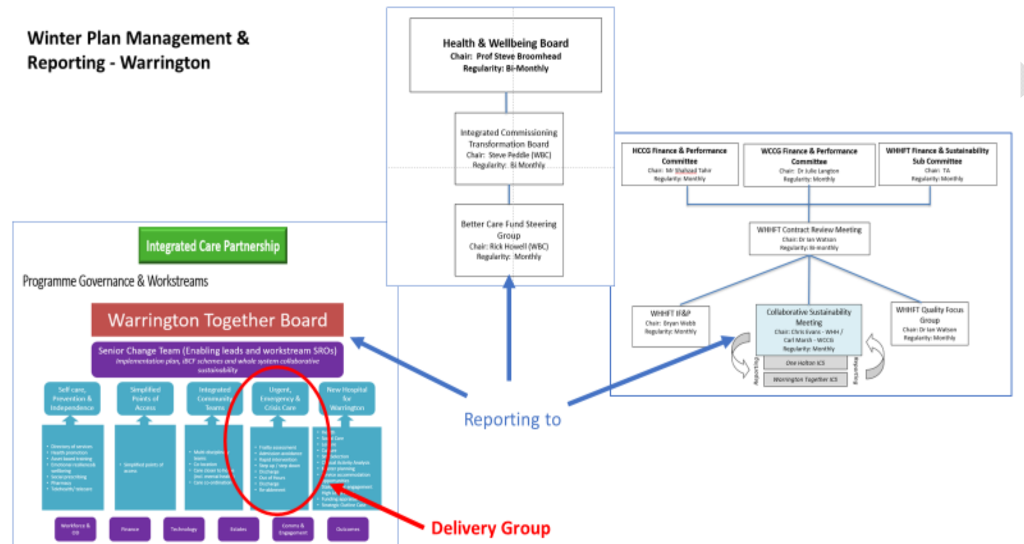
8.0 System Wide Communication Plan[37]

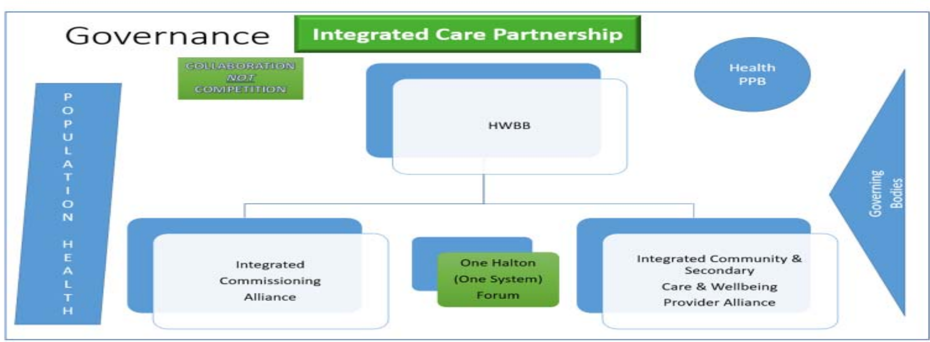
The Winter Plan which was agreed and implemented across the Mid Mersey footprint for 19/20 was reviewed and evaluated in February 2020. The key outcomes and learnings will be incorporated into the planning process and activities for 20/21.

Discussions are being held with NHS E/I and the CMHCP regarding a C&M approach to the winter communication plan. Weekly meetings are taking place with a view to the development of a C&M wide plan, with a single approach in terms of the call to action, campaign materials, key messages etc. Whilst this will be a C&M wide plan, each locality will retain the ability to flex the messages and approach to meet local need.

9.0 Management & Reporting[38]

Across the Warrington System, the monitoring of the winter plan will be conducted through several forums. The below describe the different groups across Warrington and Halton.





[37] KLOE, 5d
[38] KLOE, 1e

10.0 Conclusion

The 2020/21 winter planning process and plan development has been derived using learning from the previous winters, guidance following the world-wide pandemic and system expertise.

The whole system has contributed to the plan, detailing each part of system response to winter and the ask in the KLOE's.

The plan will be implemented to ameliorate winter pressures and will be underpinned by robust escalation and planning processes that are outlined below:

- weekly winter system-wide planning meeting attended by representatives from all system health and care partners.
- weekly system escalation calls, if required, attended by operational leads from all health and care partner organisations.
- fortnightly system escalation calls, if required, attended by executive leads from all health and care partner organisations.
- weekly winter pressures call, hosted by NHS England/ Improvement and attended by all key decision makers, if required.
- frequent updates by partner executives to the relevant executive management teams, and.
- monthly meeting of Better Care Fund Steering Group that oversees performance of interventions aimed at reducing winter pressures.

DRAFT

Appendices

Appendix 1 – KLOE reference table

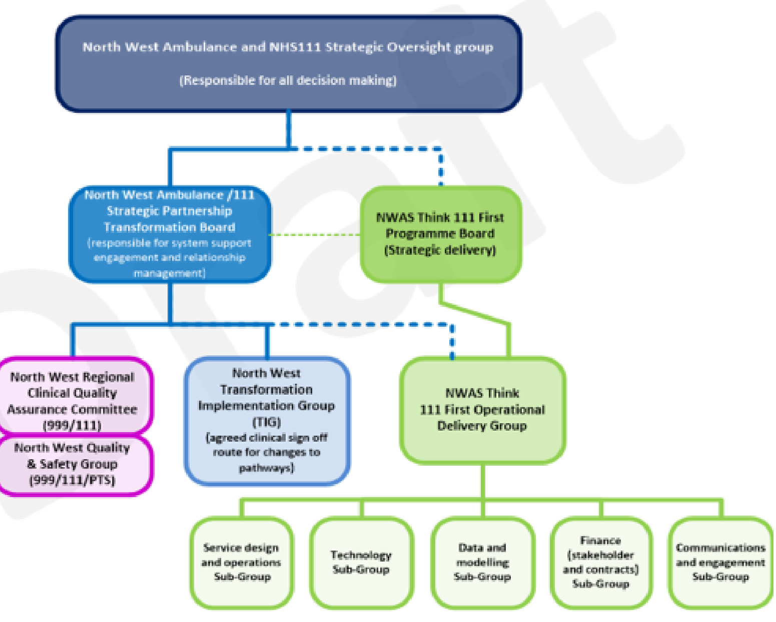
	DEMAND	Number of References in the plan
1a	In what ways is the local system working to reduce avoidable admission into hospital or other environments?	24
1b	What are the key drivers of system demand?	5
1c	How is the local system expecting demand to be different this winter (compared to previous winters)?	5
1d	How is the local system planning to manage any surge in demand this winter (primary, community and secondary care)?	10
1e	How will the local system maintain effective oversight of performance across the winter months?	3
	CAPACITY	EVIDENCE
2a	How is the local system seeking to make maximum use of existing and potential capacity this winter, including mutual aid?	17
2b	How is the local system seeking to balance increasing emergency demand with the restoration of critical services (esp. routine elective care)?	3
	WORKFORCE	EVIDENCE
3a	What steps is the local system taking to maximise the utilisation and effectiveness of its permanent workforce?	12
3b	Where workforce gaps exist what potential contingency procedures can be invoked?	3
3c	What are the key workforce risks over winter across the system? What mitigations are being put in place to reduce risk?	4
	EXIT FLOW	EVIDENCE
4a	What are the key risks to flow?	1
4b	How is the local system seeking to work together to support improved flow at system exit points?	10
4c	What lessons learnt from COVID-19 related to exit flow will be implemented/ maintained through this winter?	3
	EXTERNAL EVENTS	EVIDENCE
5a	What local system impacts are anticipated related to a 2nd COVID-19 surge?	1
5b	What local system impacts are anticipated related to flu?	1
5c	What local system impacts are anticipated related to Brexit?	2
5d	Does the local have an approved communications plan agreed?	2

DRAFT

Appendix 2 – NHS 111 First Additional Information

111 FIRST PROGRAMME GOVERNANCE

Key:
Reporting to ————
Aligned to - - - - - -



N.B. Contract management groups have been removed from the structure as have local engagement meetings further to NHS E & NHS I agreement

Draft

111 FIRST OVERVIEW

CONTEXT

In the NW approximately 60% of ED attendances are "unheralded" and the majority are during the day and early evening, which has implications for managing social distancing in waiting rooms, the risks of nosocomial spread and staff safety.

During the COVID-19 pandemic NHS 111 was at the forefront of the response and demonstrated its potential to support the wider UEC system.

With COVID still a real and present risk we must maintain our adapted responses to delivery:

- Remote assessment and management where possible
- Avoiding crowding in EDs and other F2F services (to minimise nosocomial infection)
- Ensuring we look after vulnerable patients
- Maintaining staff safety

WHAT IS 111 FIRST?

A development of the current NHS 111 service to offer patients a different approach to the way they access and receive healthcare

NHS 111 or your GP practice (both online and telephony) are the first places to go when experiencing a health issue that is not immediately life threatening:

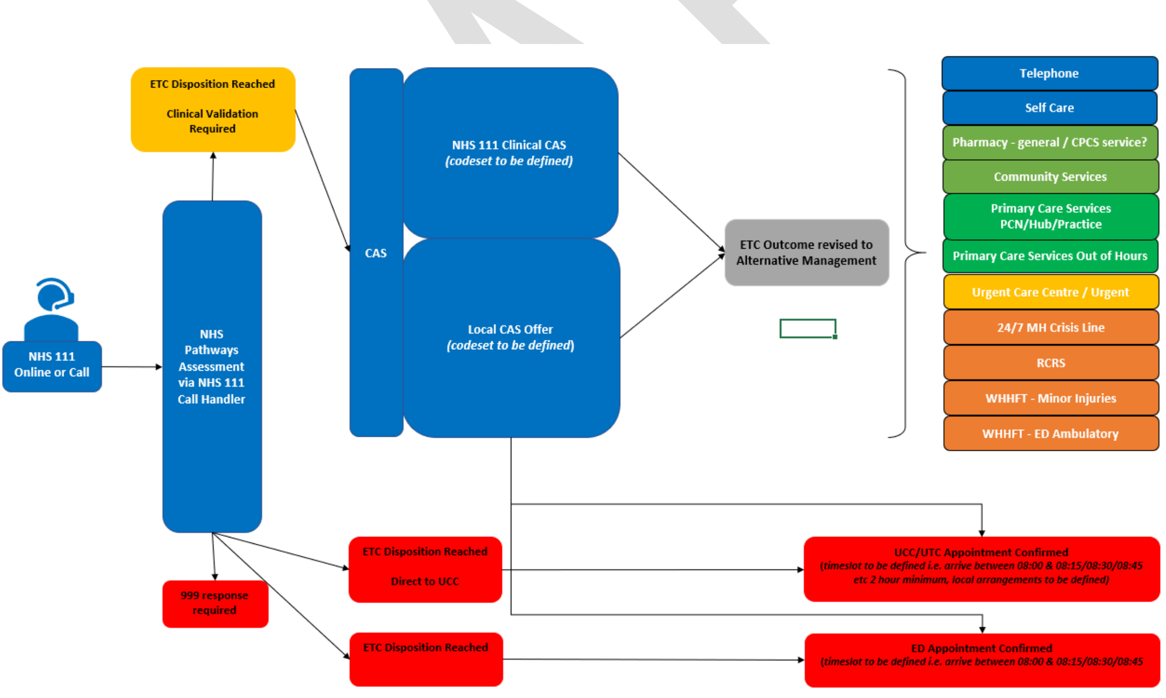
- Encouraging people to access remote assessment first, before attending any services
- Ideally using digital routes to care, but supporting telephony and improved F2F where patients, e.g. in vulnerable groups, need them
- Deploying the optimal level of clinical assessment via the CAS
- Using new technologies to the limits of their capabilities
- Opening up new direct referral routes into services and opportunities to book attendance slots/appointments

WHAT IS THE NATIONAL EXPECTATION?

- 20% (c.400,00) of current "unheralded" ED attendances access remote assessment via 111; NW ambition higher
- 10% reduction in ED attendances
- Booking solution in all EDs by December:
  - Initially email referral, developing ITK
  - National expectation of a 2 hour timeslot; NW considering 30 minute
- No predetermined method of CAS delivery, however 111 'ETC' outcomes must be clinically validated
- Triage and streaming solution required at ED front-door
- National and local communications campaigns
- Reporting on progress and evaluation into NHSEI

111 FIRST NORTH WEST APPROACH

HOW WILL THIS BE DELIVERED? – *Whole system change with strong collaborative working across organisational boundaries*	
INCREASING CAPACITY	• **Recruiting** additional call handling and clinical capacity • **Harnessing capacity** across the urgent and emergency care system including; NHS 111, 999 and PTS, locality CASs, primary and community services, urgent treatment centres, EDs, including SDEC/AEC, and other secondary care services
TECHNOLOGY AND INTEROPERABILITY	• Increasing the use of **remote assessment** • **Direct appointment booking** into EDs and alternative services • Supporting **access to records** • Increasing **system interoperability**
CLINICAL PATHWAY DEVELOPMENT	• **Maximising the use of enhanced clinical assessment** via local CASs including increasing validation of C3/C4 and ED/ETC activity and targeted triage of high risk and/or vulnerable patients • **Enabling direct referrals to acute-based services** i.e. SDEC and AEC, Surgical/Medical/Paediatric/Early Pregnancy assessment units for primary care and other out of hospital clinicians, e.g. paramedics • **UEC DoS review** to support safe deflections into alternative services



Appendix 3 – Warrington & Halton Flu Action Plan 2020/21

Summary:

As Category 2 responders under the CCA (2004) and in line with arrangements for other major incidents and emergencies, Clinical Commissioning Groups (CCGs) have a role in supporting NHS England and providers of NHS funded care in planning for and responding to an influenza pandemic. The threat and potential impact of a pandemic influenza is such that it remains the top risk of the UK Cabinet Office National Risk Register of civil emergencies and continues to direct significant amount of emergency preparedness activity on a global basis. Lessons identified during the response to the 2009/10 pandemic caused by the A (H1N1) pdm09 virus and subsequent 2010/11 winter seasonal influenza outbreaks have informed ongoing preparedness activity.

Halton and Warrington seasonal flu action plan 2020/21

Flu is a key factor in NHS winter pressures. It impacts on both those who become ill, the NHS services that provide direct care, and on the wider health and social care system that supports people in "at-risk groups". Flu occurs every winter in the UK. The Flu Plan aims to reduce the impact of flu in the population through a series of complementary measures. These measures help to reduce illness in the community and unplanned hospital admissions, and therefore pressure on health services generally and ED.

The national flu immunisation programme is a key part of the plan. NHS Halton and NHS Warrington's Flu immunisation plan reflects the national plan.

This plan aligns to part one of the annual flu letter and will be updated when part two is produced.

This is a joint collaborative plan between Halton and Warrington localities due to a wider range of services working across both boroughs.

Covid-19 has caused major impacts on the Health and Social Care system, and this will need to be considered as we plan for winter pressures and seasonal flu.

The overall aims and objectives of this plan are:

- To outline NHS Halton and NHS Warrington CCGs roles and responsibilities during a pandemic influenza outbreak.
- To assist NHS Halton and NHS Warrington CCGs in minimising the potential health impacts caused by a future influenza pandemic on society and economy by:
    - a) Supporting the continuity of essential services.
    - b) Supporting the continuation of everyday activities as far as is practicable if an Influenza outbreak is declared throughout the 2020 / 21 period.
    - c) Promoting a return to normality and the restoration of disrupted services at the earliest opportunity if Influenza outbreak occurs during 2020 / 21.
- Instil and maintain trust and confidence by ensuring that other health partners, the public and the media are engaged and well informed in advance of and throughout

DRAFT

the possible pandemic period and that health and other professionals receive information and guidance in a timely way so that they can respond to the public appropriately.

Planning:

Due to the uncertainty around the scale, severity, and pattern of development of any future flu pandemic, the following 3 key principles will underpin NHS Halton and NHS Warrington CCGs plan:

- *Precautionary:* This plan considers a new virus may carry the risk of being severe in nature. This plan therefore considers that any pandemic will have the potential to cause severe symptoms in individuals and widespread disruption to society.
- *Proportionality*: NHS Halton and NHS Warrington CCGs Flu Plan will be applicable for both potential high impact pandemics and milder scenarios with the ability to adapt as new evidence emerges.
- *Flexibility:* This plan will consider local patterns of spread of infection and be flexible and agile as required/ dictated by any possible pandemic.

	Action	Lead/responsibility	Risk associated with covid-019	Completion date	Update / RAG
Primary Care/GP	Guidance/information circulated recommending influenza vaccine orders	NHS England		February 2020	Completed.
	Vaccination orders placed – using guidance produced by NHSE JCVI advice on Influenza Vaccines for	GP Practices	Possibility that more vaccines will need to be ordered if demand increases this winter due to covid-019	February 2020	Completed
	All Clinical and non-clinical immunisers are up to date with relevant training for delivering seasonal flu vaccination	GP Practices	Face to face training in line with Government social distancing guidance	July – September 2020	
	Meeting with Primary Care to clarify dilemmas and capabilities of delivering 2020 / 21 Flu programme.	GP Practices & CCG - SE	Shielding patients and social distancing issues regarding delivery.	July / August 2020.	

	Supporting Primary Care with the delivery of an extended programme following publication of nation flu letter part 2 (5.8.2020).	Primary Care	Workforce capacity issues. Social distancing restrictions with environments. Financial elements Accessing larger venues to accommodate extended cohort.	July – September 2020.	
	Circulation of Flu assurance template to Primary Care to allow CCGs assurance regarding robust, safe and high-quality delivery of Flu programme for identified eligible cohorts.	GP surgeries		August 2020.	
	Invite eligible individuals from identified groups as per PHE for vaccination: • 65+ • Under 65 with long term medical condition – including children. • Pregnant individuals • 2-year olds • 3-year olds • Carers • Shielded household individuals	GP Practices	Additional plans/risk assessments will have to be implemented to ensure social distancing is in place May need to review location of where vaccine is delivered Identify how they will vaccinate shielded cohort who may still be staying in their own homes	September 2020 for invites – programme to run September to November 2020	
	Attendance at joint monthly locality Flu group in collaboration with LA, Voluntary groups, Pharmacist / LPC, Providers to ensure	CCG – SE			Ongoing.

DRAFT

	robust and consistent offer as well as delivery regarding Flu – vaccine, communications and delivery Representation on C& M Influenza programme Board facilitated by PHE – report updates, initiatives and outcomes from meeting into locality Flu meetings.	CCG -SE			
	PPE – requirement of individual PPE when facilitating Immunisation clinics in accordance with IPC recommendations from PHE.	GP surgeries	May have restrictions on accessing and sourcing PPE for mass immunisation sessions. PHE guidance shared with Providers. Providers may choose not to follow PHE national guidance.		
	To encourage GP surgeries to deliver identified Flu programme to eligible cohorts by supporting and facilitating initiatives that will ensure patients are immunised timely and with the least disruption to usual contracted activities delivered.		Surgeries may decline to deliver to Flu immunisation programme due to competing workloads and due to constraints identified due to social distancing and national guidance.		

DRAFT

Intermediate Tier of Services Escalation Plan

ACTIONS TO BE IMPLEMENTED Green Day: Daily actions to ensure optimum flow and capacity Daily Teleconference between ICaHT and IHDT Three times weekly Between ICaHT, IHDT and Dom Care						
Bed Bases	Intermediate Care-Bridgewater	Hospital Discharge Team	ICAHT/ Reablement	Assisted Living/Telecare	Carecall	Rapid Community Response
Daily Huddles Daily information to be sent to all relevant personnel Regular contact with assessment team in the hospital Identify any patients who can be discharged within huddle and weekly handover Identify any reasons for delay – remove barriers Patients awaiting POC-ICAHT in community until POC available Routine utilisation of respite and transitional beds	Twice weekly formal MDT with all MDT present Assessment Team Manager (ATM) to review patients at MDT to ensure all care visits from ICAHT essential. Daily Huddles for Red cases Manager to attend morning teleconference Assess all service users for single handed care	Bed coordinator to chair twice daily teleconference with community and bed base colleagues. Review individuals on bed list to determine MOFD status. Complete / share with system sitrep. Face to face assessments / reviews to take place by bed assessor. Daily data to be circulated with the system. Daily huddle for all cases including SS and DTOC	To discuss patients on the ICAHT list on the daily teleconference to ensure number of visits initially recommended are still appropriate and ensure no medical change Capacity to be reviewed Daily Waiting list circulated to all interested stakeholders and interdependent services MDT's occur on Tuesday (full MDT) and Thursday (1:1). Deputy Manager to attend MDT's	Deputy Managers monitor desktops- First response, Assisted Living, MASH and Telecare. Each referral is screened by DM. Cases assessed on a priority basis. Staff allocated to geographical areas and work agilely. Monitor all special equipment panel requests weekly to identify	Incoming referrals are monitored throughout the day Mon-Fri by Admin staff. Incoming Telecare prescriptions are monitored and actioned daily. Carecall referrals and Telecare prescriptions are screened and prioritised by Admin staff with the support of TM. Carecall Installations/fault repairs are	Telephone referrals received from community and hospital are triaged via phone by qualified professionals. Referrals are prioritised with the support of the MDT according to level of risk and requirement for 2hr/2-day response. Strength based assessments ensure that care requirements are identified and provided on a needs led basis Daily communication with Intermediate Tier

Page 141

		Daily LLoS exec de-brief. Daily allocation and authorisation of work. Daily where best next virtual huddle to confirm discharges, address delays, barriers and escalate to leads when needed. Twice weekly tele conferences between IHDT manager, ICAH manager and Care Arranger Manager to review capacity and demand, waiting lists. Identifying how best to support the system. Use of transitional beds for all patients that are MOFD and delays in discharge.	Geographical runs designed to enhance flow and capacity. Work closely with Dom Care to understand demand and capacity of both services.	priorities for discharge Monitor authorisation on Elms to ensure avoidance of admission is prioritised.	carried out 7 days per week, plus two evenings per week and will be completed within a week. Telecare installations are carried out Mon – Fri and will be completed within a week. Installations are arranged geographically wherever possible to maximise productivity. Capacity left within the working day for minimum of one urgent installation/fault repair. Equipment levels are monitored closely (Carecall & Telecare) to ensure continuity of service.	about capacity in bed base/ ICaHT. Daily check of equipment available onsite to ensure that urgent assessment and provision can take place. Holistic assessment will identify other services to provide support/intervention to enable effective seamless discharge to longer term services or community assets. Utilising the mobile App enables the staff to receive live updates about service users requiring face to face assessment. Staff are multi-skilled and can cross professional boundaries where trained appropriately

 V 0.9

ESCALATION ACTIONS TO BE IMPLEMENTED- In addition to Green Day

Amber Day: Actions to be implemented when there are 10 or more on the ICAHT list or 5 on the IMC bed waiting list, one person has been waiting more than 5 days for bed bas or Reablement have a caseload of 75+, Number of Super Stranded Patients > 60

Padgate & Brampton:
Average LoS 35
Longest LoS 40
Woodleigh
Average Los 25
Longest Los 35 days

Bed Bases link in with ICAHT, IDHT and Dom Care three times weekly tele-conference

Bed Bases	ICT Bridgewater	IHDT/Hospital Discharge Team	ICaHT /Reablement	Assisted Living/Telecare	Carecall	Rapid Response
Actions in Green day above Plus Three times weekly IHDT Management telephone review of all patients in all bed bases to expedite flow through the service Report to service manager on actions and timescales	Actions in Green above plus… Manager to review all patients on the boards and ensure resource is sufficient to manage increasing caseload Review all cases on community caseload collaboratively to identify opportunities for single handed care and a reduction in care Report to service manager on actions and timescales	Actions in Green above plus… Face to face assessment of patients on bed list. Report to service manager on actions and timescales. Daily management review of all SS and DTOC patients. Escalation of delays to health and social management.	Actions in Green above plus… Enhanced MDT discussion regarding intervention and discharge of those in service. ICAHT Team Manager/deputy to run a CM report to identify any visit taking less than 10 minutes or where patient is now independent. ICaHT/Reablement team to ensure visits are geographically optimised Open runs in areas where demand is greater and close runs in low demand areas.	Actions in Green plus…. Reprioritisation by DM if urgent cases are identified and require response. Telephone assessments where possible to enhance effective time management OT will be available in the First Response team at times of enhanced demand	Actions in green plus…. Urgent referrals/Telecare installations are prioritised/installations reprioritised to facilitate by TM Team Manager will review waiting list and ensure appropriate prioritisation. ICAHT/Rapid response staff will carry out	Actions in green plus…. Prioritisation by TM and DM on an hourly basis of those in service. AP's to be utilised to provide care where possible. Additional intensive therapy to be provided where possible to reduce POC required Anticipation of equipment requirements by senior OT/PT to ensure continuous replenishment of stock Additional huddles am and pm.

			Request support from Dom care where appropriate.		urgent installations, in addition of Carecall installers. Carecall Operators to carry out installations with the use of an ICaHT vehicle.	TM to prepare for additional resource requirements by monitoring referral types and communicating with referrers regarding demand i.e. FAU

ESCALATION ACTIONS TO BE IMPLEMENTED
Red Day: Actions to be implemented when ICAHT has a waiting list of 15+, bed base 8+ A waiting list of more than 8 days exists for bed base or Reablement have a caseload of 80+and the number of SS patients exceeds 80
Padgate & Brampton:
Average LoS 38
Longest LoS 45
Woodleigh:
Average Los 32
Longest 45
Daily IMC tele-con chaired by AD Integrated Care

Bed Base	COMMUNITY	Hospital Discharge Team	ICaHT	Assisted Living/ Telecare	Carecall	Rapid Response
All actions in Green and Amber plus Service Manager to attend bed base weekly MDT and identify any barriers to discharge	All actions in Green and Amber plus… Service Manager to attend MDT and	All actions in Green and Amber plus… Senior support on LLoS ward rounds.	All actions in Green and Amber plus… Manager to attend team huddle and those of	All actions in Green and Amber plus…	All actions in Green and Amber plus…	All actions in Green and Amber plus…

Report to Associate Director Spot purchase respite or transitional beds	identify any barriers to discharge Report to Associate Director Joint service review of cases	Direct escalation to Silver Command and ADASS to overcome barriers. Twice daily review of SS and DTOC patients. Daily exec de-brief on SS patients. Escalate to First Response for assessment support. Management to undertake assessments to reduce delays.	assessment and reablement team Resource allocation to be reviewed with Service Manager to ensure optimal use of available staff Approach families to support care where possible Prioritise visits to P1 and Group A service users Consider additional runs and overtime Senior capacity review for assessments only Utilisation of Rapid Response AP's where appropriate	Service Manager to ensure optimal use of available staff and skill set within the service. Overtime to be offered to manage waiting lists on sessional basis. Enhance 1:1 with staff to ensure cases are managed effectively and flow is optimised	Service Manager to ensure optimal use of available staff and skill set within the service. Overtime to be offered to manage waiting lists on sessional basis. Enhance 1:1 with staff to ensure cases are managed effectively and flow is optimised	Service Manager to ensure optimal use of available staff and skill set within the service. Overtime to be offered to manage waiting lists. DM and TM to engage in the triage process to enable professional staff to assess.

Appendix 5 – Space within Warrington Hospital ED

Warrington and Halton Hospitals Emergency Department Social Distancing Escalation Plan

GREEN - Buisness As Usual

Less than

Adult Areas	Green
High Care Resp	<5
Majors A-G	<7
Trolley Triage - Hub	<6
Hub Waiting	<2
Resp Low Care	<8
Resp Low Care Wait	<4
Main Waiting Room	<15

Other Areas	
ED Ambulatory	<10
Paediatrics	<5
Minors	<10

Who do I escalate to ?

- Regular Updates to Department Manager
- Updates to Patient Flow at Bed Meetings

Consisder these ACTIONS

- None Required Continue to Monitor

AMBER - Early Escalation

At Capacity

Adult Areas	Amber
High Care Resp	5
Majors A-G	7
Trolley Triage - Hub	6
Hub Waiting	2
Resp Low Care	8
Resp Low Care Waiting	4
Main Waiting Room	15

Other Areas	
ED Ambulatory	10
Paediatrics	5
Minors	10

Who do I escalate to ?

- Escalate position to Department Manager- that we have NO RESUS SPACE
- Escalate position to Matron / Lead Nurse / CBU Manager as per protocol

Consisder these ACTIONS

- Update to Patient Flow regarding required bed Moves
- Medical Controller to undertake intentional rounding to assess movement of patients
- Lead Nurse and CBU Manager to be contacted to discuss with Operational Teams
- Patients Flowing to Ambulatory Areas
- Ensure timely Specialty Reviews
- Consider – activating Trust Full Capacity protocol
- Set Time to De-Escalation 30 mins
- Consider in bound ambulance numbers

Red Safety Concerns

Full Capacity

Adult Areas	Red
High Care Resp	>5
Majors A-G	>7
Trolley Triage - Hub	>6
Hub Waiting	>2
Resp Low Care	>8
Resp Low Care Waiting	>4
Main Waiting Room	>15

Other Areas	
ED Ambulatory	>10
Paediatrics	>5
Minors	>10

Who do I escalate to ?

