



Although a formal committee of the city council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Health Watch. Papers come from a variety of sources. The format for Health & Wellbeing Board papers is consequently different from papers submitted to the city council for exclusive city council business.

1. Brighton and Hove Winter Preparedness and NHS Capacity Planning Arrangements 2014.

- 1.1 The contents of this paper can be shared with the general public.
- 1.2 This paper is for the Health & Wellbeing Board meeting on the 9th December 2014
- 1.3 This paper was written by:

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2. Summary

- 2.1 Provide a short summary of the paper
 The HWB has requested a paper on City Winter Preparedness. This report is split into 2 sections (City Winter Preparedness and NHS LHE 'Operational Resilience & Capacity Plan'). Together the report details the arrangements that the NHS and Local Authority and other partners have ensured are in place to meet the coming challenges of this winter.

The paper seeks to assure the HWB that the City and its partner agencies are prepared for 'Winter'.

3. Decisions, recommendations and any options

- 3.1 That the Health and Wellbeing Board note the plans in place to ensure that Brighton and Hove is prepared for 'winter'.

4. Relevant information

- 4.1 The 'Winter Service Report' to the HWB dated Nov 27th, 2013¹ agreed that the BHCC Winter Service Plan Review Scrutiny panel in 2010² identified a range of improvements needed, including the need for greater coordination within BHCC and with partners, more streamlined chains of command, better linkages with schools & better communication. A debriefing of staff involved in winter planning in 2012/13 identified improvements in local resilience over recent years, but also noted the need for improved strategic direction and oversight of such issues. In particular, the more integrated planning approach in the NHS is perceived to have significant benefits in ensuring business continuity. These issues have been recognised as resending aims for service improvement, over last winter and preparedness arrangements for this coming winter.
- 4.2 This report addresses these issues in 2 sections. The first details general cold weather planning arrangements for Brighton and Hove, (B&H) and the second contextualises current local NHS Operational Capacity planning.

Section A - Brighton and Hove Arrangements in support of the National Cold weather Plan 2014.

- 4.3 Cold weather planning requirements are set out by the national Cold Weather Plan for England 2014.³ The plan aims to prevent avoidable harm to health, by alerting people to the negative health effects of cold weather, and enabling them to prepare and respond appropriately. The CWP also aims to reduce pressure on the health and social care system during winter through improved anticipatory actions with vulnerable people.
- 4.4 Cold weather increases the risk of heart attacks, strokes, lung illnesses, flu and other diseases, resulting in an average of 25,000 'excess winter deaths' each year in England. 'EWDs' are the

¹ [http://present.brighton-hove.gov.uk/Published/C00000826/M00004778/AI00037460/\\$Item35WinterServicePressuresv6cover.docA.ps.pdf](http://present.brighton-hove.gov.uk/Published/C00000826/M00004778/AI00037460/$Item35WinterServicePressuresv6cover.docA.ps.pdf)

² <http://www.brighton-hove.gov.uk/content/council-and-democracy/councillors-and-committees/winter-service-scrutiny-review-panel-2010>

³ <https://www.gov.uk/government/publications/cold-weather-plan-for-england-2014>

observed total number of deaths in winter (December to March) compared to the average of the number of deaths over the rest of the year. These winter deaths are related to cold temperatures and living in cold homes, as well as infectious diseases such as influenza. Older people, very young children, and people with serious medical conditions are most vulnerable.

4.5 The national CWP contains five key messages:

1. All local organisations should consider the document and satisfy themselves that the suggested actions and Cold Weather Alerts are understood across the system, and that local plans are adapted as appropriate to the local context.
2. NHS and local authority commissioners should satisfy themselves that the distribution of Cold Weather Alerts will reach those that need to take action, especially in light of recent structural changes.
3. NHS and local authority commissioners should satisfy themselves that providers and stakeholders will take appropriate action according to the Cold Weather Alert level in place and their professional judgements.
4. Opportunities should be taken for closer partnership working with the voluntary and community sector to help reduce vulnerability and to support the planning and response to cold weather.
5. Long-term planning and commissioning to reduce cold-related harm is considered core business by health and wellbeing boards and should be included in joint strategic needs assessments and joint health and wellbeing strategies.

