APPENDIX 1

St Helens & Knowsley Winter Plan 2020/21

DRAFT 5

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 to be considered.	0

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. **<u>HOSPITAL – Whiston, St Helens and Newton Hospitals.</u>**

- **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.

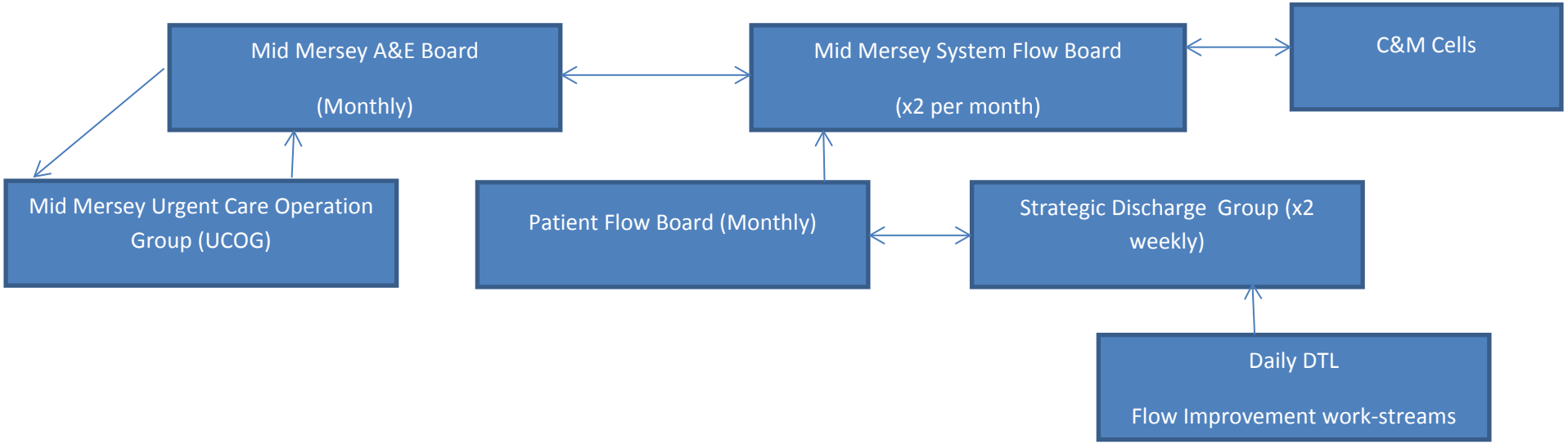
- Focus on the three Boroughs of Halton, Knowsley and St Helens; comparing efficiency in delivery of pathways with a view to sharing learning and providing mutual aid.
- Lead the delivery of digital solutions to support virtual working within the hospital and within localities.
- Embed the Enhanced Discharge 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.