



Meeting name:	NHS West Yorkshire Integrated Care Board
Agenda item no.	8a
Meeting date:	16 January 2024
Report title:	Update - Winter planning 2023/24
Report presented by:	Anthony Kealy, Locality Director, NHS England
Report approved by:	Anthony Kealy, Locality Director, NHS England
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Purpose and Action			
Assurance <input checked="" type="checkbox"/>	Decision <input type="checkbox"/>	Action <input type="checkbox"/>	Information <input checked="" type="checkbox"/>
Previous considerations:			
<p>Winter Planning updates have been considered by:</p> <ul style="list-style-type: none"> West Yorkshire Integrated Care Board (ICB) on 19 September 2023 and 21 November 2023 			
Executive summary and points for discussion:			
<p>This paper builds on the previous winter planning updates at the September and December 2023 Board meetings. It provides an update for the Board on the progress of our plans and activities to continue building our resilience to manage the seasonal operational pressures this winter and the impact of industrial action.</p> <p>The paper provides updates on the four areas of focus highlighted in national guidance in preparing for winter 2023/24:</p> <ul style="list-style-type: none"> To continue to deliver on the Urgent and Emergency Care Recovery Plan by ensuring high-impact interventions are in place; To complete operational and surge planning to prepare for different winter scenarios; To ensure effective system working across all parts of the system including the implementation of system co-ordination centre policy and the new Operational Pressures Escalation Level framework; and To supporting our workforce to deliver over winter. 			
Which purpose(s) of an Integrated Care System does this report align with?			
<input checked="" type="checkbox"/> Improve healthcare outcomes for residents in their system <input type="checkbox"/> Tackle inequalities in access, experience, and outcomes <input type="checkbox"/> Enhance productivity and value for money <input type="checkbox"/> Support broader social and economic development			

Recommendation(s)
The Board is requested to: <ul style="list-style-type: none"> receive assurance on the progress against the winter plans building our capacity and resilience for the coming winter and to meet the national NHS England winter policies and requirements and the impact of Industrial Action.
Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:
The paper does not relate to any specific risks in the corporate risk register.
Appendices
1. UEC Recovery Plan - High Impact intervention priority areas
Acronyms and Abbreviations explained
All acronyms and abbreviations are explained in full in the paper.

What are the implications for?

Residents and Communities	The winter plan supports health and care services to build capacity and operational resilience for winter for the benefit of patients and service users.
Quality and Safety	The winter plan includes several initiatives and interventions that which support on the quality and safety of patient services including vaccinations programmes, increasing capacity and managing system risk.
Equality, Diversity and Inclusion	No direct implications
Finances and Use of Resources	Additional funding for winter has been built into the systems overall operational plan to enhance resources and provide extra resilience during the historic challenges of the winter months
Regulation and Legal Requirements	No direct implications
Conflicts of Interest	No direct implications
Data Protection	No direct implications
Transformation and Innovation	No direct implications
Environmental and Climate Change	No direct implications
Future Decisions and Policy Making	No direct implications
Citizen and Stakeholder Engagement	No direct implications

1. Introduction

- 1.1 This paper builds on previous updates on planning and preparation for winter presented at the West Yorkshire Integrated Care Board's (ICB) meetings on 19 September and 21 November. It provides a further update on the progress and continued activities to build our resilience to manage the seasonal operational pressures this coming winter and the impact of the industrial action.

2. National focus areas

- 2.1 In July NHS England (NHSE) published guidance on the national approach to 2023/24 winter planning, setting out four areas of focus for systems to help prepare for winter:
- To continue to deliver on the Urgent and Emergency Care (UEC) Recovery Plan by ensuring high-impact interventions are in place;
 - To complete operational and surge planning to prepare for different winter scenarios;
 - To ensure effective system working across all parts of the system including the implementation of System Co-ordination Centre (SCC) policy and the new Operational Pressures Escalation Level (OPEL) framework; and
 - To support our workforce to deliver over winter.

3. UEC Recovery Plan – High Impact Interventions

- 3.1 In July 2023 NHSE launched a [universal support offer](#) aligned to the [UEC recovery plan](#), building on learning from and feedback on last year's Winter Improvement Collaborative. Within the offer NHSE identified 10 evidence-based high-impact interventions key to improving resilience in winter.
- 3.2 Partners in all our places across the ICS continue to focus on their priority areas following their self-assessment. In November we conducted a re-assessment which shows steady progress across the majority of areas and our place-based ambitions for 2024/25. (See Appendix 1).
- 3.3 We can confirm that there will be nine Acute Respiratory Infection Hubs, increasing to 10 by March 2024.