4.6 The City Council has held planning meetings with NHS and other local partners to agree City arrangements to support the health of the local population during winter, and to reduce EWDs, (which have averaged 135 p.a. in recent years), and fuel poverty. These local arrangements are fully detailed in the 'Brighton & Hove Local Health Economy Cold Weather Plan 2014'.⁴

4.7 The aim of the local plan is to set out the procedures and work-streams to be implemented within the Local Health Economy (LHE), which comprises all health providers across the city. It acknowledges that arrangements are in place between NHS, local authority services, the Voluntary sector and others. These agencies have engaged in year-round planning, and are ready to receive and implement the alerts.

⁴ Arrangements are being made to have this plan available electronically, meanwhile it can be obtained from kevin.claxton@nhs.net

4.8 The objectives of the local plan are to:

- Define the partners engaged within the LHE
- Ensure the requirements of the national plan care complied with locally, by clearly stating the work-streams agreed to be relevant and those partners engaged in their delivery.
- Set out the coordination and oversight / assurance arrangements.
- Mitigate as far as possible the impact of cold weather on the health of the local population.

4.9 The key issues for the City resulting from this year's National CWP and other known circumstances are:

- The need for strong local leadership and partnership working to tackle the range of causes and reduce the number of EWDs and fuel-poor households.
- That B&H planning arrangements support the nationally-recognised importance of long-term and strategic planning and commissioning to reduce cold-related harm, and that this is considered 'core business' by the HWB and joint strategic needs assessments (JSNA). (This is evidenced by the linking of these winter planning arrangements to the Health Protection Forum, which is now active and which reports to the HWB.
- Ensuring the appropriateness and effectiveness of arrangements which ensure that the CWP's Action Cards (which correspond to the Cold Weather Alerts), are disseminated widely to all City stakeholders as appropriate for:

Commissioners & LA

GP's & Practice Staff

Community & Voluntary Sector

Frontline health & Social Care staff in community & care facilities

NHS Provider Organisations

Individuals.

4.10 Whilst these arrangements are further bolstered by links to the City's Vulnerable People plan, and an acknowledgement that the Public Health Outcomes Framework includes indicators to reduce excess winter deaths and address fuel poverty, there are also challenges. Not the least of these is that there is no longer a nationally provided Warm Homes / Healthy People Fund.

4.11 The health, social, economic and environmental risks associated with a Severe Cold Weather spell have been assessed by the multi-

agency Sussex Local Resilience Forum (SRF) and included on the Sussex Community Risk Register. A risk description can be found on the Sussex Local Resilience Forum website.⁵

- 4.12 'Sussex' major incident and emergency plans recognise multi-agency command and control arrangements, and wide response to such incidents would be coordinated by Sussex Police, who would also lead on communications issues. More local incidents may not result in the declaration of an 'emergency', and agreed plans state that BHCC and the CCG will lead the response and communication arrangements.
- 4.13 The Director of Public Health (DPH) for Brighton and Hove has ensured that effective local plans are in place within the B&H LHE. Coordination arrangements are in place with NHS Trusts and NHS-funded providers, and other stakeholders, to ensure that all partners understand their responsibilities and have organisational plans in place in line with the 'Action Cards contained within the National Plan. Oversight of these arrangements will be provided by the B&H Health Protection Forum, which reports to the Health & Wellbeing Board, in line with the national plan.
- 4.14 The DPH, CCG and the NHE England Surrey & Sussex Area Team (NHS E S&S AT) have together ensured that all providers are formally linked to 'health' strategic planning for Sussex via the Local Health Resilience partnership (LHRP), as also to the SRF. In this way, local winter planning arrangements are compatible and link with wider 'Sussex' multi-agency contingency plans.
- 4.15 B&H LHE partners include:
- BHCC (Public Health, Adult Social Care, Children's Services, Highways, Communications, Housing, Parks, Sea Front and Emergencies & Resilience Team)
 - B&H CCG (Commissioning Teams / Winter Pressures, Communications)
 - NHS E S&S AT (the primary care commissioner)
 - Brighton and Sussex University Hospitals Trust (BSUHT - secondary care provider)
 - Sussex community Trust (SCT - community services provider)
 - Sussex Partnership Foundation Trust (SPFT - mental health services provider)
 - South East Coast Ambulance (SECAmb - is also the NHS 111 provider).
 - IC24 (Out of Hours (OoH) provider).
 - British red Cross (BRC)

⁵ <http://www.sussexemergency.info/media/srf/severe%20weather.pdf>

‘Community Works’ (B&H community sector forum).

