Frimley Health and Care

APPENDIX A

Recovery Programme and Preparation for Winter Pressures

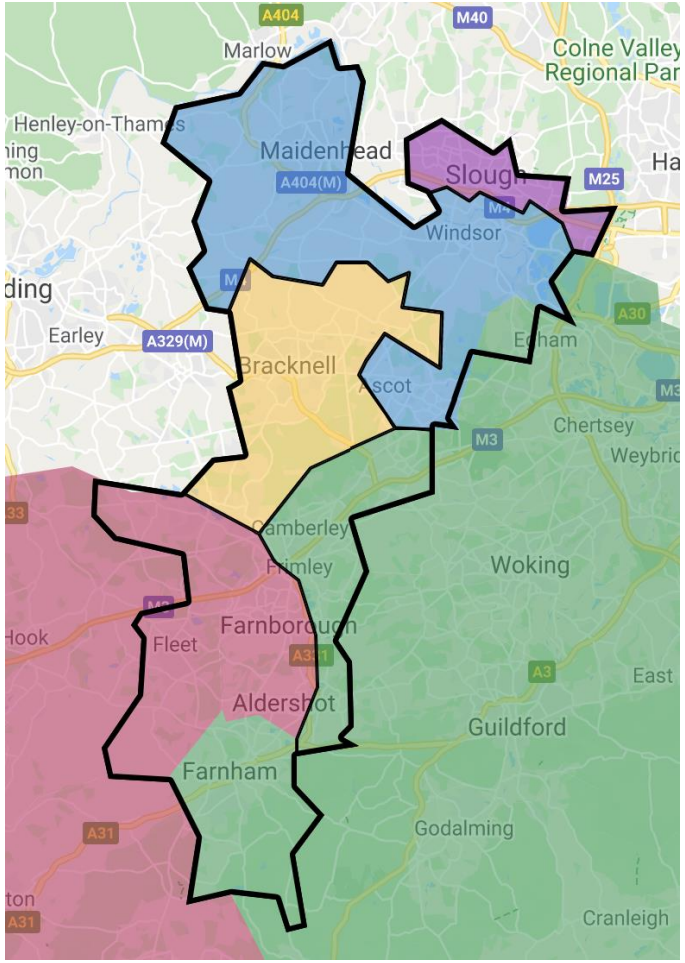
Surrey Select Committee
20th October 2021

Contents

Frimley Health and Care

1. Emergency Preparedness Resilience & Response (EPRR)
2. Approaches to recovery and winter
3. Risks and mitigations
4. Winter preparations
5. Governance and oversight
6. Using Insights and Information
7. Our people
8. Current status and key actions

- elective recovery, primary care, mental health



Emergency Preparedness Resilience & Response (EPRR)

Frimley CCG/ICS has a dedicated, fully trained & qualified, Emergency Preparedness, Resilience and Response Team in place:

- Director of EPRR/Systems Resilience
- EPRR Manager
- 2 x System Resilience and Emergency Planning Officers
- Incident Coordination Centre Manager and supporting team (x3)

Frimley CCG/ICS has a full suite of EPRR & Business Continuity plans as defined in the:

- Civil Contingencies Act 2004
- The Health and Care Act 2012
- EPRR Framework 2015
- The National NHS Core Standards

This year Frimley CCG/ICS is fully compliant with these standards (49) as part of the annual EPRR assurance process

Frimley Health and Care

Emergency Preparedness Resilience & Response (EPRR)

Frimley CCG/ICS has a detailed annual training and exercising schedule for:

- On Call staff
- The EPRR/Systems Resilience and Urgent & Emergency Care teams
- The Business Continuity Leads
- The Place Managing Directors including our Accountable Emergency Officer

On Call staff are fully trained to deal with a major incident, business continuity incident or critical incident in order for the CCG/ICS to have 24/7 resilient, response cover

This training links with the Skills for Justice National Occupational Standards in relation to Training and exercising also entails internal exercises and exercises with our multi-agency partners

Frimley interacts with three Local Health Resilience Partnerships (LHRPs) and three Local Resilience Fora. These cover Surrey, Hampshire/Isle of Wight and the Thames Valley

Working alongside our multi-agency partner is crucial to effective emergency preparedness and response.

Frimley Health and Care

Emergency Preparedness Resilience & Response (EPRR)

- We prepare for any catastrophic event and have been managing the National Level 4 Covid-19 Pandemic response since February 2020 to date
- We are continually planning for a concurrent event which we have already had with the death of the Duke of Edinburgh, as Windsor is in our area
- The EPRR team responded to this event for the 10 days duration of Royal funerals
- Working alongside our multi-agency partners they were able to understand the large amount of health assets that we have in Windsor and so these were able to be protected and patient care was not affected at any time. Minimal members of the public needed medical treatment
- We have a fully trained Incident Coordination Centre already in place to manage any other major incident/event that happens
- We are currently managing the fuel crisis linking in to our 3 multi-agency forums to represent Frimley CCG and our providers

Frimley ICS – Our Recovery Approach

Frimley Health and Care

- **Our Recovery principles:** continuing to test their relevance as we progress through recovery and continue to respond to the pandemic.
- **Setting our recovery journey:** acknowledging backlogs and suppressed demand, mitigating the ongoing impact on local communities and health inequalities with a need for a measured approach to recovery.
- **Baseline for impact:** Agree what other insights we need to support agreement on tactical priority actions for our local system with a strong health inequalities focus, but include experience, process, and outcome measures and trends.
- **Support our staff:** Ensuring accessible recovery interventions for all health and care staff, to support them with their resilience and in future delivery challenges
- **Sector-specific opportunities:** agree together what each sector is able to do now to achieve the right balance between ongoing emergency pressures/winter and actions to prepare us for next stages
- **Strategic ambitions/Turning the Tide:** aligned framing of the opportunities to address health inequalities
- **Finances/workforce:** balancing our ambition and building on transformational changes versus cost and capacity.
- **Governance**: strengthening to support cross system alignment and visibility beyond emergency response - referencing our Recovery Principles

The following slides detail the recovery principles which frame our ICS approach to restoration and recovery, our achievements so far, and our priority plans going forward

Recovery Principles

Frimley Health and Care

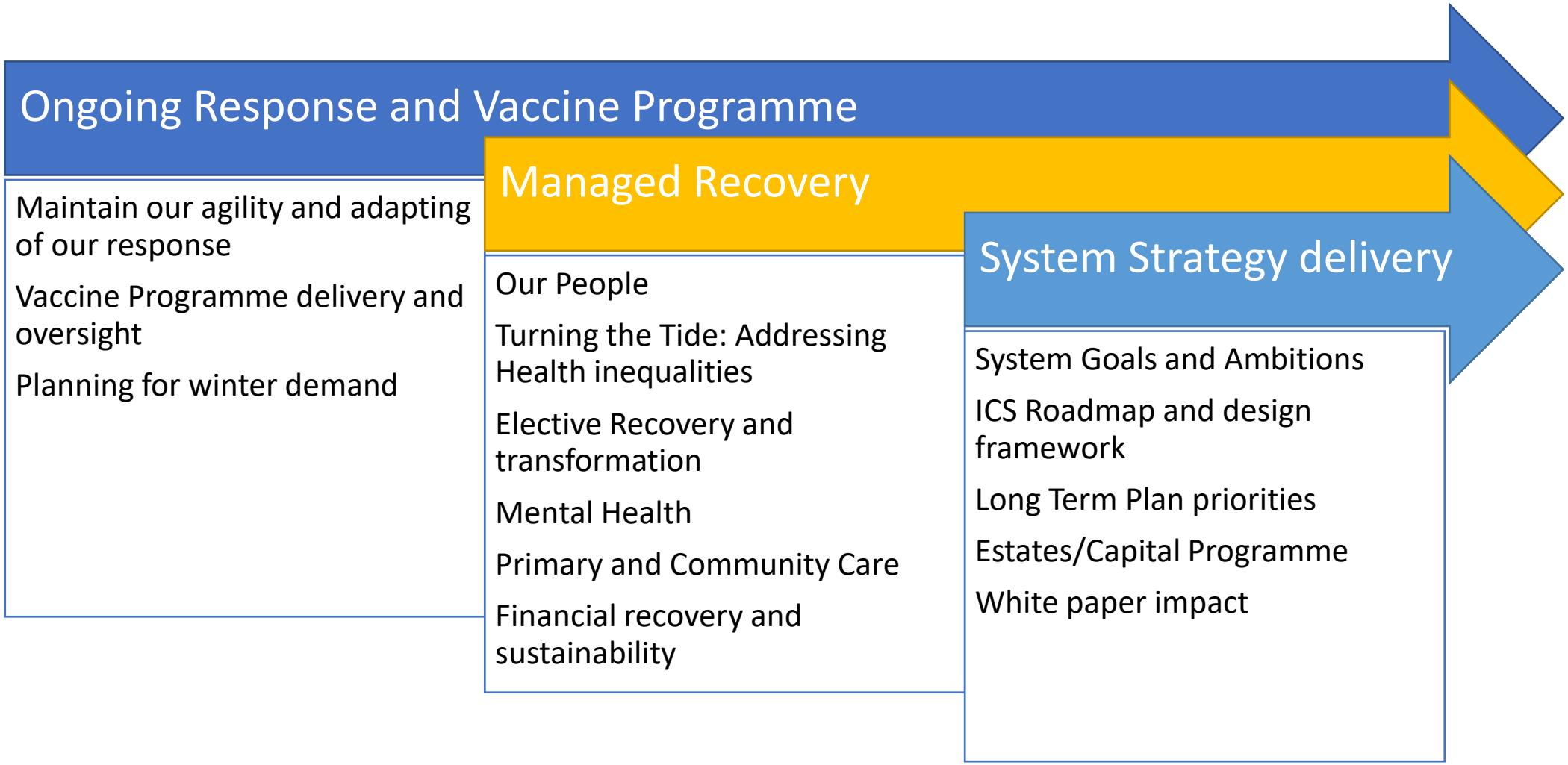
Population health approach	•We will take a population health approach to our recovery, using our data to ensure that our efforts and resources are directed to where the greatest improvement in population health outcomes will happen including deprived communities.
Share, learn and understand	•We will always seek to share, learn and understand to underpin our approach at ICS level, within Place and within partner organisations as well as with other systems, Local Resilience Fora, Regionally and Nationally.
Support for the whole sector	•We will support all organisations within the wider health and care sector with recovery, including care homes, care agencies and the voluntary and community sector.
Share early, stay connected	•We will always take the risk of sharing early to help ensure connection so that opportunities for involvement and more radical transformation are not missed.
Working as partners for the whole system	•We will work as partners by continuously checking in and debriefing, to ensure we can have a deep and broad sense of the consequences of our work on all parts of the system.
Respect and support individual partners	•We will respect the knowledge, expertise and responsibilities of all partners and support those shaping and delivering their own organisational recovery.

