

West Yorkshire Winter Planning 2023/24 Briefing Paper

1. Introduction

- 1.1 This paper sets out the West Yorkshire Integrated Care Board's (ICB) approach to 2023/24 winter planning, and the key steps we must take together across all parts of the system to meet the increased demand for services and operational challenges ahead.
- 1.2 The paper also provides an update on our plans.

2. Context

- 2.1 Each year health and care services develop and implement plans to enhance capacity and resilience to respond to the additional demands and increased pressures that are experienced over the winter months.
- 2.2 2022/23 was an incredibly challenging winter with high levels of demand high rates of infectious disease, industrial action, and workforce and capacity constraints across all areas of our system impacting on system flow through our services. The effect of this was increasing delays in Emergency Departments and in discharging people from hospital resulting in very high levels of hospital bed occupancy and ambulance handover delays.
- 2.3 A key part of winter planning is a review of the previous winter to identify themes and actions that can inform preparedness for the following year. Due to the significant pressures last winter the first West Yorkshire winter learning event took place in early March 2023, providing clear insight into the areas of opportunity for improving the system, supporting the allocation of the additional funding within the operational planning process to support winter.
- 2.4 The latest data from Australia and New Zealand suggests that flu levels, and associated hospitalisation rates are lower than last year and closer to a normal winter. We cannot assume that this will translate directly into similar patterns in our winter, but historically the southern experience has given us some indication of what we can expect. Our public health colleagues advise that a base scenario to inform our planning should be to anticipate: a rise in respiratory admissions through September; a rise in Covid cases through autumn; and a rise in flu in early January.
- 2.5 The industrial action by the British Medical Association continued into October which inevitably has had impact on system capacity and resilience which has been factored into our scenario planning.

3. NHS guidance

- 3.1 In January 2023, NHS England (NHSE) published a delivery plan for recovering urgent and emergency care (UEC) services; an ambitious two-year plan to deliver improvements for patients across the integrated UEC pathway. The plan set two key ambitions for 2023/24 which will be the key metrics monitored over the winter period:
- Patients being seen more quickly in emergency departments: with the ambition to improve to 76% of patients being admitted, transferred, or discharged within four hours by March 2024, with further improvement in 2024/25; and
 - Ambulances getting to patients more quickly: with improved ambulance response times for Category 2 incidents to 30 minutes on average over 2023/24, with further improvement in 2024/25 towards pre-pandemic levels.
- 3.2 The UEC recovery plan, along with the Primary Care Recovery Plan, Elective Recovery Plan and the broader strategic and operational plans and priorities for the NHS, provide a strong basis to prepare for this winter.
- 3.3 In previous years additional funding to support winter capacity interventions has been made available in-year from NHS England (NHSE). For 2023/24 this process has changed, with additional funding included as part of core NHS and Better Care Fund (BCF) allocations at the start of the financial year. This has enabled our places to plan, increasing capacity within the acute, community and social care sectors, along with implementing new ways of working, integrating services where appropriate.
- 3.4 In July NHSE published [guidance](#) setting out the national approach to 2023/24 winter planning, and the key steps ICBs must take with partners across all parts of the system to meet the anticipated operational challenges. It set out four areas of focus for systems to help prepare for winter:
- To continue to deliver on the 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 policy and the new Operational Pressures Escalation Level framework; and
 - To support our workforce to deliver over winter.

- 3.5 The guidance emphasised that the challenges are not exclusively within in ambulance services or emergency departments, and that if we are to maintain a resilient system all partners need to work together to provide joined-up care for their populations.
- 3.6 To further support the resilience of our system this winter the implementation of a revised [System Co-ordination Centre \(SCC\) policy](#) will provide an operational platform within the ICS for tactical response and strategic oversight of emergency, primary, secondary, and social healthcare.
- 3.7 The SCC will form part of the support and delivery architecture of the ICB in delivering its statutory responsibilities in relation to the Civil Contingencies Act (2004) and Health and Social Care Act (2022) to manage operational pressures, and plan for and respond to major incidents.

