Leeds Health & Care Partnership

Scrutiny Board (Adults, Health & Active Lifestyle)

Date of meeting:	10 October 2023		
Subject / title of report:	Leeds Health and Care System Resilience and Winter Planning		
Report author(s) and presenter(s):	Helen Lewis, Director of Pathway Integration, Dawn Bailey, Chief Officer Public Health (Health Protection)		
Concise summary of item:	To update the Scrutiny Board on: Approach to Winter Resilience and Planning Progress on increasing winter capacity Risks		
Has this item been discussed or planned to be discussed by another Board/group?	Capacity plan updates overseen by H&SC System Resilience Coordination Group; all individual items overseen by individual provider boards, LCC Public Health etc		
Report presented for: ***If for approval or decision, please state clearly and concisely what approval or decision is required***	**Approval**		**Discussion:** Discussion to focus on: • Approach to Winter Resilience and Planning • Progress on increasing winter capacity • Risks
	Decision		
	Discussion	x	
Does the report contain confidential information?	**Yes**		
	No	x	
Does this report contain commercially sensitive information?	**Yes**		
	No	x	

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Background & Context

- Each organisation in the System has its own winter and resilience plans, decision management tools and its own assurance & governance structure. This report is to bring an overview of the issues and actions at a system level, and to update on plans to support prevention of health issues and increase capacity in the System in the coming months. The paper covers specific interventions targeted at winter and does not cover the significant wider planning of the Council and its partners around food, housing and fuel poverty and the wider communities' work to support this.
- In additional to individual winter and resilience plans within organisations and the improvement work of the HomeFirst programme, the system in Leeds is developing plans to create additional capacity to support the modelled demand for acute hospital beds and discharge packages over the winter period.
- It also notes uptake of vaccines, given the vital importance of this in helping to mitigate illness requiring acute intervention, particularly among vulnerable groups.
- Significant risks exist to plans not only because of the uncertainties around Covid, flu and other respiratory conditions, but by the likely continuation of industrial action over the winter period. The system is working on plans to mitigate those risks.
- Progress against the plans and risks will be monitored weekly by the System Resilience Operational Group

National Context

The National Winter drive is to deliver the ambitions of the Urgent and Emergency Care recovery plan:

- 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.

Ask for providers to meet key thresholds:

- Achieving an average of 80% A&E 4-hour performance over Q4 of 2023/24.
- Completing at least 90% of ambulance handovers within 30 minutes during Q3 and Q4 of 2023/24.

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

Context for Leeds

The Leeds System is entering this winter in a stronger position than for 2022/23.

- The number of acute bed days associated with no reason to reside patients has reduced by over 2000 since March 23 supported by the work of the HomeFirst programme.
- The purchase of short-term care home beds has been eliminated over summer in recognition this pathway does not support people to have the best outcomes
- There are some improvements in our care home and home care market sustainability and stability from last year – these providers are vital to support people into long term care.

These improvements have been supported the implementation of a system reporting suite that supports leaders in the system to understand where the pressure is in the system daily and work collaboratively to address issues.

Hospital Live NR2R Length of Stay has decreased by over 2000 since March 23

Leeds Teaching Hospitals NHS Trust (LTHT) has used nationally recommended modelling scenarios to predict the number of acute beds required across winter to maintain non-elective and elective demand. Winter activity profiles across urgent and emergency care services show a seasonal increase in demand for services in November, with particularly pressured periods from January to the end of February 24. Modelling suggests the system will struggle to maintain the ambition of 96% occupancy within LTHT from Oct 23- May 24. (see Appendix A). Priority system capacity and improvement plans have been aligned to mitigate this increase and support the delivery of a safe winter.

