

**REPORT TO:** Health & Wellbeing Board

**DATE:** 12 October 2022

**REPORTING OFFICER:** NHS Cheshire and Merseyside – Halton Place Director

**PORTFOLIO:** Health and Wellbeing

**SUBJECT:** NHS Winter Pressures

**WARD(S)** Borough-wide

## 1.0 PURPOSE OF THE REPORT

1.1 To inform the board on the pressures the NHS are expecting to experience in the coming winter months and focus being employed in preparation and monitoring.

## 2.0 RECOMMENDATION: That the Board consider

- 1) the focus on the urgent and emergency care services;
- 2) the core objectives and actions being employed; and
- 3) the Board Assurance Framework and key metrics

## 3.0 SUPPORTING INFORMATION

3.1 The NHS Chief Executive has written to all NHS organisations to outline the approach being undertaken to develop operational resilience during the coming winter, with a focus on urgent and emergency care services and the capacity and occupancy in acute hospital beds.

3.2 Urgent and Emergency Care is currently under significant pressure. Staff have faced one of their busiest summers ever with record numbers of A&E attendances and the most urgent ambulance call outs, all alongside another wave of COVID-19. Thanks to the professionalism and commitment of those staff, the NHS continues to provide care to over 100,000 urgent and emergency care patients each week. Despite their best efforts, these pressures have meant that there have been too many occasions when staff have not been able to provide timely access for our patients in the way they would have wanted.

3.3 In addition to maintaining progress on 2022/23 operational priorities and building on the significant successes in delivering our Elective Recovery plan, with a strong focus on 62 day cancer backlogs and elective long waits, the plan sets out the next steps to rapidly increase capacity and resilience ahead of winter, building on the operational plans that were developed earlier in the year.

### 3.4 Core objectives and key actions are to:

<p><b>Prepare for variants of COVID-19 and respiratory challenges</b>, including an integrated COVID-19 and flu vaccination programme.</p>	<p><b>Increase capacity outside acute trusts</b>, including the scaling up of additional roles in primary care and releasing annual funding to support mental health through the winter</p>	<p><b>Increase resilience in NHS 111 and 999 services</b>, through increasing the number of call handlers to 4.8k in 111 and 2.5k in 999.</p>	<p><b>Target Category 2 response times and ambulance handover delays</b>, including improved utilisation of urgent community response and rapid response services, the new digital intelligent routing platform, and direct support to the most challenged trusts.</p>
<p><b>Reduce crowding in A&amp;E departments and target the longest waits in ED</b>, through improving use of the NHS directory of services, and increasing provision of same day emergency care and acute frailty services.</p>	<p><b>Reduce hospital occupancy</b>, through increasing capacity by the equivalent of at least 7,000 general and acute beds, through a mix of new physical beds, virtual wards, and improvements elsewhere in the pathway</p>	<p><b>Ensure timely discharge</b>, across acute, mental health, and community settings, by working with social care partners and implementing the 10 best practice interventions through the '100 day challenge'.</p>	<p><b>Provide better support for people at home</b>, including the scaling up of virtual wards and additional support for High Intensity Users with complex needs</p>

3.4 The NHS Winter Plan aims to mitigate some of the pressure points within the system and has set a series of key metrics to monitor the situation throughout the winter. The aim is to respond to patients in crisis quickly and effectively, increase capacity in the hospital sector and reduce the number of patients in hospital that no longer require acute care.

- Improve the response and reduce call abandonment for 111 and 999 services – to deal with patients at their first contact rather than present at A&E
- Ensure the category 2 ambulance calls arrive with the 18 minute standard – currently these are waiting up to one hour.
- Improve ambulance handover times at A&E – to reduce the number of lost hours of vehicles being on the road to respond to calls.
- Reduce hospital occupancy levels to 92% - there is winter funding to support 7,000 additional hospital beds across the country, to reduce patients waiting on trolleys in A&E or on corridors.
- Reduce the number of patients who no longer need acute care remaining in hospital beds – the target has been 10% since July but it is currently 25% of all hospital beds have patients who no longer require acute care.

3.5 NHS Cheshire and Merseyside has set up a weekly Winter Planning and Operational Group to support the development of the ICB winter planning and provide assurance across the systems. The initial UEC assurance framework has been submitted to NHS England for review and in agreement between NW regional UEC team and each ICS as to local systems of high concern ahead of winter and hospital sites where a site visit (to walk patient pathway) would be of value. In conjunction with site visits, a whole system roundtable discussion to better understand and assess the local system/place's state of winter preparedness/readiness (and the role each system partner is playing in supporting winter pressures).