Recovery Principles (2)

Frimley Health and Care

Working efficiently around aligned goals	•We recognise that we do not need to do everything together but we are committed to avoiding duplication while ensuring that our recovery makes sense for the communities we serve.
Leading through uncertainty	•We will model managing ourselves and our teams to face into the painful challenge of living and working in a world where we need to be prepared for the risk of further surges and consequences that we cannot foresee.
Ambitious in our transformation, devolving to the front line	•We will be ambitious in keeping and developing radical transformations that benefit individuals, communities and our staff. Our Partnership will hold the authority for this collectively through the Partnership Board. As leaders we are committed, wherever possible, to devolving transformation and decision-making to within frontline teams and services.
Inclusive, asset-based and embracing diversity	•Through this approach we will develop a joint narrative which supports a reset relationship with our residents in Frimley, which is consciously inclusive and recognises and builds on the many assets they hold. Using straight forward language, we will embrace all sectors within our system, and the rich diversity within our communities and organisations.
Recovery flows through all our work	•Recovery in Frimley is not a programme but will flow through all our work. There will be phases to go through and we will seek to be rigorous about both immediate and long term work to enable us to work at pace on the right things.
Supporting our People	•We see people who work for us as critical partners in our recovery and these principles apply to our work with them focused in the programmes to support our People Ambition.

Concurrent Response and Recovery Context



The Frimley ICS Surge and Winter programme 2021/22

Frimley Health and Care

Introduction:

The Frimley ICS Surge and Winter plan is a programme of work that builds upon surge planning from previous years, our experience of managing Covid during wave 2 and winter last year. It draws upon robust integration at strategic and operational levels on a daily basis, benefitting from continual review and refresh from senior leadership, informed by dynamic front line delivery of care.

Planning was initiated early in summer 2021 to formulate a response to growing surges in patient activity across the Frimley System. Our winter programme will compliment and support existing system wide surge and escalation protocols, aligned and informed by the regional South-East winter proposed operating model. 2021 has seen the Frimley System under consistent heightened pressures with all partners operating at levels equal to or greater than pressures seen during the last 2 winter periods.

This winter plan has been reviewed by system and Place leads underpinned by detailed activity planning and winter forecasts for both capacity and demand to inform this live document.

This document sets out the system level response/plans that are in place or will be in place imminently to mitigate known or potential pressures, to ensure the safety of patients and staff, and the continued delivery of services at acceptable levels.

The Final Frimley Surge and Winter plan will be reviewed at the Frimley ICS Urgent and Emergency Care board at the on 6th October 2021, and final sign off planned for the November board following feedback from NHS SE/I Region and continual review by system leaders, to take account of daily efforts to deliver high quality, safe care over winter.

The Frimley ICS Surge and Winter programme 2021/22

Surge and Winter Planning Considerations

Frimley Health and Care

- **Impact of the pandemic** - Ongoing and sustained pressures across all health and care sectors, service backlogs, and late presentation of disease, ongoing infection prevention and control and outbreak management measures, and further demand surge preparedness. Noting expected prevalence of seasonal flu and other viral respiratory illnesses
- **Workforce** - Finite workforce availability and resilience across all sectors - vacancies, sickness absence, and chronic fatigue limiting ability to flex capacity
- **Conflicting and competing demands** – multiple priorities and demands on our staff and resources. Consideration of the context of policy and legislative changes for Health and Care
- **System Recovery and Progress** - continued focus on recovery – bedding in long term transformational change
- **Covid and Seasonal Flu Vaccination programme from Sept 2021 –** details to follow however this is likely to take significantly more coordination and oversight this year recognising the risk within unvaccinated communities
- **Population Health** – recognising health inequalities, mitigating the ongoing and future impact on local communities
- **Learning, sharing and building on good practice** – using the learning from the last 18 months in developing our plans for the coming months and retaining a flexible approach to our partnership response

The Frimley ICS Surge and Winter Programme 2021/22
Key Risks & Mitigation

Frimley Health and Care

Key Risks

- Health Care work force and resilience
- Compliance with current government guidance
- Demand outstripping capacity leading to the need to step down elective or planed activity to redeploy staff and resources
- Impact of COVID infection rates and other infections on demand and pressures on services
- Risk of concurrent events or further stresses on the system
- Impact pressures have on our ability to recover services and the associated impact on our communities
- Impact of vaccination requirements on the Care Home sector and wider recruitment and retention across the Health Care sector
- Inability to further flex capacity without impacting on our recovery plans
- Patient / family choice to attend ED for "face to face" over virtual offers from other care pathways

Mitigation

- Utilising local analytics and the UK Health Security Agency intelligence to forecast disease prevalence and potential demand to inform organisational and system plans
- Detailed Surge /Winter plans by all sectors at a place and wider system level
- Delivery of the COVID and Flu vaccination program
- Ongoing public communications campaign aligned to LA and PH messaging
- Continued health and wellbeing support for staff
- System and organisational workforce plan delivery
- Continued close joint working and forward planning with partners including the third and voluntary sectors
- Ongoing focus on delivery of our strategic recovery and transformation plans
- System level mutual aid pathways between partners utilised

An ICS risk register is being maintained to capture and monitor all winter / surge related risks to be reviewed by the U&EC Board monthly

Surge and Winter Plan Approach sign off and timelines

Frimley Health and Care

- We have used the normal CCG/ICS routes for coordinating the completion of the Plan – oversight and sign off via the UEC Board. Tactical oversight will be held by the System Response and Recovery Group.
- Our plans are built around the need for flex and adaption as required.
- Specific requirements and future submission timelines will take into account further guidance from NHSE/I.
- Plan development and delivery through the following and co-ordinated through ICS Partner Leadership:-

✓ Place Based - primary and community care plans

✓ Portfolio - workshops such as CYP, Mental Health and Discharge and Flow

✓ Individual organisational – SCAS for 111/PTS/999 & SECAMB 999 .

The process will be a dynamic approach in order to react to new ideas and escalation triggers through tactical daily monitoring.

- Reporting to NHSE/I SE Regional team in accordance with SE OPEL Framework and the Frimley System Surge and Escalation Protocol

Frimley Incident Coordination Centre and S-VOC

Frimley Health and Care

Frimley Incident Coordination Centre (ICC) acts as the single overarching response / coordination / oversight function on behalf of the ICS Partnership and the single interface with the NHSE/I SE Regional ICC /RVOC.

It acts on behalf of the ICS within the context of the statutory framework - liaising with the 3 Local Resilience Forum etc. – ensuring the resilience and response needs of the Frimley ICS partnership are clearly understood and escalated.

It ensures key risks and issues are collated, actioned or escalated with respective organisations or leads, and acts as a key interface with the ICS Leadership providing expert advice and support when required.

The ICC functions in support of the system including ensuring logs of all critical EPRR and other response related system decisions and information flows are appropriately tracked and filed.

The Frimley ICC will manage all information flows regarding the following. This list is not exhaustive:

- Covid-19 and the third and on-going wave
- Winter, including; Surge and Escalation and system wide OPEL statuses at level 4
- Declarations of Critical/Business Continuity Incidents
- Phase 3 of the Vaccination Programme including the annual “flu” jab
- The management of equipment/PPE issues
- Management of all mutual aid requests
- Ambulance Service REAP/OPEL Level declarations
- Any concurrent event

Frimley Health and Care

Preparation for Winter

Helping our Communities

- Clear messaging on how to prevent ill-health –reinforcing national infection control messages and clear signposting to self care resources and tools
- Coordinated communications to help with signposting to services e.g. “Know Where to Go”
- Updating and refreshing information on public facing websites, social media and literature
- Using every contact as an opportunity for a positive conversation

Follow and share on Social Media

@FrimleyHealthandCare
@NHSFrimleyCCG

@FrimleyHC
@Frimley_CCG

@NHSFrimleyCCG

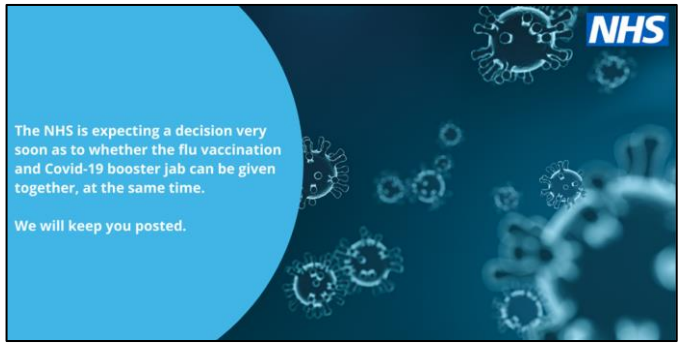
Visit our websites:

