


Agenda Item 6

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of NHS Lincolnshire Integrated Care Board

Report to	Health Scrutiny Committee for Lincolnshire
Date:	4 October 2023
Subject:	Lincolnshire System Winter Planning

Summary:

The Committee is invited to consider the steps being taken to deliver the NHS England requirements and ongoing development and delivery of the Lincolnshire system winter plan.

Actions Requested:

The Committee is requested to consider and note the information presented on the Lincolnshire System-wide Winter Planning.

1. Introduction

This report provides an overview of the winter planning guidance for 2023/24, and assurance around the steps taken to date to deliver the NHS England requirements and the ongoing development and delivery of the system winter plan. It also provides detail on the NHS England determined roles and responsibilities of system partners throughout the winter period.

NHS Lincolnshire Integrated Care Board is currently leading on the development of a robust system winter plan, to support delivery of safe services during the winter period.

For 2023/24 this includes the following:

- Re-visiting capacity and demand assumptions from the 2023/24 operational planning round to re-set realistic trajectories for the winter period.

- Development of a Lincolnshire System Winter Plan that includes:
 - System partner and stakeholder engagement
 - A specific plan for Christmas and New Year
 - A system escalation plan
 - Governance structure for assurance and strategic and clinical oversight of delivery
 - Response to six Key Lines of Enquiry from NHS England

2. Background

As in previous year's the demand on health and care services over the 2023/24 winter period is expected to be challenging and this year has the additional impact of a difficult summer period and the expected ongoing industrial action by both Consultants and Junior Doctors. NHS England (NHSE) and the Department of Health and Social Care (DHSC) have written to ICBs and Local Authorities to set out the expectations for winter.

2.1 Delivering operational resilience across the NHS this winter.

In July 2023, NHS England wrote to all Integrated Care Systems setting out the national approach to [deliver operational resilience across the NHS this winter](#), building on the Urgent and Emergency Care Service (UEC) Recovery Plan published in January 2023. The winter resilience letter set out four key areas of focus:

- a) **Continue delivering the UEC Recovery Plan by ensuring high impact interventions are in place.**
 Ten evidence-based high impact interventions have been identified to, these include reduce waiting times for patients; reduce crowding in A&E; improve flow; and reduce the length of stay in hospital settings. Each system has been asked to assess their maturity against [10 High Impact Interventions](#) as part of the universal improvement offer. Systems then receive dedicated support to improve priority areas ahead winter 2023.
- b) **Completing operational and surge planning** to prepare for different winter scenarios.
 By 11 September 2023, each system was required to review their operational plans, including whether assumptions regarding demand and capacity are robust. This includes making specific plans for the Christmas/New Year – early January period, which is known to be the most challenging time of the year.
- c) **ICBs should ensure effective system working across all parts of the system.**
 The ICB plays a vital role in system co-ordination and leadership, ensuring all parts of the system play their role. To help systems plan, NHSE has developed a set of recommended winter 'roles and responsibilities' to ensure clarity on what actions need to be undertaken by each part of the system. [The system 'roles and responsibilities' document](#) details the roles system partners should play and the specific responsibilities including leadership of high impact actions. The DHSC has also written to local authorities with adult care responsibilities detailing priority actions for improving winter resilience and encouraging cross system working.

- d) **Supporting our workforce** to deliver during winter by taking steps to protect and improve the wellbeing of the workforce. This includes improving retention and staff attendance by focusing on all elements of the NHS People Promise in the 2023/24 priorities and operational planning guidance and the NHS Long Term Workforce Plan.

The NHS England letter also set out two key ambitions:

- 76% of patients being admitted, transferred, or discharged within four hours by March 2024, with further improvement in 2024/25.
- Ambulance response times for Category 2 incidents to 30 minutes on average over 2023/24, with further improvement in 2024/25.