4. UEC Recovery Plan – High Impact Interventions

- 4.1 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.
- 4.2 Within the offer NHSE identified 10 evidence-based high-impact interventions key to improving resilience in winter. These are focused around reducing waiting times for in A&E departments, improving flow, building resilience in community services, and reducing length of stay in hospital settings.
- 4.3 Due to the complexity within UEC pathways and the wide remit of the recovery plan, West Yorkshire Senior Responsible Officers (SRO) leading specific relevant transformation programmes have come together to agree the mapping of the various elements within recovery plan. This demonstrates clear accountability across the Integrated Care System (ICS) through a matrix approach to ensure delivery of the plan and monitoring of progress.
- 4.4 Partners in all places across the ICS have assessed their maturity against these 10 interventions and each place identified there four or five priorities which will have biggest opportunity to impact on their system this winter. Working through identified UEC champions, places have received dedicated improvement support on their identified areas.
- 4.5 The ICB identified 52 champions across our five places from varying disciplines covering all the 10 high interventions. The identified UEC champions are committed to attend the national work stream sessions to ensure we built capacity and capability, maximise all opportunities to have an impact for winter and the longer term as well as bringing back the learning into the system. The

programme has been paused due to the busy winter months and will restart earlier next year.

- 4.6 The champions also have access to the NHSE Impact website and received dedicated support to build capability within their organisation, place and ICB providing an opportunity for further learning and sharing across the system.

5. Operational and surge planning for different winter scenarios

- 5.1 Earlier this year the ICB completed a detailed operational planning process for 2023/24 which included plans for additional capacity to support winter challenges.
- 5.2 Partners across West Yorkshire reviewed these plans to ascertain whether our assumptions regarding demand and capacity remain accurate. These reviews have informed the development of comprehensive place-level winter plans which cover four key priorities:
- building surge capacity to meet increased levels of demand;
 - implementing vaccination programmes for flu, covid-19 and measles to help prevent infection and hospitalisation;
 - implementing key actions from the NHS urgent and emergency care (UEC) recovery plan which will have the greatest impact; and
 - ensuring that we have effective operational management systems in place which support collaboration and facilitate mutual aid where required.
- 5.3 These place plans have been collated into an ICB overall position for submission to NHSE on 11 September; feedback was extremely positive.
- 5.4 Our winter planning has been helped by the early allocation of winter funding and additional investment by NHS England. Nationally this has included £1 billion of dedicated funding to support capacity in UEC services; £250 million worth of capital investment to deliver additional capacity; £200 million for ambulance services and an additional £1.6 billion of discharge funding over 2023/24 and 2024/25, building on the £500 million Adult Social Care Discharge Fund. A new incentive scheme has also been introduced to overachieve on planned performance in A&E waiting times and ambulance handover delays in return for receiving a share of £150 million capital in 2024/25.
- 5.5 Additional demand and capacity plans will be developed for the extended Christmas / New Year period which is often the most challenging time of the entire year.

5.6 In recognition of the importance of planning for multiple scenarios, the ICB held a multi-agency workshop on 10 October to collectively work through a range of scenarios:

- test our winter plans winter plans in response to peaks demand and wider system pressures;
- ensure our plans protect and deliver elective and cancer recovery objectives and deliver the primary care access programme; and
- test our processes and infrastructure within the SCC and the flow of information across the ICB

5.7 The event was very well attended by representatives from across all parts of our system and the partnership highlighting areas for further development as well as sharing good practice.

5.8 Key themes identified:

- The need to maintain our approach to Home first approach keeping in their own homes;
- Comprehensive support to care homes to maintain flow e.g., IPC support and pathways to support admission avoidance;
- Testing Business Continuity plans;
- Importance of clear and consistent reporting and escalation processes; and
- Proactive public facing communications.

5.9 All of the outputs from the session have been shared with the groups (Calderdale, Kirklees and Wakefield, Leeds and Bradford District and Craven) to support the further development of place-based plans with a focus on the management of local systems and the interface with the SCC.

5.10 The ICB also has developed winter communication plan for 2023/24 building on the work over the recent years at place and ICB level. This year's plan will include online radio and digital radio advertising over a 14-week period.