4. Operational and surge planning for different winter scenarios

- 4.1 In March 2023 the ICB completed a detailed operational planning process for 2023/24 which included plans for additional capacity to support winter challenges. Winter funding was also built into the plans supporting both UEC services and discharge to improve flow across systems.
- 4.2 There have been two reviews of these plans, in September and November 2023. The September review was focused on general and acute (G&A) bed capacity. We confirmed through this process that no changes were required to planned numbers of core G&A or escalation beds across West Yorkshire trusts. Through the winter to date the number of core G&A beds available across West Yorkshire has in line with, or higher than these plans.
- 4.3 The November review was part of the wider rapid review of financial and operational plans in response to the allocation of additional national funding as a result of the impact of industrial action. It provided the opportunity for acute trusts to review several of their trajectories based on current performance.
- The four-hour system Accident and Emergency (A&E) performance;
 - The cancer 62-day backlog position;
 - The cancer Faster Diagnosis standard;
 - General and Acute core and escalation bed capacity growth;
 - Virtual ward capacity and utilisation;
 - Ambulance Category 2 average response time, handover average delay, and hours on the road;
 - Elective care – reducing long waits;
 - Intermediate care capacity.
- 4.4 Through this rapid review process, we have confirmed previous commitments on these measures, with some minor amendments.
- Four-hour A&E Performance - Two Trusts, Airedale NHS Foundation Trust (AFT) and Bradford Teaching Hospitals NHS Foundation Trust, have adjusted their trajectories. The adjusted plans are above the 76% threshold set in the annual planning guidance.
 - Ambulance Metrics – Yorkshire Ambulance Service NHS Trust (YAS) has adjusted its trajectory for average Category 2 response time from 29 minutes to 33 minutes. This is outside the national planning target of 30 minutes. YAS has also reduced its trajectory for the total number of hours on the road. The position for March

2024 has reduced from 11,746 to 11,032 as a result of staff recruitment, training and hours lost to handover delays across Yorkshire. We continue to discuss further actions that can be taken across the system to achieve further improvements in these areas.

- Elective Care – reducing long waits. Thanks to additional work by colleagues in Leeds Teaching Hospitals NHS Trust (LTHT) and AFT we now plan to have no 78-week waits across West Yorkshire. We continue to consider how we reduce 65-week waits, as our plans have been directly affected by Industrial Action. Up to 150 people may be waiting over 65 weeks in LTHT, due to a mix of complex cases and capacity issues in specific specialties. The West Yorkshire Association of Acute Trusts (WYAAT) is working to identify whether there are any opportunities further improvements in these areas as a result of mutual aid or transfers of activity between providers.

- 4.5 One of the scenarios which partners have planned for was further industrial action. After a period of almost two months without industrial action, the Junior Doctors' Committee of the British Medical Association (BMA) called two periods of strike action within two weeks, one in late December 2023 followed by an unprecedented six-day strike which began on 3 January.
- 4.6 All NHS providers in West Yorkshire have worked hard to ensure that urgent and emergency care, and other essential services, remained in place through both strike periods to keep people safe.
- 4.7 At the time of writing providers had largely filled their consultant cover rotas for the first days of the January strike and were working to fill a small number of gaps over the weekend. No provider expected that they would need to seek an exemption from the BMA for junior doctors to be allowed to cover shifts to avoid a critical patient safety concern. (The Board will be advised verbally on whether this position subsequently changed, eg as a result of sickness absence).
- 4.8 Partners have continued to work together to provide support and mutual aid where possible. As part of the system co-ordination arrangements the ICB convened a number of touchpoint meetings on each strike day to allow providers to update on the operational situation, escalate any concerns and make any requests for mutual aid.
- 4.9 The period of strike action in late December passed without serious incident. The Board will be updated verbally on the extent to which the preparations that went on through the Christmas and New Year period for the strike beginning on 3 January were equally successful, recognising the higher level of risk.