Whilst it is recognised that progress is being made towards achieving these ambitions, NHS England wants providers to achieve even better performance to support improvements to care. They are therefore launching an incentive scheme for providers with a Type 1 A&E department that overachieve their planned performance in return for a share of a £150 million capital fund in 2024/25 by:

- Achieving an average of 80% A&E 4-hour performance over quarter 4 of 2023/24.
- Completing at least 90% of ambulance handovers within 30 minutes during quarters 3 and 4 of 2023/24.

2.2 Adult Social Care Winter Letter 2023/24

Alongside the letter from NHS England, the Department of Health and Social Care issued the [Adult Social Care winter letter 2023 to 2024](#). The letter sets out DHSCs expectations for how NHS organisations and wider system partners will work with adult social care in the planning and delivery of support to ensure vulnerable people and their carers receive support over the coming winter. The guidance focuses on five areas:

a) **Workforce Capacity, Market Sustainability and Improvement Fund (MSIF)**

As part of 'Next steps to put People at the Heart of Care', the government has confirmed £600 million of additional funding for local authorities over 2023/24 and 2024/25. Much of this funding will be provided through a new MSIF workforce fund worth £570 million (£365 million for 2023/24 and £205 million for 2024/25) to boost adult care capacity and support the adult care workforce, including pay. Supported by this funding, local authorities should, in advance of winter:

- Address the actions in their capacity plans for long term care submitted in June 2023 as part of the MSIF.
- Ensure sufficient advance commissioning of care to enable providers to plan and ensure they have the workforce they need to deliver required services.
- Work with the NHS to keep demand and capacity projections under review and ensure sufficient cross-system capacity is in place to meet potential surges of demand.
- Reflect any increases in planned intermediate care capacity in refreshed Better Care Fund (BCF) demand and capacity plans in October.
- Work closely with providers to use the MSIF funding to grow workforce capacity.

Lincolnshire County Council Adult Social Care have been awarded £5 million of MSIF funding. Working alongside Lincolnshire Care Association and NHS colleagues to ensure a whole system approach as part of the winter planning process, several services are being scoped and considered to ensure the wellbeing of Lincolnshire residents, including those in out of county hospitals.

b) **Intermediate Care and Discharge from Hospital**

Local authorities and ICBs need an integrated work approach across health and social care:

- Commissioning intermediate care services that help keep people well at home, prevent avoidable hospital admissions and support timely/effective hospital discharge.
- Involve social care and community health providers in planning intermediate care services.
- Keeping BCF capacity-and-demand plans for intermediate care under review and submit refreshed plans in October.
- Improve data flows to enable the health and care system to forecast demand more accurately throughout the year.
- Support NHS winter surge planning.
- Deploy this year's £600 million discharge fund in ways that will have the greatest impact on reducing delayed discharges, help prevent avoidable A&E and ambulance delays for emergency care.
- Embed good practice in the use of care transfer hubs to manage discharges for patients with complex needs.
- Working with wider partners, e.g., acute trusts, social care providers and the voluntary sector, local authorities and ICBs should focus on:
 - Supporting people to return to their normal place of residence, wherever possible.
 - The principles of discharge to assess and to provide interim packages of support pending assessment of longer-term care needs.
 - Involving and supporting families and unpaid carers.

c) **Energy and adverse weather** – local authorities and providers should:

- Develop business continuity plans to prepare for localised disruptions caused by severe winter weather.
- Work with local response forums (LRF's), local organisations and the wider care sector to identify people most at risk during colder weather.
- Encourage eligible people to sign up to their energy supplier's Priority Services Register.

d) **Infection prevention and control (IPC) and visiting** – providers are expected to continue to follow IPC guidance and local authorities should continue to support providers on IPC. This includes:

- Encouraging staff and service users to accept eligible vaccinations, including Covid-19, wherever possible.
- Ensuring staff who have respiratory symptoms or who test positive for Covid-19 are able to stay away from work in line with guidance.

