



**FOR PUBLICATION**

**DERBYSHIRE COUNTY COUNCIL**

**IMPROVEMENT AND SCRUTINY COMMITTEE – HEALTH**

**21 November 2022**

**Report of the Integrated Care Board**

**Preparing for Winter**

## **1. Purpose**

- 1.1 To brief the Committee on the substantive aspects of NHS Derby and Derbyshire Integrated Care Board's plan for winter (November 2022-March 2023).

## **2. Information and Analysis**

- 2.1 In August 2022, NHS England published its expectations on how Integrated Care Boards (ICBs) should be increasing capacity and operational resilience in urgent and emergency care ahead of this winter. This was supplemented with extra guidance in October 2022, focussing on further action that ICBs should be taking.
- 2.2 This document is our response and details the action that we will take to deliver the 6 key priorities for the ICB over the next period, specifically:
  - Protecting people from COVID-19 and Influenza
  - Supporting people in their own home
  - Providing an urgent response for those most in need
  - Enhancing the resilience of General Practice
  - Reducing discharge delays from hospital

- Reducing the backlog for elective and cancer care

### 3. Alternative Options Considered

3.1. Alternative options were not considered.

### 4. Implications

4.1 We go into this winter on the back of a spring and summer period which has seen key aspects of health and care service provision operating at full capacity and levels of escalation like the last winter period – with little opportunity to reduce.

4.2 This is an unprecedented situation, with:

- The level of ‘exit-block’ from our acute hospitals being the key structural issue which is driving front end acute pressures (overcrowding, long waits for admission and ambulance delays in the ED) and a has a direct opportunity cost of lost elective operating time.
- General practice delivering more appointments than any previous period recorded – with close to half of this output servicing on the day demand.
- Community Nursing Teams are serving more demand of a complex nature.

4.3 Whilst this plan is not focussed on the actions that are necessary to put these services, and others, on a more sustainable trajectory in the long term, it is focussed on creating a greater level of operational resilience over winter which hopefully provide a springboard going into 2023/24.

4.4 An assessment of our position against the key deliverables this winter is as follows:

**Those areas where our plan is compliant to the ask of NHS England and there is sufficient confidence of delivery:**

Requirement	Rationale
Rolling out the C-19 booster vaccination to c43,000 people.	We are ahead of trajectory in terms of vaccination numbers.

Matching last year's influenza uptake rate.	Confidence level based on the quality of our historic performance.
Ensuring that at least 70% of the urgent community response referrals are responded to within 2 hours.	Confidence is rated as high as we are currently within target range.
Implementing a universal community-based falls recovery service.	Impact is rated as high given the plan to deal with a large majority of the demand for level 1 and 2 falls that EMAS are currently dealing with. The confidence level is based on the specificity of the plan and the fact that it doesn't rely on a significant number of new staff.

**4.4.1 Areas where we have set out a compliant position, but there are issues of confidence in relation to delivery:**

<b>Requirement</b>	<b>Rationale</b>
Reducing the number of 78+week waits for general elective care to 0 by March 2023	Whilst we have set out a compliant plan with the expected level of impact, there is uncertainty on deliverability, particularly given that (i) the number of 78+ weeks wait is currently on an upward trajectory and (ii) we don't have a fully mitigated G&A bed position which therefore poses risk to our ambition to ringfence elective beds.
Increasing community capacity	Whilst we plan to increase community step down capacity, it is not of a sufficient level to meet demand and have a significant impact on reducing discharge delays - particularly P1 package of cares. Confidence is rated as medium given that sourcing staff has a degree of uncertainty to it.
Increasing general practice capacity	A 10% increase in on-the-day appointment capacity is sizable, particularly given the level of demand which is displaced to other parts of the system which is much less than this. Furthermore, the 'standing-up' of acute respiratory hubs, meets NHSE's requirements and will play an important role in enhancing the resilience of general practice over the winter. Confidence is rated as medium given that sourcing staff has a degree of uncertainty to it.

**4.4.2 Areas where we have set out a compliant position, but there are issues of confidence in relation to delivery:**

<b>Requirement</b>	<b>Rationale</b>
Reduce the 62+ day cancer waiting list to the pre-pandemic level by the end of the winter period	The number of 62+day waits is on a downward trajectory but impact of new referral demand on capacity not yet understood.
Improve category II 999 response times	Given the size of the gap between current category II response times compared to target, it is highly unlikely that we are to overturn the deficit in performance. This is based on two factors (i) EMAS are unable to source new crew capacity and (ii) there is insufficient evidence at this stage as to what level of crew capacity the new push model will release by reducing ambulance delays.

