

Leeds Health & Care Winter Planning 2020/21



• Introduction

Variation in the demands across a health and care economy is normal and occurs throughout the year though experience informs us that winter months pose significant challenges. This year there will be additional pressure within our system due to the COVID 19 pandemic which will require the Leeds Health and Care system to be extremely equipped, prepared and coordinated to respond quickly and appropriately to any change in demand or circumstances that winter and the pandemic may bring.

Our approach to planning is critical, this paper outlines this approach, associated timeline and the outputs from a comprehensive review of winter 2019/20 and our collective response during the pandemic. Our plans will be built around a number of situations which may occur and will be tested against national scenarios to provide assurance, identify further opportunities and any gaps, and the high level risks.

The governance of the system response to the Pandemic resulting in a more command and control approach. This will continue over the winter with clear lines of escalation through to the City wide Health and Care Gold.

Communication across our system and with our citizens will be key and a full campaign aligned to the national messages will support our plans and provide clear and consistent messages to support people to access the right care .

The full plans will be completed following testing in October.

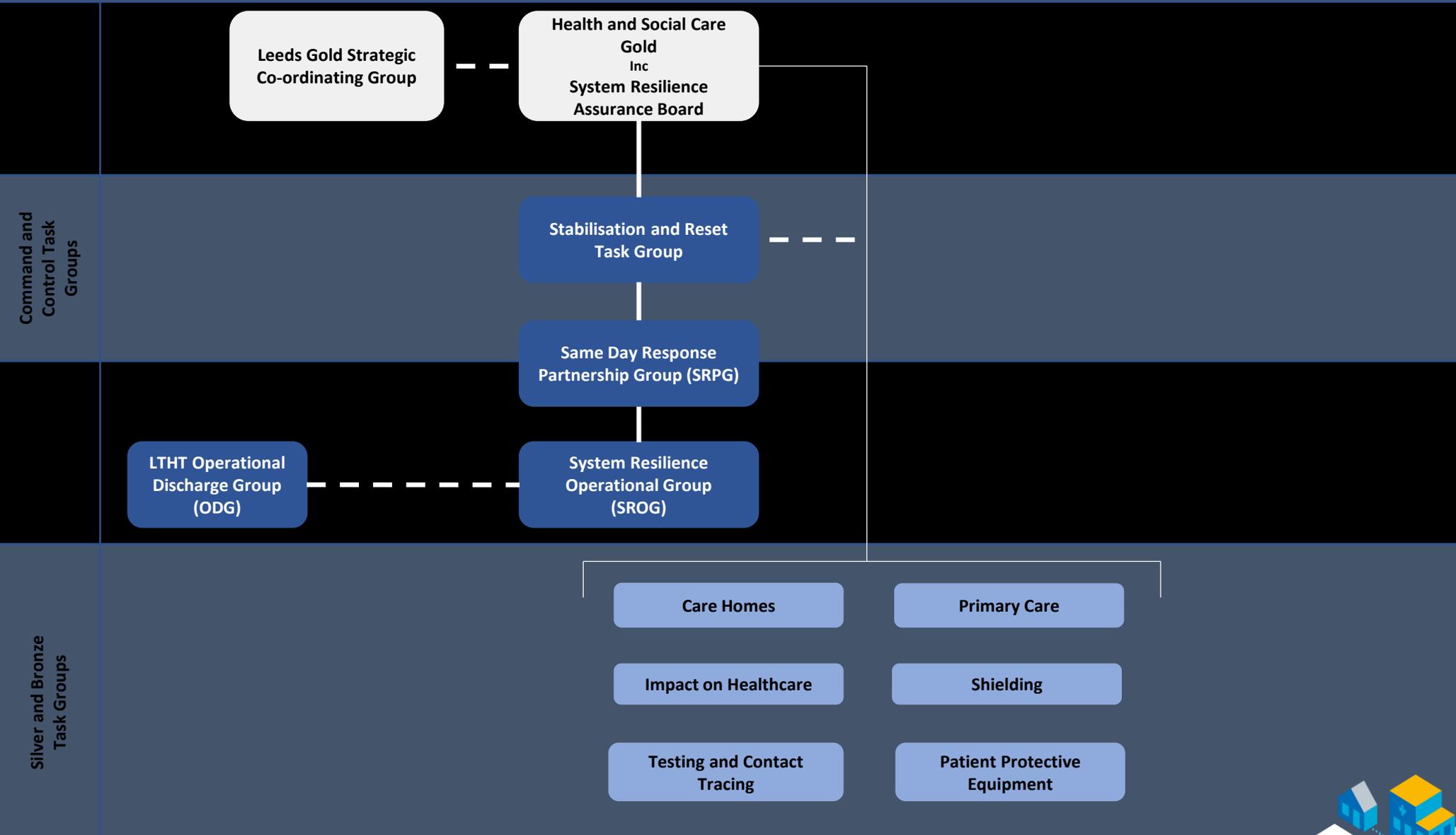


How is the system different this year ?