5. Effective System Working

- 5.1 The introduction of the revised System Co-ordination Centre (SCC) policy and the implementation of a new 2023/24 Operational Pressures Escalation Level (OPEL) framework for acute hospital trusts will support co-ordinated interventions across the ICS on key systemic issues that impact on patient flow, manage risk, and support mutual aid.
- 5.2 The ICB has achieved 100% compliance against the 15 Required Operational Standards (ROS) for the SCC by the national deadline of 1 December 2023.
- 5.3 A key ROS is to have a detailed Standard Operating Procedure (SOP) which set out the SCC's operating model and clarifies the roles and responsibilities across our partnership in delivering the SCC. This includes robust command and control structures in place to manage system pressures and the associated clinical risk both in and out of hours.
- 5.4 To support effective operational management arrangements and ensure we can maintain a timely overview of our system at the most pressured times, the ICB will chair regular system operational co-ordination group (SOCG) meetings as part of the SCC function. During the period of junior doctors' strikes these have been merged with our industrial action command and control structure to avoid duplication.
- 5.5 The Operational Pressures Escalation Level ([OPEL Framework](#) 2023/24) introduced nine parameters which will be measured in a consistent way across all acute hospitals to ensure a systematic approach to the detection, and assessment, of acute site UEC operating pressures.
- 5.6 The ICB implemented the new framework on 4 December, reporting on all nine metrics through the UEC-RAIDR app for all eight acute hospital sites to provide the ICB's OPEL score. The OPEL score is monitored throughout the day, enabling a proactive approach and overall assurance across the ICB and up to region and national.
- 5.7 For the third year the Partnership is running an area wide 'Together We Can' public campaign. This is West Yorkshire's long-term education and awareness campaign to support the public to minimise pressures on UEC services.
- 5.8 This year, the campaign has been scaled back in comparison to previous years but has been designed to maximise the funds to deliver the biggest impact. Activity includes two three-week bursts of regional radio advertising (Heart FM), digital radio advertising and online advertising via the best performing channels (Facebook/YouTube/Google).

- 5.9 A portion of the ICB winter communications budget has been set aside to support WYAAT during times of extreme operational pressures this winter. This will include social media posts to alert the public about extreme pressures, for example only attending A&E in life or limb-threatening emergencies and reinforcing 111 messaging, so helping to relieve pressure on services.
- 5.10 A suite of new campaign graphics has been created and existing materials will continue to be utilised as well as amplifying national messages which will be shared on our own/partners social media channels. A West Yorkshire 'Together We Can' communications toolkit of resources has been shared and all resources are available online.

6. Supporting our workforce

- 6.1 At a time of continued pressure across the NHS the ICB continues to focus on supporting our workforce and ensuring that steps are taken to protect and improve the wellbeing of their workforce across the partnership.
- 6.2 As referred to in the previous papers the ICB has well-established and effective mechanisms and practices to always support staff well-being.
- 6.3 Protecting the public and the health and care workforce against flu and other infectious diseases is vitally important. All Trusts in West Yorkshire continue to offer both flu and Covid-19 vaccinations to their own staff.

7. Prevention – vaccination programmes

- 7.1 The NHS winter flu and Covid-19 vaccination programme continues to provide vital protection to those eligible and their families over winter, keeping people from developing serious illnesses, and helping to minimise hospitalisations during busy winter months.
- 7.2 Both the flu and Covid-19 vaccination programmes for adults were accelerated and commenced in September 23 with the aim to have as many eligible people as possible vaccinated by the end of October. Multiple indicators show that Covid-19 case rates have slightly decreased along with Covid-19 hospitalisations, but we continue to drive awareness and engagement to drive up vaccine figures. Our primary focus continues to be to deliver both Covid-19 and flu vaccinations to all eligible groups and target the most vulnerable and high-risk, hard to reach populations.
- 7.3 Uptake levels are.

Covid-19

- 446,691 vaccinations to 7 December
- Expected uptake 59% by January.

- Achievement to date – average 51%
- Ranges 57.2% to 45.6% at place
- Staff 37%

Flu

- 664,657 vaccinations to 3 December
- Targets vary by cohort
- Achievement – average 45 %
- Staff 43%

7.4 Both the Flu and COVID-19 campaigns continue with the following end dates

- Flu vaccines will be available until 31 March 2024 through GP surgeries and at a pharmacy that offers NHS flu vaccination (for 18 years+)
- The national Covid vaccination campaign is now closed, though there is an additional fund for General Practice and Pharmacies for the 10% most deprived areas to run clinics for positive health behaviours which will include Covid vaccinations.
- Continue to encourage uptake in all vaccinations.

8. Recommendation

8.1 Members of the Board are requested to receive assurance on the progress against the winter plans building our capacity and resilience for winter and meet the national NHS England winter policies and requirements.