www.frimleyhealthandcare.org.uk
www.frimleyccg.nhs.uk

ASCOT • BRACKNELL • FARNHAM • MAIDENHEAD • NORTH EAST HAMPSHIRE • SLOUGH • SURREY HEATH • WINDSOR

Frimley Health and Care

Preparation for Winter



ASCOT • BRACKNELL • FARNHAM • MAIDENHEAD • NORTH EAST HAMPSHIRE • SLOUGH • SURREY HEATH • WINDSOR

Frimley Health and Care

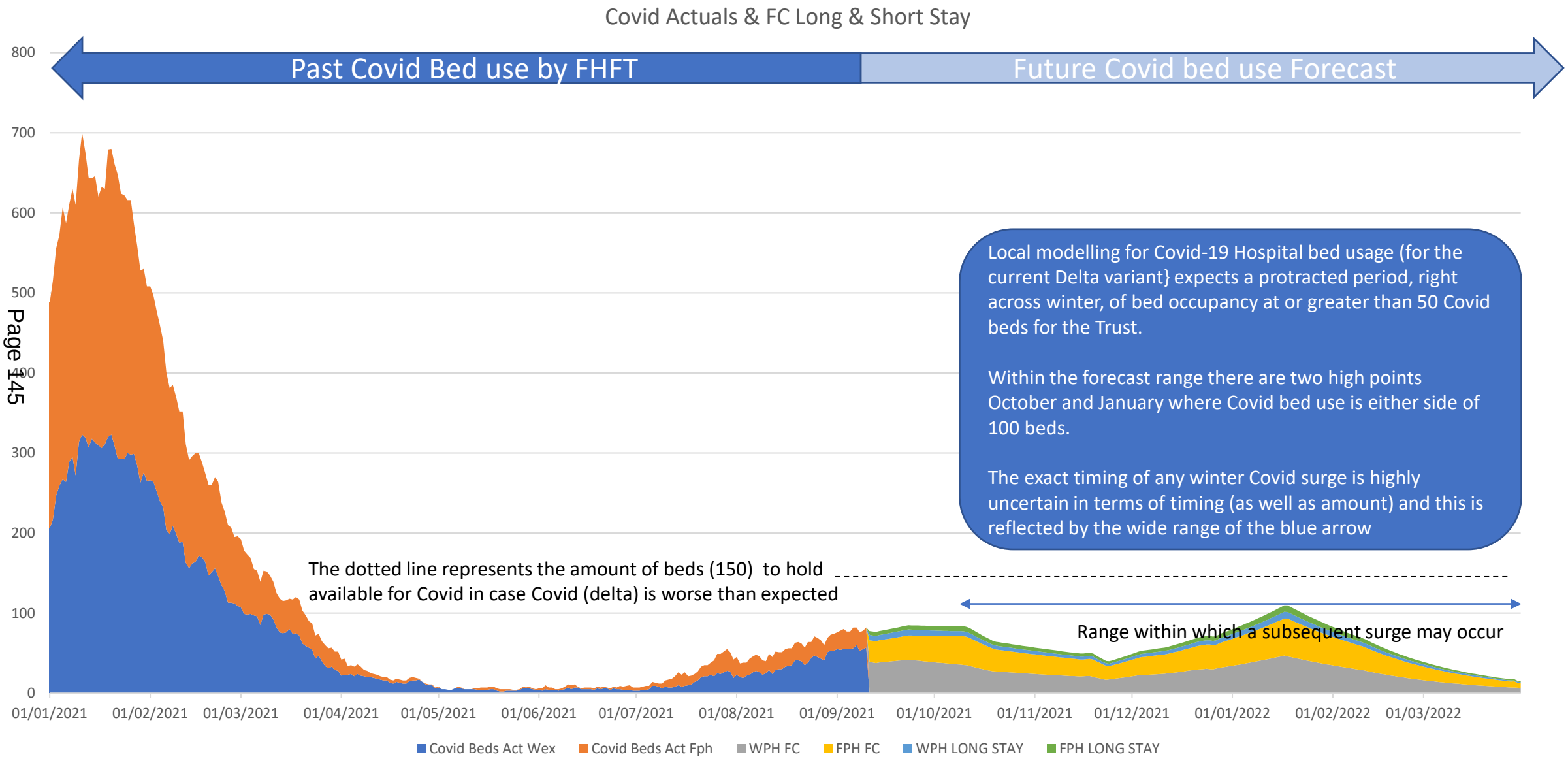
Using information and insights

Surge and Winter demand Forecasting – assumptions

Frimley Health and Care

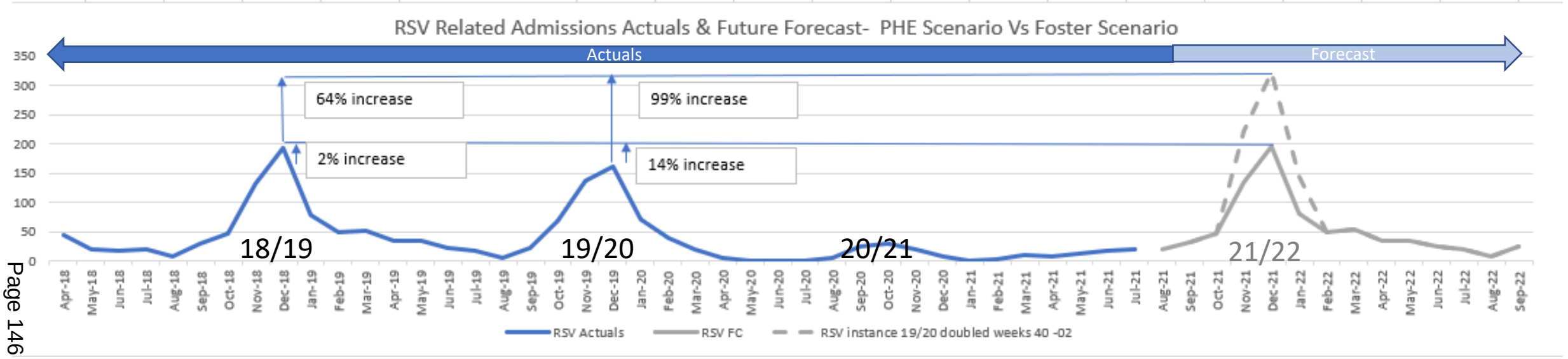
- Assuming ongoing surges of Covid – August/September/October – plus another later in the winter potentially
- Increased flu and viral presentations in Children & Young People and amongst the wider population from August
- Negative impact on staff wellbeing with potential for increasing levels of sickness absence if demand levels are sustained into the Autumn combined with circulating infections in local communities, and impact of increased annual leave post phase 4 of Government roadmap
- Ongoing impact of infection prevention control on productivity and capacity - further guidance due post Phase 4 announcement
- Ongoing and increasing pressures across sectors of acute mental health presentations – adults and children
- Unknown impact of Long Covid in the community
- Return of seasonal variations in demand such as the Post-Christmas spike in attendances and acuity (as usually seen pre-Covid) as a compounding factor
- Workforce continues to be a limiting factor in terms of increasing capacity however there are indications that there is workforce availability in some professions such as pharmacists
- Need to maintain focus on recovery particularly where we know there to be impact on specific communities and to consider the specific areas of interest at national and regional level
- For Long Covid we have estimated we will have a tier 3 cohort of some 1300-1600 in the community and have included post Covid readmissions in our Secondary Care bed occupancy forecast.

Covid Actuals & Forecast Occupancy (Long & Short Stay)

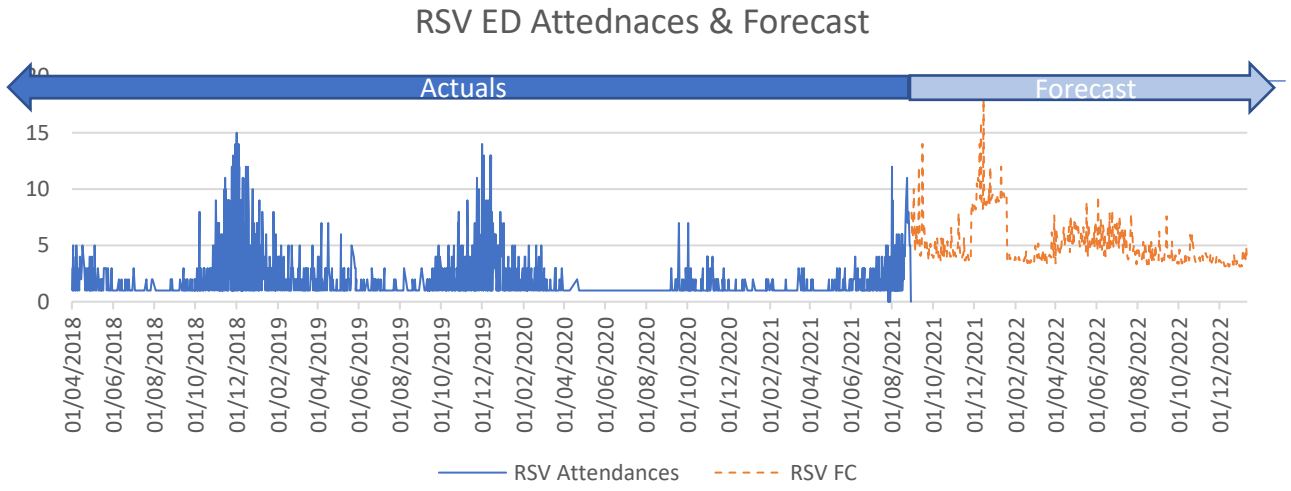


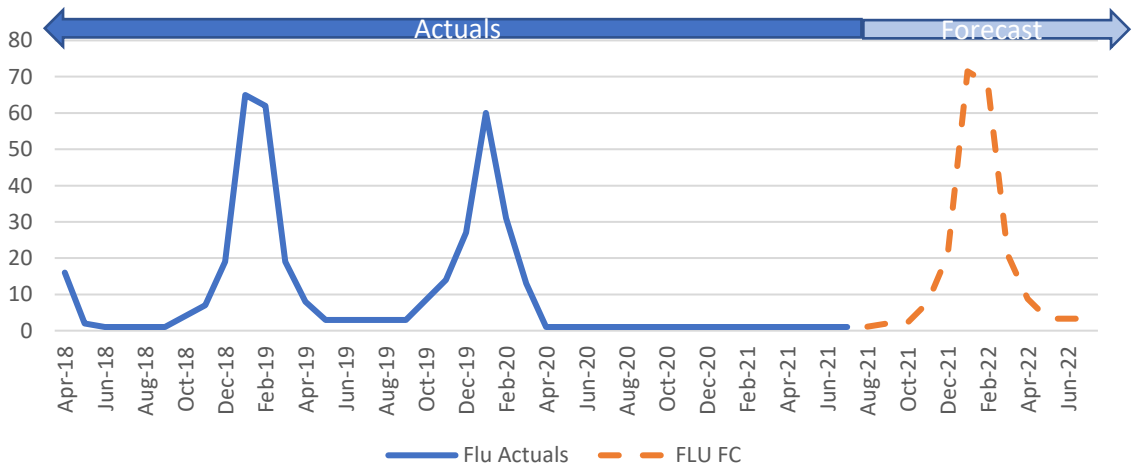
Flu & RSV Predictions

The RSV admissions prediction below (solid grey) suggests a higher RSV challenge this year than any of the three last years, with a worst case scenario (dotted grey). The prediction is based on a 2.3% higher than the worst of the last three RSV peaks, while the worst case a double of the 19/20 (normal) RSV admissions. Bottom left are the ED attendances predicted associated with the RSV demand.

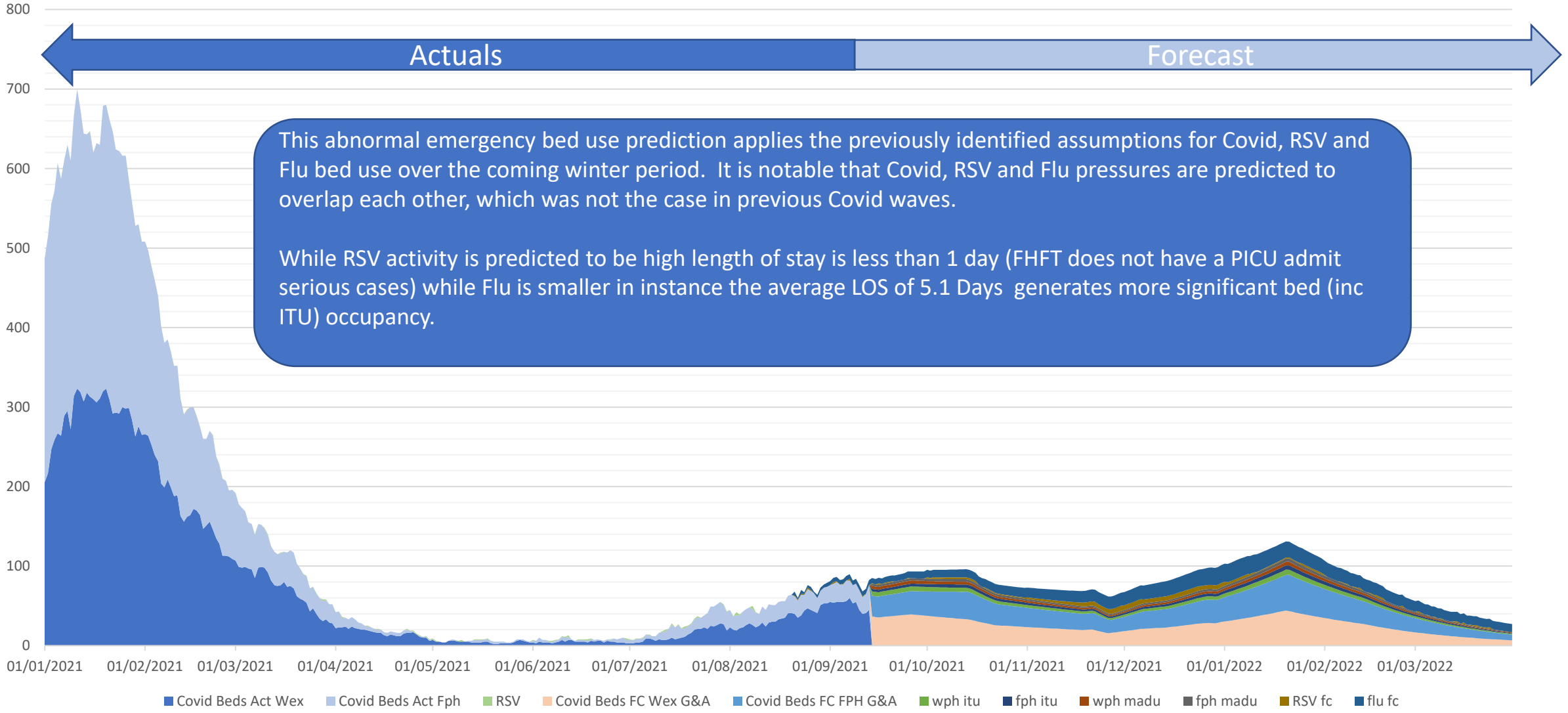


The below Flu prediction is based on an extrapolation from historic Flu activity cycles