6. Effective System Working

6.1 The ICB has a key role in providing system leadership to ensure that the actions taken extend across the wider health and care system including mental health services, services for children and young people, community health services, primary care and the voluntary, community

and social enterprise (VCSE) sector to deliver services that maximises outcomes for patients.

- 6.2 The introduction of the revised 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.
- 6.3 SCCs will be responsible for the co-ordination of an integrated system response using the OPEL framework in support of the operational policies of individual providers and the ICB. This will support proactive co-ordination of a system response to operational pressures and risks utilising information and intelligence to assess and validate local reports and submissions.
- 6.4 The ICB is on track to achieve the 91% compliance against the 15 Required Operational Standards (ROS) for the SCC by the 1 December 2023.
- 6.5 We continue to develop our SCC standard operating procedure (SOP) working with our providers, collaboratives and neighbouring ICB's. This will ensure we collectively agree on what, why and how we will manage the reporting, escalation and interfaces between providers, systems and across borders.
- 6.6 The SOP will include detailed internal processes for the SCC including the management of a range of additional activities that will sit with the SCC going forward as part of its co-ordination function.
- 6.7 We are currently testing the SOP including running through further scenarios that specially focus on the SCC processes. This is enabling us to embed the processes prior to the national deadline 4 December which is providing us with the opportunity to adjust processes etc where required. This is vital for the in and out of hours periods where we have commissioned an external partner to operate the SCC function and where escalations will be managed by the Director on Call.
- 6.8 To support effective operational management arrangements and ensure we can maintain a timely overview of our system the ICB will chair weekly system operational co-ordination group (SOCG) meetings as part of the SCC function. The meetings are scheduled to commence in December 2023.
- 6.9 The [OPEL Framework](#) introduces 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. The standardisation of measurement will provide

consistency within NHS trusts, ICSs and NHS England Regions, providing an OPEL score at each stage to demonstrate pressure.

- 6.10 The ICB is continuing to work with all providers to ensure that we have a flow of data and information through the SCC in for winter including the new nine parameters for acute sites.
- 6.11 We are making good progress on implementing real time digital software and a process in place to monitor, as a minimum, the following key metrics across the ICS, NHS111 and Ambulance services: SCCs are expected to ensure that digital enablement meets the technical guidance issued for Smart System Control (SSC) by NHS England.
- 6.12 Since January 2023 West Yorkshire ICB has been using and rolling out to partners the UEC RAIDR application produced and managed by NECs which complies with these requirements and can be accessed on laptops or mobile phone.
- 6.13 To capitalise on this versatile application and to prepare for winter we have been working with YAS, our acute, mental health and community provider collaboratives, Local Care Direct, General Practice and Pharmacies to identify operational metrics to share through the application to help manage system pressures.
- 6.14 To further support the winter planning process and ensure a whole system approach, NHSE has developed a set of recommended winter roles and responsibilities for system partnersLINK . This guidance provides clarity on what actions should be undertaken by each part of the system and have been incorporated into our winter plan to reflect how these relate to circumstances within each place.
- 6.15 To support effective operational management arrangements and ensure we can maintain a timely overview of our system the ICB will chair weekly meetings of a system operational co-ordination group (SOCG) as part of the SCC function, with representatives from partners across our five places, including acute trusts, Yorkshire Ambulance Service, and primary care.

7. Supporting our workforce

- 7.1 At a time of continued pressure across the NHS we recognise the importance of supporting our workforce and how crucial it is that employers ensure that they take steps to protect and improve the wellbeing of their workforce.
- 7.2 Improving staff health and wellbeing is a strategic priority across the ICS and we have well-established and effective mechanisms and practices to support staff. These include the West Yorkshire Partnership Health and Wellbeing hub, available to all staff across the system [Staff Mental Health and Wellbeing Hub:](#)

[Workforce Transformation \(wystaffwellbeinghub.co.uk\)](http://wystaffwellbeinghub.co.uk) and '[We Work Together](#)', a podcast about people working in partnership to improve health and care across West Yorkshire. The Hub mobilises access to psychological support focussing on access to early intervention and prevention.

- 7.3 Last winter, we saw flu return at scale impacting on both our patients and the workforce to care for them. It is vitally important that we protect the public and the health and care workforce against flu and other infectious diseases, and the best way of doing this is to ensure they are vaccinated.