3.6 Within Halton there are a number of services and initiatives in place to support

residents and to create closer to home and easily accessible alternatives to acute hospital care. These include:

- Selfcare advice and guidance for healthy living and dealing with minor ailments
- The minor ailments service within the community pharmacies
- Community and Voluntary sector programmes and organisations
- NHS 111 First with the ability to navigate callers to local services
- Minor eye conditions service in the community optometrist
- GP extra for booked appointments outside or core hours
- 2 Urgent Treatment Centres offering walk-in care 8am to 9pm, 7 days a week
- Halton Intermediate Care and Frailty Service, providing urgent community response for patients at risk of requiring admission to hospital
- Rapid response respiratory service for COPD patients who experience an exacerbation
- NNAS admission avoidance car to act as a first response vehicle for 999 callers
- The community warden service supporting patients using the pendant alarm programme
- The High Intensity Users programme to support patients who are frequent callers and users of emergency services who have underlying anxiety issues
- The winter vaccine programmes for flu and COVID19, which have already started for the most vulnerable groups and plans in development to secure high levels of uptake across all eligible groups.

3.7

3.8

Whilst part of previous winter plans, in response to cost of living and fuel poverty crises, partners across Halton are stepping up their efforts as part of the Affordable Warmth programme, supporting local people to access available help, keep warm and avoid damp living conditions during the winter, benefitting population health and the urgent and emergency care system.

3.9

Work is underway to assess and improve discharge processes and their implementation, with the aim of reducing avoidable delays in discharge which can be a significant bottleneck in hospitals affecting, amongst other things, A&E and ambulance performance. To provide additional capacity during the winter there are also discussion being undertaken for increasing community bed availability both at Lilycross Care Centre and Oakmeadow, and consideration about the level of domiciliary care require. Halton is also working within the ICB programme for the national programme to develop virtual ward and hospital at home arrangements for early supportive discharge and admission avoidance of respiratory and frail patients.

3.10

Halton is establishing a Winter Resilience Group, operational and tactical management and escalation arrangements. These will bring together health and care partners to monitor plan implementation and impact, system performance and pressures, identifying, agreeing and executing remedial actions as required to ensure local people can access the services they need when they need them.

The new Health and Social Care Secretary announced plans for support to ambulance services, increased access to primary care, through GPs and Community Pharmacies, and a fund to support social care service for discharges. The details of these plans are expected soon and potentially add additional objectives and actions on to the existing plan.

#### **4.0 POLICY IMPLICATIONS**

4.1 Halton Winter Warmth campaign has commenced to support residence during the winter.

#### **5.0 OTHER/FINANCIAL IMPLICATIONS**

5.1 Workforce retention and recruitment has been problematic over the last few years, particularly for key specialities such as social workers and therapist, which is expected to continue and hamper the increase in service capacity to meet the demands.

#### **6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

##### **6.1 Children & Young People in Halton**

The NHS winter pressures are not anticipated to negatively impact on children's services.

The cost of living and fuel crisis will have a negative impact on children and families living in the less affluent households, that may result in increase presentations for health care interventions.

##### **6.2 Employment, Learning & Skills in Halton**

The NHS winter pressure is not anticipated to negatively impact

##### **6.3 A Healthy Halton**

The NHS winter pressures may result in long waits for urgent and emergency care, increased incidents due to longer ambulance waits and delays elective and routine care. All these issues can result in further deterioration of a patient's existing condition.

The pressures on NHS services should not have a negative impact on the underlying population health, but the cost of living and fuel crisis could cause a range of health conditions if people aren't able to keep warm and eat well.

##### **6.4 A Safer Halton**

The NHS winter pressures is not anticipated to negatively impact

##### **6.5 Halton's Urban Renewal**

The NHS winter pressures is not anticipated to negatively impact

## 7.0 **RISK ANALYSIS**

- 7.1 Increased morbidity and mortality within the population because of cold weather ailments and delays in access to care
- 7.2 Increased waits for care across all sectors
- 7.3 Increased demands for ongoing social care in an already saturated market
- 7.4 Workforce pressures due to absences and inability to recruit
- 7.5 Financial pressures rising with demand and limited winter allocations

## 8.0 **EQUALITY AND DIVERSITY ISSUES**

- 8.1 The pressures on NHS services should not have a negative impact on the level of access by any particular group of patients, but the cost of living and fuel crisis could cause a range of pressures on less affluent communities.

## 9.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

None within the meaning of the Act.