Appendix 1

West Yorkshire Integrated Care Board UEC Recovery Plan - High Impact intervention priority areas

Place	High-impact interventions (HII) that systems have chosen to be their priority	Maturity Scores (as per July'23 returns)	Updated Maturity Scores (as of Nov'23)	Projected Maturity Scores (June'24)
Bradford District and Craven	SDEC	4	5	7
Bradford District and Craven	Frailty	4	6	6
Bradford District and Craven	Intermediate care	4	4	7
Bradford District and Craven	ARI	3	4	4
Calderdale	Inpatient Flow	2	2	2
Calderdale	Community beds	5	5	5
Calderdale	SPOA	0	0	0
Calderdale	ARI	2	2	2
ICB Leeds	Inpatient Flow	3	3	4
ICB Leeds	Community beds	5	6	6
ICB Leeds	Intermediate care	3	4	5
ICB Leeds	UCR	4	4	5
ICB Leeds	Virtual Wards	5	5	6
Kirklees Health & Care Partnership	Inpatient Flow	2	2	2
Kirklees Health & Care Partnership	Community beds	4	4	4
Kirklees Health & Care Partnership	SPOA	0	0	0
Kirklees Health & Care Partnership	ARI	2	2	2
MYHT	Frailty	6	6	7
MYHT	Inpatient Flow	3	3	6
MYHT	Intermediate Care	4	4	6
MYHT	SPOA	2	2	4

Winter

January 2024 Briefing

This briefing paper is provided by Healthwatch across West Yorkshire and is a summary of the key messages related to the winter period that Healthwatch across West Yorkshire are hearing from people in their local areas.

1. Communication (of key messages)

People need to know where, when and how they can access information and support to manage their health, particularly during the winter months, and key messages need to be communicated clearly.

“Clear communication about who is open and when - especially if there is a change to opening hours or staffing levels over Christmas and New Years.”

We have heard from people that sometimes messages from healthcare services can be confusing and they are left not knowing where to go if they need to access support for their health during winter. People are worried that services are busy and are not clear where they should go for different health needs or are concerned about putting pressure on an already stretched system so may choose not to access support for their health at all.

“I am aware, and media tell me often enough that health services are over stretched, I feel guilty and uncomfortable ‘taking up’ a doctor’s time. I do understand that further down the line, this could contribute to me needing more medical help.”

We have heard that people do not consistently feel that they have access to the information they need, and if they did, they would feel much more confident about managing their health during winter and accessing healthcare more appropriately if needed.

“Promote free flu jabs and go out to where people are - use community settings. Consider the message of self-care and how we reach all our diverse communities.”

2. Access (to services during winter)

People need to know where they can go to access support during the winter months - this includes information about warm spaces, food bank information, clothes banks, and information and advice services.

Some people have shared that they are worried about a lack of access to services and support during the winter period and have concerns about capacity in healthcare services.

“I worry about falling if it is slippery under foot. I know that services are very busy, and I worry it will be harder to get appointments”.

For some people with pre-existing health conditions, there are concerns that the winter weather will lead to symptoms getting worse and to help with this they will need timely care and treatment.

“My asthma gets worse in the cold weather, and I just carry on as normal with my medication and reduced breathing ability and the tiredness that goes with it. I fear that if I have an exacerbation, I will need to access health services that are delivered via 111 and sent to A&E with its long queues and waiting times.”

“In winter my condition flares to the point of it been unbearable to deal with and I am unable to get any help with cortisone injections that maybe due or have medication issues. I worry that I will lose my small amount of mobility and be isolated from everything”.

People have told us that they worry about accessing their GP when needing treatment and advice, they can have trouble in getting suitable appointments and accessing medication can be a challenge at times.

“It would be much improved if my GP produced repeat prescription items promptly, some have taken over three weeks. Sinus and Ear infections are common during winter months.”

People have also shared that they struggle to access appointments when using public transport more so in the winter months; particularly when having to get to and from appointments after dark and waiting around at bus stops in the cold.

“I struggle when hospital outpatient appointments are very early as I use public transport, but it is hard to contact anyone to rearrange and you have to be grateful to be seen.”

We have heard that greater access to services within communities would help people manage their health and in turn, could help alleviate pressure on certain aspects of the healthcare system.

“Have more places than just my GP for cortisone injections as I have to wait weeks for these and by the time I can get to the GP I’m in so much pain I struggle to get there as my knees and shoulders are effected”.

“I think that a lot of asthma exasperation could be dealt with in the community rather than going to A&E. This could be done by having nebulisers either in the GP or the out of hour hubs”.

People who cannot afford to get and stay online can also find accessing online services harder than others.

3. Cost of living

People have told us that they continue to feel anxious, stressed and worried about the rising cost of living. This is having an impact on people’s mental and physical health. People have said that sometimes they cannot afford to travel to healthcare appointments or pay for prescription costs, and they are coping with cold conditions and basic diets to help manage their finances.

“What worries you about winter?”

“The cost of keeping my home warm.”