- Re-Escalate position to Department Manager
- Rescalate Lead Nurse and Medical Co-ordinator
- Inform COO / Director of Operations
- Complete a departmental Safety Huddle

Consisder these ACTIONS

- Confirm all Amber actions have been completed
- Medical Controller / Lead Nurse call safety Huddle
- Activate full capacity protocol
- Ensure No Relatives in Waiting Areas
- Set Time to Descalation 30 mins to ensure safety
- Review staffing to enact Surge Plan – Open Majors 2 as per nursing staffing escaltion policy (eliminating corridor care)

Black - sustained safety Concerns

Social Distancing Compromised

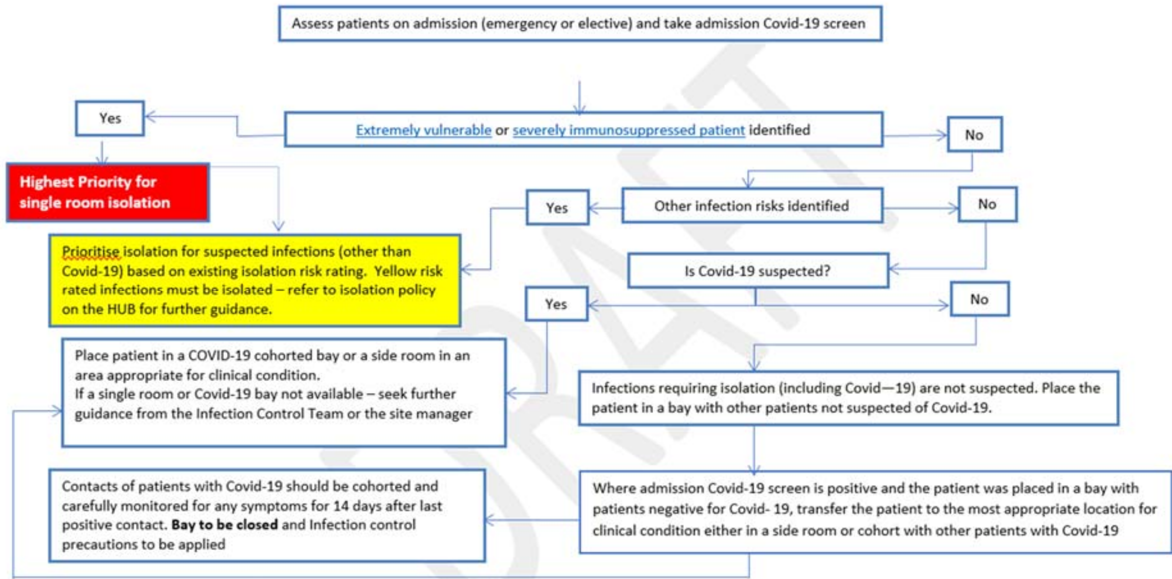
Who do I escalate to ?

- Implement local Command and Control
- Inform COO / Director of Operations/ On Call to present in dept
- Complete a departmental Safety Huddle

Consisder these ACTIONS

- Re Complete a departmental Safety Huddle
- Review Actions from Previous safety Concerns
- Review cat 5 & 4 patients and ask them to leave department
- Consider Ambulance Divert
- Discuss with Senior Team Plan
- Enact Surge Plan – Open Majors 2

Appendix 6 – Patient Placement



The flow chart below identifies the patient pathways related to a positive COVID-19 diagnosis.

Patients can and should be discharged before resolution of clinical symptoms provided they are clinically assessed as medically fit

Remaining an inpatient

Continue IPC precautions for 14 days from SARS CoV-2 specimen date. Unless the patient is immunocompromised (see below), precautions can then be stepped down if:-

- clinically improved
- apyrexial (temperature less than 37.8°C) for ≥48 hours
- no underlying immunosuppression
- no other suspected/confirmed infections requiring isolation

Cough and loss of sense of taste/smell may persist for some time in some individuals, and these are not indications of on-going infection.

For severely immunocompromised patients, testing for clearance must be performed prior to discontinuing isolation at 14 days from the first positive sample. Two clear negative tests 48 hours apart are acceptable for step down. Lower respiratory tract sample are preferred. If repeat testing remains positive after 14 days, IPC precautions (including use of PPE) must be maintained for a further 7 days. Discuss with Infection Control.

Rapid testing for other potentially infectious organisms i.e. CPE, MRSA, C difficile can be arranged in discussion with Infection Control Team.

Care settings

Discharge screen must be taken within 48 hours prior to discharge.

Rapid screens should not be used routinely for this purpose.

Information required on discharge includes:-

- Date of admission
  Date of the onset of symptoms where applicable
- Date and results (where available) of all COVID-19 test
- Temperature check prior to discharge

Own Home

Discharge screen should be performed where there are concerns about household contacts that are extremely vulnerable or shielding.

Advise the patient (and household contacts) to follow Stay At Home guidance for 14 days from the date of the first positive test.

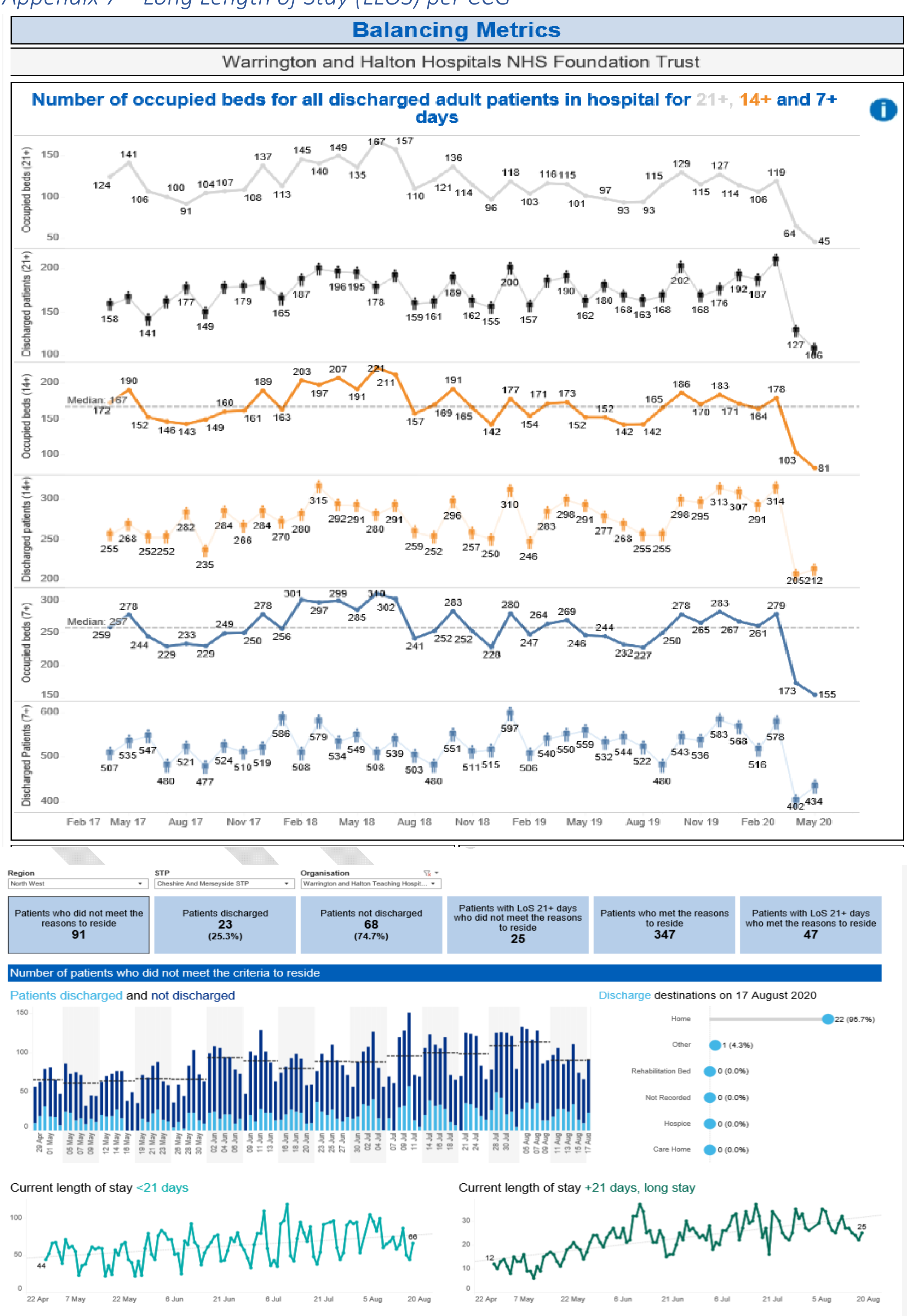
Testing for clearance must be performed, prior to discharge if there are extremely vulnerable people living in the same household. If the result is still positive, consider discharging to an alternative address if possible – If not appropriate / possible to maintain social distancing measures.

Ensure consideration is given to safe transport home, if the patient is within the infectious period (14 days from onset of illness or first positive result). Home isolation should be continued for 14 days from the date of the first positive test unless the patient has already completed their appropriate period of isolation within hospital.

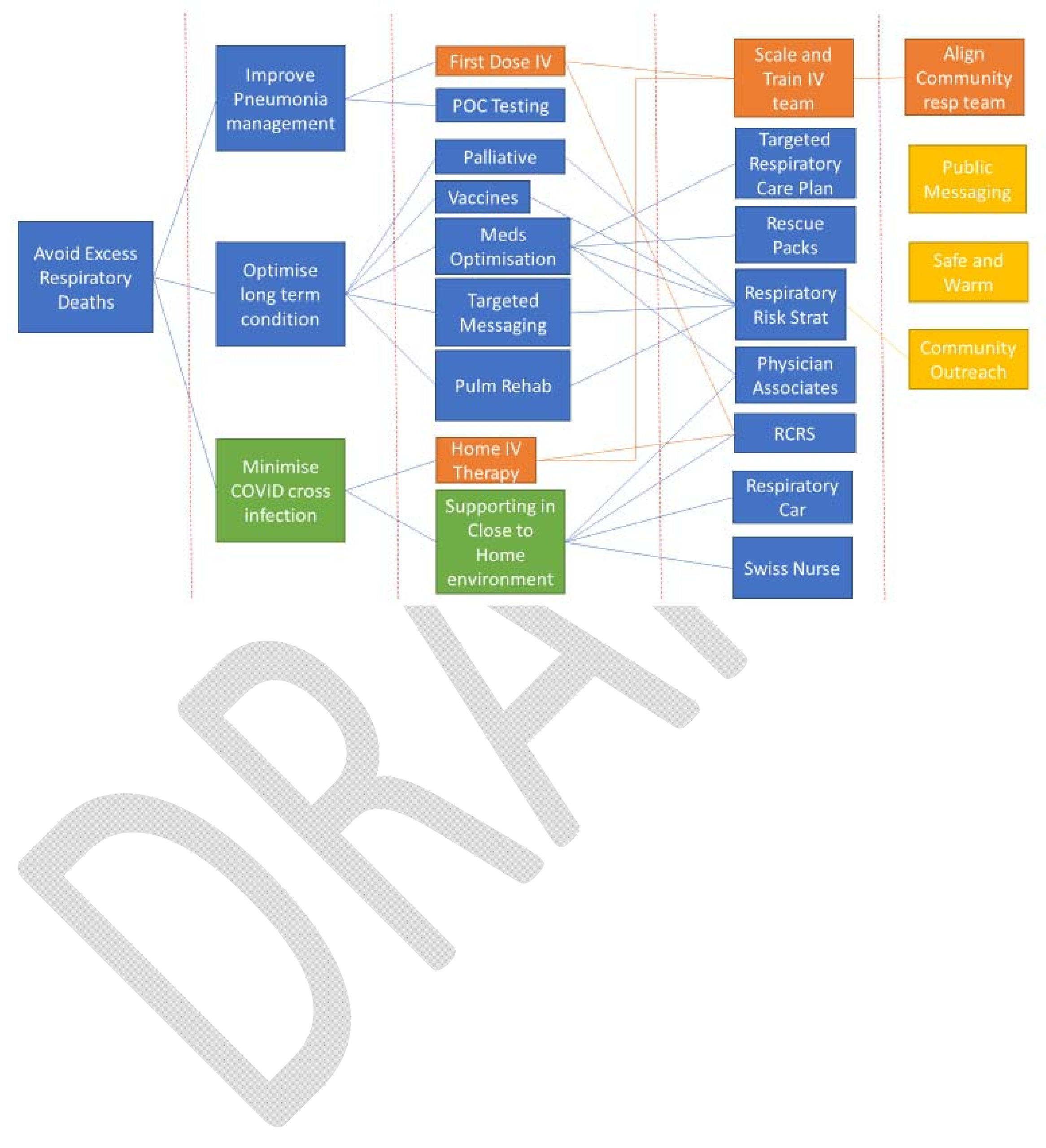
Safety netting advice must be provided about what to do if symptoms worsen, including what to do if a household member develops symptoms (access the Test and Trace via the government website) https://www.nhs.uk/conditions/coronavirus-covid-19/testing-and-tracing/ or ring 111

PPE packs are available for family member caring for the patient during the infectious period, request pack from the control room.

Appendix 7 – Long Length of Stay (LLOS) per CCG



Appendix 8 – Respiratory Driver Diagram



DRAFT

Agenda Item 5

REPORT TO:	Health and Wellbeing Board
DATE:	7th October 2020
REPORTING OFFICER:	Director of Adult Social Services
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Initial report on the impact of the coronavirus on Halton's Adult Social Care Mental Health Services
WARD(S)	Borough-wide

1.0 **PURPOSE OF REPORT**

1.1 This Report provides an early account of the mental health and wellbeing impact of the coronavirus on people known to the adult social care mental health services in Halton, and also describes some of the adjustments to service delivery that have had to be made.

2.0 **RECOMMENDATION**

It is **RECOMMENDED that**

a) The Board note the contents of this report and
b) Consider the recommendations in paragraph 3.7

3.0 **SUPPORTING INFORMATION**

3.1 **Introduction:**

3.1.1 In a very short time, the coronavirus pandemic has had a profound impact, not just on individual physical health, but also on much wider social and economic factors. More recently, increasing attention is being paid to the impact on individuals' mental health arising (in the case of health and social care keyworkers) from the massive pressures placed on the health and social care systems, but also on people who have been directly bereaved by the virus, those whose employment has been reduced or lost as a direct result of the virus, and those whose mental health has suffered because of the restrictions placed on them and the changes to the society around them.

3.1.2 This Report attempts to capture some early impressions and data about the ways in which the coronavirus have affected people who have been referred to the council's mental health social care services. It covers two periods: Quarter 4 of 2019/ 20 (January to March) and Quarter 1 of 2021/ 21 (April to June). Quarter 1 202/ 21, of course, largely covers the entire period of the lockdown across the country. In terms of the statistics that are presented, it is very likely that the next, as yet unreported Quarter, will show a considerable increase in social care mental

health activity, if the currently anecdotal information is accurate.

3.1.3 The Council’s mental health services cover three areas:

Statutory work under the Mental Health Act: this work which requires an Approved Mental Health Professional (AMHP) (which in Halton, as in most other areas, is always a social worker with a highly enhanced level of training). It involves assessing individuals with high levels of mental health need and risk for detention in hospital under the Act, with a strong emphasis on prevention of admission if appropriate.

Mental Health Social Work: the social work service in Halton for people with mental health needs covers two main areas: services for people who have complex mental illnesses which require support from the secondary mental health services provided by the North West Boroughs, and services for those people, usually older, who have memory problems most commonly associated with dementia. The social work services are closely aligned to inpatient services and the community mental health teams within the North West Boroughs. The majority of the AMHPs are also social workers within the mental health social work teams. In addition to this more complex work, the social work service also supports people with mental health issues who are only known to primary care services; their needs may be less complex but can still have significant implications for the individuals and their families.

Mental Health Outreach Team: this service provides direct support to people with less complex mental health needs, and is also responsible for managing and delivering services from the Halton Women’s Centre. The large majority of referrals are from either primary care services, or from the North West Boroughs, where secondary care support has been deemed to be unnecessary. The focus of the service is to prevent further mental health deterioration by providing support targeted to an individual’s needs, at a time when they most need it.

3.2 The regional picture:

3.2.1 The potential impact of the coronavirus pandemic was discussed at a meeting of North West Mental Health leads for social care in July 2020, there was not a consistent picture at that stage of the impact of the coronavirus on Mental Health Act assessments. A number of issue were identified, however:

- Most areas reported that there had been a quieter than expected period for Mental Health Act assessments at the start of lockdown, but as time progressed this rate had increased considerably
- There appeared to be an increase in the numbers of people admitted to hospital who had not previously been known to services

3.3 Mental Health Act assessments:

3.3.1 Overall, the numbers of people assessed for compulsory admission to hospital under the Mental Health Act were relatively stable across the two quarters: 64

were admitted in Quarter 4, and 71 in Quarter 1. Although this is a 10% increase, there is nothing to say that this is in itself significant; small variations in admission rates are not uncommon. However, the very fact of an increase in Quarter 1 may be a prelude to a greater increase in subsequent reporting periods; this will need to be the subject of a future report.

3.3.2 The data relating to the outcomes of the assessments is seen in the table below. This shows whether the person concerned was admitted at all (the “no admission” category below), and if they were admitted, whether they agreed to be admitted (the “informal admission” category) or, if not, which Section of the Mental Health Act applied.

Count of Category	**Qtr 4-2019/20**	**Qtr 1-2020/21**	**(blank)**	**Grand Total**
Informal Admission	5	5		10
MH 1983 135 Warrant to Search & Remove		1		1
MH 1983 136 Removal to Place of Safety	2	4		6
MH 1983 2 Admission for Assessment	24	26		50
MH 1983 3 Admission for Treatment	17	17		34
MH 1983 4 Emergency Admission	1			1
MH 1983 5 Doctors Holding Power		2		2
MH 1983 7 Guardianship Local Authority	1	4		5
MH AMHP Community treatment order	8	9		17
MH AMHP No Admis - Alter care - assess comp	6	2		8
Other Acts - Emergency protection - other legis		1		1
(blank)				
Grand Total	**64**	**71**		**135**

3.3.3 There is relatively little variation in the admissions over the two quarters. The same number of people were admitted informally each quarter (5 in each case), as were the numbers of people detained under Section 2 (for assessment) or Section 3 (for treatment). The only slight changes relate to the use of Section 136 (the police powers to detain people found in a public place, who are thought to be suffering from mental illness and may be a danger to themselves and others) and Section 7, relating to people placed into the Guardianship of the local authority. In terms of the latter category, this is not related to the coronavirus, as it is almost entirely due to annual renewals of existing Orders. At this stage, it has not been possible to do a more detailed interrogation of each admission to hospital, to establish whether issues relating to the coronavirus contributed to the person’s mental health decline.

3.3.4 The admission process itself was more significantly impacted upon by the presence of the coronavirus. Firstly, the number of AMHPs available to do the assessments was reduced, from around 10 under normal circumstances to 6, mainly because a number of AMHPs were shielding during the lockdown period. This inevitably led to an increased burden of work on the few AMHPs who were

available to do the work. There was however some redistribution of work because those people who were shielding were able, by working remotely, to gather information about the referrals as they came in.

3.3.5 All the AMHPs were working from home, and in some cases live some distance from Halton, which potentially built a delay into the assessment process, but this was eased somewhat by the fact that ambulances and doctors were more readily available to do the assessments than they would have been under “normal” circumstances. There is no evidence of any harm arising from these changes in process.

3.3.6 There were some concerns from the AMHPs that their arrival in full PPE could make things worse for the person experiencing complex mental health problems. No evidence has been gathered either way about this, but it is clear that the AMHPs did everything possible to make the process as easy as possible for the patient concerned.

3.4 Mental health social work:

3.4.1 Anecdotal information from the mental health social work services suggests that the presence of the coronavirus has indeed impacted significantly on some people with complex mental health problems. Isolation during lockdown has resulted in some cases (including people assessed for admission under the Mental Health Act) in increased paranoia, anxiety and low mood. The closure of community resources and activities, and restrictions on social gatherings, have added to this, and there is some evidence that personal relationships have been affected, with some increase in substance misuse. The need to provide home schooling has also contributed to individual stresses.

3.4.2 Direct visits by social workers essentially ended during the lockdown period, except in situations of the greatest need, when full protective equipment was used. This in itself was another potential source of distress for patients, particularly those (such as some people with dementia) who had less understanding of the reasons why people were dressed in such a way. There was a substantial increase, however, in the use of phone contacts and video technology to keep in touch with people, and this seems to have provided some comfort to individuals. There has been a small increase in the numbers of direct payments made to people to provide them with a personal assistant, which is most likely associated with increased loneliness and isolation because the usual supports were unavailable.

3.5 Mental Health Outreach Team:

3.5.1 As with the social work service,_direct contact with individuals by the Outreach team staff was much reduced, although some such contacts did take place, whilst ensuring safe social distancing and using protective measures. During the period from 23rd March to 30th August, the team was in contact with 266 clients, more than doubling the usual activity rates. Around two-thirds of contacts were by telephone; the team carried out regular welfare calls to all those people who were

currently open to workers and to those who were on the waiting list for their services. These welfare support calls would last for a minimum of 15 minutes, but could take as long as 1½ hours, according to need. Since the easing of lockdown, the team have gradually increased their face to face contacts with people, and on average each member of staff is now seeing three people each day.

3.5.2 Almost 40% of the new referrals to the team during the period identified above (there were 61 cases in total referred during the period) were specifically triggered by the coronavirus. A significant number arose because people were struggling with anxiety, depression, additional personal stressors and problems with actually coping during the lockdown period; others were seriously concerned about contracting the virus and restarting their lives. Three referrals arose because of low mood arising from family bereavement because of the virus. It should be added that most of the other referrals to the team, whilst not specifically related to the coronavirus, indicated that the presence of the virus has negatively impacted on their mental health.

3.5.3 As described earlier, the Outreach Team is also responsible for the delivery of the work of the Women's Centre in Runcorn. The Centre itself was closed during the lockdown period, but has more recently gradually moved to reopening, following a detailed Covid risk assessment. The referral rate to the service was relatively low during this period, which may be because people thought that, as the Centre was not open for public access, then it was not open at all. In fact, direct contact with individuals continued throughout the period: 26 new referrals were received and 55 women received at least weekly telephone support during the lockdown period, for ongoing mental health and wellbeing issues. Of this latter group, the majority of issues related to increased anxiety around the coronavirus, with additional stressors arising from increased isolation, relationship difficulties and family issues, lack of respite from child care responsibilities, financial concerns and general feelings of not coping.

3.6 Discussion:

3.6.1 The early indications are that the impact of the coronavirus on people's mental health and wellbeing in Halton has been quite considerable, although it will take at least another quarter before this is more fully understood. At this stage, there is no direct information about this impact on the delivery of the North West Boroughs' specialist mental health services, or on the services and supports delivered by primary care mental health services. There is also no local information available which describes the effects on different age groups, and particularly people with dementia. These may be further fruitful avenues for the Board to explore.

3.6.2 Across the mental health social work community in the North West, there has been some discussion about whether mental health services are always the right response to the issues that individuals have felt as a result of the coronavirus. Clearly some people have experienced considerable levels of distress, and have quite rightly been referred to primary or secondary mental health services, depending on their levels of need. Some will also have needed direct input from adult social care provision. For others, however, there are many existing services and supports available within the voluntary sector and public health services, and

as the impact of the coronavirus is more fully understood, so there may be a need to be more careful about the types of support that people need, and indeed further provision may be needed.

3.7 Discussion:

3.7.1 Summary and Recommendations: this has been a snapshot which has focused on a particular service area (adult social care mental health services) and a particular time frame. The board may wish to consider:

- Seeking a further report in three months, which will give more detailed information about referral rates and mental health outcomes in the subsequent Quarter
- Seeking information from the North West Boroughs and primary care services about any impact of the coronavirus on the delivery of their services

4.0 POLICY IMPLICATIONS

4.1 There are no policy implications arising from this Report.

5.0 OTHER/ FINANCIAL IMPLICATIONS

5.1 There are no financial implications arising from this Report.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

At this stage, there is no clear local information about the effects of the coronavirus on the mental health and wellbeing of local children and young people.

6.2 Employment, Learning and Skills in Halton

There are no direct implications for employment, Learning and Skills in Halton arising from this Report. However it must be noted that, for many people in the borough, their employment and any training opportunities may have been significantly impacted by the presence of the virus, and this may in turn have additional knock-on implications for the mental health and wellbeing of local residents.

6.3 A Healthy Halton

This Report focuses on the mental health and wellbeing impacts of the presence of the coronavirus in Halton. These impacts may have long-term implications for the overall health and wellbeing of the borough, but it is not possible at this stage to give a clear picture of what these implications may be.

6.4 **A Safer Halton**

There are no implications for a Safer Halton arising from this Report.

6.5 **Halton's Urban Renewal**

There are no implications for Halton's Urban Renewal arising from this Report.

7.0 RISK ANALYSIS

7.1 At this stage, any long-term risks are difficult to quantify. It is likely that some, perhaps many, individuals may experience lasting mental health effects as a result of the presence of the pandemic, and local care and health staff may be similarly impacted.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 There are no specific equality and diversity issues that have been identified as part of this Report. However it should be noted that there is increasing national evidence that the coronavirus may have a more powerful impact on those communities which are most subject to poverty and deprivation. For Halton, this may mean that some areas may experience more impact on local mental health and wellbeing than in other areas.

9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

9.1 There are no background papers relevant to this Report.

Action plan for Adult Social Care Mental Health Services

Service area	Actions	Lead Officer (s)	Timescales
Mental Health Outreach Team (MHOT)	Report data about Covid-related referrals to MHOT to Divisional Manager on monthly basis Report outcomes of interventions within MHOT to Divisional Manager on monthly basis Collect and report data to Divisional Manager on a monthly basis from Women's Centre which reflects referrals and outcomes of intervention for people with Covid-related mental health issues Collect case examples from MHOT and Women's Centre about people with Covid-related mental health issues Review team business continuity plans and risk assessments (including safe working practices for front line staffe to ensure that they are fit for a "second wave" of Covid-19	MHOT team manager	October 2020 and ongoing October 2020 and ongoing October 2020 and ongoing October 2020 End October 2020
Social work service	Analyse referrals to the service since lockdown to determine how many cases contained direct or indirect reference to Covid-19 For those cases identified, analyse outcomes and services provided Report results to Divisional Manager Establish system for continuing to collect the above data and reporting it on a monthly basis Review business continuity plans and risk assessments (including safe working practices for front line staff) to ensure "second wave" appropriateness	Principal Manager	End October 2020 End October 2020 End October 2020 End October 2020 and ongoing End October 2020

Service area	**Actions**	**Lead Officer (s)**	**Timescales**
Approved Mental Health Professional (AMHP) Service	Analyse Mental Health Act assessments for reference to Covid-19 and report on outcomes for people who use services Review business continuity plan and risk assessments (including safe working practices for AMHPs during assessments) to ensure effectiveness in the event of further restrictions because of Covid-19	Principal Manager AMHP lead	End October 2020 End October 2020
Divisional Manager	Quarterly update reports to Directorate Senior Management Team Liaise with colleagues in NHS Halton CCG to determine mental health impact of Covid-19 Liaise with colleagues in North West Boroughs to determine mental health impact of Covid-19	Divisional Manager	December 2020 and ongoing October 2020 October 2020

Agenda Item 6

REPORT TO:	Health and Wellbeing Board
DATE:	7th October 2020
REPORTING OFFICER:	David Parr, HBC Chief Executive
SUBJECT:	Lloyds Banking Foundation – Update

1.0 PURPOSE OF THE REPORT

1.1 To provide Board Members with an update on the work of the Lloyds Banking Foundation in Halton.

2.0 RECOMMENDATION

2.1 Board Members are asked to:-

Note the reports content and agreed to continue to support the work of the Foundation in Halton.

3.0 BACKGROUND INFORMATION

3.1 In October 2019 the Board received a presentation from Jill Baker, from the Lloyds Banking Foundation about their work to support six areas across the Country. Halton had been identify as one of those potential areas and the HWBB were asked to support the initiative if successful.

3.2 Lloyds were looking to engage the whole system to look at how services for people facing complex social issues are resourced, designed and delivered. Lloyds wanted to focus on the 3rd sector working with statutory partners, with things like funding core costs for six years, mentoring and peer support and matching of need against demand.

4.0 CURRENT CONTEXT

4.1 In November of 2019, Halton was confirmed one of the areas selected. Colleagues from Lloyds came to Halton for a two day study visit and met with several key Partners – in early March (appendix A is a short briefing note that was shared as part of this process). Since then some of the anticipated activities have been waylaid by Covid, but colleagues from Lloyds have continued to support Parnters in Halton.

Attached is an update of their involvement/activity in Halton (appendix B).

Appendix A

Lloyds Bank Foundation, Local Implementation Lead: Visit to Halton

Background to our work

Lloyds Bank Foundation partners with small charities to support people facing complex social issues. Over the last five years we have sought to strengthen the charities we fund, and influence the environment in which they operate. In these tough times those small and local charities who are so connected to the people they serve are needed more than ever – so we need to do more to help them not just survive now but thrive tomorrow. Now we're extending our development work in line with our new strategy, Reaching Further, with the aim of deepening our understanding about the solutions that already work or are still needed, to address the complex social issues that are the focus of our funding. We are working with six places or communities across England and Wales, and Halton is one of those six. The focus of this work is:

- **To engage the whole system to look at how services for people facing complex social issues are resourced, designed and delivered**

In initiating this work in Halton, we want to get to know everyone involved in the development, delivery and funding of services – from the local authority, local people, charities, the CCG, Public Health, police, local businesses, grant makers and foundations, and infrastructure bodies such as the CVS.