4.16 Cold weather alerts are issued at:

- Level 0 - Long-term planning (all year round planning)
- Level 1 - Winter preparedness programme (1 November–31 March)
- Level 2 - Severe winter weather is forecast
- Level 3 - Response to severe winter weather
- Level 4 - Major incident – emergency response

4.16.1 Level 2 is issued when a mean temperature of 2 deg C and/or widespread ice and heavy snow are predicted within 48 hours, with 60% confidence. Level 3 is issued when widespread ice and heavy snow occur.

4.17 Local cascading of cold weather alerts within the B&H LHE is as per indicative national arrangements above except that:

- All category 1 providers (incl SCT / hospital trusts / SECAmb etc) also receive alerts directly from the Met office
- The NHS E S&S AT have now confirmed that they are able to cascade to pharmacies, as well as to GP practices.
- BHCC Adult Social care (ASC) have provided assurance that they would inform all B&H care & rest homes.
- The CCG / Public Health (PH) Resilience Manager disseminates alerts to Public Health, CCG staff (on-call managers, agreed primary care staff and Communications), IC24 (the LHE Out Of Hour’s provider), Sussex Partnership Foundation Trust, (SPFT) and British Red Cross.

4.18 It is therefore confirmed that systems are in place to ensure that all who need to receive cold weather alerts are doing so within the LHE.

Consolidation of previous work.

4.19 The following work has been consolidated into winter planning in B&H through 2014, and since last winter (2013 / 14):

- (Further to the ending of the national Warm Homes Healthy People (WHHP), this work-stream now receives funding from the PH budget, enabling an annual programme to reduce the prevention of EWD’s and fuel poverty.
- Liaison with Community Development team at BHCC and with CCG re GP practice PPG’s regarding enhancing B&H Community Resilience via the commencement of a project lead by Local Area Teams across the City.

- Clarity agreed regarding who a lead on B&H comms messages that this will be BHCC or CCG comms.
- CCG development of a smartphone ‘app’ which signposts GP’s and others towards a range of available services for use of practices and frontline staff.
- A draft B&H Vulnerable People Plan has been agreed. This defines vulnerabilities which may make people vulnerable, and contains a ‘list of lists’ of agencies who are likely to hold data reading peoples vulnerabilities, and which may assist to contact them during an emergency, so that they have be evacuated or otherwise assisted and protected. This links to an ‘information sharing protocol’.

Winter Planning Group / Areas of City winter planning

- 4.20 A winter planning group has been re-established, and a meeting was held on 21st October 14. A wide-ranging attendance gave an update on issues linked to winter preparedness for 14/15 as follows:

Brighton and Sussex University Hospitals Trust.

- 4.21 Plans have been reviewed at BSUHT, and whilst there is little change to comment on, the Trust has fully participated in the NHS ‘OCRPs’ (see B), and has a director in place who manages system capacity of a daily basis. It is recognised that the Trust is often at a higher state of response, but the issues are being actively managed with the support of other organisations.
- 4.22 The Trust will ensure that any changes in procedures requires by the 2014 Cold weather plan are put in place, and is committed to raising staff flu vaccination levels etc. BCP’s are also being updated, and the Head of EPRR also has a new director who seems keen and interested in addressing EPRR issues. A supply of thermometer cards for waiting areas etc would be useful if available.

Sussex Community Trust.

- 4.23 SCT provides out-patient clinics on-site and teams of healthcare staff who deliver frontline community health services to patients in the community, across B&H and in W Sussex. The Trust maintains 130 BCP’s and has 4 4x4 vehicles to deliver its role during severe weather. Staff are directed towards a severe weather page on the Trust intranet, and staff and patients are asked to “Keep warm – keep well”.

BHCC Adult Social care

4.24 Both Domiciliary and bed-based services are delivered by the directorate, which has well-rehearsed BCP's. It also has service level agreements with both the Seafront Team and City Parks at BHCC, who will assist with 4x4 vehicles and drivers when necessary. The whole team also works closely with IC24. All are working hard to raise levels of flu vaccine uptake amongst staff.