To deliver a safe winter over the Leeds Health & Care Partnership must ensure:

1. **Good oversight & governance**
2. **Prevention through vaccination and prevention programmes**
3. **Sufficient capacity in Primary Care**
4. **Wherever possible supporting people at home to avoid A&E admissions**
5. **Ensure timely discharge from hospital to accommodate acute demand**
6. **Access to and flow through Mental Health Services**

1. Oversight & Governance

To support the oversight and management of risks over winter, there has been a refresh of the national Operational Pressures Escalation Level (OPEL) scores and the introduction of a System Coordination Centre specification (SCC) to provide clarity on the governance structures that support patient access. SCCs will be a central co-ordination service to providers of care across the ICB footprint, with the aim to support patient access to the safest and best quality of care possible.

The Leeds health and care system will continue to maintain a system OPEL that reflects the wider system pressure and supports system leaders to balance risks. At escalated OPEL levels the system Decision Management Tool will support rapid decision making to collaboratively mitigate risks.

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
- System Resilience Operational Group – weekly (and stand up as required)
- Active System Leadership – weekly (and stand up as required)
- System Coordination - weekly (and stand up as required)

West Yorkshire Integrated Care Board

- UEC SRO led Wednesday morning system wide operational group – weekly
- ICB Tactical System Leadership Team – weekly (operational)
- YAS Executive Tactical Group – weekly
- ICB West Yorkshire formal System Leadership Team – Monthly
- ICB Board – Bi monthly –Finance, Investment and Performance Committee- Bi Monthly -
- UEC Programme Board – Bi Monthly
- All plans reviewed and feedback provided - October

Regional/National

- North East & Yorkshire UEC Operations
- Regional Winter Bi-lateral discussions
- National Winter review panel

2. Prevention through vaccination and prevention programmes

Vaccination

Vaccinations are an important element of the prevention agenda. The flu/covid vaccination campaign was brought forward to start on the 11 September 23 and began with adult care home residents and those most at risk to receive vaccines first. Both vaccines are being given at the same time wherever possible.

The target is to have all care home residents/housebound people to be vaccinated before 22 October 2023 with care home staff to be offered vaccines via PCNs when vaccinating residents. An additional vaccine offer is also planned via LCH IPC for care homes where uptake is low. The overall target is for all eligible individuals to have been invited to come forward by 15 December 2023.

This year's surveillance from the Southern Hemisphere indicates a flu season that is above the average of the last 5 years or case rates but below that seen in 22/23. The same data indicates an earlier declaration of flu season than in previous years which is reflected in the flu vaccination timeframe. Vaccination rates are monitored closely and actions taken to ensure we focus on increasing uptake, particularly in disadvantaged and at-risk communities and groups.

The autumn covid booster programme is targeting cohorts:

- Persons at higher risk of severe Covid-19 would be offered a booster vaccine dose in preparation for winter 2023/24.
- Residents in a care home for older adults.
- All adults aged 65 years and over.
- Persons aged 6 months to 64 years in a clinical risk group, as laid out in the Immunisation Green Book, COVID-19 Chapter (Green Book).
- Frontline health and social care workers.
- Persons aged 12 to 64 years who are household contacts (as defined in the Green Book) of people with immunosuppression.
- Persons aged 16 to 64 years who are carers (as defined in the Green Book) and staff working in care homes for older adults.

Challenges/Risks

- Vaccine Supply to align with the earlier start date
- No written contract for the 6month – 4year old cohort
- Significant problems onboarding community pharmacies to covid programme (risk of losing providers)
- Limited capacity to deliver the outreach model – there is a reliance on community pharmacy to deliver this approach
- Current issue potentially of non-frontline workers in NHS settings now not being offered covid vaccination (National policy change from previous years)
- May not find a provider for housebound people to meet any gaps in service which may impact on meeting the 22/10 target for vaccination.

Public Health & Health Prevention

Winter prevention plan

The UKHSA Adverse Weather Plan for England (2023) outlines actions and advice for reducing preventable cold weather-related deaths and ill-health. Nationally thousands of people die each year from conditions linked to exposure to cold weather, these are referred to as excess winter deaths.

Excess winter deaths are extra deaths from all causes that occur in the winter months compared with the expected number of deaths. The majority occur among the elderly population and most excess winter deaths are due to respiratory diseases. (*Please note, excess winter deaths data is measured as a five year rolling average, latest national publications are being updated. Further work is underway to understand the impact of covid on excess winter deaths.)*

LCC Public Health are working with partners to prevent the major avoidable effects on health during cold weather periods through provision of services, guidance and messaging to protect the most vulnerable informed by the UKHSA National Adverse Weather Plan.