Our approach

We will

- facilitate conversations about the assets, strengths, challenges and gaps, and together with local partners we'll explore what difference we can make.
- start by looking together with partners at the strengths in systems that already exist, from good relationships and partnerships to physical assets such as buildings, and scoping out the gaps that need filling through new ideas.
- engage our range of development tools to provide support to local charities, including supporting organisations to diversify their income, access skilled volunteers and helping to build their capacity according to individual needs.

We won't:

- dictate how services should look, or fund the delivery of a project.

Purpose of 2/3 day visit

In order to get to understand the context in Halton, our Local Implementation Lead, Harriet Ballance (and one or two colleagues), will be visiting the area on **9th and 10th March 2020**. The purpose of this visit is as follows:

- For us to begin to map out and understand the key organisations, people, and strategic partnerships in the area, so we understand what we mean by 'the whole system'
- Orientation: to gain an understanding of the geography of the area
- Most importantly to begin to build relationships with local partners, which will be the foundation of this work

It's crucial to our work that we get to know your local context, and can adapt our work to make the biggest impact by taking account of the specific local assets and challenges. To do that, we see this initial visit as a vital step in initiating the wider piece of work described above by getting to know the area and its people.

Appendix B

Update from Lloyds Bank Foundation October 2020

Since the presentation to the Voluntary Sector Forum and the Health and Wellbeing Board last year two members of the Foundation's Development Team, Harriet Ballance and Victoria Burrows visited in March. This was an initial two-day scoping visit where they were able to meet various members of the community including charities, Fire Service, Health services, members of Halton Borough Council and the Chamber of Commerce.

Lockdown has prevented further planned visits and the scoping work has therefore continued virtually. Members of the Lloyds team has joined the VCSE response calls and have continued to speak to members of the community including David Parr, Sophie Bartsch, John Moores University, Well North, CCG staff, social enterprises, charities, and businesses.

They have also offered assistance in the form of a small grant to the Halton VCA and provided advice, ringfenced two development grants for Halton charities and are developing a support offer in conjunction with the VCA. They have helped restart conversations on the future of the Halton Foundation reviewing its purpose and aims.

Despite the uncertain times, the Foundation team are keen to get back to their longer-term focus of working with Halton to look at the wider issue of system change. With this in mind, they have been gathering information from some more recent initiatives in Halton that have identified issues people would like to change. The next logical step would be to bring people together in virtual workshops to look at these issues and agree a common one to start their work.

 Agenda Item 7

REPORT TO:	Health & Wellbeing Board
DATE:	7th October 2020
REPORTING OFFICER:	Strategic Director, Economy, Community & Enterprise Directorate
PORTFOLIO:	Community Safety
SUBJECT:	HBC Local Lockdown Emergency Plan to support Shielded, Vulnerable and those Self-Isolating
WARDS:	Borough wide

1.0 PURPOSE OF THE REPORT

1.1 The purpose of the report is to share the ‘HBC Local Lockdown Emergency Plan to support Shielded, Vulnerable and those Self-Isolating’ for Shielded and Vulnerable Individuals.’ The plan has been produced in response to a risk of a local lockdown and the impact on these vulnerable individuals who reside within the Borough.

2.0 RECOMMENDATION: That

1) **the report be noted; and**
2) **the Board approves the Emergency Plan.**

3.0 SUPPORTING INFORMATION

3.1 Background

3.2 Following the national lockdown of the Country, supporting Shielded and Vulnerable Individuals within the Borough has been a key priority for the authority. The authority has assisted these individuals with the support mechanisms they have required at this uncertain time. There are more than 6,000 Shielded Individuals who reside within the Borough.

3.3 Following the lockdowns in Leicester and potential other areas within the Country, the authority need to be prepared to experience and manage the risk of a local lockdown, especially supporting these individuals individuals within the defined lockdown area.

3.4 A 'local lockdown' may be a defined area, such as:

- A street / road
- A number of streets / road
- One side of a street
- Educational / Care setting
- Care setting
- Ward / Village
- Widnes / Runcorn
- Borough of Halton Borough Council
- Cross border
- North West of England
- North of England
- Whole of England

3.5 Guidance

The guidance for a local lockdown is based on monitoring of local data, recommended by the CHaMPs Public Health Collaborative guidelines (Cheshire and Merseyside). Further information is detailed within Appendix 1 of the attached Contingency Plan.

3.6 Local Planning

3.7 A local lockdown would potentially be required in the event of an outbreak occurring within one of the above defined areas. The authority has developed a suite of Contingency Plans in response to such an outbreak occurring. These documents are based on a number of various scenarios.

3.8 Should the mitigation measures detailed within the Outbreak Plans not be sufficient to reduce the spread of the virus, a Local Lockdown may be required. Therefore, the aim of the plan is to support the individuals, provide guidance for the authority and partnering agencies in the response to the 'Local Lockdown.' The objectives are to:

- Ensure all agencies are prepared and able to deal with a lockdown so as to protect those highlighted as shielded.
- Establish a range of procedures and actions for all multi agencies.
- Identify the resources available to provide health and wellbeing support to the shielded population and
- Identify triggers for Halton Borough Council staffing and resources.

3.9 The Contingency Plan is split into a number of sections with the aim to clearly inform the user of the document the processes and procedures required to support the affected defined area of of the community with the response required.

3.10 The plan also details and information regarding Shielded Individuals. This mapped by Ward. The maps and supporting documentation resides with contact information and support requirements. This information is updated on a regular basis, with the aim to ensure the document is resilient and 'fit for purpose' in the event of activation.

3.11 Due to the nature and level of information with the Contingency Plan, there are 2 versions, which are accessed via Resilience Direct (Restricted Cabinet Office Platform) and the authority's Emergency Planning Portal. Both portals have restricted access and permissions.

4.0 POLICY IMPLICATIONS

4.1 The recommendation the Contingency Plan to be activated and used on receipt of a notification of a local lockdown. This plan would aim to support the response to a local lockdown within a defined area within the Borough.

4.2 The Contingency Plan has been shared internally and externally with partner agencies, with the aim to raise awareness of the response and expectations of supporting partners.

5.0 FINANCIAL IMPLICATIONS

5.1 The Contingency Plan would aim to provide a structured process in relation to the efficient response and delivery to support the community in the event of a Local Lockdown. This in turn will aim to save time and cost to the authority.

6.0 IMPLICATIONS FOR THE COUNCIL'S

6.1 Children and Young People in Halton

6.2 A Healthy Halton

6.3 A Safer Halton

6.4 Halton's Urban Renewal

'None'

7.0 RISK ANALYSIS

7.1 This plan and detailed information reduces the risk of supporting the community in a time of crisis. The document outlines the key tasks and actions to be taken to ensure control measures are in place to support the community in a time of uncertain and crisis.

7.2 Following the activation and response to a Local Lockdown, there will be a continued series of Risk Assessments conducted Nationally, Regionally and Locally. The aim of these assessments to obtain intelligence in relation to the Covid-19 outbreak.

7.3 EQUALITY AND DIVERSITY ISSUES

'None'

7.4 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

Document	Place of Inspection	Contact Officer
HBC Local Lockdown Emergency Plan to support Shielded, Vulnerable and those Self-Isolating'	Attached to this report.	Michelle Cotgreave

OFFICIAL

Halton Borough Council

COVID-19

'Local Lockdown Emergency Plan to support shielded, vulnerable and those self-isolating'

August 2020

Disclaimer

The document has been co-ordinated and published in good faith by Risk & Emergency Planning, Halton Borough Council and is believed to comprise accurate and up-to-date information regarding all matters contained within the document at the time of writing. This document is a "live" document and is in line with National Guidance.

However, there is no guarantee warranty, nor binding assurance or representation of any kind given by virtue of the preparation or publication of this plan by Halton Borough Council:

- The plans, intentions, procedures and information herein are complete and without defect or error of any kind;
- Any action or series of actions, processes or procedures described herein as to be taken will be taken by the person or persons herein described or by any other person or persons acting on his, her or their behalf;
- All or any of the person(s), resources, equipment, facilities or services described herein will be available at all or any time or times;
- Any person or persons who act or fail to act in reliance upon this plan or any part or parts of it do so entirely at his, her or their own risk.

Plan Amendments

Version	Date	Plan Amendment	Produced By
1	July 2020	Production of HBC 'COVID-19 Outbreak Local Lockdown Contingency Plan' Draft Version	Emergency Planning in consultation with HBC Directorates.
2	July 2020	Document shared with Local Authority Public Health (Appendix: 2) Plan currently with Health Protection Board. Comments to be incorporated.	Emergency Planning Team
2.1		Addition of Comments from HBC Hub Call 22/07/2020	
2.2		Addition of comments from Halton CCG and further process details on how to complete searches	
2.3		Update to the title of plan as directed from Public Health	
2.4	August 2020	Formalised Activation procedure, added additional Appendices and reordered.	
3.0	August 2020	Review of plan following guidance received from MHCLG regarding contents of the plan; additional information added regarding: Demographics of Halton; implications of cross-border travel and lockdowns; further information regarding resources; impact of shielding and debriefing and recovery. Reviewed at EP Team Meeting.	

Page Intentionally Left Blank

Contents

Disclaimer 2

Plan Amendments 3

Section: 1 – Introduction 7

Aim & Objectives 9

Risks of a Local Lockdown 10

Enforcement of a Local Lockdown 11

Halton Demographics 12

Shielding (Clinically Extremely Vulnerable) 16

The Effects of Winter Pressures 21

Section: 2 – Activation 23

Activation 25

Section: 3 – Response 29

Roles & Responsibilities 31

Halton Borough Council 31

Supporting Agencies 36

Cross Border / Mutual Aid 39

Processes 41

Local Outbreak in a Complex Setting 41

Local Outbreak / Lockdown in a defined area 41

Clinically Extremely Vulnerable (SI) 42

Production and Maintenance of the Shielded Data Lists 44

Identification of Shielded Individuals within a Lockdown Area 45

Registration For Support 46

Provision of Support 48

Reporting 53

Section: 4 – Ward Information & Mapping 55

Halton Ward Information 57

Widnes 58

Runcorn 60

Maps 63

Registered Shielded Individuals who are receiving support by Polling District and Ward 64

Registered Shielded Individuals who are not receiving support by Polling District and Ward 65

Individuals who became Shielded after 17th July by Polling District and Ward 66

Non-Registered Shielded Individuals who are not receiving support by Polling District and Ward 67

Section: 5 – Review, Extension and Stand Down of Shielding Arrangements ... 69
Review of Shielding Arrangements ... 71
Extension of Shielding Arrangements ... 71
Stand Down of Shielding Arrangements ... 71
Section: 6 – Debriefing & Recovery ... 73
Debriefing ... 75
Recovery ... 76
Considerations of Additional Lockdowns ... 78
Section: 7 – Appendices ... 79
Appendix: 1 – Criteria for Covid-19 alert threshold and suggested process for C&M LAs to follow [23/07/20] ... 81
Appendix: 2 – Transport Links in Halton ... 89
Appendix: 3 – Shielding Letter ... 93
Appendix: 4 – Leaflet to accompany letter ... 95
Appendix: 5 – End of Shielding Guidance Email to GPs ... 97
Appendix: 6 – Public Health Outbreak Notification Processes ... 99
Appendix: 7 – Shielded Calls Outcomes ... 103
Appendix: 8 – Key Media Messages ... 105
Appendix: 9 – Call Assessment Form ... 107
Appendix: 10 – HBC Covid Calls Team ... 111
Appendix: 11 – Contingency SI Callers for Weekends ... 113
Appendix: 12 – Shielded Individuals Lockdown Pathway ... 115
Appendix: 13 – COVID Support Helpline Messages ... 117
Appendix: 14 – COVID Support Helpline Non-Lockdown ... 119
Appendix: 15 – COVID Support Helpline (Lockdown) ... 121
Appendix: 16 – Complex Settings Matrix ... 123
Appendix: 17 – Updating the Shielded Data Files ... 125
Appendix: 18 – Creating a Local Lockdown Call List ... 127
Document Contacts: ... 129
Communication Contacts for Local Groups & Cohorts to support Covid Halton Local Lockdown Plans ... 139
Distribution List ... 143

Section: 1 – Introduction

Page Intentionally Left Blank

Aim & Objectives

Aim:

- To provide guidance for Halton Borough Council and partnering agencies in the response to a 'Local Lockdown' in relation to Shielded / Vulnerable Individuals and the wider consequences.

Objectives:

- To ensure all agencies are prepared and able to deal with a lockdown so as to protect those highlighted as shielded.
- To establish a range of procedures and actions for all multi agencies.
- To identify the resources available to provide health and wellbeing support to the shielded population and
- To identify triggers for Halton Borough Council staffing and resources.

Risks of a Local Lockdown

A Local Lockdown would potentially be required in the event of an Outbreak occurring within a defined area.

Halton Borough Council has developed a suite of Outbreak Contingency Plans in response to such an outbreak occurring. This been based on a number of various settings.

The authority's Outbreak Contingency Plans are accessed via the following hyperlink: https://www3.halton.gov.uk/Pages/health/Covid-19-Preventing-and-Responding-to-Local-Outbreaks.aspx.

Should the mitigation measures detailed within the Outbreak Plans not be sufficient to reduce the spread of the virus, a Local Lockdown may be required.

Those individuals who are **Clinically Extremely Vulnerable (CEV)** and will be known as Shielded Individuals or SI within this document) are particularly at risk during a Local Lockdown. These individuals should not be leaving the household during this period to obtain essential supplies, medication or meeting family and friends.

There are other individuals who are also at risk. However, this group are of a lower risk than the SI. They too may also require support, and are known as **Non-shielded Vulnerable (NSV)**.

A third group of individuals are those who are asked to **self-isolate** as they have potentially been exposed to the virus.

A decision to commence shielding arrangements is activated by Central Government (in agreement with the Chief Medical Officer and Local Authority Director of Public Health). A number of triggers are utilised by Public Health England and Central Government on a decision to invoke an 'Area of Intervention' or 'Local Lockdown'. Monitoring of local data is actioned by Halton Borough Council's Outbreak Support Team and CHaMPs (Cheshire & Merseyside Public Health Service).

The following triggers have been prepared by Public Health England as indicative a local lockdown may be required:

- 1-day rate: 7/100,000; 7-day rate: 30/100,000 or 14-day rate: 50/100,000.
- Significant increase in absolute numbers (e.g. doubling) of cases in any local authority in any given day.
- Weekly moving average cases with consistently increasing trend for the local authority.
- Increasing number of Covid-19 related calls to NHS 111 from local area NHS111 & 111 on-line.

Please Note: online data may include the same people checking more than once.

Further information is detailed within Appendix 1

Enforcement of a Local Lockdown

The implementation of a full local lockdown of the scale implemented in other areas of the country such as Leicester will require legislation and direction from central government. The local authority and police may be provided with powers to enforce this lockdown.

In addition local authorities have been granted local powers to;

- restrict access to or close individual premises
- prohibit certain events or types of events from taking place
- restrict access to or close public outdoor places (or types of outdoor public places)

These powers are designed to enable a local authority to take decisive local action in relation to localised outbreaks or to prevent the local spread of infection in order to control the number of local corona virus cases and thereby prevent the circumstances arising that may require a full local lockdown.

The consequences of the council exercising these powers may require consideration and implementation of the contingency measures set out in the plan

Further information regarding the regulations can be found:
https://www.gov.uk/government/publications/local-authority-powers-to-impose-restrictions-under-coronavirus-regulations/local-authority-powers-to-impose-restrictions-health-protection-coronavirus-restrictions-england-no3-regulations-2020

Halton Demographics

Ethnicity

The borough of Halton has a below average BAME (Black, Asian + Minority Ethnic) community (2011 Census data), with 97.8% of residents being "White."

Since the previous UK Census, there have been a number of refugees and asylum seekers arriving in the borough from the Middle Eastern, African and South East Asian regions, predominantly from the Syrian Refugee Relocation Program and SERCO placing a number of Asylum Seekers within the borough.

Halton Borough Council's Partnership Officer maintains regular contact with the agencies which support these individuals along with their faith groups. At present, a larger than 'average' population of BAME individuals are located at the Daresbury Park Hotel. This is due to SERCO utilising the facility whilst assessing Asylum Seekers.

Financial Support

In 2019, the Office of National Statistics (ONS) released data with respect to deprivation. Halton is ranked as the 23rd most deprived Local Authority within the UK (total of 317 LAs within the UK). The data details how 30% of the population fall within 10% of the UKs most deprived residents.

The authority has well established support mechanisms for those individuals who require additional financial support both 'internally' and through the 'voluntary sector.' Where individuals are identified as requiring financial support, the Contact Centre will signpost and direct people to the most relevant service.

Local Authority Services:

Welfare Rights is a service which aims to ensure those who are in receipt of a low income are receiving the correct level of support from Central Government, such as Universal Credit and its legacy benefits, Pension Credit, Personal Independent Payment or Disability Living Allowance. The service works in partnership with the Department of Works and Pensions (DWP).

Discretionary Support Service is a service which aims to provide emergency 'one-off' financial support, when all avenues have been exhausted. This may include assistance with utility bills or food shopping.

Adult Social Care Service provides a range of services to individuals and families who require support for those who have a permanent disability (mental or physical) or are elderly. These may include provision of care, carer's support, financial management. This is also a referring service for Foodbanks.

Children's Social Care is a service which aims to provide additional support to families who are known to Children's Services and act as referring service for Foodbanks. The Children & Disabilities Service are able to provide additional support to families who have a member of the family, who is Clinically Extremely Vulnerable and are actively involved with the service (child or parent).

Emergency Duty Team (EDT) provide the emergency functions of Adult and Children's Social Care outside of core working hours.

The service operates

- Overnight Monday to Thursday from 17:30hrs – 09:00hrs
- Friday 16:40 – Monday 09:00, which includes Bank Holidays

Voluntary Agencies:

Foodbanks operate in both Widnes and Runcorn. These facilities provide essential parcels to individuals and families who are unable to fund the purchasing of food provisions. The majority of provisions included within the parcels are long life items, such as dry goods. Individuals who require a parcel are able to apply for a voucher via a referring agency, such as:

- Adult and Children's Social Care
- Citizen's Advice Bureau and
- Halton and St Helens Voluntary Community Action.

Halton Citizen's Advice Bureau (CAB) offer impartial and free advice and support to residents who require assistance with financial and legal matters. They are also able to provide vouchers for the Food Banks

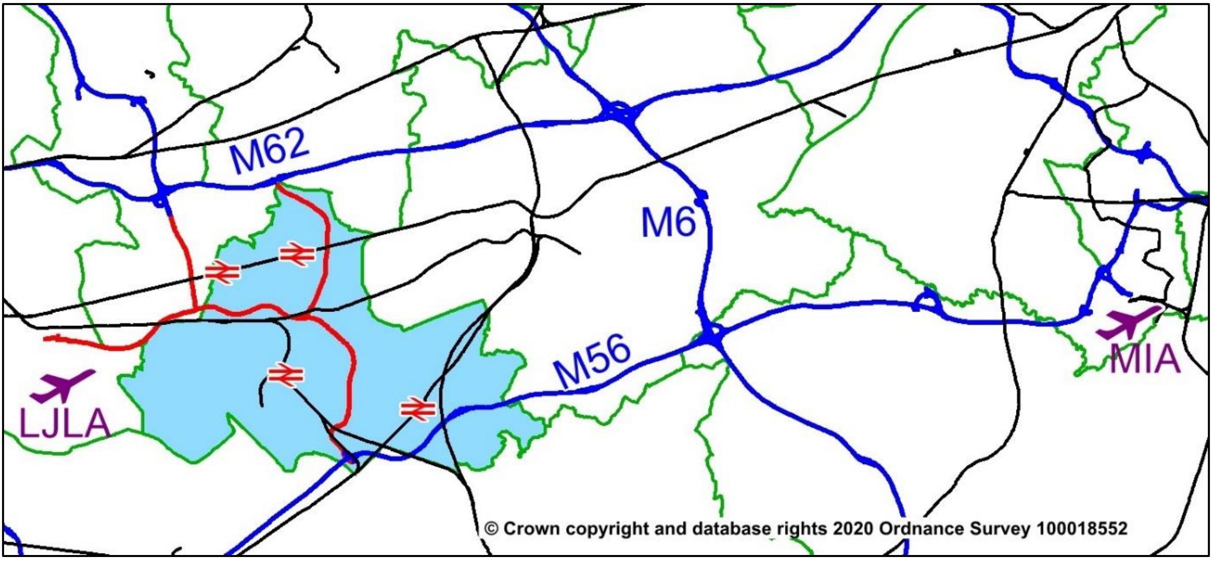
Halton and St Helens Voluntary Community Action (HSVCA) are a registered charity. The organisation have been providing a matching service for volunteers during the COVID pandemic for those that require support. The support that they can provide can vary, including someone to talk to, someone to walk the dog / take care of pets and to go shopping. HSVCA are also a referring agency for the Foodbanks in Halton.

There are a number of further agencies who provide support within the borough. Further information can be obtained via: https://onehalton.uk/shieldedsupport/

Transport

The three methods of transport, Air, Rail and Road including Bus, are well served within the borough of Halton. Figure 1 details the transport links within Halton and the surrounding region.

Figure 1 - Transport Links in Halton



A summary of the Transport Links for Halton are detailed within Appendix 2.

Shielding (Clinically Extremely Vulnerable)

There are a number of individuals who have underlying health conditions who have been required to take precautions to protect themselves in reducing the risk of contracting Coronavirus (Covid-19).

The virus poses a higher risk to a 'Shielded Individual' if exposed to the virus. Nationally around **2.5 million** people have been asked to shield, which **over 6,000** of those individuals reside within the borough of Halton.

Individuals who are clinically extremely vulnerable, are at a higher risk of serious illness from the Coronavirus. These individuals have been part of a NHS database for Shielded Individuals. These individuals would have been contacted to advise fit within the Shielded category. This contact would have been either by an NHS letter, advised by their GP or hospital clinician. The advice was to 'shield' during the initial outbreak of the Coronavirus.

Shielded Individuals include **clinically extremely vulnerable people** living in a long-term care facility for the elderly or people with special needs.

Clinically extremely vulnerable people may include:

1. Solid organ transplant recipients.
2. People with specific cancers:
    - people with cancer who are undergoing active chemotherapy
    - people with lung cancer who are undergoing radical radiotherapy
    - people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
    - people having immunotherapy or other continuing antibody treatments for cancer
    - people having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
    - people who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs
3. People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary disease (COPD).
4. People with rare diseases that significantly increase the risk of infections (such as severe combined immunodeficiency (SCID), homozygous sickle cell).
5. People on immunosuppression therapies sufficient to significantly increase risk of infection.
6. Women who are pregnant with significant heart disease, congenital or acquired.
7. Other people have also been classed as clinically extremely vulnerable, based on clinical judgement and an assessment of their needs. GPs and hospital clinicians have been provided with guidance to support these decisions.

Communication with the Shielded Individuals advised if they required support during the shielding phase, to register via a dedicated NHS website / telephone number. The NHS Shielded Patient website / telephone number closed Friday 17th July.

Following this process, the authority where advised via a daily download regarding the number of Shielded Individuals who had registered for support. Therefore, the authority used a number of Shielded HUB Callers to contact the individuals registered with the aim to confirm the level of support they required.

The 'Shielding population' was split into categories based on their status:

Category	
Registered shielded Requiring support with supplies, health & welfare	**RED**
Registered shielded Not requiring additional support	**AMBER**
Added to the Shielded Patient List (SPL) after 31st July	**Yellow**
Unregistered shielded on SPL before 31st July	**GREEN**

Post 31st July 2020 – New Shielding

Government have announced from 1st August 2020 the shielding initiative will cease. This document has been produced to scope how those shielded individuals will be supported post 31st July 2020 and / or in the event of a lockdown.

In relation to Table 1 below, all Shielded Individuals who fall within the **RED** and **AMBER** Categories have received an 'end of shielding' letter from Halton Borough Council (Appendix 3).

Table: 1 - Shielded Categories with Numbers

Number of Halton Residents	Shielding Status (as of 20/07/20)
1,439	Registered shielded and receiving a level of support from Halton Borough Council and/or partners [1]
2,403	Registered shielded and not receiving additional support
10 (will be added to post 17th July)	Added to Shielded Patient List after 18th July [2]
2556	Unregistered shielded up to 17th July [3]

[1] Those Shielded individuals receiving parcels from the National Delivery Supplier week commencing Saturday 25th July received a letter which was included within their parcel advising this was their last food provision. Also, advising shielding was ending. The letter gave advice regarding what actions to take if support was required. The main point of contact was the Local Authority. The National Delivery Suppliers operate over Multiple Local Authority footprints so the letter is unable to be specific to Halton Borough Council.

[2] The 10 individuals are individuals who have been contacted by the NHS advising they are eligible to shield following the closure of the National Support Helpline and Website - 18th July 2020. These individuals have not had the opportunity to register if they required support. These individuals will be contacted at the point of a Local Lockdown in the area in which they reside. These individuals have not received the 'end of shielding letter' from the authority.

[3] The 2,556 individuals who are unregistered shielded have been contacted by the NHS advising to 'shield' in advance of 17th July 2020. However, these individuals have chosen not to register for support. This group of individuals have not received the 'end of shielding letter' from the authority.

The letter was sent to the first two Shielded groups, with the aim to ensure these groups received the correct level of support (basic food supplies, emergency contact numbers, public health leaflet etc.) and reassurance post 31st July 2020. The letter also advised the recipient, Halton Borough Council would be in contact if there is a change to the Shielding advice related to Covid-19. Appendices: 3 & 4

The authority's Chief Executive wrote to all GPs and the Clinical Commissioning Group to advise of the arrangements which were in place to those shielding from 1st August 2020 (Appendix: 5)

Draft Guidance was received by MHCLG (7th August 2020) regarding the structure of this plan, including details of Data returns to MHCLG in relation to the outcomes on shielding actions. A number of individuals from the 'Amber' category where moved to the 'Red' category, as MHCLG requested return data on those individuals which requested support via the Registration Service. The reporting data for those included in these categories were initially based on the responses from the triage assessment and not the registration data. To ensure the data is "in-line" for the returning report to MHCLG, (17th August 2020), those individuals who were included within the Amber category had stated wished support via the National Registration Service were moved to the 'Red' category.

Non-Shielded Vulnerable (NSV)

Non Shielded Vulnerable (NSV) individuals are those who were encouraged to isolate for a variety of reasons.

These included:

- age
- health conditions and
- pregnancy (3rd trimester) during the initial Covid-19 outbreak.

The above category were not classified as 'clinically extremely vulnerable.'

All local services offering a response to the Covid-19 Outbreak (apart from the National Food Parcel Scheme) were made available to the NSV Category. They were advised to contact Halton Borough Council for support. A similar offer of support will be made available during a local lockdown situation.

Information, advice and guidance is available via: https://onehalton.uk/shieldedsupport/

Self-isolating

Those that have been asked to self-isolate by Test & Trace for two weeks will also be able to access support should they require it.

Further Consequences of a Lockdown

In addition to supporting those who are more susceptible to the virus, the authority are aware there is wider impacts and consequences which affect a Local Lockdown, including the following:

- Support of non-essential local businesses within the lockdown area;
- Schools within the lockdown area including transport of children;
- Working with NHS colleagues to support GP Surgeries and Urgent Care Centres;
- Public Transport and Highway infrastructure;
- Supporting those individuals who are living within the lockdown area:
  - Finances
  - Childcare
  - Mental Wellbeing

The Effects of Winter Pressures
Local Authority & National Health Service

During the winter months there are additional pressures on Local Authorities and the NHS in relation to Winter Flu and Severe Weather.

These pressures may include issues affecting Transport / Logistics and staffing, as well as the pressure of Winter Flu on the NHS.

Halton Borough Council has a number of Contingency Plans to respond to such instances:

- HBC Major Emergency Plan
- HBC Winter Flu Plan
- HBC Severe Weather Plan
- HBC Crisis Support Plan

Shielded Individuals

Those who are shielding due to their vulnerability to COVID-19, are also at risk of Winter Flu. In addition to Winter Flu Shielded Individuals in Halton may also experience additional pressures on them such as Fuel Poverty and social isolation. A leaflet will be distributed to all Shielded Individuals ahead of the winter season providing information. This will include information regarding the Affordable Warmth Scheme, Flu Vaccination, exercise and general wellbeing.

The Current Affordable Warmth Leaflet can be found:

https://www3.halton.gov.uk/Pages/health/hit/campaigns/winterwarmth.pdf

Flu Vaccination Programme

Influenza (flu) is an acute viral infection of the respiratory tract that spreads easily from person to person. Influenza is usually self-limiting in healthy individuals, with recovery in 3-7 days. Flu is very infectious and easily spread to other people, by germs from coughs and sneezes, which can live on hands and surfaces for 24 hours. It is most contagious during the first 5 days.

This year we will aim to tackle flu whilst living with the current constraints of Covid. As it has been identified in all guidance, the large majority of those who have been deemed high risk and asked to shield fall within the eligible flu criteria. Therefore it is more important than ever that we ensure all eligible cohorts are invited for their flu vaccine and are actively encouraged to attend for it.