People have told us that in order to manage their conditions during the winter months and keep themselves well, they stay indoors and try to keep warm. This will add further pressure as costs continue to rise for energy and heating and could have a direct negative impact on people's mental health. Therefore, there will be more need than ever for people to know where they can go to access support.

We have also heard that people are struggling to pay for complementary services; treatments that really benefit their health but are not always provided free of charge through statutory services.

Costs of prescriptions, healthy food, heating, winter-appropriate clothing and other outgoing costs are continuing to increase. We are hearing that, particularly during the winter months, this is causing people to make tough choices around what they spend their money on including being unable to afford treatment and prescription costs and being able to physically get to appointments. This will have the most impact on the communities at greatest risk of health inequalities living in our region.

4. Loneliness

We have heard from people who have told us that they are more likely to experience feelings of loneliness in the winter months, especially those living alone. There is also a theme of people feeling less able to manage certain aspects of their health when they are doing this alone.

“Living alone always makes things more difficult.”

“Loneliness is always a problem, especially in the evenings.”

People told us that they would like more contact from their GP surgery during the winter months, to check that people are keeping well and follow up on recent health issues. Where this may not be possible given capacity in primary care, it would be useful to signpost people to community groups and venues where they can go to socialise with others and access different types of support.

“I always feel lonely and isolated from the world in winter as everywhere is busy and more chance of getting hurt with people rushing.”

We have heard that it can feel overwhelming for people who live alone or who have little support to keep on top of everything. There is a need to allow for time and capacity to support those people who may be particularly vulnerable.

It has been reported that unpaid carers will go without heating or proper meals to cover costs, and this adds extra stress to the caring role.

5. Mental health

There is a need to increase support in the community to help people cope with their mental and physical health issues. The cost of living is exacerbated in winter months, concerns over reduced capacity within services are increased and the impact of loneliness as well as the season on mood can all negatively affect people's mental health.

“I try to keep in touch with people, but my mood can dip as I see fewer people and socialise less when the weather is poor.”

6. Hospital discharge

Experiences have been captured about hospital discharge; these have highlighted times when people feel they have been discharged too early from hospital when they do not feel prepared. Planned discharges help to make people feel informed and not rushed, however, increased winter pressures have shown that sometimes discharges happen more quickly to free up hospital bed space and people do not always feel equipped to manage back at home.

“They received inconsistent information about rehabilitation services, leading to confusion. Medication issues, including delays and mix-ups, occurred during the discharge process.”

Communication with family members and carers is not always as effective as it could be, and discharge paperwork and ongoing care plans can feel rushed in some cases.

7. Carers

People who are living alone and those with disabilities may need extra support, and this can put pressure on carers. There is an increased need to ensure that carers receive appropriate support and information.

Difficulties accessing services and information, long waiting times and lack of options for suitable support for their friends and family members were also reported by carers. The changing needs of the person being care for in winter can lead to increased caring responsibilities and less opportunities for carers to take a break or manage their own health needs.

Key Messages/ Recommendations

1. Communication

There is a need to promote key messages within communities, providing everyone with information, even when people do not have access to, or do not regularly access, services. These key messages need to be communicated regularly and clearly in a way that everyone can understand.

2. Access

People need to know where, when and how they can access information and support to manage their health, particularly during the winter months. Systems that allow people to access support appropriately must be in place, with options of how to engage (online, face-to-face, phone, venue choice).

3. Cost of living

Consider how to ensure that everyone can access information and advice to help manage the cost of living and the impact this can have. Promote services that can help. There is a need to consider cost implications when prescribing medication or for people to access healthcare appointments.

4. Loneliness

Increase contact (where possible) with those who are vulnerable during winter and allow time to signpost people to services that can provide appropriate support.

5. Mental health

There should be clear accessible information about what support is available and how to access that support. The information should be provided in a format that meets the needs of the individual. Services should be working with people to help plan for periods like winter, when weather, isolation and other factors may have greater negative impact on mental health.

6. Hospital discharge

People and their family/carers must play a meaningful part in decisions made about care and discharge. Effective discharge plans should be in place prior to discharge, with consideration given to individual needs and support needed to be in place at home.

7. Carers

Everyone has a role in identifying and supporting unpaid carers, and easy and efficient access to health and care services should be provided. Carers need practical support and continuing, reliable services.

References

This briefing has been written using a range of reports and sources including insights captured via West Yorkshire Voice, information received through enquiries across local Healthwatch in West Yorkshire, Healthwatch England reports, engagement work undertaken or currently being carried out by Integrated Care Board engagement teams, feedback shared at a local level and reports from local places.