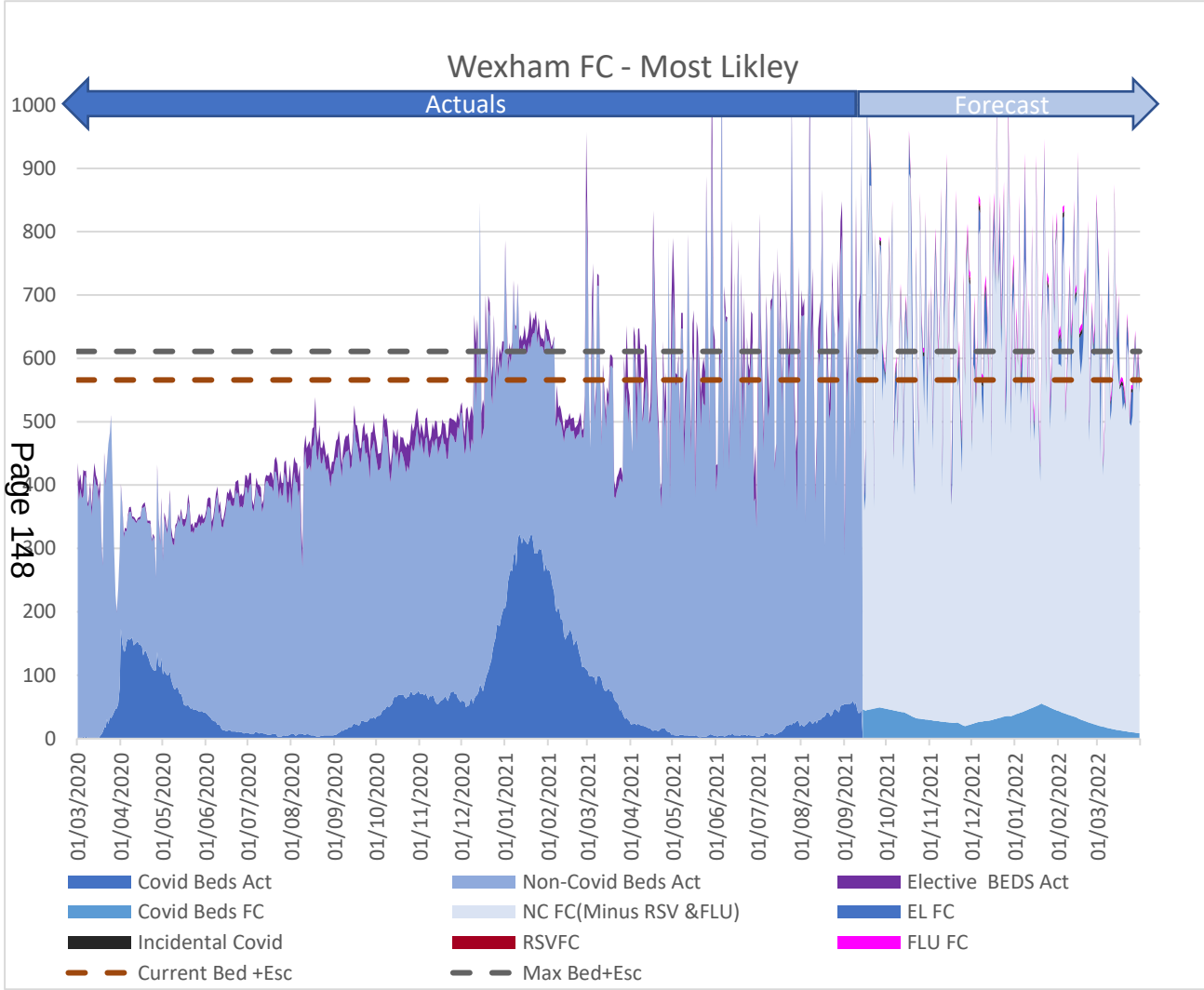


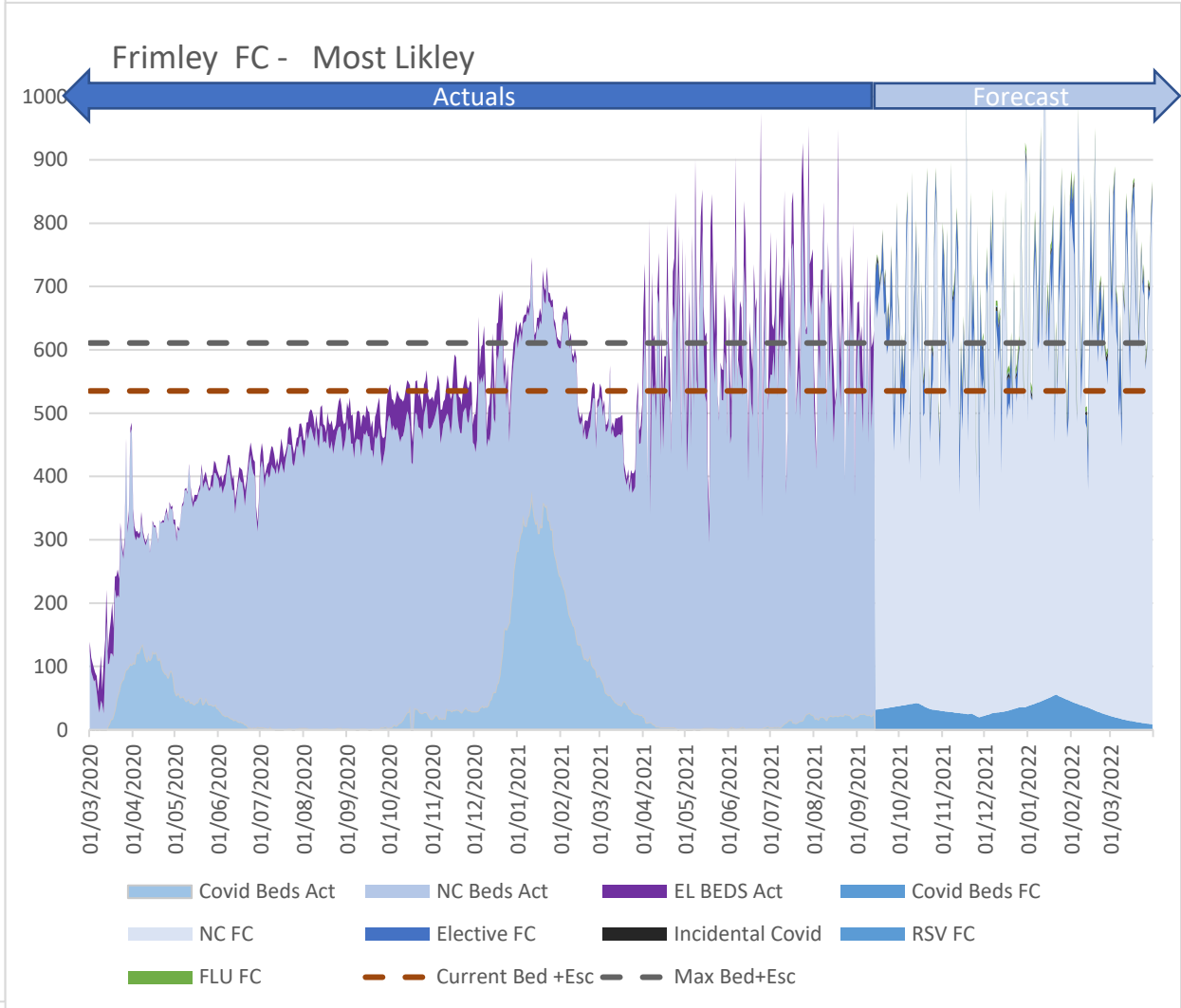


Covid, Flu & RSV Actuals & Prediction (bed Occupancy)



Covid All Beds Impact

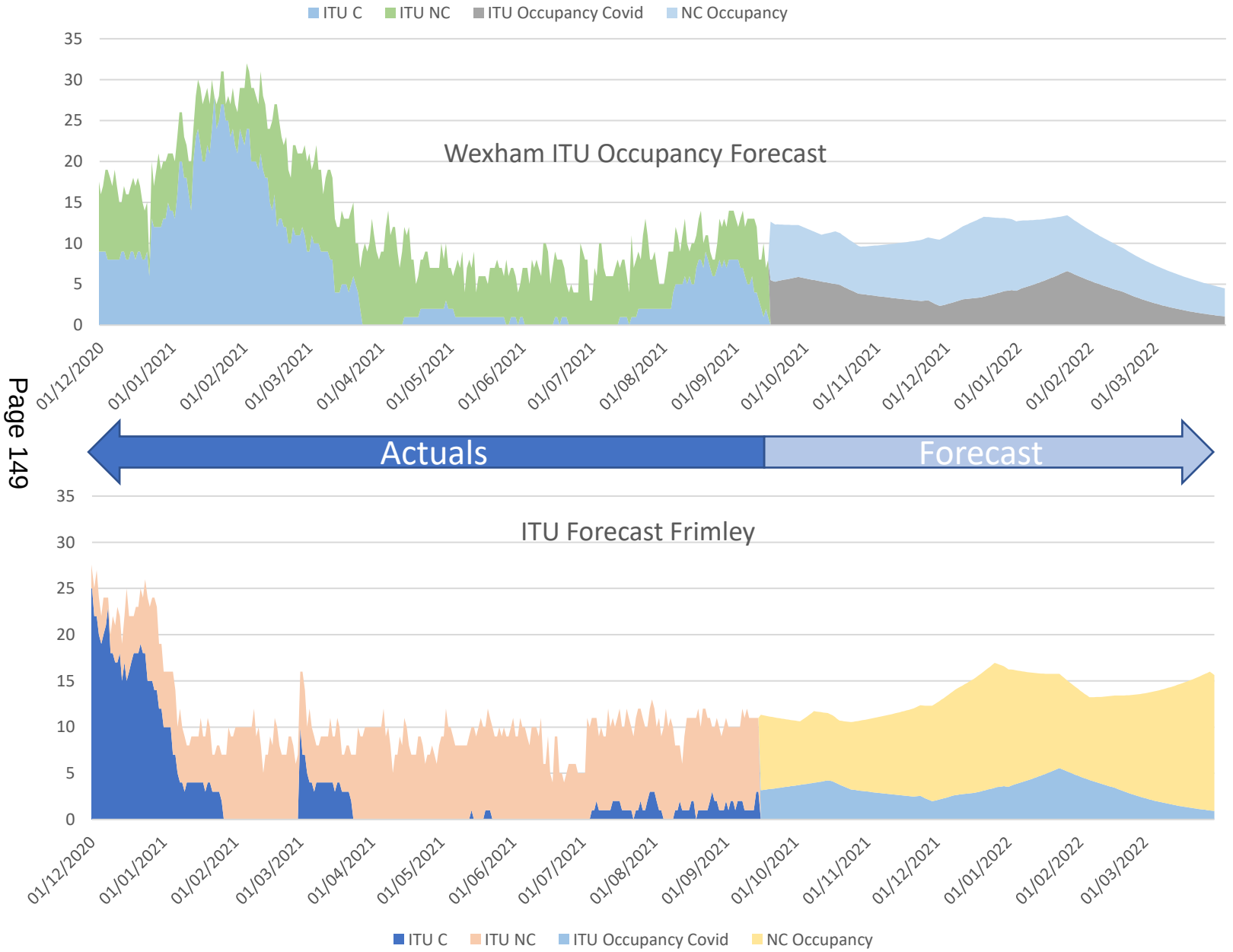




The above *acute* site level occupancy predictions layer Covid, abnormal emergency (RSV & FLU), BAU emergency and elective bed requirements, one upon the other and compare this to available beds (dotted lines representing core and escalated capacity). Covid and emergency demand are explained in previous slides, for BAU emergency this represents 19/20 volumes and case mix (with no reduction) and an uplift in activity in the 5 services predicted to be impacted by post covid: Respiratory, Cardiology Nephrology, Neurology & Gen Med. Elective forecast presumes delivery of 19/20 volumes and casemix of elective activity in H2.