Those who are eligible and at greater risk from flu include:

- all children aged two to ten (but not eleven years or older) on 31 August 2020
- those aged six months to under 65 years in clinical risk groups
- pregnant women
- those aged 65 years and over
- those in long-stay residential care homes
- carers
- close contacts of immunocompromised individuals
- health and social care staff employed by a registered residential care/nursing home, registered domiciliary care provider, or a voluntary managed hospice provider.

To address the different groups of people who are at risk from Covid and also require additional protection from the Flu Virus; the vaccination programme has been expanded to include additional groups this year.

These include:

- household contacts of those on the NHS Shielded Patient List
- health and social care workers employed through Direct Payment (personal budgets) and/or Personal Health Budgets to deliver domiciliary care to patients and service users
- Those 50-64 year old age subject to vaccine supply and phased through November and December

All eligible individuals are encouraged to contact their GP or local pharmacy as soon as possible to arrange for the flu vaccine to be given. Due to Covid Safe Guidelines, vaccination clinics and approaches to delivery of the vaccine may be different from previous years and early contact with your pharmacy or practice would really help planning.

Section: 2 – Activation

Page Intentionally Left Blank

Activation

This section has been prepared as an 'action guide,' with the aim to protect and support the previously 'shielded' population within the community in relation to a 'Local Lockdown' scenario. The document will work to prepare, alert and prevent the major avoidable effects in relation to 'health & wellbeing.'

Notification of an Area of Intervention

In addition to CHaMPS and HBCs Outbreak Support Team monitoring testing data (further information in Appendix: 6), Public Health England are also reviewing this. Where the triggers have been met the Director of Public Health (or her deputy) will receive a call from a Government Minister to discuss significant intervention with the aim to reduce the prevalence of the virus in the community.

A Localised Lockdown may be one of the outcomes of this discussion.

Reintroduction of 'Shielding' will be discussed between Ministers, Chief Medical Officer (or his deputy) and the Local Authority Director of Public Health. Shielding will only be reintroduced by Central Government due to entitlement to Statutory Sick Pay.

The discussion will also look to identify the location of the Area of Intervention (Local Lockdown) and the length of time shielding will be put in place. The DPH and Department of Health and Social Care (DHSC) and Ministry of Housing Communities and Local Government (MHCLG) Policy Teams will identify the location of the Area of Intervention (Local Lockdown). These will include identifying individuals affected by the reintroduction of Shielding arrangements.

The DHSC (as NHS) will contact those individuals advising of the shielding arrangements. The wording of this letter will be discussed, to ensure local contact details are included for local registration, or the National Registration Service details for registration on a national footprint.

Following the confirmation of Shielding Letters being sent to local residents, will automatically activate this plan.

Cost Recovery

An unringfenced Section 31 Grant is available to support Local Authorities to provide support to SI during a 'Shielded Lockdown' situation. The payments are made of a specified amount per Shielded Individual and is calculated from the Shielded Patient List.

A Local Lockdown may occur in one of the following areas:

- A street;
- A number of streets;
- One side of a street;
- A Complex Setting:
    - Educational setting;
    - Care setting;
    - Workplace;
- Ward / Polling District;
- Village;
- Widnes;
- Runcorn;
- Borough of Halton Borough Council;
- Cross border:
    - Cheshire Resilience Forum (Warrington, Cheshire West & Chester, Cheshire East);
    - Liverpool City Region (6 LAs) ;
- North West of England;
- North of England;
- Whole of England.

Notification

Once the nominated officer has activated the Lockdown Plan, the Emergency Planning Team will be contacted and together an 'action plan' will be agreed which will commence the response and support the area / community affected.

Following the receipt of notification, normal Emergency Planning communication cascade will be actioned.

The following officers notified of the Local Lockdown who will further cascade to their staff:

- Chief Executive (if not already sighted)
- Strategic Director Enterprise, Community & Resources;
- Strategic Director People;
- Leader of the Council;
- Deputy Leader of the Council;
- Ward Elected Members;
- Ward Elected Members for adjacent Wards;
- Emergency Planning Portfolio Holder;
- HBC Operational Directors
- Principal Emergency Planning Officer;
- Duty Emergency Planning Officer.

In addition to the above internal notifications, the Emergency Planning Team will contact the following partner agencies:

- Partner Agencies
  - Local Housing Associations
  - MerseyLink O&M (Tarmac)
- Liverpool City Region Local Authorities who will notify Merseyside Resilience Forum:
  - Knowsley Metropolitan Borough Council;
  - Liverpool City Council;
  - Sefton Metropolitan Borough Council;
  - St Helens Metropolitan Borough Council;
  - Wirral Metropolitan Borough Council.
- Cheshire Resilience Forum Secretariat who will notify:
  - Cheshire Constabulary (including British Transport Police);
  - Cheshire Fire & Rescue Service;
  - North West Ambulance Service;
  - NHS England and Improvement (NHSE/I);
  - Warrington & Halton Clinical Commissioning Group;
  - Public Health England (PHE) or its replacement National Institute of Health Protection (NIHP);
  - Cheshire East Council;
  - Cheshire West and Chester Council;

  - Warrington Borough Council;
  - British Red Cross (as lead Voluntary agency in Cheshire);
  - Highways England;
  - Network Rail;
  - Avanti West Coast (as lead Rail Operator in Cheshire);
  - Liverpool John Lennon Airport;
  - Manchester International Airport.

The following officers / services will be involved as part of the response to a Local Lockdown:

- Emergency Planning Team;
- Public Health Team;
- Environmental Health (including the Local Test, Track and Trace Team);
- Health Improvement Team;
- Halton Direct Link Contact Centre;
- Communications and Marketing and Customer Intelligence;
- OOH Team;
- Partnerships Officer;
- Lockdown Shielded Calls Team and Admin;
- Adult Social Care Contracts;
- Children with Disabilities Service
- Complex Settings Working Group;
- Traffic Manager;
- Transport Co-ordination;
- Highways Division.

Section: 3 – Response

Page Intentionally Left Blank

Roles & Responsibilities

This section outlines the roles of the authority and responding agencies / organisation prior to and during a 'Local Lockdown.'

Halton Borough Council
Public Health (Director of Public Health)

- On receipt of a call from a Government Minister and a Local Lockdown is required, define the area with DHSC/MHCLG Policy Teams and notify Chief Executive, Leader of the Council and Emergency Planning Team;
- Maintain contact and update Public Health England.

HBC Emergency Planning – Facilitate the following:

- Maintain and update the 'shielding lists' for the defined area within the Borough;
- On receipt of the details of the defined area, utilise the maps and Shielded Database to obtain details of those to be contacted. (Section 4);
- Create a Spreadsheet with contact information;
- Create a further spreadsheet from those to be contacted for outcomes. (Appendix: 7);
- Organise and schedule regular HBC Hub Shielded Teleconferences to take place;
- Field information to Shielded Hub Admin and Health Improvement Team to make contact with the individuals defined within the area;
- Support and liaise with Shielded Hub Team and Halton Direct Link Contact Centre;
- Work in partnership with Local Authority Public Heath Team;
- Update Chief Executive and Strategic Directors;
- Update Leader / Portfolio Holder / Elected Ward Councillors;
- Liaise with responding services / organisations / agency's;
- Liaise with Communications and Marketing / Contact Centre / Out of Hours Team regarding calls / communications / reassurance messages;
- Ensure Financial records are maintained;
- Ensure Corporate Log is maintained.

Adult Social Care Contracts Team

- Liaise with all care providers regarding the Area of Intervention;
- Notify Divisional Manager Care Homes should the Area of Intervention encompass a HBC Care Home.

Communications & Marketing

- Provide reassurance and information messages during a non-lockdown situation;
- In the event of a local lockdown work with Communications and Marketing Representatives from the other Responding agencies to co-ordinate a public information response to the lockdown;
- Provide co-ordinated reassurance information messages during a lockdown.
- Example messages are detailed via: Appendix: 8.

Customer Intelligence

- Maintain the COVID-19 Support area within the Halton Borough Council Website;
- Create and maintain a web-form https://halton.me/shielded-person-form/ (output is shown in Appendix: 9) for Hub Call Handlers to use to assess Shielded Individuals when called;
- Where directed, update the authority's website in the event of a local lockdown.

Shielded Individuals Hub Team / Admin Manager

- Form a Shielded HUB Call Handler Team (at short notice) using the staffing information in Appendices: 10 & 11;
- Distribute Shielded Individuals contact information to Hub Call Handler Team to make calls;
- Monitor incoming assessment forms and forward them to relevant departments using the Shielded Individuals Lockdown Pathway (Appendix: 12)

Shielded Individuals Call Staff

- Contact Shielded Individuals Calls list and assess needs using the web-form https://halton.me/shielded-person-form/ and submit completed form.

Halton Direct Link Contact Centre

- Operate COVID Support Helpline:
- 0151 907 8363
- During Office Hours: 08:00 – 18:00
- Monday to Friday.
- Update "Hold" Message via the 'COVID Support Line' with a message to reflect current situation (Appendix: 13):
    - Pre–1st August
    - Post – 1st August
    - Local Lockdown
- Following receipt of a call from a member of the public following 1st August and there is no 'Lockdown' in place, provide most appropriate support via "COVID Support Helpline Pathway (1st August 2020 onwards)" (Appendix: 14);
- Following receipt of a call from a member of the public during 'Lockdown,' provide the most appropriate support via "COVID Support Helpline Pathway Lockdown)" (Appendix: 15);
- Following receipt of a request regarding food provision in relation to the 'Adult Referrals e-mail Account,' contact the customer to discuss the options available and provide the support. (See Appendix: 12).

OOH Team (Telehealthcare Service)

- On receipt of a call from a member of the public requesting support, ask the resident can the request wait until the next working day:
    - If yes – email the details to Adult Referrals (Corporate & Policy) for a call back;
    - If no – complete the EDT Halton (SS002) as a normal Emergency Duty Team referral.

Emergency Duty Team (EDT)

- On receipt of a referral for support from a shielded individual outside of working hours, assess if the resident can wait until the next working day:
    - If yes – email the customers details to Adult Referrals (Corporate & Policy) for a call back;
    - If no – Provide the support as per normal EDT procedures.

Health Improvement Team

- Triage assessment forms in order to provide support with "Other Support" and forward the request to the most appropriate service for support. (Appendix: 12).

Pharmacy Support

- On receipt regarding a request for support with medication, arrange the most appropriate transport service (Cheshire Fire & Rescue or HBC Transport Co-ordination) using "Shielded Individuals Lockdown Pathway." (Appendix: 12).

Highways Division and Traffic Manager

- On receipt of the notification of an Area of Intervention brief staff and monitor the network.

Transport Co-ordination

- On receipt of notification of an Area of Intervention notify local bus operators and Mersey Travel of the area affected;
- Liaise with Education and Adult Social Care as to whether schools and day services activities are taking place and if transport is still required;
- On receipt of addresses from Shielded HUB Admin Manager / Emergency Planning Team, deliver parcels for Community Shop Boxes;
- Deliver medication as requested via the Pharmacy team.

Education Division and Children with Disabilities Team

- Using the Shielded Patient List, identify those parents or children who live in the Local Lockdown area or attend a school within the Local Lockdown area;
- Provide support to the family.

Complex Settings Working Sub Group

- Reporting directly to the Chief Executive and tasked with collating the contacts for community and external partners that would need to be informed in a local outbreak and lockdown situation. (Appendix: 16).

Volunteer Portal Support

- Halton Borough Council will provide up to three members of staff who can be re-called to support the volunteer portal with Halton & St Helen's VCA to cope with an influx of demand for volunteers to support residents.

Partnerships Officer

- On receipt of the notification, contact Plus Dane – SHAP as the commissioned provider for supporting resettled refugees with the details of the area in question, to provide support to those resettled refugees within that area.

Supporting Agencies

Cheshire Fire & Rescue Service Welfare Unit

- Provide home visit for uncontactable registered shielded;
- Complete medication deliveries when requested by Pharmacy Support.

Cheshire Constabulary – Operation Pandas

- Activate ‘Operation Pandas’;
- Provide home visit for uncontactable registered shielded.

Cheshire Emergencies Voluntary Agencies Committee

- Coordinate additional emergency support (not covered by this document) in the event of a local lockdown or Major Incident being declared (via Cheshire Resilience Forum);
- Act as a Single Point of Contact for Voluntary Agencies in the event of a Local Lockdown.

Department of Health & Social Care

- Provide support to the Local Authority, with Ministry of Housing Communities & Local Government, to provide support in identifying those individuals who are required to Shield in the ‘Area of Intervention’ (Lockdown area);
- Work with the Local Authority on the wording of the Shielding Letter to the SI in the Lockdown area;
- As the National Health Service, write to those SI advising that Shielding has commenced and how to access support if required.

Halton & St Helens Voluntary Community Action (VCA)

- Halton & St Helens VCA is the umbrella organisation for Halton’s voluntary sector, otherwise referred to as the third sector. This sector is large and varied from small neighbourhood or thematic groups such as sport, arts & culture and the more formalised part of the sector with large organisations, social enterprises and charities such as Age UK, Barnardo’s, Wellbeing Enterprises, Sew Halton etc.;
- VCA also support volunteering in Halton and have a portal which matches local volunteers with residents in need. The system will provide a co-ordinated volunteer approach that responds to needs triaged through the contact centre.

Halton Clinical Commissioning Group and Primary Care

- Support the Local Authority response with SIs by signposting anyone needing support to the COVID-19 contact centre helpline that is set-up
- In the event of a local lockdown, consider adding contact centre helpline information to local GP practice websites and CCG website
- Consider any staff for redeployment to the contact centre helpline (in the event of any large surge causing capacity difficulties)
- Utilise existing patient and engagement forums to communicate the local response and to reinforce messages of support via the contact centre
- Continue to reinforce messages regarding medication, food, supermarket slots etc., particularly to primary care so that they can use these when liaising with patients

Halton Community Shop

- Provides non-perishable food parcels containing items such as soup, pasta, long-life milk, tea, coffee, biscuits, tinned fruit, veg meat & fish and toiletries;
- For one person for approximately one week, £10 for anyone in receipt on benefits or financial hardship, £25 to others, ordered and paid for through the authority's Contact Centre.

Home Office, Serco and Migrant Help

- Communicate with and support asylum seekers in Halton, in both dispersed accommodation and in the Contingency Initial Accommodation Hotel (Daresbury Park).

Housing Associations

- Accept referrals from Halton Borough Council for support to tenants;
- Provide support to their vulnerable and shielded tenants;
- Refer those residents who require support that cannot be made through the Housing Association to the Local Authority.
- Plus Dane SHAP, as the commissioned provider of support to resettled refugees, to provide support to any resettled refugees in an area detailed by the Partnerships Officer.

Ministry of Housing Communities & Local Government

- Provide support to the Local Authority, with Department of Health and Social Care, to provide support in identifying those individuals who are required to Shield in the 'Area of Intervention' (Lockdown area);
- Work with the Local Authority on the wording of the Shielding Letter to the SI in the Lockdown area.

NHS Digital

- Continue to provide data on Clinically Extremely Vulnerable individuals in the Halton area via the GDS – COVID-19 Data Transfer Service:

  https://transfer-coronavirus-data.service.gov.uk

Other Supporting Organisations in Halton

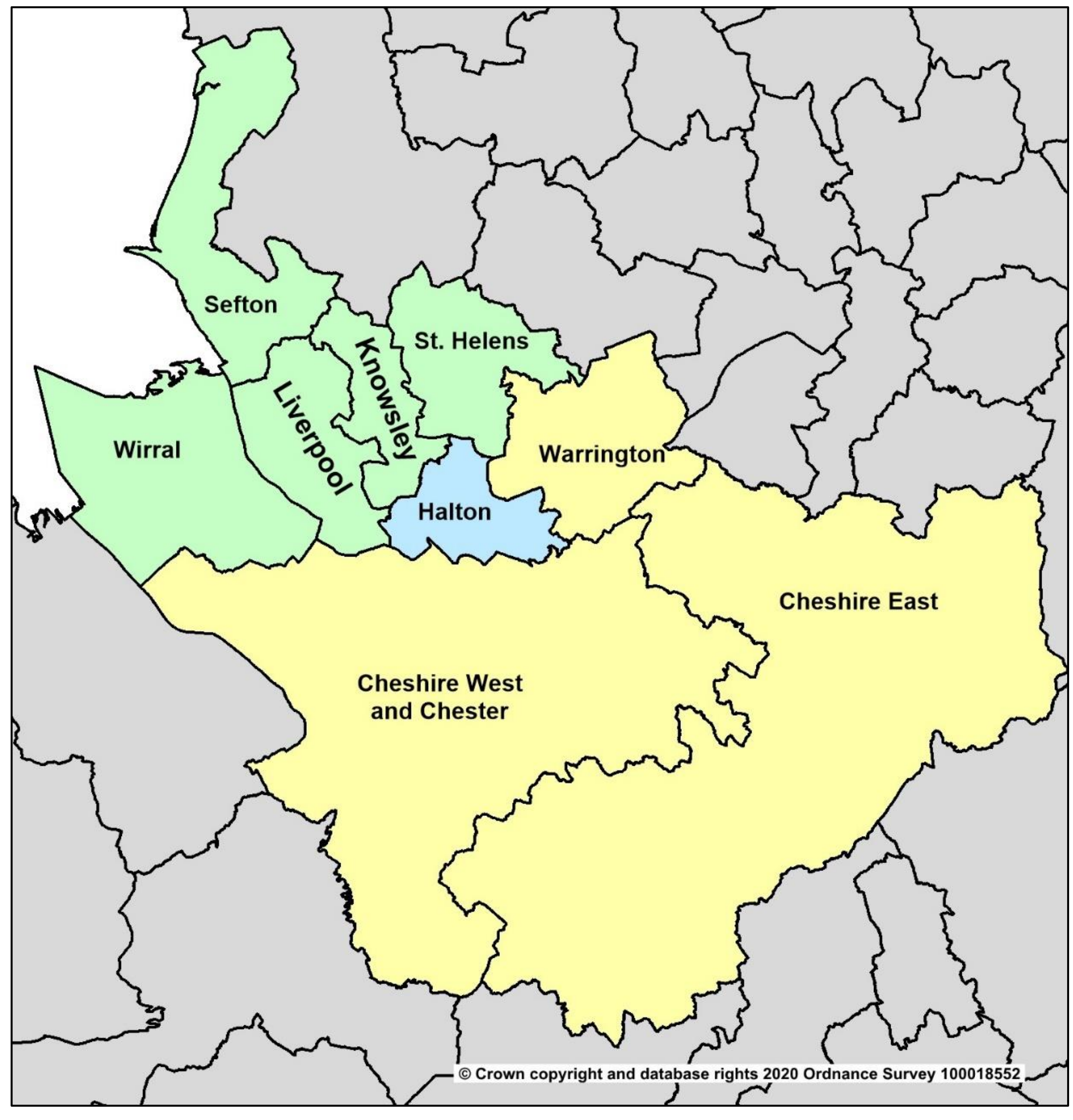
- There are other Information, Advice and Guidance organisations who can support their clients who may have particular needs – key contacts can be found on this link:- https://onehalton.uk/shieldedsupport/

Cross Border / Mutual Aid

Halton Borough Council is located within the Ceremonial County of Cheshire, and is a member of the Cheshire Resilience Forum. HBC is also a member of the Liverpool City Region and works with its Merseyside neighbours on a service basis, including regulatory and transport services. Public Health (CHAMPS) and NHS services operate on a Cheshire and Merseyside footprint.

Halton shares boundaries with three of the Liverpool City Region / Merseyside and two of the Cheshire Local Authorities. They are Liverpool City Council, Knowsley Metropolitan Borough Council and St Helens Metropolitan Borough Council in the Liverpool City Region; and Warrington Borough Council and Cheshire West & Chester Council in Cheshire. Shown in Figure 3. In Figure 3 the five other Liverpool City Region Local Authorities are shown in Green and the other three Cheshire Local Authorities are Yellow. Halton is displayed as Blue.

Figure 2 - Liverpool City Region & Cheshire Resilience Forum



To support this process each of the Local Authorities within Cheshire and the Liverpool City Region have been invited to upload their Local Lockdown Shielding Support Plan to Resilience Direct at:
https://collaborate.resilience.gov.uk/RDService/home/228012/LCR-and-Cheshire-Local-Authorities---Local-Lockdown-Shielded-Contingency-Plans

The pages have been set up in Resilience Direct so that those in the same region can view each other's plans, and those of neighbouring authorities as per Table 2.

Table 2 - RD access to Local Lockdown Shielding Support Plans

	Knowsley	Liverpool	Sefton	St Helens	Wirral	Halton	CWAC	Cheshire East	Warrington
Knowsley	✓	✓	✓	✓	✓	✓	X	X	X
Liverpool	✓	✓	✓	✓	✓	✓	X	X	X
Sefton	✓	✓	✓	✓	✓	✓	X	X	X
St Helens	✓	✓	✓	✓	✓	✓	X	X	✓
Wirral	✓	✓	✓	✓	✓	✓	✓	X	X
Halton	✓	✓	✓	✓	✓	✓	✓	✓	✓
CWAC	X	X	X	X	✓	✓	✓	✓	✓
Cheshire East	X	X	X	X	X	✓	✓	✓	✓
Warrington	X	X	X	✓	X	✓	✓	✓	✓

In the event the 'Local Lockdown' impacts on the boundaries of another local authority area, Halton Borough Council via the Director of Public Health and Emergency Planning will action the following,. The aim to work collaboratively with the other Local Authority(s) involved, MHCLG and DHSC:

- Identify area(s) affected;
- Identify Shielded Individuals who are affected;
- Identity any complex settings within this area;
- Map these areas;
- Identify critical infrastructure;
- Harmonise the Local Authority shielded offer to residents in the Local Lockdown area, including:
    - Food provisions;
    - Medical provisions;
    - Additional Support needs.
- Collaboratively develop a Recovery / RESET strategy and structure;
- Ensure debriefing outcomes are shared.

Processes

Local Outbreak in a Complex Setting
A Complex Setting is defined as a place of Work, Education establishment or Care Setting.

In the event of an Outbreak occurring in a complex setting, the Outbreak Support Plan (Complex Settings) will be implemented:

https://www3.halton.gov.uk/Pages/health/Covid-19-Preventing-and-Responding-to-Local-Outbreaks.aspx.

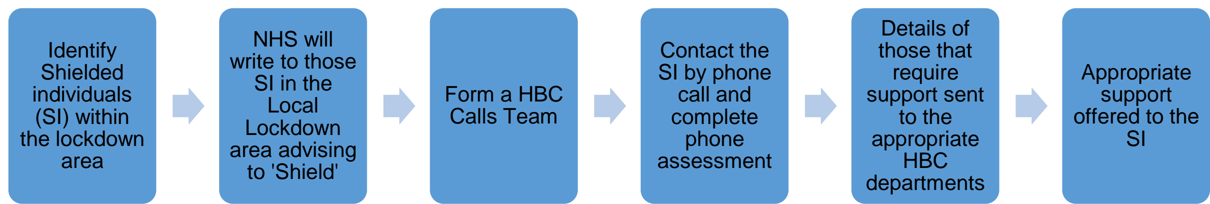
In a workplace or education establishment, where individuals are required to self-isolate, Halton Borough Council's Public Health Team can request employee and / or student records under the Public Health Control of Diseases Act, to check for those who are Clinically Extremely Vulnerable and appear on the Shielded Patient List. Where an individual is on the SPL, they (or their parent / guardian) will be called to see if they require support.

In a care setting, support will be provided by the Bridgewater Infection Control Team and Halton Borough Council Adult Social Care where appropriate to the care facility to support the residents. The support provided by this plan is not required as the needs of the SI are already provided by the care provider.

Local Outbreak / Lockdown in a defined area
Where a Local Outbreak is identified in a defined area, a Local Lockdown may be required, in this instance those that were previously shielded may require additional support. The sections below detail how the SI are identified, contacted and supported.

Clinically Extremely Vulnerable (SI)
Once the Area of Intervention has been identified for a Local Lockdown, a number of processes will take place in order to inform and contact the SI within the designated area, these processes are summarised in Figure 4.

Figure 4 - Abridged Process for Local Lockdown Shielded Support



Using data provided by the Government Digital Services (GDS) Halton Borough Council are aware of the names and address of all shielded Individuals within Halton.

The SI have been categorised based on their status during the initial covid-19 outbreak in Table 3.

Table 3 - Shielded Categories

Status	Definition
Red	Registered shielded and receiving a level of support
Amber	Registered shielded and not receiving additional support
Yellow	Added to Shielded Patient List after 31st July
Green	Shielded but not registered

The Registration Service for **Clinically Extremely Vulnerable** closed Friday 17th July. From this date, SI are unable to register on the service, however, new "Registered Shielded" may still be added to the Shielded Hub Database until 31st July as some individuals have been able to "pre-register" on the Registration Service Website before being added to the Shielded Patient List. These individuals will still be called, but will not be able to receive any national parcels or Supermarket Delivery Slots directly with DEFRA. They will be able to access the support detailed in this plan prior to 31st July.

The Shielded Patient List will continue to be maintained by NHS Digital and add to the GDS portal as residents will be classified and declassified as Clinically Extremely Vulnerable based on their clinical needs.

Production and Maintenance of the Shielded Data Lists
A full process can be found in Appendix: 17, however, a brief guide is explained below. All Shielded Patient data can be found in the Emergency Planning Portal Local Lockdown page:

http://hbc/teams/EMERPLAN/Local Lockdown/HBC Local Lockdown Plan/Shielded_Data/

Creating the Shielded Lists

Red and Amber Lists

A final version of the Shielded Hub Database from the 'National Shielding Initiative' was taken on Friday 31st July and transferred in to tabs within a spreadsheet.

Those within the database that were deceased, No Longer Shielded and Out of Area were removed from the data.

Those who received support for Medication, 'Other Support' or essential supplies after 23rd June were classified as Red. Those who did not, were classified as Amber.

A comparison (VLOOKUP) of both Lists is made against the current Shielded Patient List (SPL).

Where there is no match, these individuals are No Longer Shielded (NLS) and do not require a call and removed from the spreadsheet.

Green List

Production of the Green List was made by comparing (VLOOKUP) the SPL on 31st July with those are in the Red and Amber lists (together). Those not in any of the Red or Amber lists form the Green List.

Yellow List

On the release of the first SPL following Shielding coming to an end, a comparison (VLOOKUP) of the new SPL and Red, Amber and Green Lists together. Those not in any of the lists for the Yellow List.

Maintaining the Shielded Lists

Red, Amber, Yellow and Green Lists (No Longer Shielded)

A comparison (VLOOKUP) of all four lists is made against the current Shielded Patient List (SPL).

Where there is no match, these individuals are No Longer Shielded (NLS) and do not require a call and removed from the spreadsheet.

Yellow List (Newly Shielded)

A comparison (VLOOKUP) of the current Shielded Patient List (NHS List), against Red, Amber, (current) Yellow and Green Lists (together), those not on any of the lists are added to the Yellow cohort.

Maps and Ward Information

There are a number of maps incorporated within this plan, which will be used with the aim to scope the location of all Shielded Individuals across the borough of Halton. The maps have been broken down using the Polling Districts and Ward Areas across the authority.

Identification of Shielded Individuals within a Lockdown Area
The Local Lockdown area will be defined by the Director of Public Health, A Public Health Consultant or the Chief Executive. The lockdown are could be:

- A street or streets (using Post Code);
- An area of a town defined by:
    - Polling District;
    - Election Ward;
- A Town or Village;
- The Local Authority Area;
- A defined shape on a map.

Details of how to complete the searches can be found in Appendix: 18.

Once the Shielded Individuals have been identified within the 'Lockdown' defined area, a list of individual names will be sent to the Covid-19 calls teams. Those Shielded Individuals highlighted RED will be prioritised, followed by AMBER and then GREEN.

The maps will be updated on a regular basis in conjunction with the latest information provided by the Government Digital Service (GDS).

Registration For Support
At the Activation stage, discussions with the Government Minister, DPH, Chief Exec, MHCLG and DHSC regarding the registration method.

There are two methods to register for support:

- National Registration Service
- Local Registration

National Registration Service

This service operates in a similar method to the registration service operated by the DEFRA and the DHSC during the National Lockdown between March and July 2020.

The 'Shielding Letter' that will be issued when the Shielded Lockdown commences will include details of how to register for Shielding Support via the website and an automated telephone service.

The website has been updated to only allow users to register if their post code is affected by the Area of Intervention with an eligibility check.

Should the person be eligible to register they can do so as previously, although some of the questions have changed.

Support requests will be diverted to the Local Authority for:

- Food – where the individual is not able to use online supermarket shopping;
- Medication Support
- Other 'Care' needs. In this context 'Care' refers to additional support and not formal Social Care Support.

Users of the online service can also register for an / Attach their NHS 'Account'. This allows the user to view their patient record and also view historical registrations they have made using the service.

Those that have registered using the website or the telephone registration service will be detailed in a 'download' from the GDS portal daily.

The Shielded Calls Team will make contact with the individual to ensure that they are receiving the support that they need and make arrangements for additional support, should that be required.