The programmes of work aim 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. The following outlines the public health priorities and key actions being implemented during the winter period of 23/24.

The system wide winter prevention plan focuses on 3 key priorities which are informed by the UKHSA Adverse Weather Plan 2023:

- Prevention and management of winter related diseases, infections and ill health in Leeds.
- Support people living with frailty to reduce vulnerability to poor health during the winter period.
- Mitigate the health impacts of cold and cost of living

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.

In addition to providing system leadership to winter prevention plans, LCC Public Health commission a range of preventative frontline services and initiatives across the city to protect vulnerable people from the hazardous impacts of cold weather. (A number of prevention services are commissioned and/or partially funded by other parts of the system as outlined below.)

Commissioned services and interventions include:

1. Community Infection prevention and control service (LCH) providing a 7 day a week support, advice and outbreak response to community settings including care homes and home care and educational settings.
2. Home Plus (NHS Leeds ICB, Public Health & Communities, Housing & Environment commissioned) - 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. Contract managed by LCC, funded by NHS Leeds ICB.
4. Lunch clubs – addressing malnutrition, hydration and social isolation Lunch clubs addressing.
5. Winter grants – small grants scheme for community groups to support people to stay well and warm at home.
6. Neighbourhood Network Schemes (commissioned by LCC Adults and Health, partially funded by Public Health) - provide a range of services, activities and opportunities promoting the independence, health and well-being of older people throughout Leeds. Development of co-circulation of respiratory illness pathways and guidance for care home staff, education settings and primary care
7. Targeted 'Winter Letters' from Director of Public Health promoting UKHSA action cards to ASC, Primary Care, Third Sector, Education and Early Years
8. Winter Messages Workshops for Local Care Partnership and other staff cohorts
9. Development and availability of free public health resources targeted at local workforce
10. Provision of public health support/interventions to LCC led cost of living programmes
11. Winter Friends programme building on the success of previous years Winter Friends Campaign/website encouraging people to become a 'Winter Friend' within their community, providing practical advice, resources and info on support services in order to help mitigate the impact of cold weather.

3. Sufficient capacity in Primary Care

Primary medical services (general practice), nationally across West Yorkshire and in Leeds are under significant pressure, resulting from unprecedented demand for services, which has increase over the last 12 months. The total number of appointments offered across the 90 GP practices continues to exceed pre-pandemic levels.

In order to keep the system safe over winter we are focusing 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.

Same Day response clinics are being established in 3 GP Practices to support on the day demand.

Risks

- There is a risk that the impact of delivering vaccination programme, maintaining pace and uptake will impact on the capacity in primary care
- Despite the above actions there is a risk of insufficient primary care capacity to meet the increase demand over winter

4. Admission avoidance & Ambulance handover times

The demand for A&E has remained relatively stable across the past 2 years with no significant statistical increase or decline. There remains a level of variability with peaks linked to season, COVID Flu and RSV. LTHT admissions have decreased from 2022/23 through the development of strong Same Day Emergency Care offers on our hospital sites, supported by improved services in the community.

Pathways are in place to support patients to access Urgent Treatment Centres for minor injuries and illness, and additional same day GP capacity to support minor illnesses. In addition to this Leeds has a Primary Care Access Line (PCAL) supporting alternatives to hospital attendance. This service has responded to over 82,000 primary care clinical calls with 54,000 of those calls resulting in A&E avoidance in the last year.

This admission avoidance work has been supported by the HomeFirst programme and further improvements are expected over the course of winter as the programme continues. LTHT is carrying out estate work before the end of November to maximise the footprint for medical and elderly Same Day Emergency Care.