- Using PPE in line with guidance.
 - Enabling visits between loved ones in care settings, with at least one visitor permitted in all circumstances.
- e) **Unpaid Carers** - NHS and primary care services should consider contingency plans for unpaid carers to help prevent avoidable admissions and support discharge from hospital. Health and Wellbeing Boards should continue to ensure funding allocated through the BCF is used to support unpaid carers with short breaks and respite from their caring responsibilities. Hospital discharge teams should also take account of the views and circumstances of unpaid carers, as well as the individual, in decisions on hospital discharge. The DHSC expects to publish revised statutory guidance on hospital discharge and community support in the autumn.

2.3 Additional national and regional areas of focus

As part of NHS England Universal Improvement Offer, systems were asked to undertake a maturity self-assessment against the ten high impact interventions to identify an area of focus working with the national champion's scheme. **The ten high impact actions are as follows:**

1. **Same-Day Emergency Care**
2. **Frailty**
3. **Inpatient flow and length of stay (acute)**
4. **Community bed productivity and flow**
5. **Care Transfer Hubs**
6. **Intermediate care demand and capacity**
7. **Virtual wards**
8. **Urgent Community Response**
9. **Single Point of Access**
10. **Acute Respiratory Hubs**

The Lincolnshire UEC strategic Leaders and Clinical leads met and determined that four areas of focus for the system were: Acute Respiratory Infection (ARI) Hubs, Intermediate Care, Frailty and Virtual Wards. ARI hub development has been selected as the primary focus for Lincolnshire working with the NHS England Universal Improvement Offer ahead of winter given that initial reports from countries such as Australia have shown a significant rise in demand due to respiratory infections such as Flu and to prioritise development of a hub. Work on the remaining three priority areas continues through existing workstreams for Intermediate Care, Virtual Wards and Frailty as follows:

Lincolnshire Intermediate Care (LIC)

In the early stages of development, LIC will be an integrated approach to service delivery for Lincolnshire residents. Currently two main workstreams are underway: Operational Delivery Group which is focusing upon: Agile Referral Allocation Layer (looking into seamless referral routes), Cultural and Behavioural Science (ensuring all partners have the same vision and team ethos leading to a strengths-based approach to personalised care), Digital Enablement (To step up digitally enabled referral routes), Integrated Demand Model (Incorporating population and health needs to underpin strategic resourcing planning) and Developing Operational Requirements for Future LIC Model (developing the future intermediate care model and

commissioning). The second workstream is the LIC Commercial Delivery Group which will oversee the commissioning and funding of LIC. Both workstreams report to the Programme Board

Virtual Wards

Virtual wards enable patients to access hospital-level care at home safely and in familiar surroundings which helps speed up their recovery whilst freeing up hospital beds for patients that need them most. Patients are reviewed daily by the clinical team and the 'ward round' may involve a home visit or take place through virtual monitoring and use of technology. At present there are five virtual wards available - Frailty, Cardiology, Respiratory, All Age Rapid Response, Hospital at Home and Acute Medicine. Oversight of the ongoing development of the model and system engagement is through the UEC system Virtual Ward Task and Finish Group.

Frailty

Implementation of a Frailty Assessment Centre and the expansion of the frailty same-day emergency care services which will support the delivery of the Lincolnshire Frailty Strategy. This includes ensuring that patients who are frail are identified early and seen in the right place first time. Wherever possible and appropriate patients will avoid ambulance conveyance, ED attendance and admission to hospital. This work includes links to the frailty virtual ward and recognise the demographic of the population.

In addition to these national priorities NHS England Regional Team, working alongside KPMG, have with midlands system identified three priority areas to be addressed: System Single Point of Access, Hospital Discharge Processes (timely discharge) and High Intensity Users (High Volume Service User). Both the High Intensity User Service and discharge processes are part of the existing UEC system programme plan with funding aligned to these. The development of a single system SPA development is underway with the support of the regional team, and a business case has been submitted for additional funding to support development ahead of winter.

All of the regional and national initiatives are within the system workplan for UEC and have appropriate levels of funding aligned in year or have submitted business cases to NHS England. These will form part of the Lincolnshire System Winter plan which will incorporate organisational plans and detail oversight and governance arrangements.