In addition to those registering directly with the Daily Download, once the above calls have been made each day, the Shielded Calls Team will call those that have not registered with the national service and complete the triage assessment, and where required register the SI with the National Registration Service.

The calls will be made on the Priority detailed above: Red, Yellow, Amber then Green.

The SI will always be provided with the COVID Support Helpline for reference, should their needs change.

Local Registration

Local Registration is where the SI registers their need for support directly with Halton Borough Council.

The 'Shielding Letter' that will be issued when the Shielded Lockdown commences will include details of how to register for Shielding Support directly with Halton Borough Council, using the COVID Support Line (0151 907 8363) or the One Halton page (https://onehalton.uk/shieldedsupport/).

Inbound Calls

Calls to the COVID Support line will be received by Halton Direct Link Contact Centre on a dedicated high priority telephone line.

The Contact Centre advisor will discuss directly with the SI what support they require. A form on the Council's CRM System (CSD) will be completed by the Advisor which will feedback to the Shielded Hub Admin Support the outcome of the call. The form will also be sent to Public Health for Medication Support and Health Improvement Team for additional support needs, including Mental Health Support.

Outbound Calls

In addition to those registering directly with the COVID Support Line, the Shielded Calls Team will call those that have not made contact with the Helpline and complete the triage assessment, where Support is required the form will be distributed to the relevant services as below.

The calls will be made on the Priority detailed above: Red, Yellow, Amber then Green.

The SI will always be provided with the COVID Support Helpline for reference, should their needs change.

Provision of Support
Calls Team

The authority has identified over 70 employees that can become available to form the calls team in the case of a covid-19 local lockdown. The Hub Team Manager has informed the Operational Directors and Line Managers for all the employees on the list that their staff maybe required to immediately stand down their day to day roles if they are required to assist with a local lockdown.

The Call Team staff were issued with laptops for their role in the initial shielding process, if their substantive roll did not provide them with one. The staff have been instructed to regularly log the machines on to the network to maintain activity. Payday has been suggested as the relevant date for the staff to do this.

Staff will also maintain contact regarding annual leave with the Hub Team Manager on a month by month basis.

The number of staff required to form a calls teams is dependent on the number of SI that Halton Borough Council are required to contact are detailed in Table 4.

Table 4 - Calls Team

Number of SI to be contacted	Number of staff required for calls team
1 – 10	2 callers
11 – 30	6 callers
31 – 50	10 callers
50 – 70	14 callers
70 – 100	20 callers
100 – 150	30 callers
150 – 200	40 callers
200 +	All callers available

The authority has a ‘Calls Manager’ who will coordinate the number of calls allocated to each caller. In the event of a large number of calls, this is achieved by issuing 5 per caller initially, following the initial 5 calls are made, the callers will contact the ‘Hub Manager’ to request additional 5 calls to be allocated to them. This is an ongoing process until all calls have been made.

The ‘HBC call team’ complete an ‘online assessment form’ with the Shielded Individual. The form will confirm all contact details and highlight any support the individual ma require, for example, basic supplies and health & wellbeing.

A copy of the form will be sent the ‘Covid-19 inbox’ and retrieved by Shielded Individuals Hub Admin.

Shielded Individuals Hub Admin

The 'Shielded Hub Admin Team' will co-ordinate the contacting of the SI in the lock down area by:

- On receipt of the calls to be made, will determine the number of call staff required (see calls team);
- Allocate the calls to the Shielded Individuals Call Staff;
- Monitor the Shielded Individuals Hub Email account and where support is required divert to the relevant team:
- Co-ordinate Food Provisions – Adult Referrals – Corporate Services;
- Co-ordinate Medication – Info Public Health (Pharmacies);
- Supporting in other areas via Health Improvement Team;

Through the process will update the Lockdown Outcomes Spreadsheet

(Appendix: 7).

Adult Referrals - Food and Basic needs

Adult referrals will receive the online assessment form requesting support for food and basic needs. A number of options are available:

Priority Online Supermarket slots

On receipt of a request for support for food, contact the customer to discuss options which are available:

- If the SI registered for support for basic supplies on or before the 17/07/20, they will be eligible for priority online shopping slots with the 7 Supermarkets in the initial scheme;
- Should the customer wish to shop online and had not already registered for food support, register the customer for a Tesco or Iceland Priority Service using the Non-Shielded Vulnerable Pathway on SHP 71023.

Community Shop Box

- Where the customer is in receipt of income related benefits, take a payment of £10 and email Transport Co-ordination with the details to arrange a parcel to be delivered;
- Where the customer is not in receipt of income related benefits, take a payment of £25 and email Transport Co-ordination with the details to arrange a parcel to be delivered.
    - If Transport Co-ordination are unable to arrange delivery a HBC employee will deliver the parcel;
    - If a HBC employee is also unable to deliver the parcel, a request will be made to Halton and St Helens VCA to deliver the parcel.

Referral to VCA

- Assistance with shopping or basic support via the Street Champion Scheme
- Referral to VCA for support with food bank vouchers if they are unable to pay for their shopping.

Emergency Food Provision

Where the Shielded Individual is unable to obtain food support through any of the means above, such as unable to match to a Volunteer through the VCA or does not have sufficient funds and a foodbank voucher is not available, arrangements have been made with local supermarkets and food distributors to provide emergency parcels to be delivered by Halton Borough Council's Transport Co-ordination Service. There is also the facility for Halton Borough Council to utilise Community Shop Boxes, with no charge to the customer. Halton Borough Council will recompense Halton Community Shop for any parcels utilised in this way.

Pharmacy Support

- Receive notification from contact centre or shielded hub admin stating SI needs support with medication;
- Information log spreadsheet updated;
- Follow up with second call to SI if required for further information;
- Patient details and pharmacy information logged on spreadsheet and daily pick up list sent to Cheshire Fire & Rescue – dependant on demand may be two or three separate emails sporadically throughout the day;
- Cheshire Fire & Rescue confirm delivery has taken place and this is logged via the spreadsheet.

**For controlled/refrigerated medication collections and deliveries, a message will be sent to Halton Borough Council Transport team to provide the service. The same processes as above will apply to record the delivery.

Health Improvement Team

- On receipt of a request for additional support, contact the customer to confirm the details of the request;
- Utilising the Support Services Matrix, signpost the customer to the most relevant service either within the Council or with a third party;
- Record the outcome.

Cheshire Fire & Rescue

Contacting 'Uncontactable' Shielding Individuals:

- Receive list of uncontactable SI from Halton Borough Council;
- Home visit the SI and provide a welfare check;
- Inform Halton Borough Council of the outcome of the home visit.

Collecting and delivering Medication:

- Receive list of SI from Halton Borough Council who are requiring support collecting medication, including pharmacy information;
- Collect medication from pharmacy and deliver to SI;
- Inform Halton Borough Council of the outcome of the collection & delivery.

Cheshire Police (Operation Pandas)

Contacting 'Uncontactable' Shielding Individuals:

- Receive list of uncontactable SI from Halton Borough Council;
- Make enquiries utilising Police Databases to attempt to establish contact with the individual either as a telephone call or home visit the SI;
- Where appropriate complete a welfare check via the Widnes and Runcorn Local Policing Units;
- Inform Halton Borough Council of the outcome of the home visit.

Reporting

In the event MHCLG advise shielding is required, the authority will be required to feedback regarding the outcomes of those within the 'shielded area'.

This data request is done so on an aggregate level, with numerical returns for numbers being supported.

The returns will be on a weekly basis and include:

- Total cumulative number of shielding individuals who previously requested support (via central system) with either food and/ or care who have been successfully contacted and their needs assessed; and number of people whose need remain unknown.
- Total cumulative number of shielding individuals who have directly approached Halton Borough Council as needing support with either food and/ or care who have been successfully contacted and their needs assessed; and number of people whose needs remain unknown.
- Total number of shielding individuals added to the SPL since 17th July whose needs require assessment. Number of these who have been successfully contacted and their needs assessed.
- Number of shielding individuals that have been supported with food access.
- Number of shielding individuals being supported with 'paid for' food access (by the local authority).
- No of shielding individuals being supported to meet basic care needs

This will be supplemented with existing data the MHCLG hold centrally:

- Number of shielded individuals on SPL per LA
- Number of shielded individuals on SPL who previously requested support with food and care per LA

During the 'National Shielding Initiative', individuals registered their requirements via an automated system (telephone or website). It quickly became apparent that the options chosen did not reflect the support required by the individual. Therefore, all of those that registered were contacted and triaged, resulting in the Red and Amber categories.

In the details above MHCLG have indicated that they require the reports to be returned on those who initially requested support. Therefore, all those that were Amber as of 31st July who had indicated that they required support via the national system, were moved to Red, to facilitate reporting.

The above categories, will be collated from the "Shielded Calls Outcome" spreadsheet (Appendix: 7), and returned to MHCLG via their preferred method.

Page Intentionally Left Blank

Section: 4 – Ward Information & Mapping

Page Intentionally Left Blank

Halton Ward Information

The information to follow is split into Widnes and Runcorn into ward areas (as of Jan 2020). This will assist in identifying quickly the population that are required to shield during a local lockdown.

The tables highlight the following:

- Total population per ward
- Polling district
- Number of registered electors (as of Jan 2020)
- Number of Registered Shielded (receiving support / not receiving support)
- Number to receive end of shielding letter
- Number of unregistered shielded
- Total shielded Individuals (registered / unregistered)

Widnes

Election Ward (Population)	Polling District	Registered Electors (Jan 2020)	Shielded					
			Registered			Not Registered		Total
			Red	Amber	End of Shielding Letter sent	Yellow	Green	
			Receiving Support	Not Receiving Support		Unable to Register	Not Registered	
Appleton (6886)	BA	1604	22	24	45	0	36	81
	BB	1163	16	15	31	1	17	50
	BC	1657	28	24	52	0	43	99
	BD	362	11	17	28	0	12	44
	BE	488	8	13	21	0	9	30
	Total	**5274**	**85**	**93**	**177**	**0**	**117**	**304**
Birchfield (7208)	XA	3475	28	45	73	0	56	134
	XB	2026	12	22	35	0	22	57
	Total	**5501**	**40**	**67**	**108**	**0**	**78**	**191**
Broadheath (6318)	FA	674	17	16	34	0	24	62
	FB	848	19	13	31	1	16	49
	FC	813	9	19	29	0	14	45
	FD	1272	14	22	36	0	40	79
	FE	1335	19	37	46	0	34	85
	Total	**4942**	**78**	**97**	**176**	**0**	**128**	**320**
Ditton (7233)	GA	867	13	12	25	0	13	39
	GB	1119	17	12	29	0	19	50
	GC	1422	33	25	58	0	47	110
	GD	1015	15	26	41	0	25	69
	GE	652	11	12	23	0	11	37
	GF	541	7	6	13	0	13	25
	Total	**5616**	**96**	**93**	**189**	**0**	**128**	**330**
Farnworth (8816)	AA	3330	38	48	87	0	49	143
	AB	1720	12	23	36	0	23	61
	AC	1223	7	9	16	0	12	28
	AD	875	8	18	26	1	17	45
	Total	**7148**	**65**	**98**	**165**	**0**	**101**	**277**

Election Ward (Population)	Polling District	Registered Electors (Jan 2020)	Shielded					
			Registered			Not Registered		Total
			Red	Amber	End of Shielding Letter sent	Yellow	Green	
			Receiving Support	Not Receiving Support		Unable to Register	Not Registered	
Hale (1817)	**JA**	**1563**	**47**	**67**	**115**	**0**	**80**	**199**
Halton View (6682)	CA	1473	18	28	46	0	20	67
	CB	1801	35	31	68	0	38	113
	CC	1318	19	28	47	3	27	80
	CD	545	8	5	13	0	10	23
	Total	**5137**	**80**	**92**	**174**	**0**	**95**	**283**
Hough Green (6694)	HA	2118	29	57	86	0	46	139
	HB	814	15	20	35	0	16	52
	HC	1147	22	20	42	0	19	64
	HD	1024	19	14	32	0	24	57
	Total	**5103**	**85**	**111**	**195**	**0**	**105**	**312**
Kingsway (6699)	DA	1045	7	15	22	0	14	37
	DB	627	5	12	18	0	5	25
	DC	2203	42	40	83	1	51	139
	DD	622	7	7	15	1	9	29
	DE	398	7	8	15	0	14	30
	Total	**4895**	**68**	**82**	**153**	**0**	**93**	**260**
Riverside (5528)	EA	592	10	5	15	0	10	25
	EB	955	24	21	42	0	25	72
	EC	787	22	15	40	1	16	58
	ED	1291	32	27	59	0	39	108
	Total	**3625**	**88**	**68**	**156**	**0**	**90**	**263**

Runcorn

Election Ward (Population)	Polling District	Registered Electors (Jan 2020)	Shielded					
			Registered			Not Registered		Total
			Red	Amber	End of Shielding Letter sent	Yellow	Green	
			Receiving Support	Not Receiving Support		Unable to Register	Not Registered	
Beechwood	PA	1314	18	35	53	0	29	82
(3504)	PB	1656	15	40	55	0	35	90
	Total	**2970**	**33**	**75**	**108**	**0**	**64**	**172**
Daresbury	TK	685	9	27	36	0	19	55
(4741)	TL	283	0	4	4	0	2	6
	TM	738	10	18	28	0	12	40
	TT	2584	10	38	48	0	41	89
	Total	**4290**	**29**	**87**	**116**	**0**	**74**	**190**
Grange	NA	1310	11	25	36	0	25	61
(6926)	NB	1669	31	47	78	0	41	119
	NC	2000	54	57	111	0	55	166
	Total	**4979**	**96**	**129**	**225**	**0**	**121**	**346**
Halton Brook	MA	1994	33	46	79	0	54	133
(6701)	MB	1371	27	40	67	0	33	100
	MC	1601	45	64	109	0	58	167
	Total	**4966**	**105**	**150**	**255**	**0**	**145**	**400**
Halton Castle	OA	1577	49	54	103	0	87	190
(6519)	OB	894	41	52	93	0	56	149
	OC	1321	28	31	59	0	41	100
	OD	1019	40	49	89	0	51	140
	Total	**4811**	**158**	**186**	**344**	**0**	**235**	**579**
Halton Lea	QA	1994	46	49	95	0	64	159
(6479)	QB	1075	28	27	55	0	59	114
	QC	977	28	30	58	0	33	91
	QD	559	19	18	37	0	32	69
	Total	**4605**	**121**	**124**	**245**	**0**	**188**	**433**
Heath	LA	731	8	20	28	0	12	40
(5762)	LB	1419	9	24	33	0	27	60
	LC	919	5	14	19	0	23	42
	LD	1616	10	43	53	0	33	86
	Total	**4685**	**32**	**101**	**133**	**0**	**95**	**228**

Election Ward (Population)	Polling District	Registered Electors (Jan 2020)	Shielded					
			Registered			Not Registered		Total
			Red	Amber	End of Shielding Letter sent	Yellow	Green	
			Receiving Support	Not Receiving Support		Unable to Register	Not Registered	
Mersey (7537)	KA	1753	21	31	52	0	41	93
	KB	808	12	17	29	0	15	44
	KC	728	9	16	25	0	7	32
	KD	991	17	22	39	0	24	63
	KE	1153	12	27	39	0	29	68
	Total	**5433**	**71**	**113**	**184**	**0**	**116**	**300**
Norton North (6504)	RA	2637	35	77	112	0	52	164
	RB	2387	44	75	119	0	85	204
	Total	**5024**	**79**	**152**	**231**	**0**	**137**	**368**
Norton South (6613)	ZX	1098	28	47	75	0	33	108
	ZY	1522	44	67	111	0	67	178
	ZZ	2017	33	48	81	0	69	150
	Total	**4637**	**105**	**162**	**267**	**0**	**169**	**436**
Windmill Hill (2428)	SA	992	27	39	66	0	59	125
	SB	837	26	33	59	0	36	95
	Total	**1829**	**53**	**72**	**125**	**0**	**95**	**220**

Page Intentionally Left Blank

Maps

This section contains maps detailing the SI located within the Wards and Polling Districts, based on the Red, Amber, Green system (RAG Rating) in Background.

Registered Shielded Individuals who are receiving support by Polling District and Ward

This section contains Personal Details of the SI categorised as **RED** within the plan, in the table format below:

NHS Number	First Name	Surname	Street Address	Town	Post Code	Phone 1	Phone 2	Email

Registered Shielded Individuals who are not receiving support by Polling District and Ward

This section contains Personal Details of the SI categorised as **AMBER** within the plan, in the table format below:

NHS Number	First Name	Surname	Street Address	Town	Post Code	Phone 1	Phone 2	Email

Individuals who became Shielded after 17th July by Polling District and Ward

This section contains Personal Details of the SI categorised as **Yellow** within the plan, in the table format below:

NHS Number	First Name	Surname	Street Address	Town	Post Code	Phone 1	Phone 2	Email

Non-Registered Shielded Individuals who are not receiving support by Polling District and Ward

This section contains Personal Details of the SI categorised as **GREEN** within the plan, in the table format below:

NHS Number	First Name	Surname	Street Address	Town	Post Code	Phone 1	Phone 2	Email

Page Intentionally Left Blank

Section: 5 – Review, Extension and Stand Down of Shielding Arrangements

Page Intentionally Left Blank

Review of Shielding Arrangements

During the discussions between the Director of Public Health, Government Minister and the MHCLG and DHSC Policy teams, an initial time frame for review will be established.

The shielding letter distributed to SI at the commencement of the Local Lockdown may include the date or timeframe in which shielding arrangements are being reviewed as a potential end date.

Extension of Shielding Arrangements

Should the virus not be sufficiently under control in the Local Lockdown area discussions with the Local Authority, MHCLG and DHSC will take place to determine whether shielding will need to be extended further, both in time and locality.

Should this be required DHSC (as the NHS) will write to those SI in the original Lockdown Area, and if the Local Lockdown Are area changed any new SI, to advise that shielding has been extended, and may include a new expiry date.

The Local Authority, DHSC and MHCLG may also choose to relax shielding in part of the Lockdown area, where Stand Down will take place.

Halton Borough Council call staff will be mobilised to contact those SI in the Local Lockdown area(s) to establish whether further assistance is required. Additional questions will also be asked in relation to emotional support.

Stand Down of Shielding Arrangements

Should the control of the virus be sufficient that the Area of Intervention is no longer in place, DHCS (as the NHS) will write to the SI in the Local Lockdown area to advise that shielding is coming to an end on the date specified in the letter. The letter will be produced in conjunction with the Director of Public Health and information regarding support that is available when shielding comes to an end can be included, should this still be required by the SI.

Page Intentionally Left Blank

Section: 6 – Debriefing & Recovery

Page Intentionally Left Blank

Debriefing

Following the stand down of an Area of Intervention, Halton Borough Council will schedule an Internal Debrief, where all staff involved will have the opportunity to share their experience. The Debrief will ask what went well; are there any areas of improvement and are there any recommendations should an Area of Intervention be required again within the authority.

Any internal actions and recommendations will be captured and reviewed at HBCs COVID-19 Management Team, where they will be assigned and monitored.

Cheshire Resilience Forum will schedule a Formal Debrief with all agencies that were involved in the response to the Area of Intervention. This will be conducted in a similar format to Halton Borough Council's Internal Debrief.

Any recommendations will be recorded by the Cheshire Resilience Forum Secretariat and captured within the work program at CRF Management Group and followed up on a regular basis.

Following the debrief taking place, this document will be reviewed, in line with any recommendations or actions recorded by Halton Borough Council or Cheshire Resilience Forum.

Supplier and partner arrangements will be reviewed periodically to ensure that services are still in a position to provide the support agreed. This document will be updated to reflect any changed to support available.

Recovery

During the Local Lockdown period Halton Borough Council will be planning for the Recovery Phase. Creating a Recovery structure in preparation for the Local Lockdown coming to an end, work streams will have commenced during the Local Lockdown.

When the Local Lockdown comes to an end, the Major Incident will also be stood down, and responsibility for the Recovery phase will be formally handed over to Halton Borough Council (if Halton BC was not the lead agency during the Major Incident).

The 'Recovery Phase' has no set time limits and can last long after the impact stage is over. The Emergency Centre will form a "Recovery Co-ordinating Group (RCG)", bringing together emergency services, health, voluntary groups and specialist Council Departments, as fits the type of emergency that has occurred.

This group can be set up under the direction of a Senior Local Authority Manager under the direction of the Borough Council Emergency Co-ordinator, in consultation with the Staff Officer, during the incident and be ready to implement the Recovery Strategy when required.

As far as practicable, the Recovery Phase will be incorporated into normal departmental work, unless the scale dictates otherwise.

The RCG is chaired by Local Authority Chief Executive or his / her deputy. The Chair would aim to appoint a Secretariat to maintain records of RCG meetings, follow up actions and coordinate a master record for all the Sub-Groups which are operating.

The RCG will set up structures similar to those detailed in the National Recovery Guidance: https://www.gov.uk/guidance/national-recovery-guidance

Membership of Recovery Co-ordination Group

The Halton Borough Council Departments and Partner Agencies are detailed in Table 5.

Table 5 - Recovery Co-ordination Group Membership

Halton Borough Council Departments		Partner Agencies
Chief Executive		Cross Border Local Authority Representation (where applicable).
Public Health		Cheshire Police
Emergency Planning		Cheshire Fire & Rescue Service
Contact Centre		NHS England / Improvement
Finance		Halton and Warrington CCG
Legal & Democratic Services		Public Health England (or National Institute of Health Protection)
Communications & Marketing		Liverpool City Region Local Economic Partnership (LEP)
Shielding Calls Team		Cheshire & Warrington LEP
Health Improvement Team		MHCLG RED
Environmental Health		Halton & St Helens Voluntary Community Action
Transport Coordination		British Red Cross
Economic Regeneration		
Ward Members of the areas affected		

Considerations of Additional Lockdowns

Should subsequent lockdowns be required where shielding arrangements are put in place, it is important to consider a number of factors for those that are shielding:

- Seasonal pressures (see Winter Pressures);
- Financial Pressures (see demographics);
- The effect of shielding on Mental Health.

A number of scientific articles have been produced on the effects of COVID-19 and its effect on Mental Health. However, no specific empirical data or reports have been produced on the effects of quarantining or shielding arrangements on mental health.

It can be safely assumed that the effects of shielding will have a detrimental effect on mental health and additional lockdown situations will increase anxiety and depression with all of the general public, not just those that are subject to shielding arrangements.

Therefore, should an Area of Intervention be imposed in the same area a second time, additional care must be taken when considering imposing shielding arrangements where they have been in place previously.

Section: 7 – Appendices

Page Intentionally Left Blank

Appendix: 1 – Criteria for Covid-19 alert threshold and suggested process for C&M LAs to follow [23/07/20]

Dr Sam Ghebrehewet, PHE NW, C&M HPT

This summary is to help identify potential increases in Covid-19 cases in a local authority which need further investigation, monitoring, and/or enhanced action.

Step 1. Daily monitoring of local authority data

- Identify key lead for relevant LA with support from surveillance analyst
- Review of available data on daily basis and previous days exceedance report (if available)
- Suggested criteria for identifying any concerns/issues for enhanced monitoring:
    - *1-day rate: 7/100,000; 7-day rate: 30/100,000 or 14-day rate: 50/100,000*
    - *Significant increase in absolute numbers (e.g. doubling) of cases in any local authority in any given day*
    - *Weekly moving average cases with consistently increasing trend for the local authority*
    - *Increasing number of Covid-19 related calls to NHS 111 from local area NHS111 & 111 on-line*

(note: online data may include the same people checking more than once)

- Action notes taken - clearly documenting whether enhanced monitoring is required.

Weekend – agree key lead for the weekend to review available intelligence.

Step 2. Need for enhanced monitoring identified

- DPH informed and lead identified (could be the same lead)
- Key lead to liaise with local PHE team re HPZone and other data sources
- Involve surveillance/intelligence team (local/C&M)
- Review available data / reports:
    - Review local intelligence for known clusters or outbreaks
    - HPZone holds cluster and outbreak reports by geography – ask Health Protection Team
    - Covis – can help identify care home, school and workplace[?] clusters – needs PHE support to access at this point
- Consider drafting a high-level action plan:
    - Define local geography that might need increased action immediately as rates in that local area might be higher if the denominator can be defined
    - Consider significance of any identified clusters or outbreaks for the wider community – is this spread within the care home / school / workplace, or an indicator of community spread?
- If concerned – convene IMT meeting (invite PHE): document if there is significant concern or not.

Step 3. Enhanced monitoring identifies significant concern

- DPH to lead (or group of LA DsPH if common links)
- Regular liaison with local PHE HPT and agreed action plan
- Escalate as appropriate and consider convening multiagency meeting (inform SCG and LRF)
- Document agreed actions and report to relevant professionals and organisations as appropriate
- Identify current actions and consider what else can be done, for example:
    - Identification of worship places, large employers or workplaces where the risk is higher (e.g. food manufacturers) with consideration of occupational screening or testing for Covid-19, particularly where there may be gaps in the Covid-19 response
    - Identification of other settings or workplaces where there are issues related to Covid-19 safe practice and consider taking action (e.g. increased hand washing, social distancing and close monitoring with a plan for further action such as enforcement of control measures)
    - Considering wider testing of defined places or settings with one or more cases
    - Considering testing asymptomatic people in identified high risk communities
    - Identifying any ongoing outbreaks that may be contributing to any community spread
    - Considering joined-up communications in the local community to raise awareness of Covid-19 testing and response, including self-isolation and social distancing

Further information
Data sources:

Individual (case) level data accessible by local authorities

- Public Health England started providing individual-level, test data on the 24 June enabled through a data sharing agreement with Directors of Public Health. This contains additional information such as full postcode, age and ethnicity where available.
- Since last week PHE also included individual case data across pillars 1 (NHS and PHE laboratories) and 2 (commercial laboratories) of the testing programme. This data is being provided on a weekly basis but will shortly move to a daily frequency.
- Under this arrangement the local authorities are the data controllers and are responsible for what they share and publish. The local authority must ensure compliance with the relevant standards.
- Information on individual cases to help outbreak management PHE shares information with local directors of public health as part of the routine investigation of outbreaks and incidents. This includes information on individual cases and their contacts as required to support the public health response. This continues as the usual part of the management of COVID-19 outbreaks in specific settings or groups.

Aggregated and interactive dashboards and reports accessible to approved users

All the following (except the Containment and LRF dashboard) products are currently available to Directors of Public Health through a PHE SharePoint site.

1. Local Authority Covid-19 Containment Dashboard

This dashboard, produced by NHS-Digital, has been available since 11 June and provides a picture in the local area of cases and Covid triage data. There is a geographic breakdown to LTLA of the number of tests conducted, the total number of positive cases and a rolling average, as well as information on 111, 999 and online triage cases related to COVID-19. It enables easy comparison of areas.

From July 6th the number of positive tests and 111 and 999 telephony triages is available to LSOA level. This dashboard is updated daily with a three-day lag due to the changeable nature of new data.

The next development is to provide data at the full postcode level within the dashboard. Given this information is more sensitive it is reliant on a more robust security infrastructure that is being developed including Two Factor Authentication. Access to this dashboard is currently scheduled to be rolled out on Wednesday 15 July.

Requests for new accounts should be emailed to NHSD Contact Centre at enquiries@nhsdigital.nhs.uk with 'Pillar 2 Dashboard' in the subject line. Each requestor to provide the following information:

Name, NHS Email Address, Role, Organisation, Mobile Number, Business Justification (reason for access)

After approval, the login info and T&Cs will be sent out

2. Contact tracing

Public Health England produce a daily contact tracing report – this report provides information on contact tracing activity at a regional and UTLA level. This includes cases invited, cases completed, contacts identified, contacts reached, including aggregate totals of contacts associated with incidents.

A more detailed contact tracing report is produced weekly with a set of quality and epidemiological information including numbers of cases, case outcomes, number of contacts, contact outcomes, numbers of contacts per case and by exposure setting and time to completion. Data is presented at regional and UTLA level.

3. Daily Situational Report

Public Health England provides a daily situational report - this is a national summary of tests, cases, ethnicity, residential property type, workplace outbreaks, contacts by exposure settings/activities, links to healthcare settings. There is breakdown for some of this data by region. By local authority there is information on those UTLA's with the highest rates of incidence, testing, positivity rates, exceedances, outbreaks in educational settings. The aim is to bring together much of the information and intelligence on where the epidemic is currently taking place both in terms of place and groups of the population to help inform local action. It is anticipated that the Covid-19 Situational Awareness Summary will be shared with the public in the next few days.

4. Daily Exceedance Report

Public Health England provides a regional daily exceedance report to Directors of Public Health. Exceedance scores are calculated using the current and historic data on cases of COVID-19 for each lower tier local authority area. An exceedance means that an area has a greater than expected rate of infection compared with the usual background rate for that location. This is a way of assessing a recent change in incidence in that area. Every day, PHE produce in depth reports for the areas that have exceeded (RED reports) shared with appropriate DPHs.

