

<b>Date of meeting:</b>	22 November 2022		
<b>Subject / title of report:</b>	Leeds Health and Care System Resilience and Winter Planning		
<b>Report author(s) and presenter(s):</b>	Helen Lewis, Director of Pathway Integration, (Joanna Forster-Adams, COO LYPFT, Sam Prince, COO LCH, Clare Smith, COO LTHT, Shona McFarlane and Victoria Eaton, Adults and Health)		
<b>Concise summary of item:</b>	To update the Scrutiny Board on: Approach to Winter Resilience and Planning Progress on increasing winter capacity Risks		
<b>Has this item been discussed or planned to be discussed by another Board/group?</b>	Capacity plan updates overseen by H&SC System Resilience Coordination Group; all individual items overseen by individual provider boards, LCC Public Health etc		
<b>Report presented for:</b> <i>If for approval or decision, please state clearly and concisely what approval or decision is required</i>	<b>Approval</b>		<b>Discussion:</b>
	<b>Decision</b>		
	<b>Discussion</b>	X	
<b>Does the report contain confidential information?</b>	<b>Yes</b>		
	<b>No</b>	X	
<b>Does this report contain commercially sensitive information?</b>	<b>Yes</b>		
	<b>No</b>	X	

**Report of: Helen Lewis, Director of Pathway Integration**

**Report to: Scrutiny Board (Adults, Health & Active Lifestyle)**

**Date: 22 November 2022**

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## **Context**

Each organisation in the System has its own winter and resilience plans, decision management tools etc and its own assurance. This report is to bring an overview of the issues and actions at a system level, and in particular to update on plans to increase capacity in the System in the coming months. It also notes uptake of vaccines, given the vital importance of this in helping to mitigate illness requiring acute intervention, particularly among vulnerable groups. It does not cover the significant wider planning of the Council and its partners around food and fuel poverty and the wider communities work to support this.

## **Acute, Primary care and Community Demand**

High demand at A&E has continued across the summer and into the autumn, with daily patient numbers now on average higher than 2019/ pre-pandemic levels. Pathways are in place to support patients to access Urgent Treatment Centres for minor injuries, and additional same day GP capacity to support minor illnesses.

Performance against the national A&E targets has been challenged for the majority of this year and unfortunately, patients can wait for extended periods in A&E.

Acute bed occupancy is regularly 99+% rising above 100% if we include people waiting in the department or other areas for an admission beds. Admission times are impacted by constricted system flow. Additional acute beds have remained open across the year, and further additional capacity is planned as part of NHS winter plans.

The numbers of people with Covid in Leeds Teaching Hospitals Trust (LTHT) has reduced again in recent weeks. We have been told there may be a further peak at the end of November, and this may then mean the January peak is also a little later, but it is not easy to predict and there remains a potential for a new variant.

Admissions are not significantly up in the acute general hospital setting, but we continue to see longer lengths of stay for a wide variety of patients, not only those who require support on discharge.

Primary medical services (general practice), nationally across West Yorkshire and in Leeds are under significant pressure, resulting from unprecedented demand for services. Over the past four years the registered practice population in Leeds has grown by 30,000. The total number of appointments offered across the 92 GP practices now exceeds pre-pandemic levels.

Recent data shows delivery of 18,700 appointments per day (during August), rising to over 21,000 in September as practices started the flu and covid vaccination Autumn campaigns. Across our 92 practices currently 44% of all appointments are booked on the

same day with a total of 72% being booked within 7 days. In addition to these figures, a further 15,000 appointments per month were delivered through enhanced access services (evenings and weekends in Primary Care Network based hubs across the city) and a further 2,800 through the Same Day Response Service.

Services are generally responding well with most people satisfied with the services they receive, but satisfaction is deteriorating and is variable across our system. This is also borne out by insights from Healthwatch and other organisations. Key concerns include the length of time people wait for appointments, variation in communications approaches used which can lead to confusion around access arrangements and frustrations around processes for booking appointments – including telephony systems.

Ensuring we focus on the opportunities to improve patient access to, and experience of, general practice is a key priority shared across the Same Day Response and Primary Care Programme Boards. A 24/7 primary care workstream has been established recognising that poor access to same day primary care results in increased pressure elsewhere in the urgent and emergency care system.