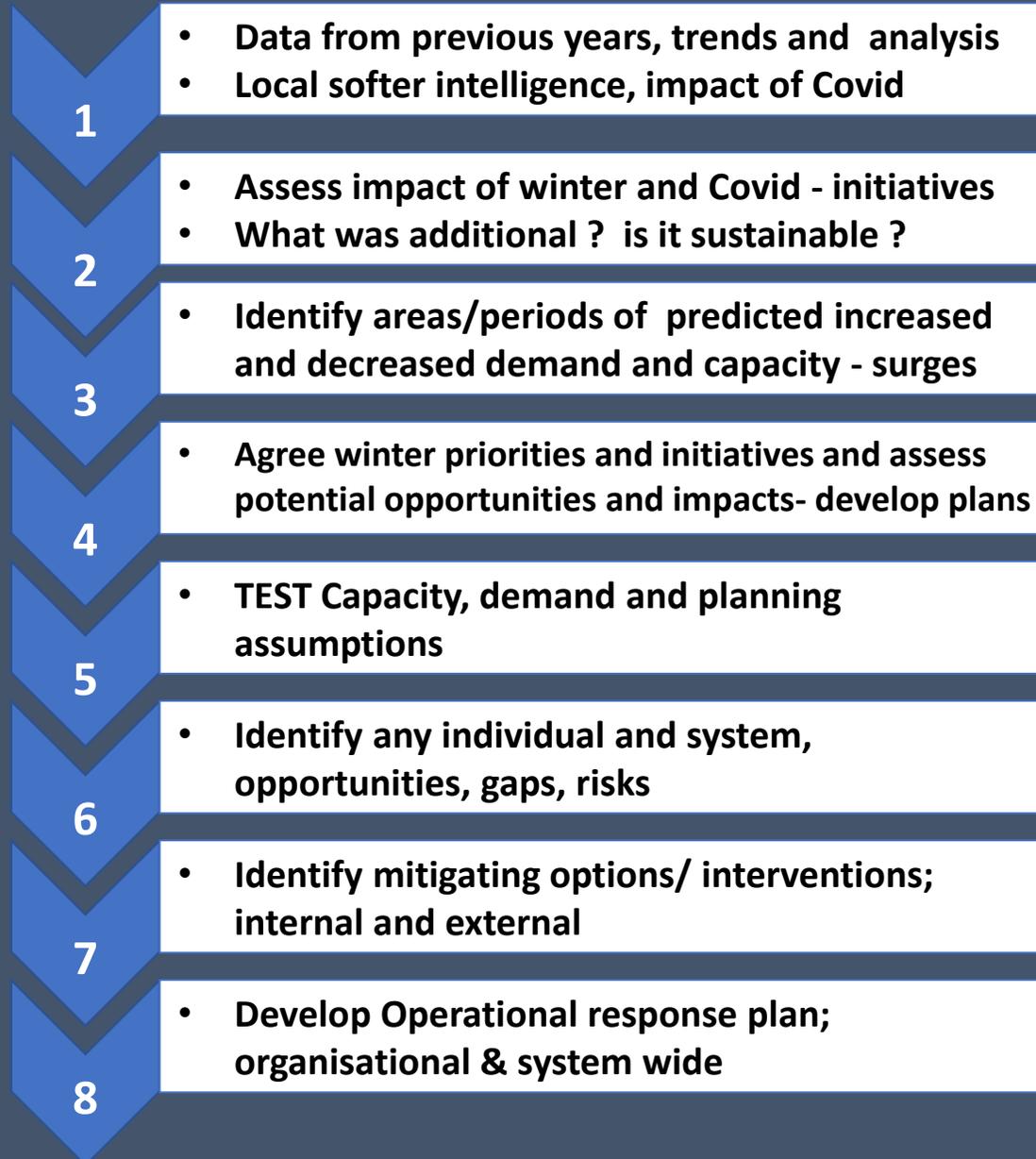
- Going into winter with significant elective backlogs, including some cancers and clinically urgent cases that cannot be suspended
- Beds removed for social distancing (100-130)
- Reduced flexibility because of need to keep beds for 3 streams (Covid, non Covid, unknown) – means occupancy has to be much lower than usual – both in LTHT and in Mental Health wards
- IPC requirements reduce productivity significantly
- Covid patients may have longer lengths of stay than similar patients in previous years
- Some previous cohort of patients will have died before the winter
- May have greater demand from people with mental health needs
- Flu is a bit unknown, but should be better able to manage it because of improved IPC in the community?
- System has already worked hard to transfer patients no longer requiring acute beds to other settings
- Potential to use the Independent Sector for different case mix



Command and Control Structure



Approach to Winter Planning



Aims

- Understand the progress made last winter
- Assess the accuracy of our plans/predictions and how widely they were used
- Assess effectiveness of the system communication and data sharing (Inc. OPEL)
- Assess the effectiveness of our governance and our behaviours
- Identify the opportunities resulting from our Covid response that will impact on the planning and delivery of Winter 20/21
- Identify the challenges of the ongoing management of Covid 19 that impact on the delivery of winter 20/21
- Highlight priorities for development pre winter

- Agree principles and approach for managing winter 20/21
- Agree system capacity and demand assumptions
- Share Individual Organisational winter plans – assurance and triangulation
- Agree system priorities for winter
- Stress test our plans
- System sign off final plan



