REPORT TO:	Health Policy & Performance Board
DATE:	24 November, 2020
REPORTING OFFICER:	Leigh Thompson, Chief Commissioner, NHS Halton CCG
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Winter planning
WARD(S):	Borough-wide

1.0 PURPOSE OF REPORT

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

2.0 RECOMMENDATION

RECOMMENDED: That the Health PPB

(1) *A*cknowledge the winter planning requirements

(2) *S*upport the two local system winter plans and the Mid Mersey submission.

3.0 SUPPORTING INFORMATION

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

The two 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

None identified

6.2 Employment, Learning & Skills in Halton

None identified

6.3 A Healthy Halton

None identified

6.4 A Safer Halton

None identified

6.5 Halton's Urban Renewal

None identified

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

NA

Mid Mersey Winter Planning 2020

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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 Winter Plan
Draft 7 Document 21.

Appendix 2.

Warrington and
Halton Winter Plan 20