Community health services are also challenged because of demand and staffing, but services prioritise hospital discharge wherever possible. Community health services and primary care staff work closely together to ensure all patients with nursing needs have these met in a timely manner. The Leeds Health and Care Partnership has invested in further community staffing for this winter and partners are working hard to recruit. The virtual wards for frailty and for respiratory conditions are working well, and we are increasing capacity in these too to provide an alternative to admission wherever possible. There are particular pressures on our community health services due to an increased number of people choosing to die in their own homes. Adults and Health have increased their investment in home care with the support of system partners, resulting in increased availability of and reduced waits for home care to support people to return home from hospital.

Work is ongoing to increase joint working between Leeds Community Healthcare NHS Trust (LCH) and the Leeds City Council reablement service, with alignment of services in Hubs across the City. There is also a strengthened relationship with Voluntary, Community and Social Enterprise (VCSE) partners through significant investment in the pilot Enhance programme where partners are acting as 'proxy family' to support with tasks that would previously have needed a statutory partner. Adult Social Care social work service has deployed additional agency staff throughout the year and recently increased this through an additional 10 agency staff plus other models of agency work to deliver additional assessments to reduce backlogs.

## **Mental Health Services**

Mental Health Statutory services continue to be under sustained pressure with occupancy across inpatient services at a normalised position of over 100%. This means that we have variable but consistent numbers of people being actively treated out of area, sometimes at considerable distance, from Leeds. We know that from a clinical outcome and a patient experience perspective this is far from ideal and does not provide the care we aspire to. We have a continued work programme to support our shared aspiration to reduce and eliminate the need for Out of Area care.

Over a period of 5 years, we have worked hard to build alternative and community support that enables us to provide care as close to home as possible in urgent and emergency

situations, but very often the clinical risk is such that inpatient admission out of area is necessary. We have had numerous interventions in Leeds that reiterate that in acute adult mental health services we have the right number of inpatient assessment and treatment facilities in place but that these need to be supported by coordinated and integrated community provision. We have plans in place to continue to drive this as a priority.

In our older adult services however, this is more problematic with a sustained Delayed Transfer of Care position of inability to admit to Care Home provision and in particular, for people who need provision for more specialist complex and challenging behaviour. At any time around 30% of our beds in our specialist Mental Health Older Adult inpatient services are occupied with people awaiting a new setting.

We are working closely with Local Authority colleagues to build on the successful model operationalised at the Willows but that this is unlikely to be in place through the winter of 2022/23. Some additional Independent sector nursing beds for people with more complex dementia are due to open before the end of November, and Leeds City Council and NHS colleagues are working closely together to identify the most suitable patients for these beds from across the system which should have an impact on occupancy for both Leeds and York Partnership NHS Foundation Trust (LYPFT) and Leeds Teaching Hospitals NHS Trust (LTHT).

Our key mental health risks and mitigations over winter include:

1. Sustained focus and attention on patient flow in Adult and Older Adult Care (recognising that we will be impacted by staff availability and managing the significant increase in demand in the urgent care response and admission).
2. Significant staffing risks in our core Leeds Mental Health Services (including Community Mental Health Teams and Crisis services) with vacancies in our core services approaching 50%.
3. Sustained pressure in Children and Young People Mental Health (CYPMH) Tier 4, Forensic, Acute Adult, Eating Disorder, Rehab and Older Adult Services, Crisis services.
4. Focus on the interface (and prioritisation) with LTHT colleagues to support and maintain flow in liaison and discharge services from LTHT.

## Public Health Plan

Each year Public Health contributes to strengthening the system wide approach to protect the health of the population during periods of cold weather by preparing for, alerting people to, and protecting from, the major avoidable effects on health.

Public health contributes to a system wide winter prevention plan focussing on the following key priorities:

- Providing Public Health leadership through the Health Protection Board in the prevention and management of winter related diseases and infections in Leeds.
- Supporting the winter system resilience plan through commissioning services and system leadership with a focus on:
  - Supporting people living with frailty to reduce vulnerability to poor health during the winter period.
  - Prevent the major avoidable effects on health associated with cold weather and living in cold and/or damp conditions.