Across the NHS there are challenges in ambulances being available to respond in a timely way to 999 calls. This is in part driven by national delays in handing over patients from ambulance services to hospitals. There is a national target of 15 minutes for Ambulance handover time. Leeds Teaching Hospital Trust (LTHT) continues to work to reduce the time it takes for ambulance handover through partnership working with Yorkshire Ambulance Service (YAS) and last winter at times had the lowest ambulance handover times in the country. Going into winter 23/24 LTHT continues to prioritise ambulance handovers and the average handover time is 9 min for LGI & 12 min for SJUH. Escalation measures are in place between partners at times of extreme pressure.

Risks

- There remains a risk that the available capacity will be insufficient to meet the increased demand over winter for 999, 111 and other admission avoidance services.

- As with other places across the country, performance against the national A&E targets has been challenging. On some days, patients can wait for extended periods in A&E. This is in part due to bed availability which has remained a challenge, despite improvements in occupancy.

- Further industrial action will impact on the elective care backlogs, although the urgent electives have been preserved wherever possible. The loss of senior clinical

decision makers during industrial periods also impacts on the rate of referrals for ongoing services and can lead to the batching of referrals.

5. Timely Discharge from hospital

Leeds is entering winter 23/24 in a better position than in previous years due to the reduction in patients waiting for discharge from hospital. There has been a notable change in the number of people being discharged with support at home (pathway 1) over the last 6 months, largely driven by an increase in homecare starts from hospital. To support this demand shift over winter the system is working to improve capacity in receiving services in line with the expected peak of demands.

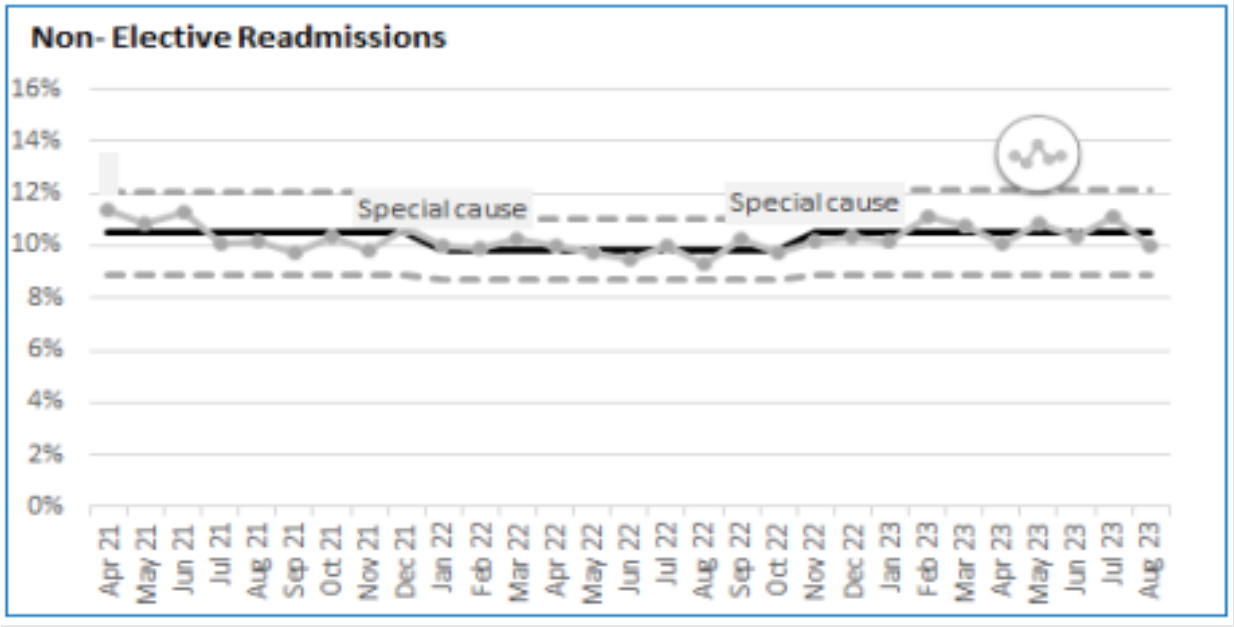
Community health services, particularly the Neighbourhood Teams have ongoing challenges throughout this year because of demand and staffing, but services continue to prioritise hospital discharge wherever possible. The Neighbourhood Team capacity has been supplemented by partnering with private home care companies, funded through the ICB and partnering with the VSCE Enhance service where partners are acting as 'proxy family' to support with tasks that would previously have needed a statutory partner.