- PHE daily Exceedance Reports ('PILLAR 1 and PILLAR 2 Combined Report for North West') in COVID-19 Local Authorities Report Store https://extranet.phe.gov.uk/sites/C19LASec/_layouts/15/start.aspx#/SitePages/Exceedance%20Reports.aspx (password protected website – need to register)
    - O>T = number of days O is above the local threshold T: 2 is taken as significant
    - O>E = number of days O is above E: 8 is taken as significant
    - IRR (incidence rate ratio) = estimate of the relative change each day in the number of laboratory confirmed COVID-19 cases: significant increase shown by >1, with 95% CI >1
    - MSOA reports of Covid-19 cases from PHE

5. Daily Surveillance Report

Public Health England produce a daily surveillance report. The report provides descriptive information (trends and demography) at health protection team and local authority level of case data, testing data, in-hospital mortality data, outbreaks reported in a range of settings, syndromic surveillance data (GP out-of-hours calls, NHS 111 calls, emergency department attendances) and COVID-19 Hospitalisation in England Surveillance System (CHESS) data.

6. Bespoke epidemiological reports (deep dives)

In addition, the PHE Field Service teams also support local partners with more detailed epidemiological analyses as needed to inform local action and agreed locally.

7. Local Resilience Forum Dashboard

The LRF dashboard is run by MHCLG to show multiple data points showing whole system response and resilience. It is accessible through the Local Resilience Forums and contains indicators such as police workforce, food supply, proportions of population shielding and ventilator availability.

Future developments

From the feedback and requests made by local authorities there are several improvements being made to the existing sources. This includes giving full postcode and later demographics (where available) in the NHSD Dashboard. The PHE data feed will soon be available daily and will continue to be improved in terms of data quality. Improvements are being made on upstream data capture to improve ethnicity, occupation and place of work completeness. Work is ongoing jointly between the Joint Biosecurity Centre and PHE to develop a set of analytical products that will aid in early detection of outbreaks as well as the next best action to take. We continue to welcome feedback on priority data feeds or improvements to existing sources to guide the work of the national teams.

Data in the public domain

Summary of national figures

- National figures for COVID-19 tests, cases, deaths for the UK and every country of the UK are produced daily https://www.gov.uk/guidance/coronavirus-covid-19-information-for-the-public
- National figures for the NHS Test and Trace service are produced weekly. This includes numbers of people tested; people testing positive; time taken for results to become available; numbers of people transferred to the contact tracing service; the time taken for them to be reached; close contacts identified for complex and non-complex cases, and the time taken for them to be reached. https://www.gov.uk/government/collections/nhs-test-and-trace-statistics-england-weekly-reports

Public dashboards with geographic breakdown

- The Weekly Coronavirus Disease 2019 (COVID -19) Surveillance Report, produced by Public Health England, summarises information from a variety of surveillance systems covering national data on cases, age, gender, rates, ethnicity, NHS111, google searches, general practice consultations, emergency attendances, hospitalisation rates deaths (age, ethnicity, excess mortality) antibody testing, global data.
- There is also regional data and weekly rates 9th July 2020 of cases by local authority including a PHE top 10 of UTLAs with the highest weekly rate of cases www.gov.uk/government/publications/national-covid-19-surveillance-reports
- The Coronavirus (COVID-19) in the UK dashboard contains information at UTLA and LTLA level on cases and rates and is updated daily https://coronavirus.data.gov.uk/
- A new dashboard, launched on June 25, has been updated with sub-national data including people tested and positive cases at national, regional and local authority level. This includes the ability to view epidemic curves and 7-day averages as well as the ability to look at positive cases as a proportion of all tests https://coronavirus-staging.data.gov.uk/
- On Friday 3 July, NHS-Digital released a public version of the Containment dashboard, Progression, that enables triages and cases to be tracked through time at UTLA level: that includes, by UTLA, the number of people with coronavirus identified through an NHS lab (Pillar 1) or from a commercial swab testing (Pillar 2). In addition, the count (not people) of triages of coronavirus symptoms through NHS Pathways by calls to NHS 111 and 999 and through NHS111 online. https://digital.nhs.uk/dashboards/progression

Appendix: 2 – Transport Links in Halton

Air Transport

Although Halton does not have an airport within its border, there are two airports that are sufficiently local for Halton residents to utilise for domestic and international travel as shown in Figure 2.

Liverpool John Lennon Airport (LJLA) is located in the Liverpool City Council Local Authority area. However, the boundary of LJLAs runway is along the boundary between Halton Borough Council and Liverpool City Council boundary. LJLA provides domestic and short haul flights to Europe and North Africa. Environmental Protection, including disease control at LJLA is managed by Liverpool Port Health Authority.

The main airlines operating out of LJLA are EasyJet and Ryanair. However, other airlines serve the airport include Blue Air (Eastern Europe), Wizz Air (Eastern Europe), Lauda (Austria), Wideroe (Scandinavia) and Logan Air (Scotland). More information can be found at: https://www.liverpoolairport.com/airlines

Manchester International Airport (MIA) is located approximately 20 miles from Halton, however, there are excellent transport links to this airport both via road and rail. MIA is located predominantly in Salford City Council Local Authority area. MIA provides domestic, short and long haul flights. Environmental Protection, including disease control at MIA is managed by Manchester Port Health Authority.

There are a 35 airlines serving MIA including British Airways, EasyJet, Jet2, TUI and Virgin Atlantic as UK based carriers. The full list of airlines can be found at: https://fly.manchesterairport.co.uk/airlines-from-manchester

Both Airports are Category 2 responders under the Civil Contingencies Act, as such the notification of a Local Lockdown to the airports will be made by the Cheshire Resilience Forum Secretariat as part of the cascade process of a declaration of a Major Incident. The airport will then cascade the notification to the airlines and their relevant Port Health Authority.

Rail

Halton is served by a three main lines that cross the borough, and has four stations, two in Widnes and two in Runcorn as shown in Figure 2.

The two Widnes Stations operate on the same line between Liverpool and Lincoln, also serving Warrington, Manchester and Sheffield as major way points.

Hough Green Station is located in the North West of Widnes serves local trains between Liverpool and Warrington (Central) and / or Manchester. Hough Green

Station is also part of the Merseytravel network. The station is operated by Northern Rail.

Widnes North Station is located in North Central area of Widnes and serves some local trains that also stop at Hough Green Station, but also those operated by East Midlands Railway. EMR operates trains that serve Sheffield, Nottingham and Norwich. This station is also operated by Northern Rail.

The stations in Runcorn operate on two different main lines:

Runcorn Station operates on the West Coast Main Line. This line serves Liverpool, Crewe, Stafford, Birmingham, Oxford and London Euston. The station, with the opening of the Halton Curve, also serves Chester, Llandudno and Holyhead in North Wales. Runcorn station is operated by Avanti West Coast (formerly Virgin Trains) and other trains that stop at Runcorn are operated by Transport for Wales, Northern Rail and London Midland.

Runcorn East Station operates on the North Wales to Manchester Line. Trains served by this station also stop at Llandudno, Chester and Warrington (Bank Quay) and are operated by Transport for Wales, East Midlands Railways and Northern Rail. Northern Rail operate the station.

It must also be understood that all 4 stations provide access to the majority of the mainline networks via one change, at Liverpool, Warrington or Manchester.

All rail operators and Network Rail who manage the network are Category 2 Responders under the Civil Contingencies Act, as such the notification of a Local Lockdown to operators and Network Rail will be made by the Cheshire Resilience Forum Secretariat as part of the cascade process of a declaration of a Major Incident.

British Transport Police provide the policing of the England and Wales rail network. BTP are a Category 1 responder and will also be notified by the CRF Secretariat as part of the cascade of a Major Incident.

Bus Routes

Halton has two main operators who are based within the authority, Ashcroft's Travel and Arriva North West. There are also bus operators from other authorities that serve Halton; from Liverpool, Warrington, St Helens and Knowsley. Buses operating in the area also operate in the following Local Authorities:

- Liverpool;
- Knowsley;
- St Helens;
- Warrington;
- Cheshire West & Chester (Chester, Frodsham and Helsby).

Notification of a Local Lockdown will be made to the local operators by Halton Borough Council's Transport Co-ordination Team. Halton Borough Council's Emergency Planning Team as part of the Notification process will also inform the Cheshire and Merseyside Local Authorities.

It is important to note that both Rail and Bus operators may operate a reduced service in the event of a Local Lockdown.

Motorway and Road Networks

Halton has one motorway within its borders, the M56 and another that touches the northern tip of the authority, the M62. The M6 is also easily accessible from both of the other Motorways, as shown in Figure 2.

The M56 runs from Chester to Manchester, passing through South Runcorn and Warrington, and connects to the M6 at Lymm in Warrington.

The M62 runs from Liverpool to Hull, via Warrington, Greater Manchester and Leeds. It also connects to the M6 at Winwick in Warrington, and forms part of the M60 (Manchester Orbital Motorway) at Eccles to Burnley. Whilst the M62 is not inside Halton, there is a junction for Widnes at the northern boundary, with a dual carriageway leading in to the authority, the A557 (Watkinson Way)

Within Halton, a through route has been established from the M56 to the M62 via the A533 (Central Expressway and Mersey Gateway) and A557 (Watkinson Way). Allowing traffic to travel 9 miles in as little as 13 minutes. Part of this route is tolled (Mersey Gateway).

The M6 runs from Birmingham to Carlisle in a North-South direction.

The above network provides Halton with excellent transport links and as such has several major logistics companies with bases of operation, including Suttons, XPO Logistics and Eddie Stobart, who also operate a Freight Road/Rail Interchange in Widnes (3MG).

In the event of a Local Lockdown being established the road network is unlikely to be altered, although traffic volume may reduce.

The motorway networks are operated by Highways England who is a Category 2 Responder and will be notified by the CRF Secretariat as part of the cascade of a Major Incident.

The A533 Central Expressway and Mersey Gateway Bridge is operated by MerseyLink O&M and will be notified of a Local Lockdown by Halton Borough Council's Emergency Planning Team as part of the notification process.

The A557 Watkinson Way and all other major roads within the boundary of Halton are maintained by Halton Borough Councils Highways Division and Traffic Manager, who will be notified as part of the internal cascade.

Due to the excellent transport links to Halton, should an Area of Intervention be required within Halton, it will likely have an impact on the surrounding Local Authorities. As such the activation process will include the notification of all eight of the other Local Authorities in Cheshire and Merseyside. Cheshire Resilience Forum is also likely to notify the surrounding Local Resilience Fora at the declaration of a Major Incident as an Area of Intervention is announced. Those LRF are Merseyside, Greater Manchester, Staffordshire and North Wales.

Appendix: 3 – Shielding Letter

Dear Title Forename Surname,

I hope you are keeping safe and well.

You may be aware, the Government has announced changes to current arrangements for 'shielded' individuals like yourself.

This means that from 1 August, the arrangements that have been in place from the early days of the lockdown, will come to an end. If you were not receiving weekly food parcels, but you wish to use online shopping, you can still register for priority slots with the major supermarkets online at (www.gov.uk/coronavirus-extremely-vulnerable)/ or by calling 0800 028 8327) - you will need to do this before 17 July.

After this date, we may be able to help you to access priority slots with Tesco and Iceland, if you need to do this contact us on 0151 907 8363.

We understand that this may be an anxious time, as you adjust to getting back to a more normal way of life. To help you, we have created a new online directory with details of support and advice that is available to you. It includes sections on food and shopping; medical and pharmacy; social support; wellbeing and finance. You will find the directory at https://onehalton.uk/shieldedsupport/.

If you do not have access to the internet, the following telephone numbers may be useful to you:

- Halton Borough Council COVID-19 Support Line: 0151 907 8363 (Mon to Fri 8am – 6pm)
- Surestart to Later Life: 01928 569498 (support if you are isolated, or feeling alone)
- Halton Health Improvement Team: 0300 029 0029
- Mental Health Helpline: 0800 051 1508

To keep up to date with current Government advice you should visit www.gov.uk, if there is information we need to share, we will do this through our local radio stations and newspapers and online at www.halton.gov.uk; Facebook (Halton Borough Council/Twitter @HaltonBC. If there are any important changes in the future that we need to update you on about shielding, we will contact you directly.

Yours sincerely,

David Parr OBE

Chief Executive, Halton Borough Council

Page Intentionally Left Blank

Appendix: 4 – Leaflet to accompany letter

START WELL

Giving children the best start in life

Infant Feeding Support

Support for all mums antenatally and postnatally at workshops and by phone. Breastfeeding support through 1-to-1 home visits and groups.

Introducing Solid Foods

Workshops for parents of babies 3-5 months old to prepare for introducing solid food at 6 months.

Healthy eating and physical activities

Fir 4 Lifer for families to learn together about healthy lifestyles.

Halton Healthy Schools and Early Years

Supporting schools & settings to reach healthy standards. Education and training on healthy eating & lifestyles, mental health, e-safety, smoking and alcohol.

Positive Parenting Programme (Triple P)

Gives practical support to help parents or carers build strong, healthy relationships with their child, manage behaviour and prevent problems.

LIVE WELL

Helping adults lead healthier lifestyles

Halton Stop Smoking Service

Our team offers **FREE** support and advice to anyone who wants to stop smoking.

Fresh Start

Fresh Start helps adults lose weight, get more active and feel great. Free for 6 months.

Specialised Exercise & Support

If you have heart or respiratory problems or have had a stroke, cancer, or back problems, our specialised Exercise on Referral classes are designed to build confidence, improve quality of life and help you carry out your daily activities.

NHS Health Checks

Are you aged 40 - 74? You may be eligible for a **FREE** NHS Health Check. This simple check takes about 30 minutes and looks for signs of high blood pressure, diabetes, kidney disease, heart disease and your risk of stroke and dementia.

Mental Health

Through high profile campaigns, training and events, we aim to get people in Halton talking about their mental health and challenging the stigma of mental health.

Workplaces

We are working with a growing number of local employers to deliver in-house services, health checks, training and advice to staff.

AGE WELL

AGE WELL

Supporting healthy and active ageing

Age Well exercise sessions for the over 50s

Exercise and home safety advice for people who have fallen or are at risk of falling. Helps avoid hospital admissions and maintain your independence and mobility.

Exercise and support for people with chronic conditions

Tailored classes for people with pulmonary or cardiovascular disease & those recovering from cancer or stroke.

Activities and support for over 55s in the community from Sure Start to Later Life

Services and activities to help the over 55s feel less isolated, learn new skills, feel better & get more active. Contact Sure Start to Later Life direct on 01928 569477.

Early detection of cancer & promotion of screening.

Community awareness campaigns & training for front-line staff & community groups on the signs & symptoms of cancer & screening.

Page Intentionally Left Blank

Appendix: 5 – End of Shielding Guidance Email to GPs

Changes to Shielded Arrangements from 1st August 2020

Dear Colleague

Back in March, the Government asked those who were clinically extremely vulnerable to coronavirus to 'shield', meaning they were advised not to go outdoors, even for shopping or exercise.

The Government has now announced changes to these arrangements.

When shielding is paused on 1 August it will mean that those in this category can:

- return to work – as long as their workplace is COVID-secure – but carry on working from home if they can
- children who are clinically extremely vulnerable can go back to school
- go outside to buy food, to places of worship and for exercise – keeping 2 metres away wherever possible

Shielded individuals **will no longer receive weekly food parcels**. However, they will keep their supermarket online priority status if they had a pre-existing online account with a supermarket.

The Council have created a directory with details of support and advice that is available to former shielded individuals . The directory can be found at https://onehalton.uk/shieldedsupport/

The following telephone numbers can also be accessed if shielded individuals need assistance:

- Halton Borough Council COVID-19 Support Line: 0151 907 8363 (Mon to Fri 8am – 6pm)
- Surestart to Later Life: 01928 569498
- Halton Health Improvement Team: 0300 029 0029
- Mental Health Helpline: 0800 051 1508

The Council has written to all those who have shielded with information about ongoing support and advice that is available.

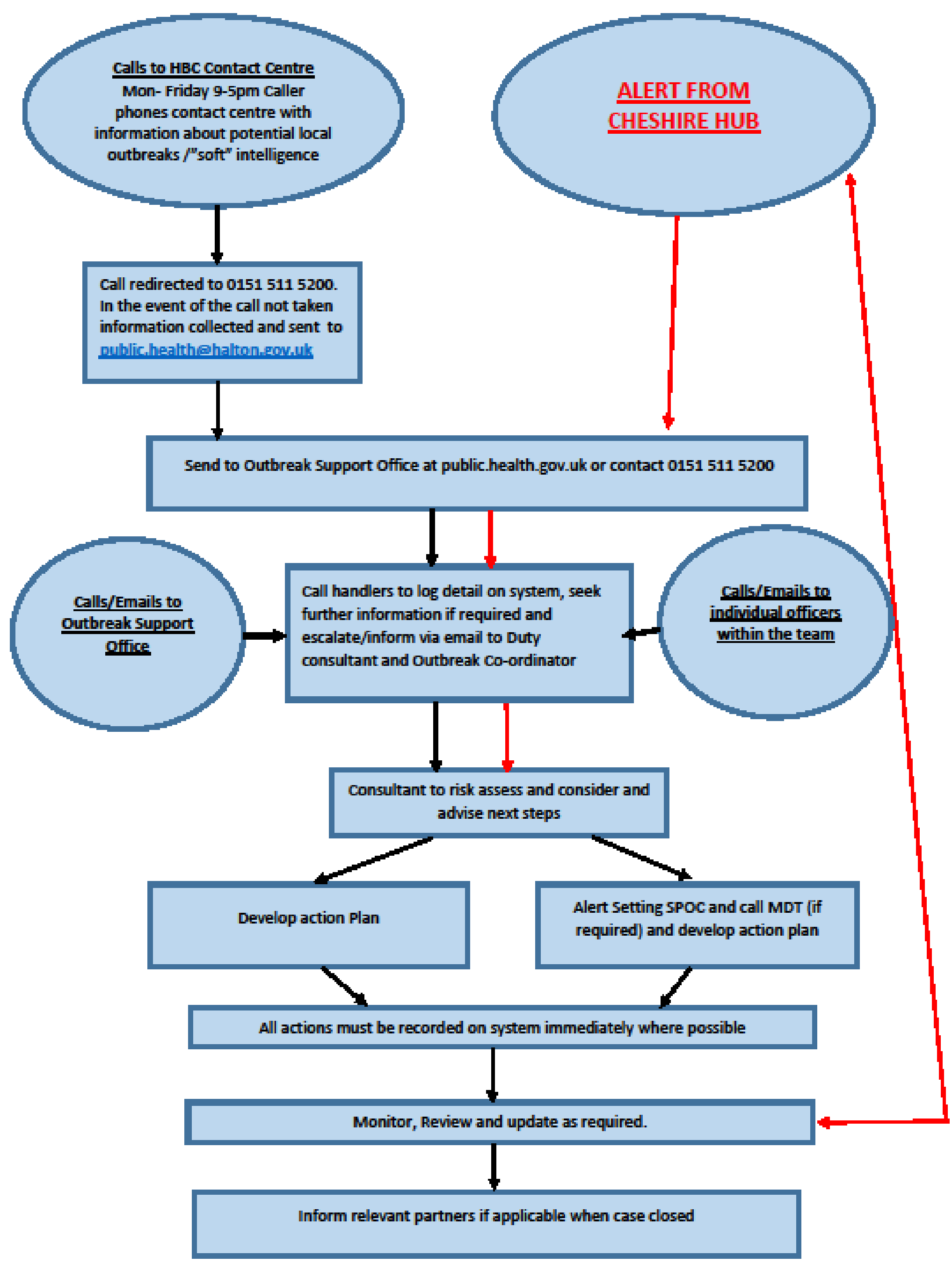
The Council has also set out plans on how it would 'step up' shielding arrangements again, should they be needed, for example if there was a local lockdown or 2nd wave.

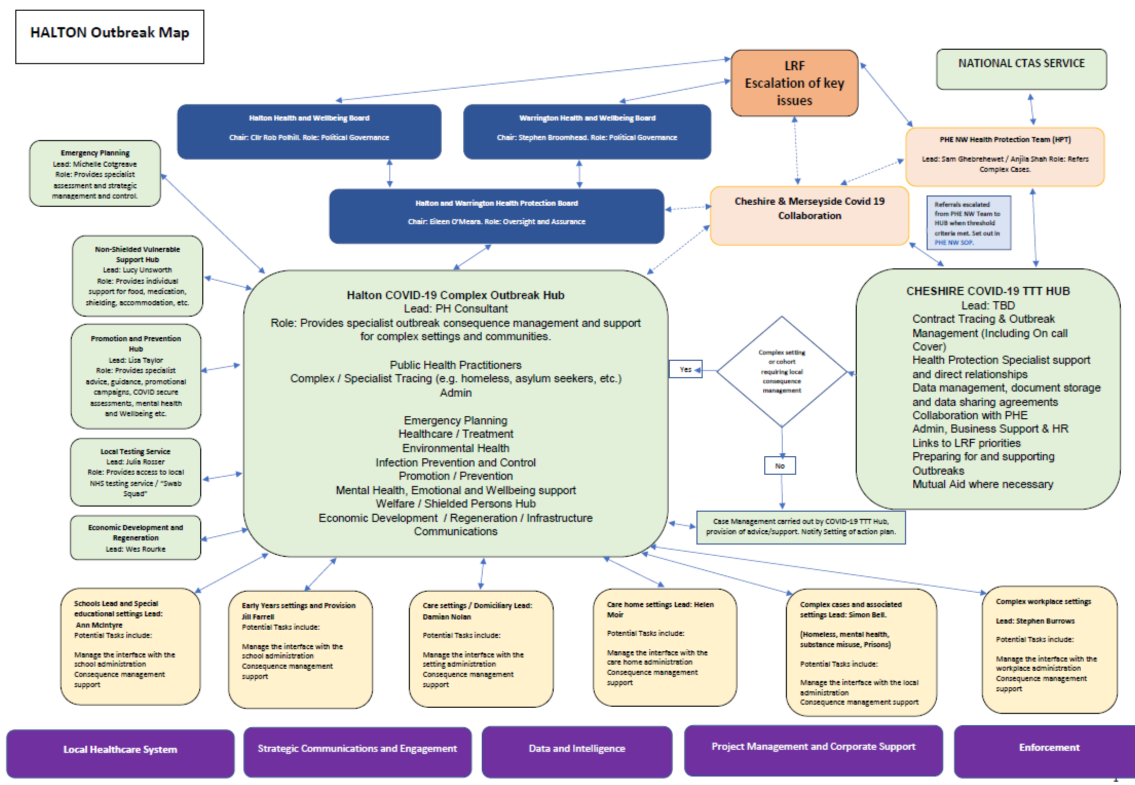
A copy of the step up plan can be viewed at
http://councillors.halton.gov.uk/documents/s63028/Local_lockdown_planv2.1_External.pdf

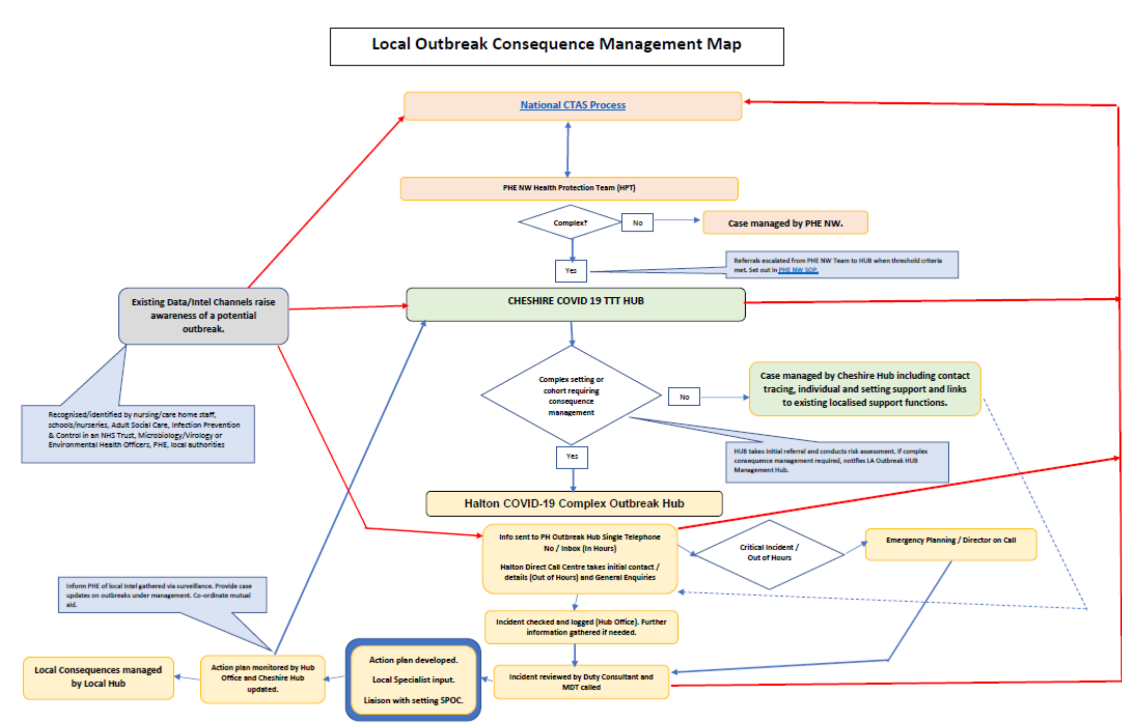
Kind regards,

Page Intentionally Left Blank

Appendix: 6 – Public Health Outbreak Notification Processes




HALTON Outbreak Map
LRF
Escalation of key issues
NATIONAL CTAS SERVICE
Halton Health and Wellbeing Board
Chair: Cllr Rob Polhill. Role: Political Governance
Warrington Health and Wellbeing Board
Chair: Stephen Broomhead. Role: Political Governance
PHE NW Health Protection Team (HPT)
Lead: Sam Ghebrehewet / Anjila Shah Role: Refers Complex Cases.
Emergency Planning
Lead: Michelle Cotgreave
Role: Provides specialist assessment and strategic management and control.
Halton and Warrington Health Protection Board
Chair: Eileen O'Meara. Role: Oversight and Assurance
Cheshire & Merseyside Covid 19 Collaboration
Referrals escalated from PHE NW Team to HUB when threshold criteria met. Set out in PHE NW SOP.
Non-Shielded Vulnerable Support Hub
Lead: Lucy Unsworth
Role: Provides individual support for food, medication, shielding, accommodation, etc.
Halton COVID-19 Complex Outbreak Hub
Lead: PH Consultant
Role: Provides specialist outbreak consequence management and support for complex settings and communities.
Public Health Practitioners
Complex / Specialist Tracing (e.g. homeless, asylum seekers, etc.)
Admin
Emergency Planning
Healthcare / Treatment
Environmental Health
Infection Prevention and Control
Promotion / Prevention
Mental Health, Emotional and Wellbeing support
Welfare / Shielded Persons Hub
Economic Development / Regeneration / Infrastructure
Communications
CHESHIRE COVID-19 TTT HUB
Lead: TBD
Contract Tracing & Outbreak Management (Including On call Cover)
Health Protection Specialist support and direct relationships
Data management, document storage and data sharing agreements
Collaboration with PHE
Admin, Business Support & HR
Links to LRF priorities
Preparing for and supporting Outbreaks
Mutual Aid where necessary
Promotion and Prevention Hub
Lead: Lisa Taylor
Role: Provides specialist advice, guidance, promotional campaigns, COVID secure assessments, mental health and Wellbeing etc.
Yes
Complex setting or cohort requiring local consequence management
No
Local Testing Service
Lead: Julia Rosser
Role: Provides access to local NHS testing service / "Swab Squad"
Economic Development and Regeneration
Lead: Wes Rourke
Case Management carried out by COVID-19 TTT Hub, provision of advice/support. Notify Setting of action plan.
Schools Lead and Special educational settings Lead: Ann McIntyre
Potential Tasks include:
Manage the interface with the school administration
Consequence management support
Early Years settings and Provision Jill Farrell
Potential Tasks include:
Manage the interface with the school administration
Consequence management support
Care settings / Domiciliary Lead: Damian Nolan
Potential Tasks include:
Manage the interface with the setting administration
Consequence management support
Care home settings Lead: Helen Moir
Potential Tasks include:
Manage the interface with the care home administration
Consequence management support
Complex cases and associated settings Lead: Simon Bell.
(Homeless, mental health, substance misuse, Prisons)
Potential Tasks include:
Manage the interface with the local administration
Consequence management support
Complex workplace settings
Lead: Stephen Burrows
Potential Tasks include:
Manage the interface with the workplace administration
Consequence management support
Local Healthcare System
Strategic Communications and Engagement
Data and Intelligence
Project Management and Corporate Support
Enforcement


Local Outbreak Consequence Management Map
National CTAS Process
PHE NW Health Protection Team (HPT)
Complex?
No
Case managed by PHE NW.
Yes
Referrals escalated from PHE NW Team to HUB when threshold criteria met. Set out in PHE NW SOP.
Existing Data/Intel Channels raise awareness of a potential outbreak.
CHESHIRE COVID 19 TTT HUB
Recognised/identified by nursing/care home staff, schools/nurseries, Adult Social Care, Infection Prevention & Control in an NHS Trust, Microbiology/Virology or Environmental Health Officers, PHE, local authorities
Complex setting or cohort requiring consequence management
No
Case managed by Cheshire Hub including contact tracing, individual and setting support and links to existing localised support functions.
Yes
HUB takes initial referral and conducts risk assessment. If complex consequence management required, notifies LA Outbreak HUB Management Hub.
Halton COVID-19 Complex Outbreak Hub
Info sent to PH Outbreak Hub Single Telephone No / Inbox (In Hours)
Halton Direct Call Centre takes initial contact / details (Out of Hours) and General Enquiries
Critical Incident / Out of Hours
Emergency Planning / Director on Call
Inform PHE of local intel gathered via surveillance. Provide case updates on outbreaks under management. Co-ordinate mutual aid.
Incident checked and logged (Hub Office). Further information gathered if needed.
Local Consequences managed by Local Hub
Action plan monitored by Hub Office and Cheshire Hub updated.
Action plan developed.
Local Specialist input.
Liaison with setting SPOC.
Incident reviewed by Duty Consultant and MDT called

Subject: FW: Halton Covid Outbreak Support

As you may be aware, Halton Borough Council needed to establish an Outbreak Support office to provide consequence management of any local outbreaks of Covid 19 .