8. Prevention – vaccination programmes

- 8.1 A new variant of COVID-19 (BA.2.86) has been identified. On 30 August NHSE announced that The UK Health Security Agency had determined that the most appropriate intervention for this variant, with the greatest potential public health impact, is to vaccinate all those eligible quickly. As a result the winter COVID-19 vaccination programme has been accelerated with the aim to have as many eligible people as possible vaccinated by the end of October.
- 8.2 As a result, both flu and COVID-19 vaccination programmes for adults were brought forward to start in September to maximise uptake of both vaccines. Additional financial support was made available to providers to support the acceleration of the campaigns.
- 8.3 All Trusts in West Yorkshire are signed up to offer both flu and COVID-19 vaccinations to their own staff, except for South West Yorkshire Partnership NHS Foundation Trust who due to their more distributed network rely on signposting to local COVID-19 services.
- 8.4 The primary focus now is to deliver Covid-19 and flu vaccinations to all eligible groups and to maximise take up in the general West Yorkshire population with a focus on the most vulnerable and high-risk, hard to reach populations. We will target an Access and Inequalities Fund to support improved uptake across all communities and address health inequalities.
- 8.5 To date we can confirm that the Covid-19 Programme, and current flu campaign, have reached widely with over 6 million vaccinations administered in West Yorkshire with:
- 92% of adults eligible for an Autumn booster in this campaign have had at least one dose since the programme began
 - In this campaign so far, 33% of eligible adult patients have had their Covid-19 booster
 - In North East England and Yorkshire 1.12m Covid-19 jabs were delivered since national bookings started

- In West Yorkshire, 273,305 Covid-19 vaccinations have been delivered in the same period – 24.4% of the regional number
- Approx. 50% (135,684) of these people have been co-administered with flu jabs.

9. Governance Arrangements for Winter Plan

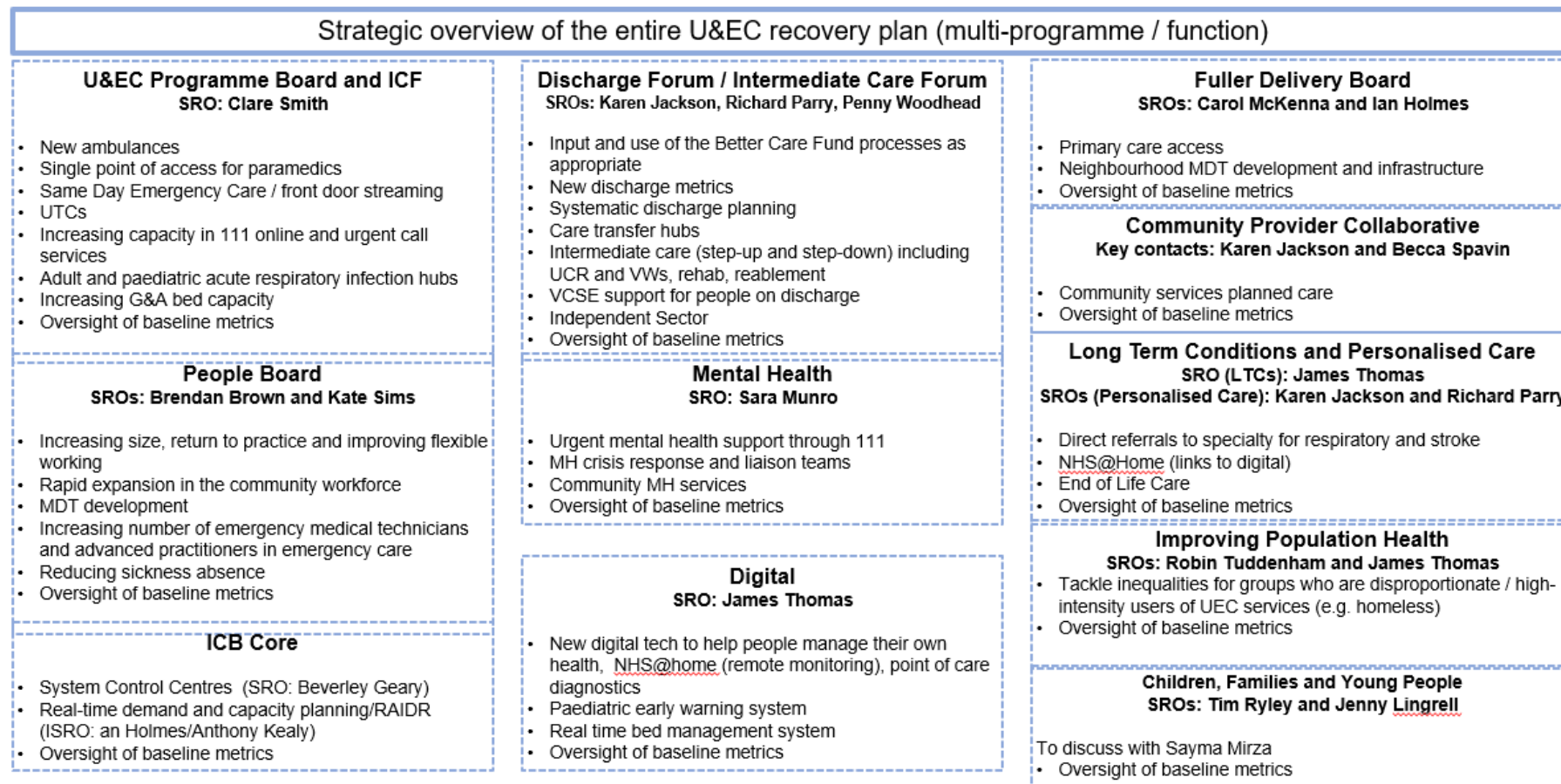
9.1 Place-level winter plans are governed through Local Place A&E Delivery Boards (or equivalent forums). These local plans contribute to an overall system plan for West Yorkshire. The following forums play a key role in the approval and delivery of this plan at West Yorkshire level:

- **ICB Board** – approve the plan and receive updates on the systems progress
- **ICB System Oversight and Assurance Group** – Monthly monitoring against the plan and the key risks
- **ICS System Operational Co-Ordination Group** – ICB's weekly 'real-time' forum for operational oversight of the wider system reviewing system pressures, and agree collective actions to support the wider system
- Yorkshire and Humber **Tactical Executive Leadership Group** for Yorkshire Ambulance Service (YAS) – weekly meetings of YAS and the three ICBs will review progress with YAS actions and agree where further support is required.

Appendix 1- Mapping of the UEC Recovery Plan to the ICB Transformation Programmes

Potential mapping from the national U&EC Recovery Plan to West Yorkshire groups and/or functions

N.B. This map is not intended to show all areas covered by system programmes/functions but those with potential links to the recovery plan.



Appendix 2 – Urgent and Emergency Care Recovery Plan – 10 High impact interventions for winter 2023/24

Self-assessment outcomes



Work stream	Bradford/Airedale	Calderdale	Kirklees	Wakefield	Leeds	ICB Common Themes (3/4 common areas)
Same day Emergency Care	4	6	6	5	6	1 place
Frailty	4	8	4	6	6	2 place
Inpatient Flow	5	2	2	3	3	4 places
Community Beds	6	5	4	3	5	3 places
Intermediate Care	4	5	5	4	3	3 places
Care Transfer Hubs	6	3	3	4	5	
Urgent Community Response	5	6	5	4	4	1 place
Single Point of Access	4	0	0	2	5	3 places
Acute Respiratory Infection Hubs	3	2	2	5	8	3 places
Virtual Wards	7	5	5	5	5	1 place

Places have identified through the self-assessment their **UEC priority areas** which demonstrate **the biggest impact in readiness for winter 23/24**

The areas of focus for each place is highlighted within the table.

Though this is a place based process the outcomes demonstrate 5 common areas across the ICB:

- **Inpatient flow**
- **Community beds**
- **Intermediate care**
- **Single point of access (SPOA)**
- **Acute Respiratory Infection Hubs (ARI)**

Please note There is still an expectation to make improvements and deliver the remaining areas for winter 23/24

WYP Partnership