The current predictions indicate that unless BAU emergency bed occupancy declines or Covid demand is averted there will be significant bed constraints this winter

ITU Actuals & Prediction (bed Occupancy)



ITU predictions based on ~15% of bed occupancy being ITU. This matches the Surge 2 assumption. Earlier models had presumed a lower rate but this has not been borne out by actuals.

It should be noted that for FHFT ITU assumptions are not comparable with other units. The MADA (respiratory units delivering single organ support (NIV etc) are not part of ITU. If a proxy were applied the combined value would be ~25%

Insights to support with Winter & Surge Planning

Frimley Health and Care

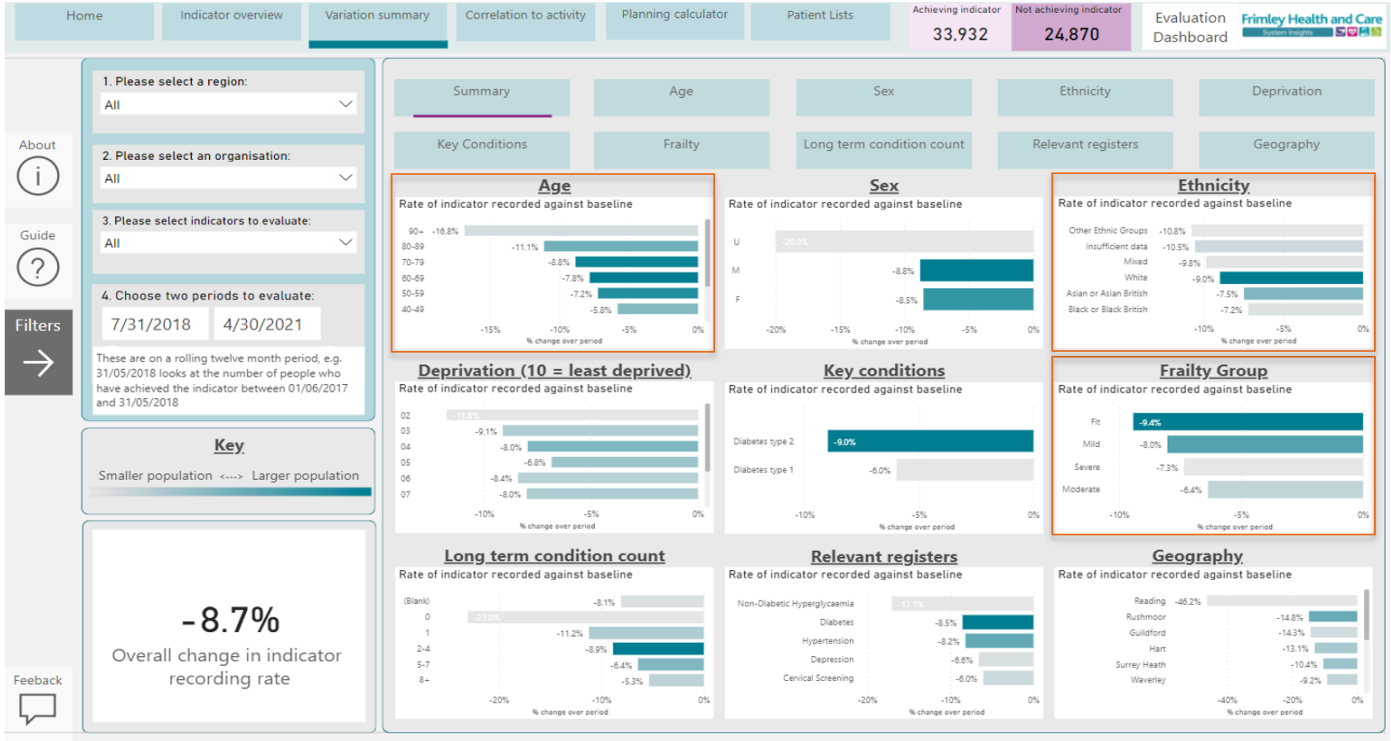
Recovery Insights	In parallel with analysis to support with operational pressures, we have multiple workstreams exploring how we can proactively support patients keep well which will lead to better care and support long term sustainability. We have linked data from across health and care and public health to in order to achieve this. This includes a powerful data model that enables us to provide leaders with insights, front line professionals with critical information at point of care and the capability to evaluate in a timely manner to ensure interventions are making a positive difference.
Operational	We have a combination of live and real time data supporting us to understand operational pressure which informs modelling as well as supporting short-term decision making. Examples of this include a real-time feed of Covid-19 test results from Department of Health & Social Care, (currently receive daily from PHE), live feeds from A&E and daily feeds from primary care, OOH, community and mental health. This live patient level data enables to link activity to clinical and wider determinants and has been used to support key programmes such as Pulse Oximetry @Home.
Front Line	Building off the shared record infrastructure where we have circa 4k staff actively using the platform (includes Berkshire West), we have the capability to disseminate the cohorts identified through the insights work in an easily accessible way. By linking information, we have from across the ICS, we can better support front line professionals' triage and prioritise patients under their care. Examples of this include prioritising diabetics in need of review based on urgent care activity across the system. The shared care record infrastructure allows us to bring together all relevant professionals across our ICS around a specific cohort of residents with specific needs allowing for and integrated MDT approach and resource efficient use of workforce.
Proactive	A key driver for our ICS is to shift from reactive to proactive care. Our applied population health allows our teams to work with pre-Identified groups of residents. This allows us to proactively identify those who may need integrated MDT intervention. The ecosystem also allows our professionals to work together in one digital hub to case manage and monitor the identified cohort moving from siloed to integrated and away from a push referral model to a proactive pull model. We are also able to monitor the impact of interventions on inequalities and work with clinicians and leaders to identify unmet need in our ICS. An example is patients who have low level mental health issues who are interacting with multiple urgent care teams who could be better supported by primary care based mental health professionals.

Using Population Health modelling to predict and mitigate health inequalities

Frimley Health and Care

- We know that the onset of the Covid-19 pandemic has exacerbated previous health inequalities and generated new areas of variation in outcomes for our different populations
- Sometimes these inequalities can be expressed through population characteristics (i.e. specific groups or communities, ethnicities, age or gender) but can also be present in particular geographies or linked to wider determinants such as deprivation or housing status
- We can use the strength of our combined data architecture and analytical insights approach to both detect these inequalities and also predict them; allowing us to take a pro-active approach to mitigating them or preventing them arising
- Our System Analytics team has built a suite of reports and products which take data feeds from NHS, Local Government and Public Health data systems to create a near real time view of population health risk
- This has allowed the creation of a set of Covid Impact tools to help manage the operational pressures arising from the pandemic and also longer term population health management tools

Example: Diabetes care processes (ready for deployment)



Frimley Health and Care

Our People

Planned Actions: Workforce

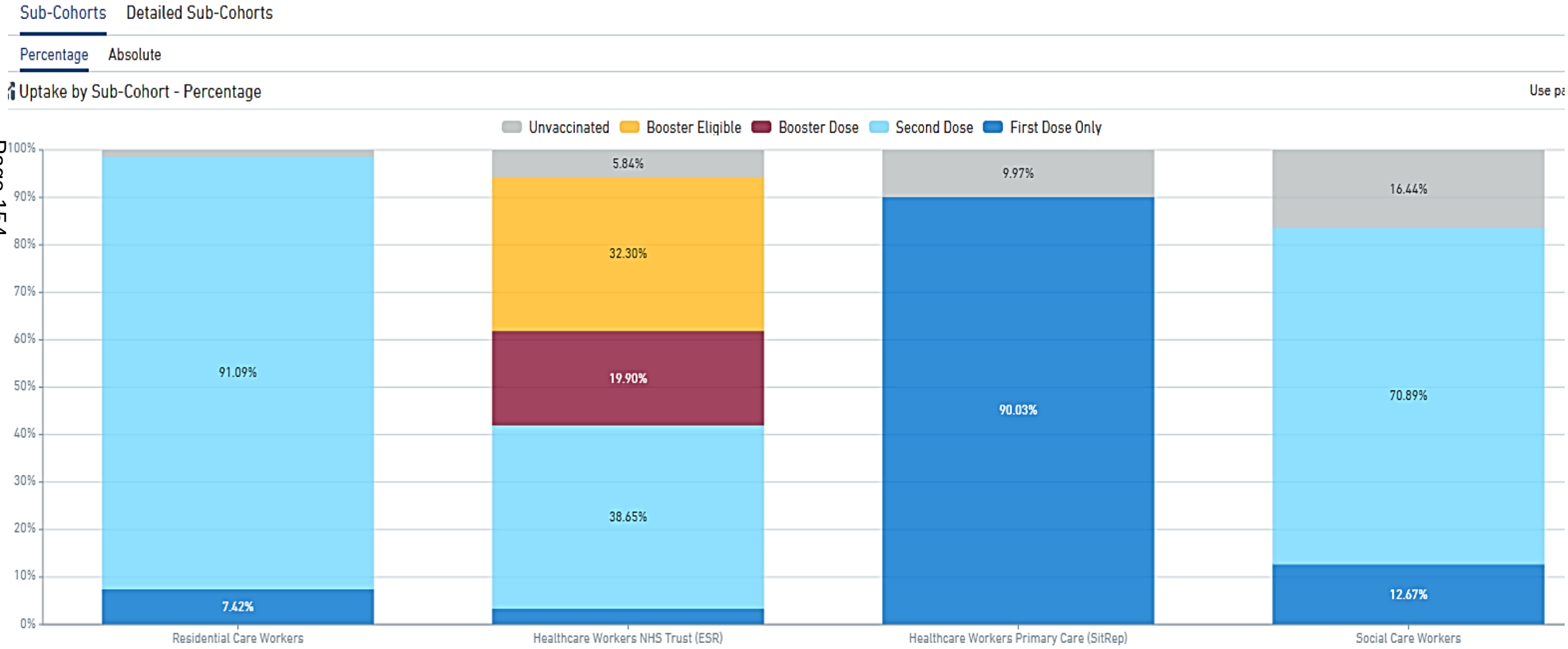
Workforce factors continue to pose limitations on the ability of services to meet current and future surge demands. Issues centre on the backlog of annual leave, simultaneous rollout of C19 and flu vaccination programmes, general staff health and wellbeing (specifically for staff critical to recovery plans) and the age profile of community care and primary care staff. These issues result in reduced capacity to respond to latent demand which are further compounded by circulating C19 infections, unknown demand from long COVID and increase patient acuity