The HomeFirst Programme is working to further increase capacity of receiving services over winter. The Active Recovery Programme is working to increase the capacity in the Reablement service and increase joint working between LCH and the LCC through the combining of referral pathways into the triage hubs across the city. The Rehabilitation & Recovery bed programme is working to reduce the length of stay in the community beds to support increased throughput.

The Home Wards for frailty and for respiratory conditions are working well, and we are increasing capacity in these to provide an alternative to admission wherever possible. Our target is to create 115 Virtual wards beds in total by March 23 including a new remote health monitoring service to support early discharge from hospital. There is an opportunity to further utilise the Home Wards' capacity and the HomeFirst programme is working to increase demand through improving awareness and referral route/pathways.

To accommodate the additional demand over winter we are developing a Short-Term Assessment Service to support people at home while they are assessed for their long-term care & support needs and recover from their hospital stay.

To assure ourselves that patients are not being discharged from hospital prematurely or without adequate community support we monitor the readmission rates to LTHT monthly. The average 30 day readmission rate for non-elective patients at LTHT has remained stable since Oct 22 and is currently 9.96%, reassuring us that the improvements we have made by increasing capacity and pace have not adversely affected readmissions. There are a range of actions being taken within LTHT to maintain and reduce this further.



Risks

- There is uncertainty about the market's ability to deliver sufficient out of hospital capacity to meet demand.
- There is potential to have an imbalance in demand and capacity within intermediate care
- System flow will break down should community services and social care be unable to maintain services to meet demand
- There are particular pressures on our community health services due to an increased number of people choosing to die in their own homes.

6. Access to and flow through Mental Health Services

Mental Health 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 needing hospital care '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 our occupancy levels.

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 MH 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. Access to housing remains a challenge for this client group.

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 MH Older Adult inpatient services are occupied with people awaiting a new setting.

We are working closely with LA colleagues to build on aspects of the successful model for dementia care at the Willows but that this is unlikely to be operational until March 24. Some additional Independent sector nursing beds for people with more complex dementia have been beneficial to the system and more are due to open imminently. LCC 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 LYPFT and LTHT.

Risks

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. Access to suitable accommodation is a significant barrier to discharge across all adult ages.
3. Despite a significantly improved capacity (increased colleagues and reduced caseloads), in our Working Age Adult CMHTs, we are going into winter at a critical time as it continues to recover from over 18 months of vacancies and maintaining safe care delivery. The upcoming Community Mental Health Transformation, although will see significant benefits in the community (including Primary Care) may also create potential disruption as a result of delivering and embedding the changes. Changes are due to start for three early implementer Local Care Partnerships in November 2023 subject to some final work on governance arrangements.
4. Significant staffing risks in our core Leeds MH Services (Crisis services) with vacancies in our core services approaching 50%.
5. Sustained pressure in Children and Young People's Tier 4, Forensic. Acute Adult, Eating Disorder, Rehab and Older Adult Services, Crisis services.

Focus on the interface (and prioritisation) with LTHT colleagues to support and maintain flow in liaison and discharge services from LTHT for people with mental health needs.

Risks common to all areas

Alongside the risks associated with the individual areas referenced above there are significant risks common to all areas of the Leeds Health & Care Partnership:

- Industrial action
- Extreme weather
- Maintaining quality and safety
- Workforce pressures – exceptional levels of sickness and vacancies
- Increased infectious diseases above the modelled levels (COVID, flu, RSV etc.)
- Contingency for electives
- Public expectation and behaviour
- Supply chain issues
- Cost of living and fuel poverty
- Financial landscape in LCC and ICB