As from today (Monday 6th July) we now have a local office in place which will support and manage these outbreaks within Halton.

The main role is to support the national test, track and trace and engage system in working with local organisations, venues, businesses and facilities when an outbreak has been identified or suspected.

The office will co-ordinate the local response and bring together the various teams and functions that will have an important role to play in responding to any outbreak. This will vary depending upon each case, but will include Environmental Health, Infection Control, Health Promotion and Prevention, as well as the specialist leads for each area. E.g. education, social care, care homes, etc.

The office has a dedicated direct number **0151 511 5200** which will be open between 9am and 5pm Monday to Friday and an email address – publichealth@halton.gov.uk

The office will act as a central point of contact to the Cheshire Hub and to the National Contact, Test and Trace and engage facility. Most individuals that are identified as testing positive will be managed by either the national hub or by the Cheshire Hub, but there will be circumstances where a local outbreak needs to be managed locally, or additional support measures will need to be put in place. As soon as we are aware of any potential need for local action, we will call a virtual Multi Discipline Team (MDT) meeting to develop a local action plan.

Enclosed for your information a copy of the Halton outbreak map.

Information on the general approach to managing an Outbreak plan can be found here –

https://www3.halton.gov.uk/Pages/health/Covid-19-Preventing-and-Responding-to-Local-Outbreaks.aspx

In order to prevent confusion, any individual concerned about their own health, or that of a family member or friend should still continue to contact www.111.nhs or their GP for support. Equally those seeking general information about Coronavirus or its implications should continue to use existing channels of communication such as the websites or national support lines. The purpose of the office is to deal with the consequences of any outbreaks locally.

The role of the office will evolve and develop as we understand what is needed to support the people of Halton. We will be in contact this week to better understand the existing systems and processes that you already have in place, and look at how we can all work together when required.

Cllr Rob Polhill. David Parr.

Leader Chief Executive

Page Intentionally Left Blank

Appendix: 7 – Shielded Calls Outcomes

			Successful Contact Y/N and Date			Requires Additional Support (Y/N)			
Polling District	First Name	Surname	Contact 1	Contact 2	Contact 3	Food/Supplies	Medication	Other	Action Taken

Passed to Cheshire Fire

Date of CFRS visit	Name of CFRS Advocate	Comments	Tel number for all AMBER	RAG status RED AMBER Green	Cheshire Police Visit Date	Police Contact	Outcome 1st Visit	Outcome 2nd Visit	Outcome 3rd Visit

Page Intentionally Left Blank

Appendix: 8 – Key Media Messages

Holding posts for social media

General:

It has been necessary to put in place a local lockdown in [AREA NAME]. If you live or work in [AREA NAME] it is essential that you now follow the measures that have been put in place. Details of these measures can be found on our website www.halton.gov.uk. We will keep you regularly updated via our website, social media and through the local media.

Shielded:

A local lockdown is in place in [AREA NAME]. Halton Borough Council will be contacting those individuals in this area who are 'clinically extremely vulnerable' to coronavirus [who have registered as shielded and have previously received help] [who are registered as shielded], to put in place new arrangements for support, should it be needed. General information on support available can be found at www.onehalton.uk/shieldedsupport.

Web page/statement

It has been necessary to put in place a local lockdown in [AREA NAME].

If you live or work in [AREA NAME] it is essential that you now follow the measures that have been put in place. These measures area;

- Xx
- Xx
- Xx
- Xx

These measures will be in place for the next XX days.

During this period we will be taking the following steps to control the spread of Coronavirus

- Xx
- X
- x

We will keep you regularly updated on this web page, through our social media channels and through the local media.

Halton Borough Council will be contacting all individuals in this are who are ‘clinically extremely vulnerable’ to coronavirus to put in place arrangements for support, should it be needed. General information on support available can also be found at www.onehalton.uk/shieldedsupport.

Appendix: 9 – Call Assessment Form

Personal Details

Title:

Test

First Name:

Test

Surname:

Test

Date of Birth:

01/01/2020

Address Details

House Number:

1

Street:

Any Street

Town:

Widnes

Postcode:

WA8 1AA

Contact Details

Home / Mobile Telephone:

01234567890

Email address:

anyone@anyISP.com

Support with Food

Do you require support to buy food?

Yes

Support with Medication

Do you require support with medication?

Yes

What is the name and address of the pharmacy you use?

Boots Pharmacy, Runcorn

How many different medications do you need support for?

1

Medication 1

What is the name of the medication?

Med1

How many days of medication do you have left?

2

When is the next prescription due?

Tuesday

Other Support

Is there any other urgent support you require?

Yes

Please tell us the urgent support you need?

Struggling to get around the house.

Page Intentionally Left Blank

Appendix: 10 – HBC Covid Calls Team

This section contains Contact Details of the HBC Covid Calls Team in the table format below:

Surname	First Name	Role in Hub Operations	Number of Days per week working on the HUB	Days of the week working on the hub (AM/PM)	Proposed last day of working in the HUB Team	Normal Job Role	Service Area	Critical Service P1/P2/P3	Notes

Page Intentionally Left Blank

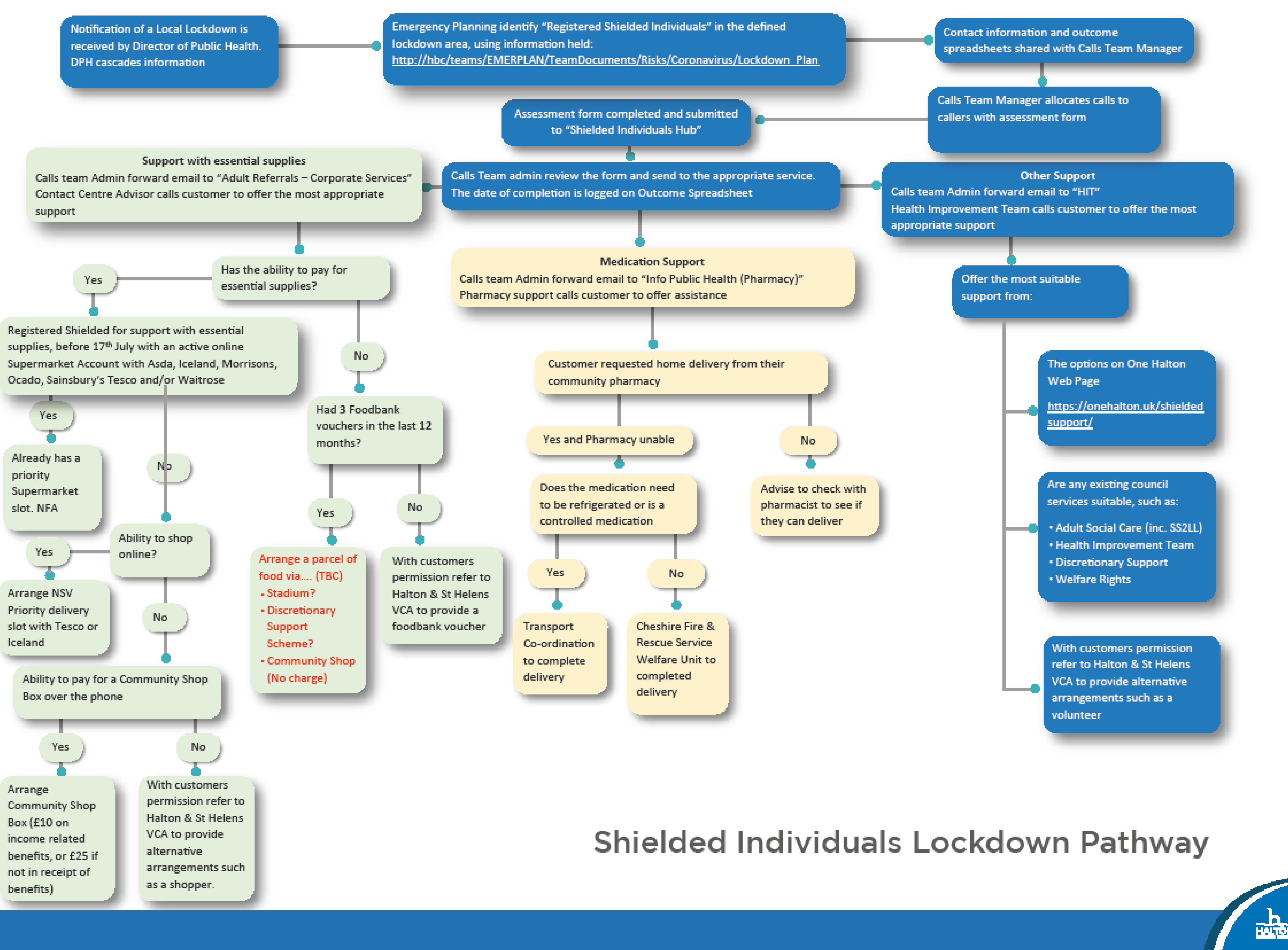
Appendix: 11 – Contingency SI Callers for Weekends

This section contains Contact Details of the HBC Covid Calls Team available to work at the weekend in the table format below:

Name	Mobile Telephone Number	Personal Email

Page Intentionally Left Blank

Appendix: 12 – Shielded Individuals Lockdown Pathway



Page Intentionally Left Blank

Appendix: 13 – COVID Support Helpline Messages

Message 20th July – 31st July

You should all by now have received your letter regarding the changes to lockdown shielding. As from the 1st August direct support for those shielding will come to an end and for example food parcel deliveries will cease.

Those who had shielded are now required to make their own arrangements to access food. If you feel you are unable to do this you will need to ask friends and families to assist you.

The priority slots for those who shielded will continue to with major supermarkets after the 1st of August. To access these deliveries please register with the supermarket of your choice.

If you still require assistance please continue to hold for the next available advisor.

Message 1st August onwards

Please note that shielding ended on 1st August. Those who were previously shielded are now required to make their own arrangements to access food. If you feel you are unable to do this you will need to ask friends and families to assist you.

The priority slots for those who shielded will continue to with major supermarkets to access these delivery slots please register with the supermarket of your choice.

If you still require assistance please continue to hold for the next available advisor.

Local Lockdown

Due to the different scenarios in respect to a Local Lockdown, a specific message has not been created. However, “Hold” messages can be created very quickly (in a matter of minutes). Any messages would need to include:

- Location of the local Lockdown
- Some details of the lockdown, i.e. non-essential shop closures, etc.
- Details of where further information can be found.

DRAFT

Page Intentionally Left Blank

Appendix: 14 – COVID Support Helpline Non-Lockdown

Shielded Resident receives letter re Shielding ending directing to website or call contact centre

SI or their family accesses the website https://onehalton.uk/shieldedsupport/

Relevant support accessed via the services on the website

Unable to access support on website

Non-Shielding Vulnerable resident requires support

Call received via 0151 907 8363 08:00 – 18:00 Mon – Fri

Advisor asks the resident what support they require

Support with essential supplies

Has the ability to pay for essential supplies?

Yes

Registered Shielded for support with essential supplies, before 17th July with an active online Supermarket Account with Asda, Iceland, Morrisons, Ocado, Sainsbury's Tesco and/or Waitrose

No

Does the customer appear on the NHS List (SPL)

No

Ability to shop online?

Yes

Arrange NSV Priority delivery slot with Tesco or Iceland Choose "No" is cannot wait 2 days

No

Ability to pay for a Community Shop Box over the phone

Yes

Arrange community Shop Box (£10 on income related benefits, or £25 if not in receipt of benefits)

No

With customers permission refer to Halton & St Helens VCA to provide alternative arrangements such as a shopper.

No

Is a foodbank voucher an option?

Yes

With customers permission refer to Halton & St Helens VCA to provide a foodbank voucher

No

Refer to the Discretionary Support Team

Support with Medications

Advise the customer to contact their Pharmacy.

If the pharmacy states that they are unable to provide a delivery ask to have the prescription transferred to another pharmacy who can (by either the pharmacy or GP).

Info Public Health (Pharmacy) can deal with a complaint by passing the details to the Local Pharmacy Committee (LPC), but cannot assist with the collection of medication outside of Lockdown

Other support

Offer the most suitable support from:

The options on One Halton Web Page https://onehalton.uk/shielded support/

Are any existing council services suitable, such as:

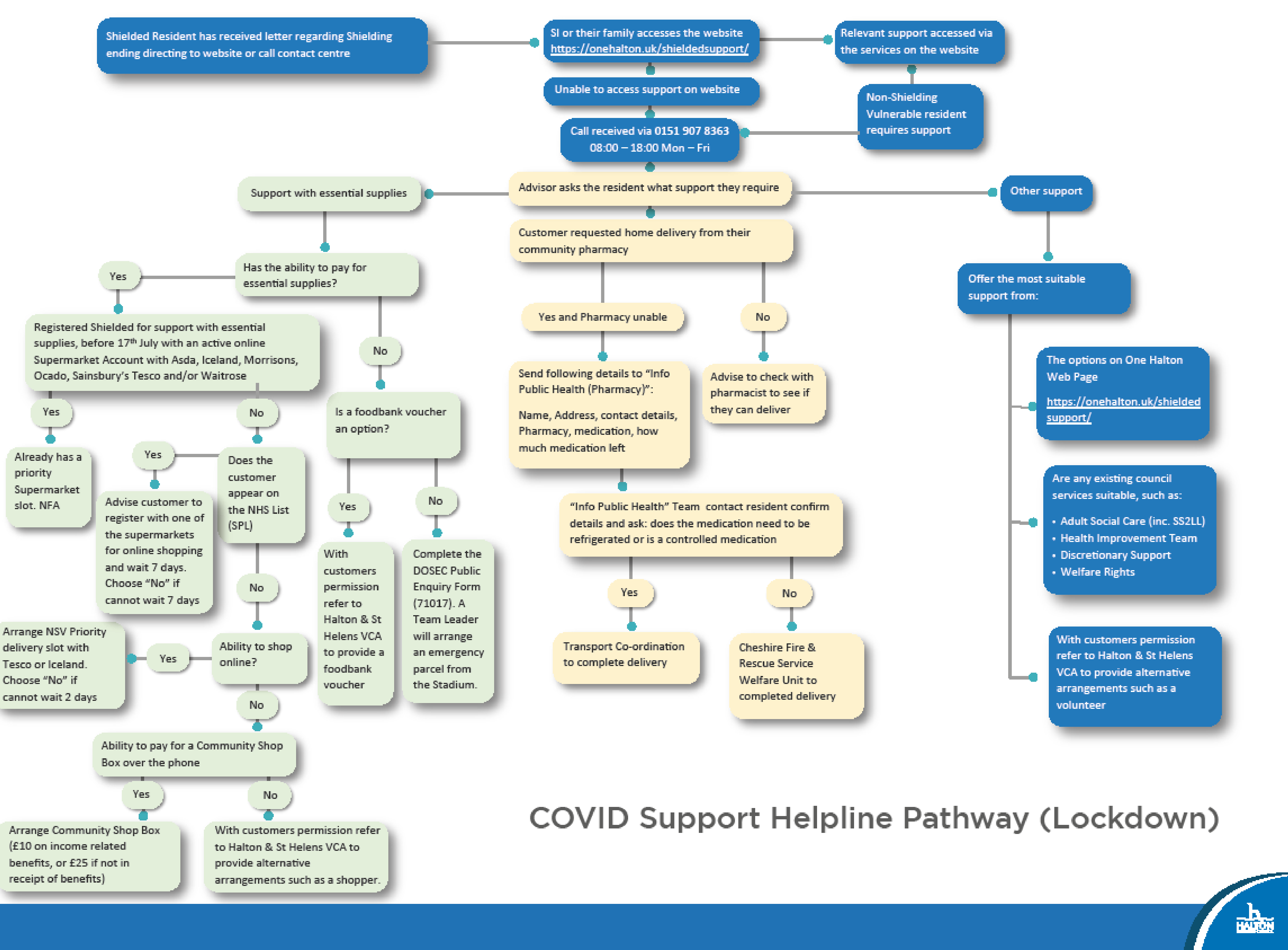
- Adult Social Care (inc. SS2LL)
- Health Improvement Team
- Discretionary Support
- Welfare Rights

With customers permission refer to Halton & St Helens VCA to provide alternative arrangements such as a volunteer

COVID Support Helpline Pathway (1st August 2020 Onwards)

Page Intentionally Left Blank

Appendix: 15 – COVID Support Helpline (Lockdown)



Page Intentionally Left Blank

Appendix: 16 – Complex Settings Matrix

Halton – Covid 19 - Local Outbreak Plan - Community Resilience Annexe (DRAFT ONLY)

Resources Required	IDENTIFIED AREAS OF POTENTIAL OUTBREAK								
	Care Homes and Residential Settings	Schools and Early Years Settings	Single Business and Business Districts	Ward Level	Town Level	Borough Level	Halton Hospital	Daresbury Park Hotel	
Communication Plans									
Liaison with internal colleagues									
Liaison with external partners									
Food									
Medications									
IT									
Staff									

DRAFT

Page Intentionally Left Blank

Appendix: 17 – Updating the Shielded Data Files

All lists can be found in: http://hbc/teams/EMERPLAN/Local Lockdown/HBC Local Lockdown Plan/Shielded_Data/

On receipt of an updated Shielded Patient List (SPL) also known as the NHS List. The following is actioned.

Creation of the lists on 31st July.

Red and Amber Lists

A base list was created on Friday 31st July from the Shielded Hub Database. Those individuals on the database that have moved out of the area, passed away or are no longer shielded have been removed from this list.

Those that have received a food parcel since 23rd June, or received any support via the HIT Team pathway are classified as 'Registered Supported' and form the Red List. Those that are left are 'Registered Unsupported' and form the Amber List.

Subsequently, a number of individuals were moved from the Amber List to the Red list in line with reporting outcome for MHCLG.

Green List.

A temporary spreadsheet is created, where the Red, Amber and Yellow lists are added (ensuring NHS number from each of the lists is in the same column)

Using the updated SPL a comparison (VLOOKUP) is carried out on the updated SPL as the source with the temporary spreadsheet. The comparison is actioned using the NHS Number of the individual. Any "#NA" are new individuals and their details are classified as "Un-registered" and are the Green List.

Yellow List

The Shielded Patient List (SPL) from the 17th July has been downloaded and stored in the file location above.

Using the updated SPL a comparison (VLOOKUP) is carried out on the new (updated) SPL as the source data with the 17th July SPL file. The comparison is actioned using the NHS Number of the individual. Any "#NA" are new individuals and their details are classified as "Newly-Shielded" and are the Yellow List.

Maintenance of the Shielded Lists

On receipt of a New Shielded Patient List, each of the 4 lists (Red, Amber, Yellow and Green) is compared with the SPL via the VLOOKUP function using the NHS Number.

Those that are no longer on the SPL List (#N/A on each list) are removed as "No longer Shielded" from the database.

A new temporary spreadsheet is produced, with the all SI who are in each of the four lists.

A comparison (VLOOKUP) is conducted on the SPL against this combined list.

Any individuals that are newly shielded will not match (#N/A) and are added to the Yellow List as newly shielded.

Mapping and ward Data

All four files are sent to GIS who will use an algorithm to ensure that Location and Ward information Data is added to the spreadsheets and the Addresses are split to be House number / Name, Street address to allow for the ability to search by street name.

GIS also create ward maps with the 4 data points.

On receipt of Subsequent SPLs

A comparison (VLOOLUP) is actioned on the Base Red and Amber Lists (31st July) against the new (current) SPL. The comparison is actioned using the NHS Number of the individual.

This comparison is done to remove any individuals who are No Longer Shielded (NLS. Comparison against the Base Lists ensures that any residents who had been removed as NLS, but are eligible again will remain on the Red or Amber Lists.

The Yellow and Green lists are actioned as new (above).

All 4 files are sent to GIS to produce updated maps.

DRAFT

Appendix: 18 – Creating a Local Lockdown Call List

Searching by Street, Polling District, Ward or Town.

The columns in each of the Four Shielded Data Files (Red, Amber, Yellow and Green) are as below:

Column	Description	Details
A	Easting	Mapping Co-ordinate
B	Northing	Mapping Co-ordinate
C	Ward	Election Ward – prior to 2020 boundary changes
D	PD	Polling District (Sub area of Election Ward)
E	UPRN	Unique Property Reference Number
F	NHS Number	Personal information
G	First Name	
H	Surname	
I	Property Number	Address information
J	Street Name	
K	Town	
L	Postcode	
M	Phone 1	Contact information
N	Phone 2	
O	Email Address (Not yellow and Green Files)	

All four files has filters enabled. Searching for a Street or Streets, Polling District(s), Ward(s) or an entire Town is a matter of unticking and ticking in the relevant column(s).

DRAFT

Searching by Radius.

Where a defined radius is required from a specific location, Emergency Planning and Public Health have access to a mapping service within Resilience Direct.

A Geographic position, such as co-ordinates or a property address can be used as the defined centre. Select Shapes from the left Menu and choose “Circle”

Centre the point on the location in question (if a co-ordinate is used it can be re-centred later if not in the exact spot).

In the Edit Menu to the right, the size of the radius can be set in Metres, Kilometres and Miles.

If the circle needs re-centring, select “Drag” from the bottom menu and move it so that it is in the correct position (centre of the circle location is shown in the bottom right).

Searching by Shape

Select Polygon and draw the shape on to the map (this shape is drawn by “freehand”). Double click when the shape has been drawn.

Obtaining addresses within the Shape

To obtain all of the addresses within the circle select “Property” from the bottom menu and click inside the shape.

A Menu pain will appear on the right. Select the Download icon (⤓). Resilience Direct only allows the file to be downloaded in 5,000 properties at a time. Therefore, download as 1-5,000, 5,000-10,000, until all address have been downloaded. Where required, combine all of the downloaded files in to one spreadsheet, and remove duplicates.

Compare (VLOOKUP) each of the Shielded Data Files with the combined list from Resilience Direct, using the UPRN as the method of comparison. Those with a match are within the defined area.

DRAFT

Document Contacts:

Hub Role	Name	Phone 1	Phone 2	Email
Halton Borough Council Senior Management Team				
HBC Chief Exec				
Director of Public Health				
Strategic Director Enterprise, Community & Resources				
Strategic Director People				
Director of Adult Services				

DRAFT

Operational Directors				
Enterprise Community & Resources				
Operational Director Legal & Democratic Services				
Operational Director Finance				
Operational Director Policy, Planning & Transportation				
Operational Director ICT Services				
Operational Director Economy, Enterprise & Property				
Operational Director Community & Environment				
Operational Director Policy, People, Performance & Efficiency				

DRAFT

People				
Operational Director Education, Inclusion & Provision				
Operational Director Children's Social Care				
Director of Public Health				
Director of Adult Services				
Hub Management Team				
Hub Manager				
Hub Manager				

DRAFT

Halton Borough Council Shielded Hub Team				
Generic Contact	**Generic Contact**	**0151 907 8363**		**Covid-19sihub@halton.gov.uk**
Hub Admin / Operations				
Hub Admin / Operations				
Hub Admin / Operations				
Call Team Manager				
Contact Centre (Adult Referrals)				
Adult Referrals Generic Contact	**Generic Contact**	**0151 907 8363**		**socialservicesreferrals@halton.gov.uk**
Adult Referrals / Contact Centre Manager				
Adult Referrals / Contact Centre Team Leader				
Adult Referrals / Contact Centre Team Leader				

Hub Role	Name	Phone 1	Phone 2	Email
Calls Team Available (Available at Weekends)				
Health Improvement Team				
Generic Contact	**Generic Contact**	**0300 029 0029**		**hit@halton.gov.uk**
Health Improvement Team Manager				
Health Improvement Team Officer				

DRAFT

Public Health				
Generic Contact	**Generic Contact**			**Info.publichealth@halton.gov.uk**
Pharmacy Team Leader / Outbreak Team Leader				
Pharmacy Support				
Halton Track & Trace				
Voluntary Sector Engagement				
Voluntary Sector Engagement				
Partnerships Officer				
Communications & Marketing				
Communications & Marketing Officer				
Communications & Marketing Officer				

DRAFT

Emergency Services Support				
Cheshire Fire & Rescue - Uncontactables				
Cheshire Fire & Rescue - medication				
Cheshire Police - Uncontactables				

DRAFT

Cross Border Local Authorities – Mutual Aid				
Local Authority	**Principal Officer**	**Contact Number**	**Emergency Incident Line**	**Email Address**
Cheshire				
Cheshire East Council				
Cheshire West & Chester Council				
Warrington Borough Council				
Liverpool City Region				
Knowsley Metropolitan Borough Council				
Liverpool City Council				
Sefton Metropolitan Borough Council				
St Helens Metropolitan Borough Council				
Wirral Metropolitan Borough Council				

DRAFT

Cheshire Resilience Forum (Non–Local Authority Agencies)			
Organisation	**Contact**	**Contact Number**	**Email**
Cheshire Resilience Forum			
Cheshire Police			
Cheshire Fire and Rescue			
North West Ambulance Service			
NHS England & Improvement			
Halton Clinical Commissioning Group (Including Warrington CCG)			
Public Health England			
Ministry 0f Housing, Communities & Local Government (MHCLG) – Resilience & Emergencies Division (RED)			

DRAFT

Voluntary Sector			
Organisation	**Contact**	**Contact Number**	**Email**
Cheshire Emergency Voluntary Agency Committee			
Halton & St Helens Voluntary Community Action Group			
Migrant Help			
Home Office (Asylum Seekers)			
SERCO			
Supermarkets			
Housing Associations	**24 hours Support Line**		

DRAFT

Communication Contacts for Local Groups & Cohorts to support Covid Halton Local Lockdown Plans

Cohort	Lead Officer	Organisation/Community Contact Name	Email address & phone number
Schools		Headteachers?	
Age 18-24 years		Sports Development Riverside College Youth Federation/NCS Power in Partnership Youth Offending Youth Parliament Murdishaw Boxing Club	
Older People		Sure Start to Later Life Dementia network Age UK Mid-Mersey Halton OPEN	

DRAFT

		HBC Trading Standards ICAN Network	
Asylum & Refugees		A Better Tomorrow	
Voluntary Sector Groups		Halton Haven Widnes & Runcorn Cancer Support Alzheimer's Society Halton Carers Centre Halton Speak Out Mencap Vision Support Halton Disability Services Halton Talking Newspaper	

DRAFT

		Citizens Advice	
Faith Network			
Workplaces/business		Halton Chamber of Commerce HBC Business Support Public Health Workplace Wellbeing Environmental Health	
Unemployed/Digitally Excluded		Halton People Into Jobs HBC Adult Learning DWP	
Social Landlords		Halton Housing Onward Riverside	

DRAFT

Managed Retail Spaces		Runcorn Shopping City Runcorn Trident Park Green oaks Widnes	
Local Media Contacts		Weekly News Halton Community Radio	

DRAFT

Distribution List
Halton Borough Council

- Chief Executive
- Strategic Director People
- Strategic Director Enterprise, Community & Resources
- Director of Public Health
- Operational Director Adult Social Care
- Operational Director Children Social Care
- Leader
- Deputy Leader
- Portfolio Holder
- Elected Members (as appropriate)
- Emergency Planning Team
- Contact Centre
- OOH Team
- Communications and Marketing

External

- Cheshire Police
- Cheshire Fire & Rescue Service
- North West Ambulance Service
- Halton Clinical Commissioning Group
- Cheshire East Council
- Cheshire West & Chester
- Warrington Borough Council
- Knowsley Metropolitan Borough Council
- Liverpool City Council
- Sefton Metropolitan Borough Council
- St Helens Metropolitan Borough Council
- Wirral Metropolitan Borough Council

DRAFT

REPORT TO: Health and Wellbeing Board

MEETING DATE: 7 October 2020

REPORTING OFFICER: David Parr
Senior Responsible Officer, One Halton
Chief Executive, Halton Borough Council

PORTFOLIO: Health and Wellbeing

SUBJECT: One Halton - Update Report (October 2020)

WARDS: Borough wide

1.0 PURPOSE OF THE REPORT

1.1 The purpose of this report is to provide the Health and Wellbeing Board with an update on matters relating to the development of One Halton, including the work of the One Halton Forum, the Integrated Commissioning Group and the Provider Alliance.

2.0 RECOMMENDATION: That the contents of the report are noted.

3.0 SUPPORTING INFORMATION

Background

3.1 The last formal meeting to take place was the One Halton Forum on 4th March 2020 and the next meeting is scheduled to take place on 14th October 2020.

3.2 An update report was shared at the last Health and Wellbeing Board in July 2020. This report will highlight any key activities that have taken place since then.

