

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

11 OCTOBER 2023

PLANNING FOR WINTER

Summary

1. The Health Overview and Scrutiny Committee (HOSC) has requested a progress report on Winter Planning and winter preparedness including the national requirements and the local response for the Winter of 2023/24.
2. Representatives from NHS Herefordshire and Worcestershire Integrated Care Board (HWICB), Worcestershire Acute Hospitals NHS Trust (WAHT), Herefordshire and Worcestershire Health and Care NHS Trust (HWHCT) and Worcestershire County Council (the Council) have been invited to attend this meeting.

Background

3. The HOSC has previously been updated about NHS winter planning, and the last discussion on 1 December 2022 (see background papers) focussed on work around patient flow.
4. Each year NHS organisations take stock and plan for the likelihood of a surge in emergency attendances and admissions caused by the cold weather. This is described as Winter Planning.
5. All partner organisations in the Worcestershire system have engaged in the discussions and preparation for winter. HWICB coordinates the winter planning response, which involves forecasting the likely impact of cold weather on emergency services and mobilising schemes or improvements across health and social care to ensure that patient safety and access to clinical care is available.
6. This report outlines the national requirements and the local response for the Winter of 2023/24. The Winter Plan is aligned to the system plan on improving flow that was presented to the HOSC on 15 June 2023.

NHS England (NHSE) Requirements of Winter Planning

7. This year, NHSE has identified and described ten areas that are considered to contribute to effective patient flow and emergency response this winter. The ten impact areas are broader than emergency care in a hospital setting, recognising that the whole urgent and emergency care system in a community needs to be coordinated and aligned.
8. These areas are:
 - **Same Day Emergency Care (SDEC):** This is an area of an Acute Hospital that sees people for urgent assessments without the need for a hospital admission. A relatively new way of working, people are seen by SDEC if their presentation is not an emergency.

- **Frailty:** Two aspects to this work - reducing variation in acute frailty service provision and improving recognition of cases that could benefit from specific frailty services and ensuring referrals to avoid admission.
- **Inpatient flow and length of stay (acute):** Reducing variation in inpatient care and length of stay by implementing in-hospital efficiencies and bringing forward patient discharge processes for 'pathway 0' patients (people who can be discharged without reablement or intermediate care support and return home to their usual place of residence).
- **Community bed productivity and flow:** Reducing variation in community hospital inpatient care and length of stay by implementing in-hospital efficiencies and bringing forward patient discharge processes.
- **Care Transfer Hubs:** Implementing a standard operating procedure and minimum standards for care transfer hubs to reduce variation and maximise access to community rehabilitation and prevent re-admission to a hospital bed. This will support patients that have been treated in a hospital outside their community and ensure that local services are aware and commence interventions when the patient returns.
- **Intermediate care demand and capacity:** Supporting the operationalisation of ongoing demand and capacity planning, including through improved use of data to improve access to and quality of intermediate care, including community rehabilitation beds.
- **Virtual Wards (hospital at home):** Standardising and improving care across all virtual ward services to improve the level of care to prevent admission to hospital and improve discharge. Virtual Ward is health oversight and monitoring of a patient after the patient leaves hospital and returns home (or oversight and monitoring at home to avoid hospital admission).
- **Urgent Community Response:** Increasing volume and consistency of referrals to improve patient care and ease pressure on ambulance services and avoid unnecessary admission. Community services receive referrals and demonstrate an ability to respond to the needs of the person, usually within 2-hours.
- **Single point of access:** Driving standardisation of urgent integrated care coordination which will facilitate whole system management of patients into the right care setting, with the right clinician or team, at the right time.
- **Acute Respiratory Infection Hubs:** Support consistent roll out of services, prioritising acute respiratory infection, to provide same day urgent assessment with the benefit of releasing capacity in Emergency Departments and general practice to support system pressures.

Local Planning

9. Winter planning events hosted by HWICB have taken place during June 2023 in Herefordshire and Worcestershire locations to enable collaborative working, with representatives from Healthwatch, the Council, NHS organisations and the voluntary sector. The lessons from last year and feedback from staff were used to identify areas to focus on for improvement.
10. NHSE required a narrative, otherwise known as a winter plan, to be submitted during September 2023. The narrative was supplied, and produced with engagement of all partner organisations, in response to the key lines of enquiry set out by NHSE. Feedback is anticipated during October 2023.

11. Following on from the NHSE submission, a short summary of the narrative is being developed to share with organisations, as a 'Winter Plan', which will be shared with the HOSC when available. The detail of the Winter Plan in relation to Worcestershire is outlined in the following section of this report (Worcestershire Winter Plan). Oversight of the Winter Plan and its activities is monitored by the Integrated Care System (ICS) Urgent and Emergency Care Programme Board. Delivery of the activities associated with Worcestershire urgent and emergency care system is coordinated through the Worcestershire Home First Committee (with representatives from Health and Social Care).
12. To support the coordination required across the system, the System Control Centre is in operation 7 days a week. This is one Centre across the ICS to manage urgent and emergency care escalation and oversee the impact of Industrial Action. This is coordinated by HWICB.