BHCC Public Health

4.25 Reduction of excess winter deaths and fuel poverty are PH priorities and the annual WHHP winter program is a partnership between Public Health, Housing, NHS and the local Community and Voluntary Sector. The 2014/15 WHHP programme includes:

- Leaflets and room thermometer cards, providing information on the health risks of living in a cold home, keep warm advice and local and national helpline numbers. These will be disseminated widely across the city, including direct delivery by all LHE partners to people most at risk.
- Small emergency grants administered by local community and voluntary sector organisations. These will be distributed to those most at risk of winter death and illness in order to maintain a warm home (e.g. for a boiler repair)
- 'Warm packs' for vulnerable householders and rough sleepers, distributed by BRC and CRI. The packs contain items for emergency warmth (e.g. blanket, thermal hat, flask of hot soup)
- Pilot project (currently in developmental stages) to provide year round advice sessions in selected GP practices for patients at risk of winter death and illness. Sessions will include personalised, in-depth income maximisation, advice and support, care navigation and signposting for further support. GP practices will be selected for the pilot according to deprivation profiles.

4.26 The Public Health Team will also consider whether CityCamp may be approached to engage in winter or general community resilience planning. CityCamp Brighton is a local network of people and events working to accelerate social innovation projects within the City, through providing support, funding and resource. ⁶

BHCC Seafront Team

4.27 The City recognises that numbers of rough-sleepers across the city have risen, and this is a particular problem for the seafront area. The team is liaising with the Police, CRI and various other stakeholders across a number of for a. It was acknowledged that

⁶ See website is at <http://citycampbtn.org/>

advice to traders re flood defences etc can be obtained from the Gov.UK website.⁷ A number of products such as flood sacks etc can be locally obtained from local stores. Events such as the Christmas Day Swim are acknowledged. The team put out public safety signage, and the event can be cancelled if weather forecasts warrant it. Following good experience in recent years, the team now has a productive relationship with the swimming club.

IC24 (NHS Out of Hours Provider).

- 4.28 IC24 provides GP services to B&H and to E Sussex, as well as a GP at BSUHT, a walk-in service and other facilities. The organisations fleet has been updated, but no longer includes 4x4 vehicles. (This is being looked into, and is recognised as a risk.) The organisation has good links with Adult Social care and other providers.

Cityclean

- 4.29 Cityclean staff working for BHCC become the gritting team during inclement or severe weather, and operate under the direction of the BHCC ‘Winter Duty Officer’ who will advise on weather and road conditions, and on action required by the team. There are 4 priority areas of work which do include primary routes, city centre and hospital entrances. Gritters (including a pavement gritter) have been serviced and are ready for winter. Up to 6 gritters will be in use at any one time. A labour dispute involving a work to rule by CityClean staff is a potential risk, which is being actively monitored, and contingencies will be considered if appropriate.

The BHCC Highways Winter Service Plan 2014-15

- 4.30 This plan states the Councils roads gritting and monitoring arrangements, as agreed at Committee. It is available on the council’s public website.⁸
- 4.31 The Local Authority also maintains an information page on the council’s public website, which provides advice on driving and ‘what you can do’ as well as on ‘what the Council does’.⁹
- 4.32 The highways plan ensures that roads to NHS hospitals are gritted, as well as ambulance stations. Clearance of pavements which lead to those hospitals are also on the ‘Priority 1’ list.

⁷ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/292943/geho1009brdl-e-e.pdf

⁸ [http://present.brighton-hove.gov.uk/Published/C00000823/M00005176/AI00041438/\\$20140926115311_006148_0026144_CommitteeReportTemplate100614newsavedformat.docx.pdf](http://present.brighton-hove.gov.uk/Published/C00000823/M00005176/AI00041438/$20140926115311_006148_0026144_CommitteeReportTemplate100614newsavedformat.docx.pdf)

⁹ <http://www.brighton-hove.gov.uk/content/parking-and-travel/roads-highway-structures/gritting-roads-winter-maintenance-service>

- 4.33 All B&H Bus Company routes are on City 'primary routes'. It was acknowledged that grit and salt is good at combating ice but that the addition of the buses and other heavy transport is needed to make the grit work in snow. It was important to keep the buses running where possible to break up snow, but that is an operational decision for the bus company.

BHCC Flood Engineer

- 4.34 The City's focus is on groundwater, (as the Environment Agency retains responsibility for other areas). The approach is to reduce (not eliminate) risk. Groundwater levels are currently higher than in recent years, but the situation is being closely monitored. There has been preliminary discussion regarding a Patcham flood defence scheme, following receipt of money from an Environment Agency grant. Patcham residents are in contact with BHCC staff, and developments are being monitored.

BHCC Housing

- 4.35 The team has responsibility for the City's stock of social and sheltered housing, and a shelter under the Severe Weather Emergency Protocol (SWEP – temperature below minimum for 48 hours). Recently this has been extended to include heavy rain, and includes the notion of 'No 2nd night out'.