**4.5. There are several risks which the ICB will be managing this winter:**

<b>Theme</b>	<b>Risk</b>
Workforce	<ul style="list-style-type: none"> <li>- <b>Ability to recruit</b> – which is pertinent to key initiatives within this plan e.g., the virtual ward programme and staffing community surge beds.</li> <li>- <b>Increased sickness absence</b> – no significant change to current absence rates has been assumed in provider plans.</li> <li>- <b>Staff availability due to industrial action</b> – no adverse impacts assumed in provider plans.</li> <li>- <b>Stability of the PVI sector</b> – there is a degree of uncertainty about the resilience of this sector over winter.</li> </ul>
COVID-19	<ul style="list-style-type: none"> <li>- <b>Burden of COVID-19 on bed occupancy</b> – current plans are predicated on COVID-occupancy being at between 5-8% over the winter period.</li> </ul>
Safety	<ul style="list-style-type: none"> <li>- <b>Clinical risk due to delays in accessing care</b> – Given that we are not anticipating seeing a material impact on category 2 response times, cancer long waits and delayed discharges, the risk to clinical safety associated within these issues has not been mitigated.</li> </ul>

## 5. Consultation and Engagement

- 5.1. Raising awareness of the additional pressures this winter is vitally important. We are seeking to maximise every opportunity to communicate and engage with our public and patients, our staff, our partners and stakeholders and others to explain what we are doing together as a health and care system in response to the significant challenge that winter presents. This includes our investment in programmes of work which will help to mitigate the impact of increased winter pressures. Alongside this, we are also seeking to convey messages on areas where we see increased risk across winter and to promote ways in which people can help to manage and limit their own risks through changes they can make for themselves.
- 5.2. There are three core communications priorities defined by, and in support of regional and national approaches to winter/surge communications and these are:
- Preparation - working to prepare for winter – how we're doing things differently
  - Prevention / behaviour change – what you can do to help
  - Performance - reputation management during winter – the NHS is here for you
- 5.3. We already have a strong and collaborative cross system approach and the communications and engagement functions across all system partners are working together to deliver priority messages and to encourage take up of initiatives and services. The following are examples of campaigns which are already live or planned to take place over winter:
- Covid autumn vaccination booster campaign – already underway
  - Flu campaign – already underway
  - Urgent Treatment Centres campaign to encourage people to choose wisely and attend the service most appropriate for their needs – launched 8 November
  - NHS 111 campaign to encourage people to go to the NHS 111 telephone and online services – this is a year round, rolling campaign but will be amplified during the winter months.
  - Emerging initiatives such as Virtual Wards and patient discharge messages to better support people at home – these are in development.

- Cost of living challenges and winter warm campaigns – these are local authority led and have been amplified by health partners since launch which will continue across winter.
- Workforce information and health and wellbeing messaging – this is a continual development programme of work to support colleagues with information on from both personal and professional perspectives.

The full winter campaign plan is described in the table below and to note that some of the phasing of the campaigns may change in response to changing or new winter pressures:

Campaign	Theme	Timeline
Covid booster	Nationally set but localised messaging	September to March
Flu vaccination	Nationally set	October onwards
Winter scene setting media	Link to weather	Early November
Investment in services PR campaign	Outline plans at winter outset to build upon over time	Early November
NHS 111 phase 1	Link to national and agree local themes	November to December
Urgent Treatment Centre 1	Position as alternative to ED unless life threatening - shorter waits, parking, live waits info	8 November launch
GP roles	Link to GP access messages	November to December
Condition management – know your numbers	Encourage self care - initial focus on heart (BP) but to include respiratory	November to January
Self-care (Health)	Complements LA activities	November - March
Discharge phase 1	Pre-Christmas discharge	December
Bank holiday	Repeat prescriptions	December to early January
Falls (Strictly no falling)	Link to weather	January to February
GP access	Post New Year surge	January to March
Urgent Treatment Centre 2	Shorter waits, parking, live waits	January to March
NHS 111 phase 2	To reflect current priorities - potential bad weather	February to March

Pharmacy	Build on access and 111 messaging	February to March
Discharge phase 2	Continued messaging linking to priorities	February to March
Mental health (24/7)	Helpline promo plus other services	Tbc
Severe weather	Reactive response and themed according to conditions at the time	Reactive
<b>Potential and pipeline campaigns and budgets</b>		
Reconditioning	SORG led - to build on CRH approach across the system	Tbc
Virtual Wards	Awaiting further detail and timescales and then quickly to development phase	Tbc
We Are The NHS	Nationally led recruitment campaign	Tbc
<b>Rolling campaigns not ICB led or budget requirement</b>		
Cost of living	Rolling – working with local authorities to amplify the messaging through system partner channels	September launch
Winter warm	Rolling – working with local authorities to amplify the messaging through system partner channels	Links to cost of living

We will be using a range of channels to reach our shared audiences and the collaborative approach of system partners is key to this to maximise our reach through both broad and targeted routes.

- 5.4. Our main channels include free organic channels such as media releases, website updates, social media, copy in partner publications and also paid for channels to include targeted social media, radio campaigns, online advertising, posters and other emerging innovative channels.
- 5.5. In addition to the traditional campaign routes, our Place networks, partner and stakeholder channels are particularly powerful ways of reaching into our communities and sharing key messages. This networking approach forms a cornerstone of our communications and engagement activities and as we progress with our campaigns across the winter, we will be providing key messages and toolkits for our partners to share.

- 5.6. An evaluation of the performance of all our campaigns will take be conducted throughout via a series of impact measures and analytics to enable us to measure success to inform our winter activities for this year and in the future.

## 6. Background Papers

None

## 7. Appendices

- Appendix 1 – Executive Summary – Winter Plan
- Appendix 2 – *Next steps in increasing capacity and operational resilience in urgent and emergency care ahead of winter* – NHS England, August 2022.
- Appendix 3 – *Going further on winter resilience plans* – NHS England, October 2022.

## 8. Recommendation(s)

That the Committee:

- a) note the current state of the ICB's plan for winter.

## 9. Reasons for Recommendation(s)

9.1 To provide assurance and transparency on work that is being done to respond to the demands of winter.

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