Worcestershire Winter Plan

13. The focus of the Winter activities can be categorised into three workstreams:
 - Significant focus on delivery of the urgent and emergency care 'recovery plan' by ensuring high-impact interventions are in place with a specific focus on system flow, single point of access and virtual wards as areas of development
 - Operational and surge planning
 - Effective system working across all parts of the system demonstrated by collaborative system approach to Winter Planning and place-based and ICS wide engagement and planning events focusing on the 10 High Impact Actions.
14. During Winter this year, the new Emergency Department at Worcestershire Royal Hospital will open. Extensive work is taking place to test the new area before it opens. Hospital flow is also a key priority by Worcestershire Acute Hospitals NHS Trust (WAHT), with a specific focus on same day emergency care and effective hospital discharges. Of note, is the development of a new speciality medicine model (linked to the same day emergency care) and improvements to hospital at night. For patients, the aim is that they will experience the right care in the right place, regardless of what day or time they attend. Furthermore, twenty additional beds will be opened from October 2023 to March 2024 to support the increase in demand. The launch of the 'Home for Lunch' campaign will commence in November 2023, with a public and staff campaign emphasising the importance of an early discharge of patients.

15. In the community, further care pathways are being added to the successful community response service, run by HWHCT. The service will embed palliative care senior nurses to provide advice for care homes, paramedics and other health care professionals to support patients who are in their last days of life to remain within their usual place of residence. The Service will also look to embed a paramedic into the hub to coordinate response with the ambulance service and attempt to further reduce long lies from people fallen at home. Joint work will take place with the 'Safe and Well Hospital Discharge Service' (led by Voluntary Community and Social Enterprise) to enable both faster facilitated discharges and support admission avoidance where appropriate.
16. For people requiring intermediate care or rehabilitation, an additional twenty beds will be available this winter in the community hospitals. The HWICB and the Council, via the Better Care Fund, jointly fund four placements of a wraparound service, enabling early discharge of patients to their home setting with short-term live-in care support. However, with winter pressures, it has been jointly agreed that an expansion of this service to accommodate six short-term placements, supported by a social worker will greatly aid flow during this time. Longer term, agreement has been reached to fund a contract of 2 years (plus one as required) for up to 10 placements.
17. Care Homes are being targeted this Winter. Data is being reviewed, using the last 12 months of urgent and emergency data from those care homes where there are high numbers of 999 calls and low numbers of ambulance conveyances. The reasons for calls will be reviewed, the training opportunities for the Home will be discussed and support will be provided to the Home to increase understanding of whether other services could be contacted, rather than assuming hospital attendance is the only option. Ease of access to a GP will be improved, with direct access through the urgent community response team. One of the areas of interest is falls, with nursing homes offered training on iSTUMBLE (An App used to assess whether to get someone off the ground), review of equipment and falls lifting policies.
18. Some of the developments are anticipated to extend and continue beyond Winter. For example, the recently developed Frailty Strategy states a commitment to improve patient experience and outcomes by improving access to treatment to the community via prevention activities, Proactive Care & Virtual Ward delivery.
19. Coordination is to be improved this year, with a Single Point of Access being set up from 1 December 2023 to aid the use of the most appropriate service and 'book' patients to be seen. This will include access to specialist advice, advice to paramedics before they convey patients to hospitals and booking into services in the community and in a hospital/hospice.
20. Immunisations have commenced, both of Flu and Covid-19, with the programme running until mid-December. This is being delivered by General Practice and Community Pharmacies, supported by GP Federations. Furthermore, two treatment vehicles have been secured and use of community venues to target underserved communities, people that are unregistered with a GP and those who may struggle to access services. Frontline health and social care staff will be offered both vaccinations.

Conclusion

21. The impact of all the activities has been analysed, particularly in terms of hospital admissions and the pressure on hospital beds. The results indicate that this year, the schemes will impact positively on the use of hospital beds and more appropriate use of community services. The performance ambitions indicate that there will be a drive to discharge 25% more patients earlier in the day, that the length of stay in hospital will be shorter and utilisation of 'same day emergency care' will increase by 10%.
22. Throughout the Winter, reviews and audits are planned to monitor the impact of the Winter activities and adapt activities accordingly. External support such as NHSE is being used to test and challenge the progress made.
23. Planning for Winter is an annual process, building on the urgent and emergency care improvements underway throughout the year. Extreme weather conditions and the prevalence of infectious diseases cannot always be accurately forecast, however the year-on-year demand for urgent and emergency care increases from October to March are well established assumptions.
24. This year, the planning for Winter commenced early, with good inter-agency engagement and system coordination.

Purpose of the Meeting

25. The HOSC is asked to:
 - consider and comment on the information provided on winter planning; and
 - determine whether any further information or scrutiny on a particular topic is required.

Contact Points

Chris Cashmore, Urgent Care Lead (NHS Herefordshire and Worcestershire),
christopher.cashmore@nhs.net

Emma James / Jo Weston, Overview and Scrutiny Officers, Tel: 01905 844964 / 844965
Email: scrutiny@worcestershire.gov.uk

Background Papers

In the opinion of the proper officer (in this case, the Assistant Director for Legal and Governance) the following are the background papers relating to the subject matter of this report:

Agenda and Minutes for the Health Overview and Scrutiny Committee on 15 June 2023 and 1 December 2022

[Web link to HOSC Minutes and Agendas on the Council's Website](#)