- Public Health activity contributing to mitigating the adverse health impacts of cost of living crisis during winter 22/23 – in the context of broader city wide work leading on addressing cost of living.

The Public Health Winter Plan is developed and led by the Public Health Weather and Health Impact Group (WHIG). The group ensures prevention plans are in place to protect against the hazardous effects of adverse weather on health. The plan enables people to live healthier lives throughout periods of adverse weather. In addition, the plan supports the health and social care system reduce the pressures brought about by additional demand during the winter period. The actions and interventions within the plan provide additional support to people who are:

- At risk of hospitalisation during winter to avoid admission to hospital where possible
- Unable to return home without measures in place to enable them to do so safely or independently therefore delaying discharge when demand is particularly high.

This plan also recognises the additional challenges that COVID-19 presents during the winter period both for people and the expected pressures across the health and social care system.

Public Health have a number of commissioned services that support individuals across our communities and contribute to the systems response to Winter.

1. Community Infection prevention and control service providing support including into care homes and home care and outbreak management response.
2. Home Plus (Leeds) enabling and maintaining independent living through improving health at home, helping to prevent falls and cold related health conditions.
3. Active Leeds Health Programmes delivering a range of activities to support people to self-manage their health conditions through physical activity and support those at risk of falling to improve their strength, balance and coordination.
4. Lunch clubs addressing malnutrition, hydration and social isolation.
5. Winter grants with the small grants scheme for community groups.
6. Neighbourhood Network Schemes provide a range of services, activities and opportunities promoting the independence, health and well-being of older people throughout Leeds.
7. Winter Friends programme building on the success of last year's public facing winter friends programme, and a public facing campaign to promote neighbourliness and kindness in communities focussing on the nine-evidence based high impact interventions.

The Public Health team have a detailed winter plan that covers these areas.

## Vaccination

Vaccinations are an important element of the prevention agenda.

Our flu targets for 2022/23 are to meet and exceed uptake rates from 2021/22. Recent numbers for people who are 65 and over are slightly higher than at this stage last year. At the end of the last season 83% was reached for this population cohort. Vaccination rates are monitored closely and actions taken to ensure we focus on increasing uptake, particularly in disadvantaged and at risk communities and groups. There is particular concern around flu this year as we have not had a significant level of flu for the past 3 years, as it was suppressed by the actions that were taken to minimise the spread of Covid.

We know the flu season started early in Australia and that our current vaccine is a good match for the circulating virus. We need to ensure high levels of coverage to help minimise acute illness and hospital admissions.

Covid vaccinations rates for the over 50s and clinically vulnerable are also monitored. The autumn booster programme began in September with visits to care homes and housebound. This vaccine is being given at the same time as the flu vaccine wherever possible. Leeds has an 'evergreen offer' so that people who have not yet received any doses for which they are eligible can continue to do so. Detailed data is tracked to help continue to focus on those communities and groups with the lowest rates of vaccination.

## **Demand Assumptions for Winter**

Modelling scenarios have been calculated by LTHT against best-case, mid-case and reasonable worst-case bases for Influenza, Covid and elective demand, that indicate an increased requirement of acute beds across winter and priority system capacity and improvement plans have been aligned to mitigate this increase.

Winter activity profiles across urgent and emergency care services also show a seasonal increase in demand for services in November.

The modelling numbers include an ambition to maintain our current levels of elective activity, mindful of the need to ensure we continue to treat our cancer patients and continue to make progress on treating those patients whose care was delayed during the pandemic and by the ongoing constraints on our capacity caused by its aftermath. Leeds is making good progress in this area, but we still have waits that are far longer than before the pandemic.

## **Creating additional capacity**

Partners in the health and care system are taking a number of actions to create additional capacity in line with the expected peak of demands.

Plans and schemes include:

1. Acute capacity and efficiency plans to increase bed capacity with plans submitted as part of NHS Winter Plans
2. System flow productivity programmes include further improvements in our processes within the multidisciplinary Transfer of Care Hub, on the day discharge to community Neighbourhood Teams, enhanced staffing into Bed Brokerage, productivity improvements as a result of a single queue for Reablement, and additional social work capacity
3. A number of schemes contributing to out of hospital capacity including expansion of community virtual ward capacity, additional recruitment to Community Intravenous Administration (CIVAS), additional 3<sup>rd</sup> sector capacity, additional care home dementia capacity, and wider support to care homes and additional rehabilitation beds being opened where possible.