RISKS/ ISSUES	MITIGATIONS
Annual Leave - The inability of our people to take annual leave in the face of demand has reduced staff wellbeing. Operational capacity concerns exist if the backlog of annual leave is coupled with a sharp uptake in annual leave post phase four of lockdown.	• Trusts have updated policies in relation to buying back / AL carry over • Annual leave monitoring and use of HR Ops group and People Board as escalation points • Frimley showing below regional and national averages • Workforce Bureau - supporting deployment of additional staff
Health & Wellbeing - Negative impact on staff wellbeing with potential for increasing levels of sickness absence if demand levels are sustained into the Autumn.	• Wellbeing warning system to provide data insights, refining a holistic wellbeing view that considers staffing pressures, EAP referrals, absence analysis. • Trusts have embedded health & wellbeing conversations as std practice to staff appraisals – monitored at Trust boards • Magnet4Europe programme examining how we can redesign workspace to support staff wellbeing • Two Wellbeing Hubs provide rapid access to health and wellbeing services and enhanced occupation health support. • Whole teams and team managers are provided with H&W support, development & training (Schwartz rounds & MHFA)
Recruitment and retention - Reduction in international recruitment rates due to several challenges (quarantine rules, agency delays, border controls, available mentors).	• FHFT continue to work with the Home Office and DHSC who are central to the successful recruitment of international staff. • IR – cohort targets have been increased to offset the reduction in recruitment in H1. • HCSW – successful vaccinator retention/ training plan and development of pathways for our Band 3 staff into roles/ areas of demand
High risk staff – certain groups of staff are critical to the recovery plans due to their specialism, underlying recruitment/ retention issues and wellbeing. These high risk staff must be well supported in these roles to ensure service continuity	• Identified and continual monitoring those (and emerging) high priority staffing roles (radiographers, sonographers, consultant radiologists, anaesthetists, theatre nursing). Continued adjustments to staffing plans to balance annual leave, sickness and demand. • Use of wellbeing warning system being considered (issues with the granularity of team Vs dept data) • Provision of support as per the Health & Wellbeing mitigations • Enhanced payment incentives being explored to improve temporary staffing fill within critical areas.
Vaccination - Both the C19 and flu vaccination programmes are primarily delivered via the Frimley Primary Care Networks, creating staffing and service delivery pressures during the recovery phase. There are also WF pressures in the Mass Vaccination Site leading to a reduction in vaccinators as people return to their lives, whilst providing support to the FHFT Booster & flu programmes.	• Reopening of recruitment pipeline for Band 5 vaccinators, target of 30 by Sept (8 recruited with a further 13 interviews scheduled) • NHS Professionals vaccinator applications • Additional peripatetic support provided by Medics
Community health – The increase in acuity, and dependency of complex patients both on inpatient wards and domiciliary caseloads, demand for long COVID services and the age profile of our People in this area create a increasing the pressures on our services.	• AHP programme – a review of intermediate care services in NEHF & Surrey Heath to determine whether workforce capacity is sufficiently resourced to meet the increased demand of complex patients being managed out of hospital • Annual leave utilisation monitoring • Provision of support as per the Health & Wellbeing mitigations
Primary Care – Increased demand & workforce capacity gaps in particular in practice nursing, and difficulties in filling some professional ARRS roles to support.	• A range of options are ready to be deployed that include social prescribing, health coaching and care coordination. • Consideration of winter scheme to support wider at scale recruitment of staff to ARRS Personalisation Team roles • Potential to draw on the existing pool of vaccination site volunteers and unqualified vaccinators as the Phase 3 vaccination programme ends

Health and Social Care Workers, Frimley ICS Vaccination Status at 6.10.21

Frimley Health and Care

There is no single entirely reliable data source for this cohort. We use the Foundry system to look at the best available data, but filtering by JCVI cohort groups HSCWs together with over 80s. Using a different set of filters on Foundry gives the following data, but with the following caveat: *The JCVI cohort filter is not applicable on this tab as the data sets presented here are aggregated. Be aware that when selecting more than one sub-cohort, the resulting combined figures (numerator and denominator) are the sum of both groups, so will be in excess of the true combined population.* This the best dataset we can give, though not perfect.



Frimley Health and Care

Elective Recovery

ASCOT • BRACKNELL • FARNHAM • MAIDENHEAD • NORTH EAST HAMPSHIRE • SLOUGH • SURREY HEATH • WINDSOR

Elective Recovery

Frimley Health and Care

Focus areas

- Managing patients in order of priority
- Infection control
- Increasing activity
- Improving efficiency
- Working differently
- Reducing inequalities
- Recovering cancer wait times

Key actions

- Collaboration across the ICS to implement new patient pathways and different ways of working
- Staff support package
- Increased use of virtual and video consultations
- Reducing unnecessary follow ups
- Increasing capacity through additional activity and the independent sector

Progress to date

- Good progress with most areas of activity back to pre-covid levels

Risks/issues

The ICS has identified risks to recovery and has a range of mitigations in place to reduce any potential impact

- Staff are tired
- Emergency and critical care activity may over-run elective capacity
- Delays in discharge reducing elective bed availably
- IPC requirements reducing efficiency
- Patients continuing to delay treatment
- Longer waits for first appointments with specialist
- Delays getting tests and results

Key Winter actions

Frimley Health and Care

- Surge capacity is available for Critical Care including the extension of respiratory Level 2 (O+) capacity for Non-Invasive Ventilation. A surge plan has been developed and is in place.
- Staffing plans remain in place to support the escalation of capacity with ongoing 'refresher' training being provided to staff identified as likely to support critical care in the event of escalation.
- Surge planning is underway for the predicted RSV uplift and this plan will be integrated with the other surge plans such as those for winter / 'flu and Covid-19 in order to ensure that a coordinated response is in place particularly around estate, equipment and workforce.
- General and Acute bed capacity is managed and flexed in accordance with current demand and the **System Surge and Escalation framework** to release capacity appropriately to the areas most in demand. Escalation capacity has been identified, but is relatively limited, and workforce remains a significant constraining factor in the ability to open escalation capacity.
- Acute & Community Same Day Emergency and Urgent care pathways / units are in place across the major specialty areas. Pathways and provision are at present being reviewed in the light of the opportunities identified through Recovery and system analytics, learning from other system and feedback from local clinicians .
- Infection Control teams work closely with the site teams to maximise bed capacity whilst maintaining ward IPC and safety during business as usual and particularly in the event of outbreaks and surges in demand

Frimley Health and Care

Frimley
Integrated Care System
Primary Care

Surge/Winter Plan 2021-22

Frimley Primary Care: Existing and Predicted Challenges

Frimley Health and Care

- Primary care including general practice has a key role to play in the resilience of local health services over a period of increased demand on health care services. The sustainability of primary care services should be a high priority for the system due to the impact on other services should these general practice have increasing resilience issues.
- Over the last six months general practice has delivered more contacts than the same period pre-pandemic, resulting in good restoration of services and leading to greater innovation in order to maximise the capacity available to see patients.
- Responding to the challenges brought by the COVID pandemic continues to challenge our workforce, impacting on the ability to address the predicted surges over the winter period.
- Increased urgent demand on primary care impacts on the core offer around routine and preventative care, resulting in the risk that there could be a backlog in activity, where capacity is insufficient – as with secondary care services, there is a risk of a vicious cycle when routine and preventative care services are delayed.
- The increase in same day demand has accelerated the use of the digital offer in primary care over the last 12 months – consideration needs to be given to the patient experience, confidence in the care received over digital offers, and also the impact of the demand on our practice teams.
- There are predicted surges in demand but the timing is unpredictable, specifically respiratory conditions / RSV
- The impact on the well-being and capacity in our workforce following such a demanding 18 months will challenge the continuation of existing offers as an impact of only small changes on demand, and could impact on the additional capacity planned over this winter.
- Generally our population values general practice as a trusted source of care and support, however the increased level of anxiety and deferred need during the pandemic has led to a change in behaviours and how patients are using services. This has put pressure on services such as 111, emergency departments and general practice.

Frimley Primary Care: Planned Actions

Frimley Health and Care

Capacity:

- Work has been undertaken to ensure that extended and improved access capacity remains available, including flexibility to offer evening and weekend access. This is primarily supporting planned appointments, with additional services in place for urgent appointments via 111 and out of hours. The models are tailored to local provision and population needs.
- General practices have the support of the Frimley General Practice Prioritisation framework enacted through Place teams proactively identifying practices under pressure and/or practices asking for support. Surge planning with primary care will include enacting our prioritisation framework for general practice to support high risk activities only, switching off routine access for lower risk activities (some LCSs) and ensuring care is prioritised for those most in need.
- Funding to support additional capacity (50k appointments) in general practices during the autumn/winter has been commissioned, with flexibility to meet local priorities including reviewing the balance of face to face capacity with need. Focus will be on increasing the number of urgent/same day appointments being delivered for all patients to provide access to primary care.
- All PCNs have plans to secure capacity for the anticipated RSV surge.
- Workforce risk assessment and practice business continuity plans reviewed in practices.

Access:

- Triage is in place in practices via online and telephone consulting ensuring the most effective pathway for patients. All practices have implemented online consulting and have had support to ensure sustainability and improved access for patients.
- All practices offer online repeat prescription services (EPS) and PCNs are looking to adopt the Community Pharmacy Consultation Service (CPCS) to support patients in accessing appropriate care.

Frimley Primary Care: Planned Actions

Frimley Health and Care

Demand:

- Focused admission avoidance activities drawing on intelligence and inequalities: provide extended offers to ensure patients have access to the right primary care to address their needs. Using MDT approach to target and review patients proactively identified as most at risk of crisis and onward admission through PCNs enabling best use of additional roles.
- National communications would be helpful to supplement local approaches and support the local population in knowing where to go when they need access to services. National communications to supplement local approaches, including 'Frimley Healthier Together', information for patients and carers on 'how to stay well through winter' complementing the Covid/flu vaccination programme and collaborative communications with local authority colleagues.

Prevention:

- Vaccination programme delivery: ensure prevention programmes such as vaccinations and screening are maximised in our population resulting in continued health improvement.
- Focused admission avoidance activities drawing on intelligence and inequalities: provide extended offers to ensure patient have access to the right primary care to address their needs.
- Increased use of anticipatory care to target individuals and communities through PHM: work proactively to identify those patients who are most likely to need additional care over this period.

