



Report of: Director of Public Health

Health and Wellbeing Board	Date:	Ward(s):
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SUBJECT: Islington's Health and Care System Winter Plan and Covid-19 Preparedness 2020-21

1. Synopsis

- 1.1 The accompanying report sets out the local health and care system's plan for this upcoming winter and for COVID-19 preparedness. The plan seeks to provide assurance to the Health and Wellbeing Board on the health and care system's ability to meet the predicted seasonal demands of winter and expected Covid-19 pressures, without compromising the quality of care and maintaining good patient experience.
- 1.2 The plan summarises local system developments that aim to reduce emergency attendances and hospital admissions by providing accessible community alternatives; reducing occupancy and length of stay by improving systems and processes within the acute trust; and reducing delays in discharge by providing appropriate community capacity. It also summarises the system's preparedness in responding effectively to a potential Covid-19 resurgence.

The final section of the attached report briefly sets these health and care system plans within the context of a developing programme of work across the Islington borough partnership to prevent and control COVID-19, protect and build community resilience and keep residents safe.

2. Recommendations

- 2.1 To note and discuss the Islington's Winter and Covid-19 preparedness plan for the local health and care system.

3. Background

3.1 On 30 January NHS England and NHS Improvement declared a Level 4 National Incident, triggering the first phase of the NHS pandemic response.

Since then the NHS has been able to treat every coronavirus patient who has needed specialist care – including 107,000 people needing emergency hospitalisation. Even at the peak of demand, hospitals were still able to look after two non-Covid-19 inpatients for every one Covid-19 inpatient, and a similar picture was seen in primary, community and mental health services.

As acute Covid-19 pressures were beginning to reduce, measures for the second phase were published on 29 April, instructing the restarting of urgent services.

On 19 June 2020 the Chief Medical Officers and the Government's Joint Biosecurity Centre downgraded the UK's overall Covid-19 alert level from four to three, signifying that the virus remains in general circulation with localised outbreaks likely to occur.

On 17 July the Government set out next steps including the role of the new Test and Trace programme in providing us advance notice of any expected surge in Covid-19 demand, and in helping manage local and regional public health mitigation measures to prevent national resurgence.

NHS England and NHS Improvement set out the third phase of the NHS response to Covid-19 in a letter to all NHS organisations, GP practices and providers of community health services, on 31 July 2020. The letter outlined the NHS priorities from August with key areas of focus, including:

- Accelerating the return to near-normal levels of non-Covid health services, making full use of the capacity available in the 'window of opportunity' between now and winter
- Preparation for winter demand pressures, alongside continuing vigilance in the light of further probable Covid spikes locally and possibly nationally.
- Doing the above in a way that takes account of lessons learned during the first Covid peak; locks in beneficial changes; and explicitly tackles fundamental challenges including: support for our staff, and action on inequalities and prevention.

3.2 Preparation for winter alongside possible Covid-19 resurgence

NHSE/I asked local systems to continue to follow good Covid-19 related practice to enable patients to access services safely and protect staff, whilst also preparing for localised Covid-19 outbreaks or a wider national wave. This includes:

- Continuing to follow PHE's guidance on defining and managing communicable disease outbreaks and policies on which patients, staff and members of the public should be tested and at what frequency including a potential regular routine Covid testing of all asymptomatic staff across the NHS.
- Ongoing application of PHE's infection prevention and control guidance to minimise nosocomial infections across all NHS settings, including appropriate Covid-free areas and strict application of hand hygiene, appropriate physical distancing, and use of masks/face coverings.
- Ensuring NHS staff and patients have access to and use PPE in line with PHE's recommended policies, drawing on DHSC's sourcing and its winter/EU transition PPE and medicines stockpiling.

3.3 In response to the national guidance the Islington system has developed a joint winter plan summarizing our efforts in:

- Sustaining current NHS staffing, beds and capacity
- Delivering an expanded seasonal flu vaccination programme for priority groups, including providing easy access for all NHS staff promoting universal uptake. Mobilising delivery capability for the administration of a Covid19 vaccine if and when a vaccine becomes available.
- Expanding the 111 First offer to provide low complexity urgent care without the need for an A&E attendance, ensuring those who need care can receive it in the right setting more quickly. This includes increasing the range of dispositions from 111 to local services, such as direct referrals to Same Day Emergency Care and specialty 'hot' clinics, as well as ensuring all Type 3 services are designated as Urgent Treatment Centres (UTCs).
- Maximising the use of 'Hear and Treat' and 'See and Treat' pathways for 999 demand, to support a sustained reduction in the number of patients conveyed to Type 1 or 2 emergency departments.
- Continuing to work with local authorities, on resilient social care services, ensuring that those medically fit for discharge are not delayed from being able to go home as soon as it is safe for them to do so in line with DHSC/PHE policies.

In addition to the attached Winter and Covid-19 preparedness plan all NHS partner organisations in the system have individual plans that detail their organisational response to the expected surge in demand over the winter period.

3.4 Health and care system planning and preparedness for winter and for COVID-19 is one, very critical component of a wider set of local plans and activities focused on containing the spread of COVID-19, protecting the health and wellbeing of the population and supporting our communities during this next phase of the pandemic. The attached report also briefly describes the work underway to strengthen Islington's COVID-19 Outbreak Prevention and Control Plan, which was published on 30th June. Work continues across Islington Council and with a broad range of NHS and other partners to develop and implement a broad range of activities and programmes focused on preventing and mitigating the impact of COVID-19 on our residents and enhance our resilience for winter.

4. Implications

4.1 Financial Implications:

There are no financial implications arising from this report. The measures and recommendations proposed in this report are not currently quantifiable. Any recommendations from this report, if adopted, will need to be expanded upon and reviewed with the financial implications assessed.

4.2 Legal Implications:

The Department of Health and Social Care (non-statutory) guidance issued on 18 September 2020 is aimed at Local Authorities ("LAs"), NHS organisations, care providers and the CQC. The Government's three overarching priorities for adult social care are described as:

1. Ensuring everyone who needs care or support can get high-quality, timely and safe care throughout the autumn and winter period.
2. Protecting people who need care, support or safeguards, the social care workforce, and carers from infections including Covid-19.
3. Making sure that people who need care, support or safeguards remain connected to essential services and families whilst protecting individuals from infections including Covid-19.

4.3 **Environmental Implications and contribution to achieving a net zero carbon Islington by 2030:**

Some aspects of the plan will have environmental impacts additional to business as usual. These include extended opening hours of primary care establishments and expanded vaccination schemes (more supply chain impacts and clinical waste generation). However, some aspects will reduce environmental impacts, including greater use of remote monitoring

4.4 **Resident Impact Assessment:**

Please retain this standard paragraph and add relevant text about specific impacts and mitigation below:

The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

5. **Conclusion and reasons for recommendations**

- 5.1 The Health and Wellbeing Board is asked to note and discuss Islington's Winter and Covid-19 preparedness plan for the local health and care system.

Appendices

- Islington's Winter Plan and Covid-19 Preparedness 2020-21

Background papers:

- None

Signed by:



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