Significant risks to all schemes will relate to recruitment of appropriate additional staffing, and the costs of agency staffing which are extremely high. All partners are focused on maximising capacity while recognising the likely level of pressures and acuity which will be exacerbated by higher staff absences during periods of Covid and/or flu.



## National planning requirements and resilience response

The National Winter focus areas as outlined in the going further on winter resilience plans include but are not exclusive to:

- Preparing for new COVID-19 variants/respiratory challenges
- Prevention – Infection Prevention Control, Vaccination Programme
- Workforce
- Better support people in the community and preventing avoidable admissions
- Deliver on our ambitions to align capacity and demand, maximising resources – additional funding
- Support improvements in ambulance services – 111 and 999 focus on reducing handover delays
- Ensure timely discharge and support people to leave hospital when clinically appropriate to support flow
- Maintaining elective activity including cancer and diagnostics
- System and Trust oversight and incident management arrangements – System Control Centre
- Regular performance monitoring – Board Assurance Framework (BAF)

The NHS Winter Board Assurance Framework contains the following 6 nationally mandated winter metrics:

- 111 call abandonment.
- Mean 999 call answering times.
- Category 2 ambulance response times.
- Average hours lost to ambulance handover delays per day.
- Adult general and acute type 1 bed occupancy (adjusted for void beds).
- Percentage of beds occupied by patients who no longer meet the criteria to reside

## Governance arrangements for the Integrated Care Board (ICB)

The following Governance arrangements have been shared via the ICB, which are worth noting. They demonstrate the range of asks and settings which are overseeing this work, and the potential for duplication of reporting which requires careful management.

### Place

- Place based governance through local A&E Delivery Boards (in Leeds the intention is this will be through the Leeds Health and Care Partnership Executive Group (PEG) acting as the A&E delivery board)

### West Yorkshire Integrated Care Board

- Urgent and Emergency Care Senior Responsible Owner led Wednesday morning system wide operational group – weekly
- Integrated Care Board Tactical System Leadership Team – weekly (operational)
- Yorkshire Ambulance Service Executive Tactical Group – weekly
- Integrated Care Board West Yorkshire formal System Leadership Team – Monthly
- Integrated Care Board Board – Bi monthly –Finance, Investment and Performance Committee- Bi Monthly
- Urgent and Emergency Care Programme Board – Bi Monthly
- All plans reviewed and feedback provided - October

## Regional/National

- North East & Yorkshire Urgent and Emergency Care Operations
- Regional Winter Bi-lateral discussions
- National Winter review panel

## Risks

There remain significant risks to the delivery plans outlined not least of which is the capacity to recruit additional staffing both for the winter wards and for the community capacity.

The Integrated Care Board has identified the following risks, which are replicated at Place level.

- Maintaining quality and safety
- Workforce pressures – exceptional levels of sickness and vacancies
- Impact of delivering vaccination programme, maintaining pace and uptake
- Increased COVID-19 demand above modelled levels– prolonged recovery, Concurrent peaks of Flu, RSV
- Pressures in primary care and same day urgent care services
- Increased 999 & 111 demand– excessive response times
- Pressures in mental health services
- Contingency for electives
- Imbalance in demand and capacity e.g. Bed capacity
- Breakdown in system flow – community services and social care unable to maintain services to meet demand
- Public expectation and behaviour
- Supply chain issues
- Cost of living and fuel poverty
- Industrial action

## Summary

The system enters winter having had a sustained period of high demand and ongoing difficulties in ensuring people are discharged promptly from hospital when they no longer need acute services. The Leeds Health and Care Partnership is working hard to plan for the coming period, mindful of the pressures on citizens and staff which may exacerbate the health and care needs of our system. Scrutiny Board is asked to note the ongoing work, the risks, and the governance arrangements in place to try to mitigate the impact of these demands on the health of our population.