Frimley Primary Care: Vaccination programme delivery

Frimley Health and Care

- Vaccination has an increased priority to prevent illness and reduce the impact of surge demands on services.
- The Covid Vaccination Programme will continue to deliver vaccinations through the current requirements and adapt to the phase three requirements. Local Vaccination Services will continue to provide a vaccination offer with established plans to December 2021.
- Inequalities in uptake have centred around our most vulnerable communities including those resident in care homes and the BAME population with high risk or poor outcomes, ensuring positive messages around the benefits of vaccination to those who may be hesitant and reaching into our population to ensure access is as flexible as possible to achieve the highest levels of vaccination.

Ensure workforce are risk assessed and supported in receiving the vaccination/s, and where risks are identified and mitigations enacted in the best interest of the individual and patients. Individuals going into highly sensitive settings such as care homes will be required to be in line with government vaccination legislation to keep people safe.

- The uptake for seasonal flu vaccinations in 2021 is anticipated to be high. Robust plans are in place through the Primary Care Networks and Place teams to ensure good access and high levels of vaccination across all cohorts are achieved.
- Primary care networks are working through Local Vaccination Services to adapt their models to support the seasonal flu vaccination programme, through hybrid models including co-administration of the flu and Covid vaccinations in many areas.
- Community pharmacies will contribute to both the Covid and flu vaccination delivery in 2021, offering the flu as in previous years and adding to the capacity for any Covid booster campaign. Relationships through Primary care Networks and the Local Pharmaceutical Committee continue to develop with the adoption of CPCS and with a population focus on the deliver of the vaccinations.

Primary Care: Surrey Heath Additional Plans

Frimley Health and Care

Additional Arrangements/Plans	Comments / Expected outcomes	Date to be in place by
Practice resilience	Proactively identify and work with practices on resilience in relation to workforce, capacity & demand, and estates. Understand any areas where CCG can provide support.	Nov – Dec 21
Inequalities	The PCN are actively planning on commencing mobilisation of a project focussed on their local health inequalities with the aim of improving care to these areas of the population.	Nov - Jan 21
Paediatrics	Additional appointment capacity focused on febrile children under 5 years; supported through promotion of Frimley Healthier Together and access to specialist advice and guidance through a paediatric hotline supported by Health Visiting Team.	Sept - April 21
Rapid recruitment of additional roles	Increased rapid recruitment of ARRS roles – social prescribers, health and wellbeing coaches, Physicians associates, and care coordinators to support practices and patients with low-level mental health and other social and care support.	Sept – Nov 21

Frimley Health and Care

Mental Health

Covid Impact – Benchmarking

Frimley Health and Care

Services continue to experience a surge in mental health and emotional wellbeing related demand due to the impact of pandemic, especially the periods of national lockdown resulting in social isolation and disruption to daily routines such as school and employment. Demand has remained high for some specialist mental health services, notably all age crisis, all age eating disorders and acute inpatients. Providers continue to see an unprecedented number of people previously unknown to services presenting in crisis.

- **Bed availability -** nationally availability dropped 5% by April '20 , but by July 2021 was back to pre-covid position nationally. In the South East the availability of beds has been variable but are back to pre-covid position (14/100k). In Frimley, our providers have a low bed base and during covid they have increased availability through the independent sector.
- **Mean length of stay (LOS) -** has been variable over the course of the pandemic nationally and is currently at 35 days. For Frimley, Berkshire LOS has increased whereas SABP's has reduced against backdrop of 31 days across the South East in July '21.
- **Bed occupancy –** in 2019/20 the national median average was 91% with the South East at 94%. In 2021 this has increased nationally to 94% but reduced in the South East to 89%. Bed occupancy for Frimley providers remains high, above 93%.
- **Use of Mental Health Act -** Nationally and within the South East detention rates under the MHA were 45% pre-covid. By July 21 there has been an increase in detentions nationally and regionally with South East at 52%. Although below the national average, SABP admissions under the MHA in July '21 .
- **Child and Adolescent Mental Health Services (CAMHS):** The South East is a hotspot for service demand and high caseloads
  - CAMHS is the fastest growing specialty in mental health. Referrals doubled between 2012 and 2020. Referrals have fluctuated with lockdowns and school closures and they remain high in Frimley.
  - Frimley providers also hold high caseloads. Regionally caseloads are 30% higher with BHFT having the second highest and SABP at the top of second quartile.
  - The South East is the best performing region in terms of spreading digital services (at 24% against 19% nationally), with Berkshire and Surrey well above average

SABP – Surrey and Boarders Partnership Foundation Trust, BHFT – Berkshire Healthcare Foundation Trust

Mental Health Service Risks

Frimley Health and Care

Currently we are seeing a pressure on:

- **Acute Bed Pressures** continue to be experienced by both our Providers, BHFT and SaBP with a high demand for admissions and out of area placements in response to high occupancy in adult acute and older peoples beds. Covid cases have fallen to zero most weeks however, the pressures of ward closures as a result have reduced but the demand and acuity is still high.
- **Out of Area Placements (OAPs) -** inappropriate OAPs remain high across the system in response to demand and pressures / unavailability of acute beds. Revised trajectories have been agreed with NHSE which will result in Frimley CCG not reaching zero by year end. Changes to the classification of independent providers within area or where there is a continuity of clinical pathway has been implemented, with both main Providers establishing block contracts for beds locally. This has stemmed the increase in number of inappropriate OAP bed days. We are monitoring the situation closely.
- **CYP attendances and admissions** - there is a growing number of children and young people who are both attending and being admitted to our acute hospital sites. This is a particular challenge for Frimley Park Hospital which is impacting the acute's ability to maintain flow in and out.
- **Autism / ADHD** – growing appetite for patient choice in seeking independent provider ASD/ADHD assessments which in turn likely to add additional pressure to already under pressure service. Mental Health teams began work in understanding this impact as concern that there will be a disparity for people waiting with local NHS service. This is manly for adults but some evidence for CYP also.

Continued on next slide

Mental Health Service Risks

Frimley Health and Care

- **Recruitment and retention -** there is both a short and long term pressure recruiting to the wide ranging Mental Health roles in community, primary and secondary care. A Workforce Summit is being planned in collaboration with Workforce Development group to include all system partners to address the issues we face in filling vacancies both new and existing and retaining staff. The shape of this summit is under development and is planned for November.
- **Referrals and demand for CAMHS** services continues to rise, with particular concern regarding CYP Eating Disorders and ARFID (Avoidant Restrictive Food Intake Disorder). Referrals into CPE/ SPA continue to be above the 20/21 average. Significant investment in Hampshire CAMHS (£11m) to increase capacity within the service – currently an additional 70 staff in post with recruitment ongoing. Surrey CAMHS has increased investment to tackle historic wait lists and in recognising the increase in referrals for CYP with eating disorders has developed a Safety Plan in consultation with Commissioners and wider System Partners. Berkshire BHFT are utilising additional investment monies to decrease wait times in CAMHS teams.
- **IAPT Access** remains below the required target and has not experienced the surge in referrals that was anticipated following the first waves of the pandemic. Non-recurrent funding provided in the spending review is being utilised to improve access and outcomes for specific patient groups, including older adults and people from ethnic minority communities. IAPT services are reporting that those patients who do engage are often requiring a higher number of sessions before being discharged, meaning overall activity levels remain high.

Mitigating Actions: Mental Health (Adults)

Frimley Health and Care

Integrated working is key to our current and on-going response to mitigating demand and supporting earlier intervention. Service offers brought online or expanded include Mental Health Integrated Community Service (MHICS), bereavement support, virtual safe havens, crisis pathway, fast track workforce wellbeing support, virtual wellbeing hub offering access to third sector interventions.

1. **Acute Bed Pressures** - enhanced bed management and bed flow optimisation, with weekly & daily system Exec partners meetings (Surrey & Berkshire) to expedite discharges & increase patient bed flow. Linked to a clear and visible OPEL methodology across Frimley Health.

2. **OAPS**:

- SaBP – OAPS generally reducing with additional capacity purchased in local Independent Sector Providers. Plan that anyone needing and adult Acute MH bed will receive support in Surrey by end 2021.
- BHFT instigated similar arrangement with private providers in Berkshire to increase bed capacity re-classified as non OAP. A total of x5 PICU and x8 adult acute beds.
- Focus on the urgent care part of the MH pathway is given daily priority by all Community MH services. Crisis Resolution Teams are working hard to keep patient at home and avoid admission thus preventing further OAPS. Data in SABP to show a daily meeting has reduced requests from people in their own homes by 50% since July.

3. Peer Support Workers / Assistant Psychologists to work alongside Psych Liaison to provide bridging support. We are scoping the possibility these with the addition of these being joint posts with our Acutes

Continued on next slide

Mitigating Actions: Mental Health (Adults)

Frimley Health and Care

4. Crisis House/ Beds – we have tested a crisis bed (with the option to flex up to two) as an alternative to admission in the North of Frimley and plan to review the opportunity to expand this offer into the South.

5. Adult eating disorders services have seen similar pressures as the CYP services. We propose to hold a pot for funding that can be used to spot purchase additional packages of care / support to de-escalate crisis. NHSE has agreed to fund 7 beds at Priory Marlow non-recurrently for Surrey adults waiting for specialist eating disorder services.

6. Discharge fund – this will be continuing and focused on funding schemes that have worked over the winter including Discharge to Assess, deep cleans, funding placements without prejudice, purchase of block beds

7. 16-25 Safe Haven – recognising there are a number of young people who need to access a safe haven but are in the process of transitioning a 16-25 safe haven is being scoped up.

8. **Acute In-reach & extra support following a crisis line call** from third sector providers to provide additional support to people and help avoid a relapse or an escalation of a potential crisis.

Mitigating Actions: Mental Health (CYP)

Frimley Health and Care

1. Weekly discharge calls with system partners (Acute, CAMHS, Crisis, LA and CCG) to run through medically fit list to ensure plans are put in place to unblock DTOCs and expedite discharges. This also includes a risk review with system partners to understand the crisis offer, key risks and agree any additional mitigations required

2. Community Engagement campaign: There is a need for some clear proactive communications with local communities to support the prevention agenda and encourage people to seek early help. Particularly for parents and carers whose wellbeing will be under strain. Recruitment to a Community Engagement Worker who can work with communications and Place teams as well as link into communities, establish relationships and building a network of communication routes , understand health inequalities and barriers to accessing MH services and proactively informing communities of local services and encouraging take up of early help and intervention

3.Peer support workers to work alongside psychiatric liaison teams to offer pastoral support to people coming into ED and actively bridging to more appropriate community services at discharge

4.Advice and Guidance to Primary Care and Paediatricians – CAMHS psychiatry and crisis support for primary care and acute colleagues afternoon to late evening (1500 - 2300).

5.Therapeutic Respite / Step down provision – interim health and social care provision similar to Extended Hope Service in Surrey as both alternative to admission to and step down from acute where CYP is fit for discharge. This would be a time limited transition (max 7 days) to support both flow in the acute and prevent CYP from deteriorating further. To be confirmed subject to review of the suitability of the site available.

6.Contingency Fund Availability of grant funding that can be used to spot purchase short term support. Funding can be used to provide additional breaks for family carers, for equipment, accessing therapies or activities, or other innovative approaches which will help to sustain stability. This should be in addition to normal levels of support from health and social care. (have included the template developed for the LDA short term funding).