BHCC Children's Services

- 4.36 The importance of involving Children's services in preparedness and health protection is (particularly in order to reach City schools) is recognised. Schools closures have a clear impact on the city, and support to business continuity planning in educational settings is available. Very recently, a departmental representative has been identified to attend the Health Protection Forum and it is hoped this will result in further opportunities to coordinate city winter planning.

Brighton & Hove Energy Services Co-operative

- 4.37 BHESCo is planning to improve resident's thermal comfort this winter by providing information and taking action, especially targeting vulnerable people in hard to treat homes, thereby reducing the potential for EWD's.
- 4.38 They will be delivering outreach to consumers to help them reduce their energy costs through action on tariffs, switching energy supplier and take up of energy efficiency offers. Targets involve

delivery of training sessions and advice sessions. They are working with local councillors in their constituencies to arrange energy advice clinics where they will review people's energy bills, ensure that people who qualify are listed on the priority services register and speaking to them about draughts and the thermal comfort of their homes. They have some funding to pay for simple measures like weather stripping, secondary glazing film, energy meters and radiator reflectors. If opportunities for loft insulation top ups are identified or where they can get more funding, they will do that as well.

- 4.39 Other Areas of housing-related concern include the elderly, vulnerable and socially isolated. There are good links to other BHCC departments and other stakeholders. There is also a temporary accommodation and homeless team. In times of severe weather etc, the team is committed stop non-urgent work and to re-deploy housing officers to other services who need extra support. The BHCC contractors Mears & PH Jones run out of hours services. They maintain winter contingency stock including heaters etc. Out of hours the duty housing officer is contactable via the Emergencies and Resilience Team or via Carelink.

BHCC Emergencies and Resilience Team / Public Health resilience

- 4.40 BHCC has sold the Hove Park Depot and stocks of winter grit etc are likely to be located at the Stanmer Park depot. Transport hub arrangements have been reviewed.
- 4.41 The B&H Transport Hub results from an agreed arrangement between partners to support BHCC in running a hub facility during periods of severe weather. This will:
- Ensure an overview is maintained on weather conditions.
 - Liaise with the BHCC Highways department and media sources to understand the impacts of the severe weather on the cities road's.
 - Understand the implications of the weather falling on roads on transport providers including buses and taxis.
 - Coordinate available 4 x 4 resources (including via the NHS MOU with Sussex 4x4 Response), from partner organisations (incl BRC as below) and local community volunteers and
 - Match local prioritised tasking's for 4x4's against 4x4 availability.
- 4.42 The transport hub is managed and staffed via the agreement, and by an operational document. Both of these have been updated for this coming winter, and the BHCC list of 'I can help' volunteers will also be updated.

NHS Brighton & Hove CCG and NHS Providers

- 4.43 The primary care team at BH CCG have been asked to urge GP practices to obtain a stock of grit / salt if not already held, via 'Primary Care News'.

Seasonal Flu - Immunisation of at risk groups

- 4.44 The CCG is engaged with all key agencies to ensure preparedness for the 2014/15 flu season, and to improve the local uptake of the flu vaccine. Last year Brighton and Hove achieved an uptake in rates but an improvement is still needed. The responsibility for commissioning flu vaccination programmes has passed to the NHS Area Team, and we maintain close contact with them through our public health links.
- 4.45 The CCG has recognised that the efforts of previous years were not as successful as were wished, and has now agreed to fund further investment through enhancement of the Directly Enhanced Service which should provide additional nursing staff to target people who are housebound and who are most likely to miss out through their mobility problems.
- 4.46 Building on work from last year, the NHS England Area team is maintaining the vaccination programme in key hospital settings for patients with long term conditions. Monitoring of vaccine ordering in primary care is being carried out, and we are looking for their assurance that the process is working successfully.
- 4.47 Flu publicity will be led by Public Health England and Brighton and Hove City Council with a national campaign being distributed locally.

Immunisation of frontline staff

- 4.48 Main providers with the system are expected to deliver a significant improvement in staff vaccination rates this year moving towards a compliance rate of 75% for 2014.
- 4.49 Last year's rates were not at these levels, and every provider in the LHE is aware of the need to do more in this area, as having staff vaccinated reduces their own vulnerability, increases the resilience of the provider, and reduces the threat of transmission to patients. Staff vaccination programmes are in place across local provider organisations. Although uptake will be monitored by NHS England, we are also planning to monitor local providers via the Urgent Care Task Forces and Performance and Quality Boards.