3. NHS England Winter 2023/24 Planning Assurance

In preparation for winter and to support the development of the winter plan content, the Lincolnshire system has come together on a number of occasions during August and September including a Clinical Summit, a winter workshop and a regional event week commencing 18 September 2023. There is a further regional event planned for 26 September to support systems to finalise their winter plans. The outputs of these events will support development of the final winter plan content. During local workshops and summits the following areas were agreed as the priorities for the Lincolnshire System Winter Plan:

- Single System Spa
- Discharge improvement at weekends
- Time patients spend in A&E departments.

- Clinical Assessment Service and East Midlands Ambulance Service further integration
- Support to Primary Care to access wider services.
- Intelligence led planning.
- Public and professional communications.

The ICB is working through the winter planning document that covers whole system planning against key lines of enquiry as follows:

- System working
- High impact interventions
- Discharge, intermediate care, and social care
- Capacity and Demand
- Surge plans
- Workforce

The final document covering key lines of enquiry will be submitted 25 September to NHS England which will include re-visiting the original capacity and demand assumptions from the 2023/24 operational planning submission and they will be adjusted ahead of winter based upon demand experienced so far.

All system partners are collaboratively developing the content, in line with national requirements.

4. System Partner Roles and Responsibilities

The winter resilience letter has clearly set out the [roles and responsibilities](#) for each system partner including ICBs who must:

- Ensure that the system winter operating plan incorporates all the high impact interventions
- Facilitate partnership working
- Be accountable for the delivery of capacity in line with agreed 2023/24 ICB Operating Plan
- Ensure that arrangements are in place to lead the system through winter
- Ensure infection prevention and control (IPC) colleagues are involved in winter planning and that they continue to be involved in responding to winter.
- Lead the liaison and engagement with the voluntary, community and social enterprise partners to ensure that they are fully engaged in winter planning and their support maximised.
- Ensure the continued workforce supply through early planning of actions to mitigate any loss of education and training during the periods of greatest winter service pressures.
- Lead on the delivery of high impact interventions 5-10.

Wider system roles and responsibilities can be summarised as follows:

- Acute trusts are required to lead on the delivery of high impact interventions 1-4
- Primary care must ensure that there are plans for pressured periods and that tools are in place for demand management with additional surge capacity. They must Proactively identify and manage people with complex needs and long term conditions to optimise

care ahead of winter and lead on the delivery actions from the Primary Care Recovery Plan

- Childrens and Young People (CYP) Services must deliver the range of high impact actions for children and young people whilst supporting self-care and management of minor illnesses. They are required to undertake winter and surge planning for their services.
- Community trusts must lead on or support the delivery of high impact interventions 4-6
- Ambulance trusts must increase capacity and the level of clinical assessment of calls. They must also work with systems to ensure that there are efficient electronic processes in place to transfer patients to other services where appropriate.
- Mental Health providers must lead and support the delivery of interventions 3, 4 and 9 across mental health pathways. They must also ensure plans are in place for patients to access service, to respond to patients in A&E and ensure that their patients have a high take up of vaccinations. There is a requirement for mental health services to further strengthen the support to ambulance services and support delivery of the NHS 111 mental health option 2 service.
- Local authorities should support the ongoing delivery of integrated health and care services through commissioning of services to support people at home, continually review the use of the better care fund in intermediate care, support surge planning and deploy the discharge fund in ways that have the greatest impact to improve outcomes.

5. Next Steps

The Lincolnshire Winter Plan will be finalised and presented to the Urgent and Emergency Care Partnership Board (UECPB) on the 6 October 2023 for system strategic review and approval.

The Winter Delivery Task and Finish Group, led by the ICB, will be re-established by end of September 2023 to deliver the winter actions, and will provide assurance and escalation to the UECPB. The task and finish group will be supported by the wider UEC system governance which includes the UEC Strategic System Leaders Group, who have responsibility for winter oversight, and the UEC Clinical Reference Group who provide clinical advice and support.

6. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Clair Raybould, Director for System Delivery, NHS Lincolnshire Integrated Care Board.