Learning Disabilities & Autism

Frimley Health and Care

People with learning disabilities have a life expectancy of around 14 years below the general population. The pandemic has had a devasting effect on people with learning disabilities and an article in the BMJ in June 2021 identified that people this cohort of people are highly vulnerable to Covid 19 and data from Public Health England showed that mortality rates in this group were up to three times higher than that of the general population. The article, written by recommended that they should be prioritised and protected.

Additional funding has been agreed to:

1. Help increase early uptake of Covid and Flu vaccines for people with Learning Disabilities and Autism across our 5 Places, through supporting in reach service so that people are able to receive their flu jab, covid jab and annual health check in their own home for those who are especially worried or particularly vulnerable.
2. Increase the prevalence rates of people with a learning disability by providing some additional capacity to each of the 5 places to support a focus on the GP/LA lists. Finally, we will use some of the funding for a targeted coms campaign for people with Learning disabilities, autistic people and their carers to ensure they have their health check and vaccinations.
3. Spot purchase specialist behavioural interventions for CYP with LD or autism
4. Enable additional provision of short breaks for CYP with LD or autism in collaboration with local authorities

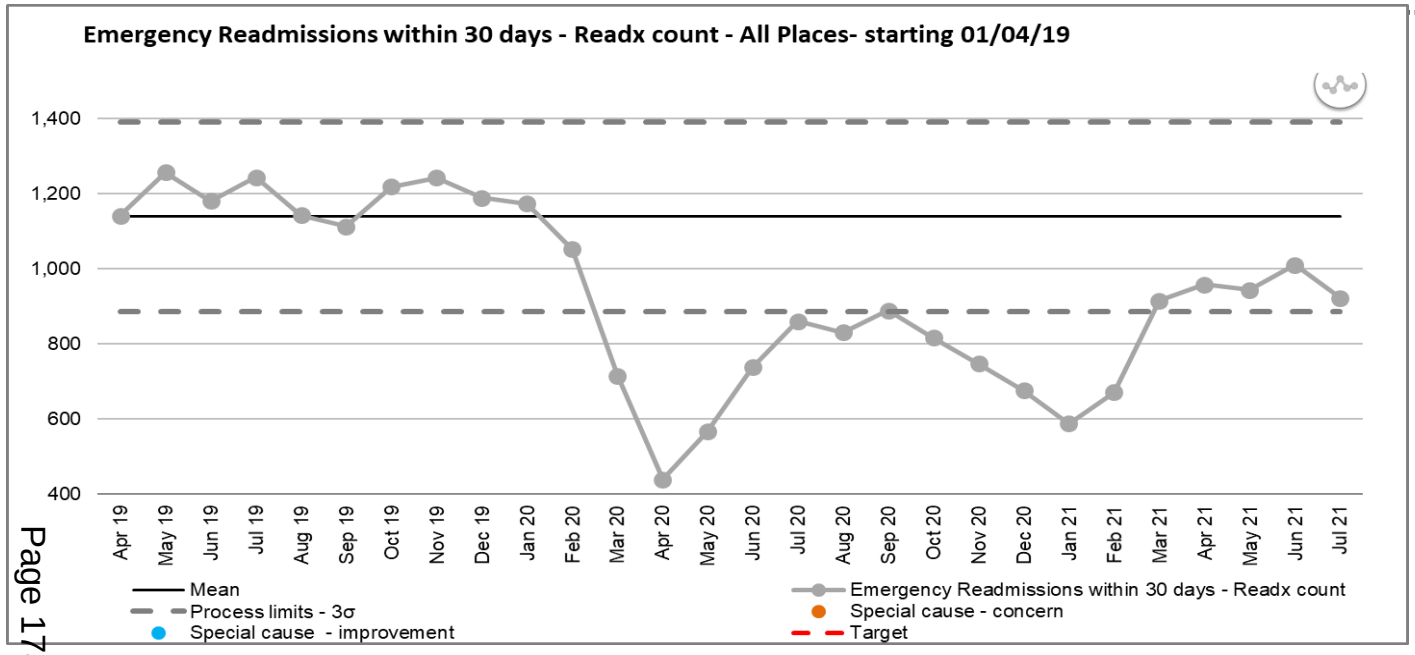
Frimley Health and Care

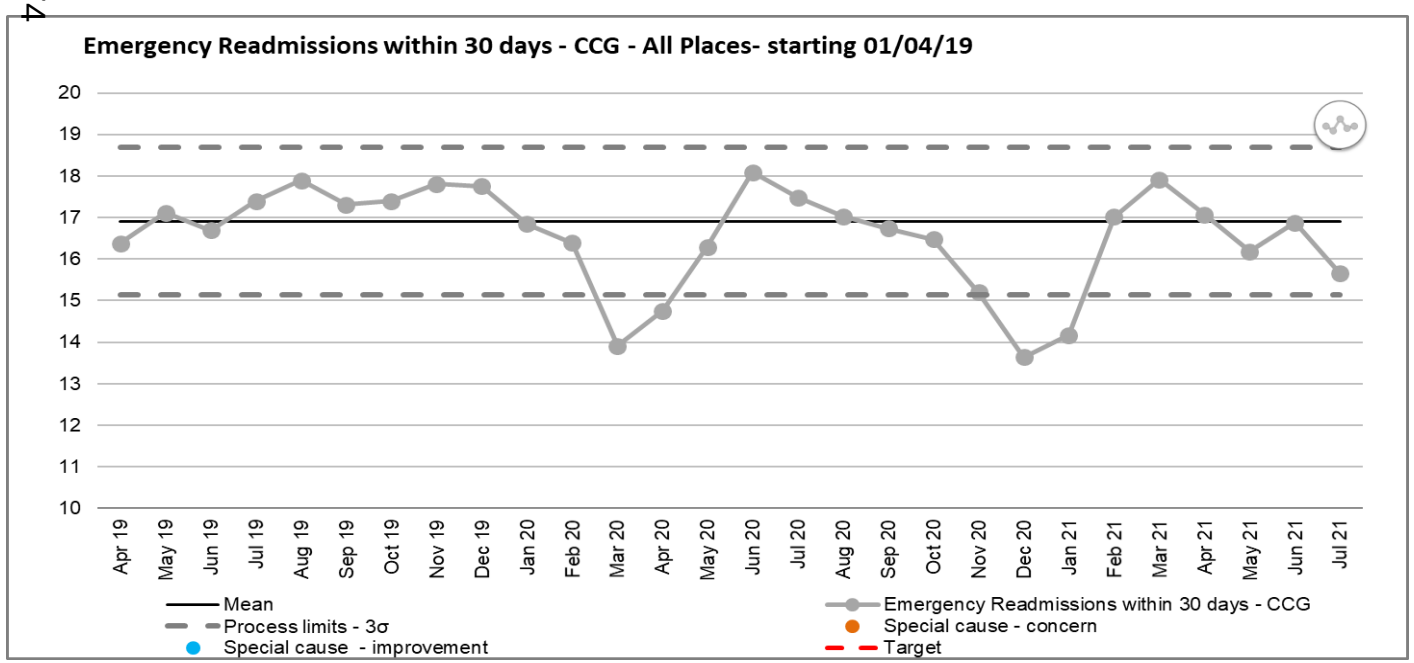
Further Information

Supporting Documentation
(available on request)

- Frimley ICS Winter Plan
- FHFT Winter Planning 2021-2022
- Discharge & Flow Surge & Super Surge Plan 2021-2022
- Frimley ICS Surge & Escalation Protocol 2021-2022
- Communications & Engagement Plan Winter Plan 2021-2022

Non-Elective Readmissions within 30 days: Frimley CCG patients





The top chart to the left shows the actual number of emergency readmissions within 30 days (i.e. readmitted as an emergency within 0-29 days of discharge) for Frimley CCG for the period April 2019 to July 2021. The month refers to the month of discharge for the index admission, and not for the readmission spell.

The bottom chart gives the readmission rate (the numbers of emergency readmissions divided by the number of discharges).

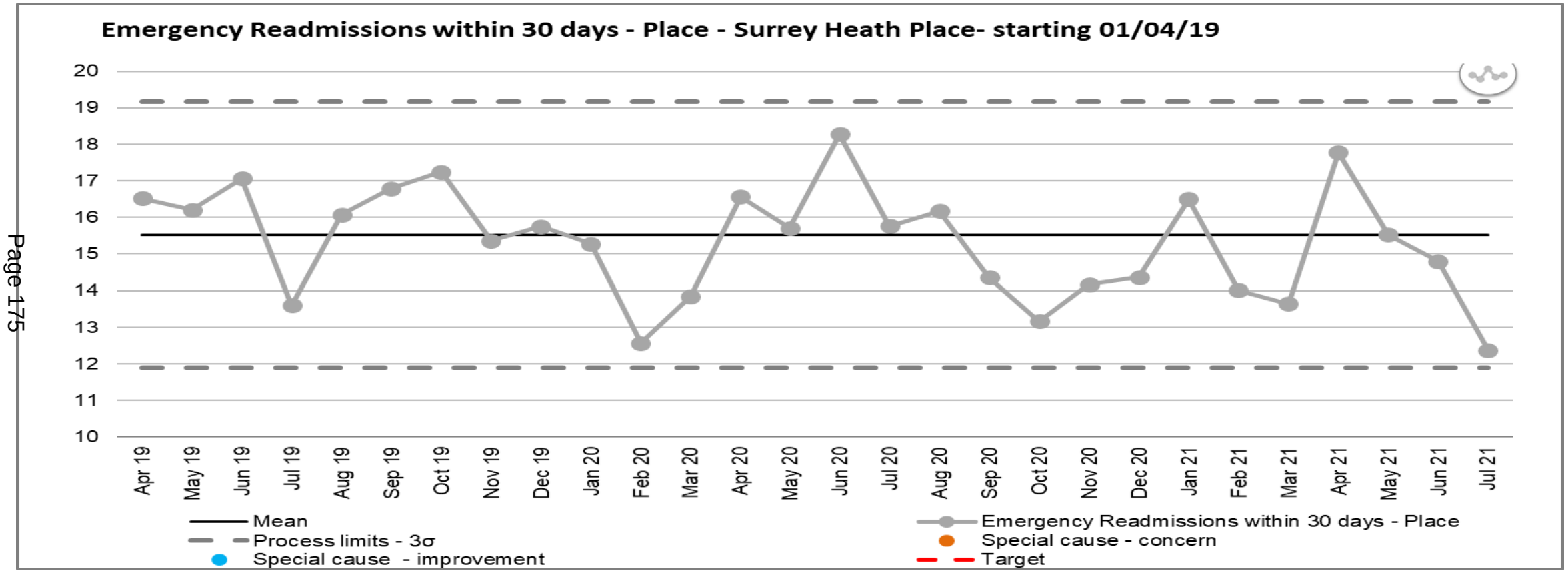
As can be seen, the readmission count dropped significantly throughout the COVID period, however this also reflects the reduction in the number of admissions / discharges that took place in that period.

When considered as a rate however, we can see that this has been fairly consistent across the period, with a slight reduction outside of 'normal' levels around the lockdowns in February / March 2020 and December 2020 / January 2021.

Non-Elective Readmissions within 30 days: Frimley CCG patients in Surrey Heath

Frimley Health and Care

Considering the readmission rates at Place level, we can see that there were few months with any significant variation from expected levels across the Places.



This page is intentionally left blank