4.50 Working in partnership with the local authority, we are also encouraging all Care Homes with Nursing to vaccinate their residents this year. The City Council has made arrangements with the Healthy Living Pharmacies for their directly employed frontline staff to be offered vaccination. The negotiated rate per vaccine will also be available for staff of other private health and social care organisations if their employers chose to use the service.

British Red Cross

4.51 BRC has agreed to link with BHCC and other local services and support them during periods of bad weather over winter. BRC has a dedicated hove based 4x4 land rover. This is to ensure delivery of warm packs and has been used over the last couple of years to provide the ability to reach all areas of Brighton and Hove, no matter how much snow there is.

4.52 BRC have agreed that IC24 Adult Social Care and other existing B&H support services could make use of it if needed. This could be accessed direct, or via the BHCC run transport hub, when operating.

4.53 Other BRC Provision Winter Provision available in B&H:

- At any time day or night for emergency response, call the 24 Emergency Response Messaging service. This will mobilise staff and volunteers as required, 24/7/365 to support people in crisis and depending on what the situation is, if BRC can help, they will respond.
- In addition to the 4x4 land-rover (see above), BRC can also call on (slightly further afield) a variety of support / welfare vehicles for catering and emotional support.
- The basic “offer” to B&H is to provide practical and emotional support, work in Rest Centres, providing transportation during bad weather and home welfare checks on vulnerable individuals.
- BRC can also provide blankets, hot drinks etc and man power.
- If made aware of a longer term failure of infrastructure or facilities, then we may be able to call in our dedicated communications or catering units to provide operational support to large groups of people.

Section B - Brighton and Hove NHS / LHE Operational Resilience & Capacity Planning.

4.54 The Operational Resilience and Capacity Plan (ORCP) is a detailed plan for the local health and social care system around the Brighton

and Sussex University Hospitals NHS Trust (BSUHT) and the City's health and social care system. Whilst it focuses primarily on Brighton and Hove, it is also cross referenced with plans developed by our neighbouring CCGs in Horsham and Mid Sussex and High Weald Lewes Havens.

- 4.55 It replaces what were previously known as surge or winter plans and has been developed in response to national guidance. The aim of the plan is to ensure planned or elective as well as urgent care services operate as effectively as possible in delivering year round services for patients.
- 4.56 The plan is structured in two parts – urgent care and planned care and describes for each area the issues affecting those areas and plans to address them informed by expected changes in demand or levels of pressure throughout the year. The key objectives of the plan are to ensure sustainable delivery of the two national NHS service standards i.e. the 4 hour A&E standard and 18 weeks for referral to treatment for planned care.
- 4.57 It has been informed by national good practice guidance but also local reviews and improvement plans including a whole system review facilitated by the Emergency Care Intensive Support Team (ECIST) in July and the recent Care Quality Commission (CQC) visit to BSUH.
- 4.58 The plan also makes reference to cold weather and flu plans described above.
- 4.59 With regard to urgent care, the plan recognises that to build a sustainable system we need to significantly change our models of care consequently much of the work is aligned to the Better Care Programme. The plan also recognises however, that whilst transformation is underway, we will need some extra capacity in the short-term. This is built into the plan, for example, in the form of additional acute and community bed capacity over the winter period.
- 4.60 The local system has a strong record of achieving the national 18 week referral to treatment standard. Last year 96% of non-admitted and 93% of admitted patients waited less than 18 weeks from referral to treatment.
- 4.61 Recently however performance has deteriorated and a backlog of patients waiting has developed. In September performance was at 90.5% of non-admitted and 85.7% of admitted patients waiting less than 18 weeks.