NHS Phase Three

3.3 On 31st July 2020 NHS England/Improvement issued a letter, Third phase of NHS response to Covid-19; outlining the NHS priorities for the rest of 2020/21.
This included:

A. Accelerating the return to near normal levels of non-Covid health services.
B. Preparation for Winter, alongside vigilance for any local or national Covid spikes.
C. Taking into account lessons learnt, lock in beneficial changes, supporting the workforce and taking action on inequalities and prevention.

3.4 Each system (Cheshire and Merseyside) was asked to provide a summary plan, draft was due 1st September and final due 21st September 2020.

3.5 To ensure the system plan was a whole partnership response, One Halton was asked to prepare a narrative to outline its plans for the next six months that would help shape the final Cheshire and Merseyside submission.

3.6 The One Halton narrative is available as Appendix 1.

Cheshire and Merseyside Health and Care Partnership

3.7 On the 17th September 2020 the first Cheshire and Merseyside Partnership Assembly took place. It was designed to concentrate on the purpose of the Cheshire and Merseyside Partnership, the meaning of Place and the benefits for organisations in adopting a Place-based approach, as well as reflecting on the challenges facing Cheshire and Merseyside.

3.8 The outcomes were:

- Place is Primacy
- The Partnership will review its governance and membership with a focus on “Place” rather than “Organisation”. They also wish to include democratic leadership.
- Partnership to attend Health and Wellbeing Boards
- A review of the Programmes will be undertaken.
- Work should only be undertaken at a Partnership level where it is beneficial to do so.

CCGs

3.9 NHS Halton CCG and NHS Warrington CCG remain as two separate Clinical Commissioning Groups. They have an integrated Management Team, some staff cover both geographies but much of the work is done at Place (Halton).

3.10 There were discussions taking place for a Mid-Mersey (Halton, St Helens and Warrington) solution to commissioning at scale, but nothing formal was been agreed. The deadline for CCGs to submit a merger application to NHSE/I is end of September 2020 (to start from 1st April 2021). A merger application will not be submitted.

3.11 The direction of travel, at the moment is for a single CCG across Cheshire & Merseyside. Whilst there is no concrete decision, it is important to remember that whatever the outcome Place will be paramount and there will be a Cheshire and Merseyside Integrated Care System (ICS).

Mid Mersey Thought Session

3.12 On 16th September 2020, executive leaders across Halton, St Helens and Warrington met to reset the thinking as a result of Covid, discuss the changes that may occur with CCGs on a larger footprint and how to adapt to a new normal.

3.13 An informal discussion was held and concluded:

- Place is paramount, but consideration is needed for how and when it is appropriate to work at scale.
- The bulk of commissioning should be done at place and consider greater integration between the CCG and the Council.
- Each Place should revisit their priorities with a view to what should be done at Place. Where capacity is limited and the same priorities exist across Mid Mersey there may be an opportunity for collaboration. Similarly there may be priorities that should be undertaken as Cheshire and Merseyside. But only when this still brings about benefits and improved outcomes to our local population .
- Review our own Governance and Structures, learn from other areas.
- Outcomes from the first meeting will be developed further.

One Halton Priorities

3.14 One Halton has outlined its priorities in the One Halton Plan 2019-2024 with a commitment to focus specifically on Cardiovascular disease and Cancer prevention during 2020. However the pandemic has resulted in these specific programmes of work not progressing as quickly as anticipated. They do however remain a priority and the next One Halton Forum will discuss how to support these programmes further.

3.15 There are a number of emerging priorities (these are included in the One Halton Plan 2019-2024) that will also be discussed at the next One Halton Forum to ensure there is a collaborative partnership response where needed. These include:

- Winter Planning
- Flu
- Alcohol
- Obesity
- Mental Health
- Learning Disabilities
- Older People
- Children and Young People
- Health Inequalities

One Halton Finance

3.16 At the Health and Wellbeing Board in July 2019, the Board agreed to delegate authority and management of the budget to the Chief

Executive/One Halton Senior Responsible Officer in consultation with the Chair of the Health and Wellbeing Board and the Health and Wellbeing Portfolio Holder.

3.17 Since the last Health and Wellbeing Board there have been no requests for funding from the One Halton budget.

3.18 One Halton has received an additional £425,000 for 2020/21 from Cheshire and Merseyside Health and Care Partnership which is top sliced from CCG budgets.

3.19 For 2020/21 the total One Halton budget is £776,123. This includes money carried over from 2019/20 some of which is already allocated to existing projects.

3.20 For 2020/21, there is a balance of £436,561 not yet allocated and available for investment to support the delivery of the One Halton Plan.

3.21 A One Halton Budget Statement is available as Appendix 2.

4.0 POLICY IMPLICATIONS

n/a

5.0 FINANCIAL IMPLICATIONS

5.1 One Halton funding is used to provide resource and capacity as well as investing into new schemes. Funding from the Cheshire & Merseyside Health Care Partnership is received with guidance/caveats for how it should be spent. One Halton will ensure any funding received is used for its intended purpose and reported back through the appropriate channels.

5.2 The Health and Wellbeing Board has oversight over all One Halton spend.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

One Halton supports the Council priorities for a Healthy Halton and the Health and Wellbeing Board Priorities.

6.1 **Children and Young People in Halton**

One Halton supports the Council priorities for Children and Young People.

6.2 **Employment, Learning and Skills in Halton**

One Halton supports the Council priorities for Employment, Learning and Skills in Halton.

6.3 **A Healthy Halton**

One Halton supports the Council priorities for a Healthy Halton.

6.4 **A Safer Halton**

One Halton supports the Council priorities for a Safer Halton.

6.5 **Halton's Urban Renewal**
None in this report.

7.0 RISK ANALYSIS
No risk analysis is required for the recommendations in this report.

8.0 EQUALITY AND DIVERSITY ISSUES

One Halton supports the Council priorities to deliver equality and diversity in Halton.

9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

None under the meaning of the Act.

Appendix 1 – Phase 3 Submission

One Halton Narrative
Phase 3 Response to Covid-19

Background
On 31st July 2020 NHS England/Improvement issued a letter, Third phase of NHS response to Covid-19; outlining the NHS priorities for the rest of 2020/21. This included:

D. Accelerating the return to near normal levels of non-Covid health services.
E. Preparation for Winter, alongside vigilance for any local or national Covid spikes.
F. Taking into account lessons learnt, lock in beneficial changes, supporting the workforce and taking action on inequalities and prevention.

Each system is required to provide assurances in response to the actions within the letter by submitting a draft summary plan by 1st September 2020, with final plans due by the 21st September 2020.
Locally our system is Cheshire and Merseyside.
One Halton is one of nine "Places" that is recognised across Cheshire and Merseyside.

The Ask:
Cheshire and Merseyside Health and Care Partnership are taking the lead in providing the narrative response to the Phase 3 letter. To ensure the system plan is a whole partnership response, the narrative response will be developed "from the ground up" based on plans sourced from each of the nine local places.
They have asked that each Place prepares a short concise narrative covering the next six months; specifically the ask is:

1. What are your local plans for each section listed in the Planning Letter?
2. What are the key assumptions underpinning your plans?
3. What are the main constraints (e.g. IPC / PPE / staff availability/ finance)
4. What additional actions are planned to sustain the recovery through the winter period?
5. What are the key risks and issues and what mitigations are / need to be in place?
6. What data are available to support monitoring? What are the key data constraints?
7. What are your requirements / plans for mutual aid (where appropriate)? Which areas of delivery would benefit from a collective Cheshire & Merseyside-wide response?

One Halton Response:

1. What are your local plans for each section listed in the Planning Letter as set out in the table below?

	Phase 3 National Letter Ask	Halton Plans
Accelerating return to near normal non covid health services. (making use of window before Christmas)	**A1 Restore full operation of all cancer services** Systems should commission Cancer Alliance to rapidly draw up deliver plans for September 20 to March 21. • Reduce unmet need and tackle inequalities • Manage growth in people requiring cancer diagnosis. (specifics in letter) • Reducing number of patients waiting.	Reducing the level of premature death from Cancer is one of the six priority areas of One Halton. Across health and social care we work with Cheshire & Merseyside Cancer Alliance who are producing the overarching "Restoration of Cancer Services" plan. We will continue to work with C&M Cancer Alliance to implement locally. In addition to this, we plan to run a collaborative Cancer Prevention communication campaign in Halton.
	A2 Recover maximum elective activity between now and winter • Specific activity target • maintaining block payments • waiting lists managed at system level as well as trust level to ensure equal patient access and effective use of facilities.	Response from Place not required. Separate submission.
	A3 Restore primary care and community services • Restart Primary Care (restore services, reach out to vulnerable people, address backlog of childhood imms and cervical screening, prevention support and LTC management)	In line with the standard operating procedure for General Practices, all practices in Halton are restoring services, where it is clinically appropriate, to pre-COVID levels. Practices are open for delivery of face to face services, triaging patients remotely in advance. Patients with Covid symptoms continue to be seen in two town-based services allowing each general practice to focus on restoration including childhood immunisations, cervical screening, prevention support and LTC management. Proactive patient management for ensuring patients who are extremely vulnerable to COVID-19 are maintained in case of any future lockdown. There is continuation of hot and cold sites. All disease registers, including those for long-term conditions, have been maintained throughout the pandemic. Patients who require review and/or follow up will automatically be contacted by practices. Between March 2020 to July 2020 all practices continued to offer childhood immunisations and cervical screening. We have clean sites for vaccinations and immunisations across each PCN in Runcorn and Widnes. The CCG has a "delivery dashboard" for areas such as childhood immunisations, learning disability health checks and cervical screening to monitor and work with practices to ensure that targets are met. Current review of Phlebotomy access currently underway jointly with Warrington Place with a view to increase capacity where possible.
	• Care Homes (enhanced support to care homes and medication reviews)	In Halton, GP Practices have been aligned to a specific care home for some time allowing pro-active care and good relationships to be in place. This enabled changes to be implemented to working patterns very quickly. Each home has a named GP and a routine visit schedule. Practices switched these visits to remote visits in mid-March, to help reduce footfall through the homes, while keeping contact and care to a regular schedule. Over the coming months,

		GPs working with Clinical Pharmacists will ensure that patients who would benefit from a structured medication review receive them. This includes patients resident in care homes, patients with complex polypharmacy and the severely frail patients. A Care Homes Medicines Management Team is in place and undertakes medication reviews, medicines safety and waste checks, training for care home staff and management of controlled drugs. Good relationships with Practice Pharmacists and Community Pharmacists enable co-ordinated response to medicines. All care homes have direct contact details for medicines support locally. Aligning work with DES locally. MDTs are in place with system representation. Halton CCG are currently working on a Telemedicine bid as part of the Cheshire & Merseyside Telehealth programme of work, to enable an advanced clinical support offer to residents. There are a number of initiatives in place: Red Bag Scheme, Nutrition and Hydration support, Infection Prevention and Control support and training, End of Life GSF, Verification of Death training and currently working to implement RESTORE 2 across all care homes. Capacity Tracker enabling vacancies in real time to support effective hospital discharge. The PCN Care Home DES commences in October 2020. Halton is already compliant with the requirement.
	• GP Appointments (expand self-refer, offer mix of face to face/video/online/phone apts)	Additional areas for self-referral are currently being identified with practices. This will be explored with the out of hospital cell and linked into care navigation in practice were possible. At the moment self-referral includes services for drug and alcohol problems, as well as antenatal care and improving access to psychological therapies (IAPT). Areas currently under consideration are incontinence service, hearing aid services and orthotics Covid has led to a significant increase in telephone and video contacts including same-day clinical triage interactions to assess and prioritise patient need, and a decrease in the number of traditional face-to-face scheduled appointments reported. This “new” way of working for practices in Halton will continue, given that the SOP requires all patients to undertake total triage, and as practices report that patients can be managed well via these alternative appointment types. All practices are operating triage and seeing patients face to face when clinically appropriate to do so. Online consultations via E-consult more than tripled during June 2020, we intend to harness this new technology where possible to try and maintain levels where appropriate to do so.
	• Community (enhance crisis response, ongoing rehab support post covid, resume home visiting care for vulnerable/shielded)	Community staff are returning from redeployment. Patient waiting lists are stratified to identify vulnerable/high risk for priority. Many services for vulnerable remained in place throughout the pandemic. The Halton Integrated Frailty Service will continue to support frail elderly patients in their own homes.
	• Discharge to Assess fully embedded.	In Place and fully embedded. (Health and Social Care)
	• CHC (resume from 1/9/20, review those discharged 19/3-31/8)	Plans in place with Local Authority and CCG to resume. With regard to Continuing Healthcare and Complex Care, NHS Halton CCG have monitored hospital discharges during the Covid-19 pandemic. Halton CCG are on track to resume full CHC implementation of the framework from 1st September 2020 and have communicated this with Local Authority colleagues to ensure planning is aligned. In regard to those patients who have been fully NHS funded from 31st March 2020 to 31st August 2020, a programme of reviews has been drawn up to ensure full assessment and a decision regarding funding by the appropriate route is enacted. It is anticipated

		this will be completed pre March 2021. Communication with patients and families will be key; continue to work with partners to ensure consistency in messaging.
	A4 Expand and improve mental health services for people with LD/Autism • Increase investment (CCG in line with MHIS)	Cheshire & Merseyside Mental Health Programme Director has prepared an overarching response for Health. Place asked to contribute to local delivery. CCG will adhere to investment in line with the guidance.
	• Mental Health expansion (restore IAPT, 24/7 crisis helpline retained and developed into national service, maintain growth in CYP, review CMHT caseloads, ensure local access is advertised, eliminate dormitory wards.)	Assured Mental Health services will be fully restored in Halton across Health and Social Care. IAPT: Additional resource has been identified in the budget to support the ongoing IAPT staff training in NWB CAMHS. Virtual offer from CAMHS to CYP to also be maintained which will help support access for CYP to support. LA to apply for grant funding to support emotional wellbeing of CYP returning to education. IAPT will also retain virtual offer and look to expand to include therapy offer, as well as assessment to help reduce waiting time for patients. Maintain 24/7 crisis line - Crisis Service co-commissioned by Mid Mersey Commissioners and integrated into National 24/7 all age crisis service line. Review CMFT caseloads and increase interventions to prevent relapse / escalation of needs Ensure local access is advertised: Local CYP MH operational groups established in Halton, to ensure whole system response to CYP MH over Covid 19 response period. The advertisement of local access was included with the Terms of Reference for such groups. Eliminate dormitory wards : n/a in Halton The Women's Centre is open and fully operational. VCFSE have supported our Mental Health priorities by providing services and activities to tackle loneliness, social isolation, anxiety and stress. One Halton priority area, particular focus on CYP and moving to a systematic approach to prevention and treatment of mild symptoms. We are signed up to the "Doing Things Differently" Programme to improve the support for people living with Mental health issues.
	• LD/Autism (reduce number in inpatient setting, Complete all LeDeR by Dec 2020, GP LD annual health checks)	Highlight report on IST shows positive impact and improved pathways between health and social care. Referral pathways in development. Further training to be offered in September 2020 to social care. Numbers of inpatients within target and expected dates of discharge in place. This is tracked weekly. On target to complete LeDeR by Dec 2020. Intensive support team in place to manage LD patients. LeDeR conference held in February 2020 and case studies used to share learning; a video has been produced and shared across system partners. Over 200 people attended. More work needed to join up Health and Social Care provision. Directed Enhanced Service (DES) in place to support LD Annual Health Checks but additional Local Enhanced Service (LES) scheme funded for 3 month period with Covid funding to further support /encourage LD clients in accessing primary care generally and encourage attendance for annual health checks to increase uptake. LD health checks are a priority focus. In order to support patients with a Learning Disability (GP Register) a

		local scheme has been commissioned to ensure that all 740 patients receive a welfare check call by the 30th September 2020, undertake a risk health assessment to prioritise attendance at the annual health check, are invited in for a health check, and are provided with information to reassure and support access to general practice.
Preparation for Winter and further Covid spikes locally	**B1 Prepare for local Covid outbreaks** • Managing outbreaks (place role)	Outbreak Plans are available here They are updated regularly. They have been developed with system partners. System partners have contributed to the Mid Mersey Winter Planning 2020 submission which includes consideration of a potential Covid-19 resurgence.
	• Testing (Staff Testing, Infection prevention and control guidance, sustaining Covid-safe services, Accessing PPE)	PPE supplies are now more stable; however, as more F2F appointments resume and practices start to participate in the expanded flu campaign, the availability of PPE remains an ongoing risk. All providers are following the national IPC Guidelines. Whilst single use PPE for each flu immunisation had been a concern, the recent change in national guidance should reduce the level of PPE required. Anti-body testing is currently being mobilised for adult social care staff.
	B2 Prepare for Winter • Capacity (Ensure adequate capacity is available - Take advantage of bed capacity in independent sectors, nightingale hospitals) • Flu vaccinations • 111 First, • UTCs • Continue to work with volunteers • Work with local authorities on resilient social care services	An extensive plan has been developed across Health and Social Care in response to Winter Planning for Halton this year. They will feed into the overarching Mid Mersey Winter Plan and go through a formal governance process in the NHS. However locally we will take ownership on the management and implementation of the Halton Winter Plan. It will continue to be a working document as we respond locally to winter and/or Covid resurgence. Halton has extensive flu vaccination plans for this year which emphasises reaching the most vulnerable groups in community settings, vaccinating early discharges in hospital, vaccinating all residents of care homes early and comprehensively working with the school nurse team to vaccinate all school children including Year 7 Secondary School. We have also looked to expand our PGD so we can vaccinate more easily in the community and put on extra training for staff.
Taking into account lessons learnt, lock in beneficial changes, support staff (people plan) and action on equalities and prevention.	**C1 Workforce**: People Plan; All systems should develop a local People Plan, working with local authorities and local partners. • Actions for NHS Employers to keep staff safe • Flexible working • Address systemic inequalities including BAME • New ways of working • Growing workforce Plans (50k nurses, 6k GPs, other PC 26k) • Workforce planning and transformation by systems to enable people to be recruited and deployed across organisations, sectors and geographies locally.	Our Workplace plans in Halton are outlined in the One Halton Plan 2019-2024. (Page 39) We are committed to transforming our entire workforce as outlined in the NHS People Plan, but expanding on this to include our whole system and those partners including as One Halton. It is important when addressing workforce shortages and looking at new ways of working, we look across Health and Social Care so as to not destabilise one function in favour of another. Our Primary Care Networks are developing their work force plans in relation to the PCN Additional Roles Re-imbursement Scheme, considering how best to maximise this resource against already commissioned services, in order to ensure there are additional roles available to support delivery of care over the coming months.
	C2 Health inequalities and prevention: How will you ensure that services are restored inclusively and	When we are considering reducing inequalities, Halton will need to be mindful of the Social, Economic and Environmental factors that impacted people during the pandemic and particularly the lockdown. One Halton will work closely with our VCFSE organisations to reduce

	address the needs of vulnerable groups? **Eight urgent actions to address inequalities:** • Protect the most vulnerable from COVID with enhanced analysis and community engagement. • Restore NHS services inclusively so they are used by those with greatest need. • Develop digitally enabled care pathways in way which increase inclusion • Accelerate preventative programmes which proactively engage those at risk of poor health outcomes • Particularly support those who suffer mental ill-health • Strengthen leadership and accountability (with a named executive board member responsible for tackling inequalities in place in September in every NHS organisation alongside action to increase diversity of senior leaders) • Ensure datasets are complete and timely • Collaborate locally in planning and delivering action to address health inequalities.	health inequalities locally. Local training programmes have been rolled out and delivered within Primary Care to. Guidance has been shared with local Clinical Leads to inform local response requirements. Runcorn Practices will continue to provide pro-active primary medical provision to the Asylum Seekers residing at the temporary Initial Accommodation Centre at Daresbury Park Hotel, due to the Covid-19 Pandemic, until the accommodation is stood down. **Develop digitally enabled care pathways which increase inclusion**: Halton is part of the CIPHA Initiative which is developing digitally enabled pathways across the whole of Cheshire & Merseyside. In addition to this we have agreed digital pathways for referral and hospital and community programmes. **Accelerate preventative programmes which proactively engage those at greatest risk of poor health outcomes** Halton HWBB Strategy emphasises population health and in particular proactively working within the most deprived areas of the community on comprehensive prevention programmes. We have an Integrated Health and Wellbeing Team that works across the community with workplaces, schools, colleges, children's centres, community centres, GP practices, voluntary sector and leisure centres. We are particularly prioritising: • Social and emotional health • Physical activity • Healthy eating and food poverty • Good quality of life for older people • Reducing harm from alcohol • Early detection and prevention of cancer • Early detection and prevention of heart diseaseHalton's Health and Wellbeing Board has recently received papers on the impact of Covid on BAME communities and health inequalities. **Particularly support those who suffer mental ill health** Halton has a comprehensive social and emotional health programme. This covers mental health in schools including Mindfulness, yoga and Circle Time. The Time to Change Programme for workplaces addressing stigma and building mental resilience. Perinatal mental health with pregnant women and new mothers. Social and emotional health cafes in the community. Programmes on keeping emotionally healthy in children's centres and local Early Years establishments. **Strengthen leadership and accountability with a named executive board member responsible for tackling inequalities in place in September in every NHS organisation alongside action to increase diversity of senior leaders** In the Local Authority the Director of Public Health is the Lead for health inequalities and also on the CCG Governing Body and the One Halton Board. Halton is working towards having named leads on each NHS Board. **Ensure all datasets are complete and timely to underpin an understanding of and response to health inequalities.** Halton has an intelligence service which regularly highlights health inequalities and the corresponding data. It also has a very comprehensive JSNA with stand alone chapters that look in depth at areas of health inequality such as learning disabilities.

		Collaborate locally in planning and delivering action to address health inequalities Halton has stood up its One Halton Board that seeks to work in partnership to address health inequalities. It has also been part of the Cheshire & Merseyside Commissioning of Liverpool John Moores University *The Impact of Covid 19 on Health Inequalities in Cheshire and Merseyside.* Halton's Director of Public Health has also been part of the development of the *North West Health Inequalities Framework for tackling Covid 19.* Halton's Local Authority Chief Executive and Director of Public Health are part of the Cheshire SCG Recovery Cell in particular looking at improving the health and wellbeing of the most deprived people, post Covid. All critical programmes have now been restored within Halton. This includes cancer services, all GP practice services, and immunisation services.
	Please include as part of the response confirmation of the names of the executive board – level leads for every NHS organisation within the ICS area who are responsible for tackling inequalities. This should include confirmation of the named health equality champions for each of your PCNs.	C&M HCP will collate for NHS across C&M.
Financial arrangements and system working	**Working across systems,** including NHS, local authority and voluntary sector partners, has been essential for dealing with the pandemic and the same is true in recovery. As we move towards comprehensive ICS coverage by April 2021, all ICSs and STPs should embed and accelerate this joint working through a development plan, agreed with their NHSE/I regional director, that includes: • Collaborative leadership arrangements • Partnership Board and Governance (Providers and Commissioners agree actions in best interests of their population) • Streamline commissioning through single ICS. • Full Shared care record, allowing safe flow of patient data between care settings.	Response from Place not required.
	Finance and Activity	Response from Place not required.

2. What are the key assumptions underpinning your plans?

- Referral levels will continue to increase back to normal pre-Covid levels
- There isn't a local or national lockdown

- Staff absence due to sickness or need to shield does not increase
- No impact from BREXIT
- Our Voluntary Community, Faith and Social Enterprise Sector (VCFSE) have played a key role in responding to covid-19, supporting charities, community organisations and recruiting volunteers. It is hoped this will remain where possible to provide additional capacity for the future.

3. **What are the main constraints (e.g. IPC / PPE / staff availability/ finance**)

- Capacity to see pre-Covid volumes of patients will not significantly increase unless social distancing measures are relaxed
- Patient expectation that a face to face appointment with a GP is required; this may constrain general practice in continuing to harness new ways of working.
- Workforce Capacity and Capability, Finances, Estates, IT Infrastructure.

4. What additional actions are planned to sustain the recovery through the winter period?

- Extensive Winter Plan is in place
- Maximise the use of the voluntary and community sector
- Continue to see as many new and follow up patients as clinically appropriate "virtually/non face to face" to support social distancing.

5. What are the key risks and issues and what mitigations are / need to be in place?

- Covid second wave / Local Lockdown / Impact of a Local lockdown within Cheshire and Merseyside.
- Staff absence increases due to sickness or need to shield
- Potential for higher DNA rates for face to face attendances
- Patients may have been missed for routine screening/or not responded to their reminder. GP Practices have been asked to review
- Risk that patients will see services as "closed" particularly within Primary Care. Need to ensure Communication Plans are robust locally
- There are risks locally to our VCFSE organisations, future sustainability, financial challenges, insufficient access to PPE that if mitigated can provide greater capacity and an improved community offer.

6. What data are available to support monitoring? What are the key data constraints?

- Various data across all of the organisations. Although no central joined up Business Intelligence team across Halton for Health and Social Care.
- Local process in development to monitor appointment types to support intelligence for potential second wave (Primary Care).

7. What are your requirements / plans for mutual aid (where appropriate)? Which areas of delivery would benefit from a collective Cheshire & Merseyside -wide response?

- One Halton works closely with neighbouring areas of Warrington and St Helens. (Mid Mersey Footprint) But also is aligned to Cheshire for Outbreak Management and Merseyside as part of Liverpool City Region.
- NHS Organisations should maximise the social offer VCFSE can bring.
- Communications support – Clear messages about what services are available, how to access them and how they might look differently.
- Communications Support / Digital Support – Face to Face appointments not always required, but ensuring people have the right tools available to access the new digital technologies.
- At scale response to supporting care homes to improve their IT infrastructure would be beneficial.

Next Steps:

Places are asked to make best use of the shared learning available across Cheshire and Merseyside.

For One Halton, undertaking this piece of work will support future development sessions and the reprioritisation of the One Halton Plan 2019-2024.
At the next One Halton Forum it is hoped to produce a 2020/2021 One Halton Delivery Plan.

Appendix 2 – Budget Statement

One Halton Budget Statement - Month 5 - to 31 August 2020

Total One Halton Funds	
20/21 Budget	
19/20 unallocated funding - C	119,579
19/20 allocated carried over	213,544
0.2% Place Based Allocation	425,000
Leadership Funding	8,000
PCN/LA Monies	10,000
Total Budget	**776,123**

Committed Expenditure	Total Agreed
19/20 Committed	221,562
Project Manager	65,000
Project Admin	35,000
PCN /LA Engagement	10,000
Leadership Development	8,000
Total Committed Spend	**339,562**

Balance Remaining	436,561

Organisation Ledger	Funding Source	Title	Host	Annual Budget	Prior Year Invoices	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	YTD Actuals	M5 Accurals	M12 Total	Variance
Halton CCG	Place Based	Project Manager - PMO	NWBH	**65,000**		4,786		9,576	4,786									19,148	4,786	23,934	41,066
	Place Based	Project Admin - PMO	Halton Borough Council	**35,000**				8,390										8,390	5,593	13,983	21,017
	Place Based	Comms Manager - PMO	Halton Borough Council	**0**														0	0	0	0
	Place Based	PCN/LA Monies	Halton Borough Council	**10,000**														0	0	0	10,000
	Place Based	Unallocated		**436,561**														0	0	0	436,561
	Place Based																	0	0	0	0
	Place Based																	0	0	0	0
				546,561	**0**	**4,786**	**0**	**17,965**	**4,786**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**27,537**	**10,379**	**37,916**	**508,645**

Organisation Ledger	Funding Source	Title	Host	Annual Budget	Prior Year Invoices	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	YTD Actuals	M5 Accurals	M12 Total	Variance
Halton CCG	Carried Over	Project Manager - PMO	NWBH	**5,000**	4,665													4,665	0	4,665	335
	Carried Over	Named Social Worker	Halton Borough Council	**92,000**														0	92,000	92,000	0
	Carried Over	Comms Manager - PMO	Halton Borough Council	**10,000**						9,690								9,690	0	9,690	310
	Carried Over	Comms & Engagement	Halton Borough Council	**15,000**														0	0	0	15,000
	Carried Over	PBI Project Manager	St Helens & Knowlsey Tr	**6,562**		4,652	4,652											9,304	-5,583	3,721	2,841
	Carried Over	Leadership Development	Halton CCG	**9,000**															0	0	9,000
	Carried Over	Intermediate Care	Halton Borough Council	**84,000**														0	84,000	84,000	0
																		0		0	0
				221,562	**4,665**	**4,652**	**4,652**	**0**	**0**	**9,690**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**23,659**	**170,417**	**194,076**	**27,486**

Organisation Ledger	Funding Source	Title	Host	Annual Budget	Prior Year Invoices	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	YTD Actuals	M5 Accurals	M12 Total	Variance
Warrington & Halton Hospital	Leadership Acad	Leadership Funding-PA	Warrington Hospital	**1,000**														0	0	0	1,000
	Leadership Acad	Leadership Funding-ICG	Warrington Hospital	**3,000**														0	0	0	3,000
	Leadership Acad	Leadership Funding-1H	Warrington Hospital	**4,000**														0	0	0	4,000
				8,000	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**8,000**

One Halton	Funding Source	Title	Host	Annual Budget	Prior Year Invoices	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	YTD Actuals	M12 Accurals	M12 Total	Variance
Totals				**776,123**	**4,665**	**9,438**	**4,652**	**17,965**	**4,786**	**9,690**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**51,197**	**180,796**	**231,993**	**544,130**