Winter Review & Planning Process and Timeline 2020/21



Partners, Teams and Groups involved

Leeds Community Healthcare
 Leeds Teaching Hospital Trust
 Leeds & York Partnership Trust
 Local Care Direct
 Yorkshire Ambulance Service
 Leeds Hospices
 Leeds City Council – Adults & Health, Public Health
 GP Confederation & Extended access

3rd Sector- Age UK
 CCG – Commissioning teams, BI, Communications
 Health Protection Team
 Leeds Infection Prevention and Control Team
 COVID 19 Bronze Operational Group
 System Resilience Operational Group (previously OWG)
 Same Day Response Partnership Group (SDRPG)
 Stabilisation and Reset Group
 NHS England/Improvement
 West Yorkshire and Harrogate ICS



Outputs from review sessions

- Winter 2019/20
- Opportunities presented by Covid 19
- Principles of Partnership working
- Winter 2020/21 Challenges
- Actions



System Winter – Governance, Planning and Communication Priorities

Governance

- A governance structure providing clarity on the responsibility, accountability and ownership across strategic, tactical and operational system structure
- A governance structure that applies subsidiarity to its decision making with clear lines of escalation and risk management
- Clear terms of reference and robust co-ordination for the supporting programmes of work to streamline our approach and maximise opportunities for integration

Planning

- Review of organisational/system OPEL triggers & escalation process, daily reporting and mutual aid
- An integrated system approach to data sharing to assess the impact of individual organisation's pressure/challenges have on the wider system and flow through pathways
- A population health (e.g. LTC and children) approach to identify and plan the management of peaks and surges in demand and consider ongoing care where appropriate (e.g. social care)
- Robust testing of plans
- A year round investment plan that builds in the flexibility providers require during times of decreased/increased demand

Communications

- An effective public communications and engagement strategy across Leeds
- Clear lines of communication across all levels, including a cascade to frontline staff



Opportunities presented by Covid 19

- **Take full advantage of technology where clinically appropriate e.g.**
 - Total Triage/Clinically Assessment Services (CAS)/ Direct booking
 - 111 online
 - Virtual consultations
- **Maximising skills and capability to manage/share clinical risk to support the shift in delivering care closer to home:**
 - Effective care planning across all populations
 - Virtual ward
 - D2A pathways
- **Take advantage of the appetite for change across the public and system**
- **Capitalise on the collaboration to embed/develop alternative models of care**
- **Convert unplanned into planned care to support effective system flow and improve outcomes**
- **Ensure we incorporate/review the changes to health protection functions as services reset**



Principles of Partnership working

- **Work within a governance structure with clear lines of responsibility, accountability and ownership practicing subsidiarity within our decision making**
- **Working together to share data and plans to assess the impact of individual organisation's pressure/challenges have on the wider system ability to maintain flow and achieve the best outcomes for the population**
- **Working together on system challenges solving them through pace of collaboration displayed during Covid**
- **Work together to maximise skills and capability of our collective workforce to manage/share clinical risk across the system**
- **Respect and understanding of individual organisational pressures and constraints**
- **Work together to ensure clear lines of communication across all levels, including a cascade to frontline staff**
- **Ensure that our key priorities are communicated and rolled out at pace with clear measures for improvement**
- **Convert unplanned into planned care to support effective system flow and improve outcomes maximising technology where appropriate**



Winter 2020/21 Challenges

- **Flexibility and resilience of our workforce, ensure welfare and safety**
- **Increasing capacity or realignment of resources to manage winter and maximise Covid opportunities**
- **Respond to changing Covid guidance at pace e.g. Social distancing rules, PPE**
- **Delivery of the flu campaign**
- **Coordinate plans to resume elective demand, planned care becoming unplanned acute demand**
- **The management and planning of peaks and surges expected in winter with the additional demands of Covid**
- **Financial sustainability of smaller/independent services, understanding the impact on the system and populations cohorts**
- **Responding to NHSE/I reporting/requirements known/unknown**



Actions

- **Reset Governance with clear lines of escalation**
- **Review of organisational/system OPEL triggers & escalation process, daily reporting and mutual aid – outbreaks ,air quality, weather**
- **Develop organisational and system level winter plans based on 3 scenarios**
 1. what you might do again if there is a fairly usual winter;
 2. what you would add if we begin to see Covid numbers rising;
 3. what you would add if we get to the similar levels of Covid peaks
- **Test the efficacy of our plans with focus on our response to:**
 - COVID Peaks/Lockdown measures
 - Maintaining elective care
 - impact of increased acuity/complexities due to COVID
 - Workforce – reduced, deployed, wellbeing
 - Adverse Weather
- **-Develop an effective communications and engagement strategy across Leeds for both staff and the public**
- **Work regionally to prepare for NHS 111 campaign assessing the local impact and resource/infrastructure requirements**
- **Support providers with adapting to social distancing by maximising service alternatives and converting unplanned into planned e.g specific children's primary care capacity**
- **Work collaboratively with partners to deliver the flu campaign**