- 4.62 The planned care element of the ORCP describes how BSUH will achieve the required 18 weeks standard from 1st December. This includes running additional elective activity internally i.e. at weekends within BSUH and the outsourcing of some activity to local independent sector providers during October and November.
- 4.63 The local system has been allocated non recurrent resilience funding to support delivery of the ORCP for planned and urgent care. This includes the following:

| Funding Source | £m |
|--|-------------|
| 1 st Tranche Urgent Care Resilience Funding | 1.8 |
| 2 nd Tranche Urgent Care Resilience Funding | 3.8 |
| Referral to Treatment Times funding | 1.97 |
| Total | 7.57 |

- 4.64 Alongside this resilience allocation, a number of other sources of funding have been used to support the plan including funds generated from the application of contractual rules to the acute contract, and other CCG non recurrent funds. A more detailed breakdown of the how the resilience funding and other sources as described above are being used to deliver the plan is attached as a supporting document to this report.
- 4.65 Delivery of the ORCP is supported by a revised governance structure. As required by national guidance, the current Urgent Care Working Group (UCWG), a chief officers group with oversight of the urgent care system, has changed its terms of reference to become a System Resilience Group (SRG). This group now has oversight of planned and urgent care services and ensuring appropriate links with Better Care programmes.
- 4.66 The SRG will be more strategic in its approach and have expanded membership including more clinical leaders and provider representatives across the system e.g. the independent care home sector. It will also be supported by a Project Management Office to ensure that all plans are on track and are delivering the required benefits.
- 4.67 A number of high level risks to delivery of the plan have been highlighted and these are monitored at the SRG. They include:

| Risk | Mitigation |
|---|---|
| Delivery of the overall plan given its scale and complexity | Revised terms of reference for SRG and robust support governance structure including Project Management Office (PMO) approach to delivery of work streams |
| Workforce – inability to recruit additional staffing to deliver required additional/new services and/or detrimental effect on existing services | Development of a workforce map of new additional staffing and mitigation plans to ensure that we are able to deliver the commitments in the plan HEKSS Partnership Council to support medium to longer term workforce planning across transformation programmes in Sussex |
| Impact – that the plan will not have the desired impact in terms of system resilience and improvement in service standards such as 4 hour wait in A&E | Development of KPIs and outcomes for each work stream Rigorous monitoring of the impact of each work stream to ensure they are achieving required impact. Escalation route to SRG if work streams not delivering |
| Insufficient focus on the transformational programmes | SRG explicit commitment to maintain focus and pace on initiatives that deliver sustainable improvement All work streams subject to same governance progress |

4.68 Whilst it is early days, we have seen improvement in the acute trusts performance against the 4 hour standard i.e. for the week ending 23rd November it achieved 91.9% against a trajectory of 89.1%.

Report Conclusions.

4.69 Taken together, the City’s winter planning arrangements and NHS ORCP develop preparedness arrangements following the 2009 / 10 winter scrutiny report, and ensure that agreed arrangements are in place to prepare the City and Local health Economy for ‘winter’. These arrangements are in line with the national CWP and are supported by Sussex multi-agency contingency resilience arrangements under the Civil Contingencies Act and other legislation.

4.70 The Health Protection Forum and the health and Wellbeing Board are asked to note this report.

5. Important considerations and implications

5.1 Legal

- 5.1.1 The Civil Contingencies Act 2004 governs UK resilience. It places duties on NGS Providers and the City Council as 'category 1 responders' under the Act. The CCG is a category 2 responder, with duties to share information with other responders. The CCG is also required by NHS England EPRR framework, to 'support' its 'Area Teams' in managing 'local' EPRR matters.
- 5.1.2 The Local Authority has a range of relevant legal duties for instance in the provision of Highways gritting services.
- 5.1.3 The Public Health England national Cold Weather Plan 2014¹⁰ contains details of guidance and expectations of health and other systems in order to prevent and reduce numbers of EWD's.

Legal comments from Elizabeth Culbert 28.11.14

5.2 Finance

- 5.2.1 Financial Costs incurred in connections with the arrangements detailed within this paper are drawn from existing budgetary arrangements agreed by the City Council and NHS Commissioners and providers.

5.3 Equalities

- 5.3.1 There are no equalities implications envisaged in connection with the implementation of these arrangements, which have been drawn up planned and implemented with the aims of protecting the community and reducing cold weather related threats to vulnerable people.

5.4 Sustainability

- 5.4.1 Both the City Council and partners from the Local Health Economy are keenly aware of sustainability issues. There are no perceived negative sustainability implications associated with this report and the documents and plans it draws from.

5.5 Health, social care, children's services and public health

- 5.5.1 These areas are covered within the above sections.

¹⁰ <https://www.gov.uk/government/publications/cold-weather-plan-for-england-2014>

6. Supporting documents and information

1. Brighton & Hove Local Health Economy Cold Weather Plan 2014 (Not attached);
2. BSUH LHE Operational Resilience and Capacity Plan (Not attached);
3. Summary of ORCP Resilience Funding (Attached).