Summary

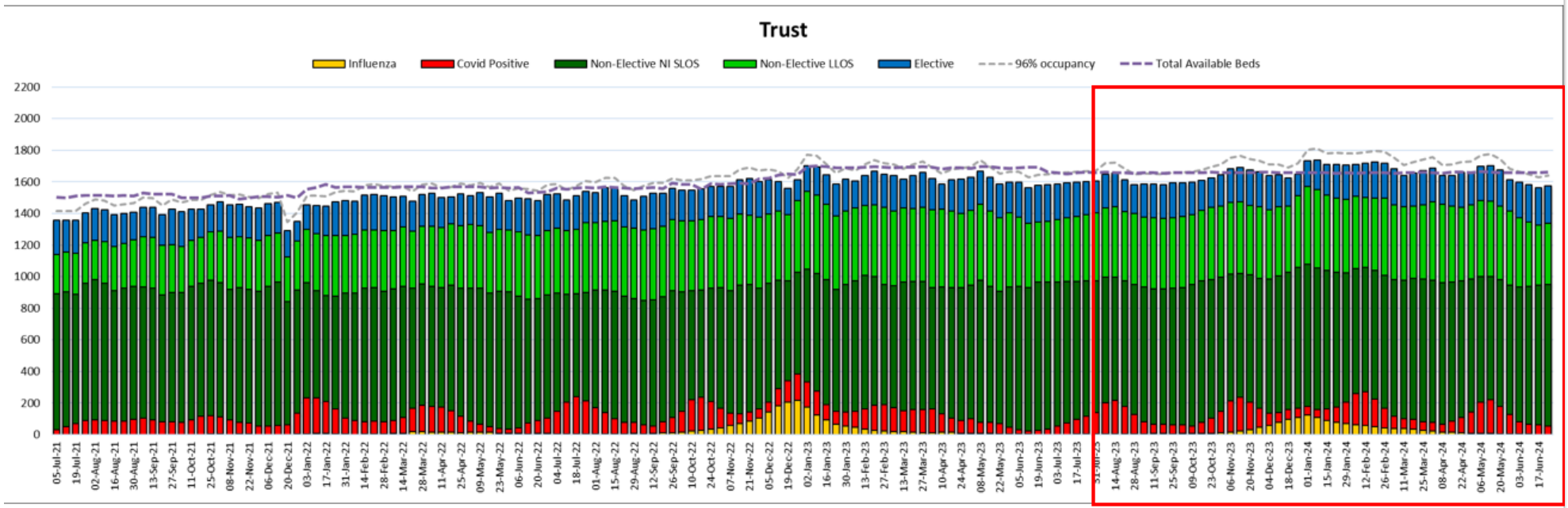
The system enters winter in a stronger position than 2022/23. There remain significant pressures particular around A&E attendance, flow through mental health services and the impact of industrial action. The Leeds Health and Care Partnership is working hard to plan for the coming period, mindful of the 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.

Appendix A

Bed Modelling outputs

NHS
The Leeds Teaching Hospitals
NHS Trust

Scenario 1 – Most likely case



Additional Capacity Plans

Leeds Health & Care Partnership

LTHT Bed Modelling Scenario 1 (Covid peak before and after flu peak in January) indicated a maximum bed deficit of 178 to achieve 96% occupancy in LTHT in Jan 24. Plans have been developed to deliver additional system capacity between Sept- Mar to bridge this gap.

Leeds Winter plan	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Demand modelling LTHT (bed deficit at 96% occupancy)		0	70	150	178	150	180
Capacity gap after mitigation from currently funded schemes (unit is beds)		0	0	0	0	0	0
Confirmed Discharge schemes (Beds Released)	5	18	70	152	184	188	183
LTHT Beckett wing wards			0	30	60	60	60
LTHT Home Telometry (Children's, ERCP, Cardiac, Renal)	0	5	10	16	18	22	25
HomeFirst Improvement	0	8	25	41	41	41	48
Home Ward Frailty within HomeFirst	5	5	5	20	20	20	20
Short Term Assessment Service			30	45	45	45	25
The Oaks @ Dolphin Manor (*works dependent)*	0	0	0	0	0	12	12

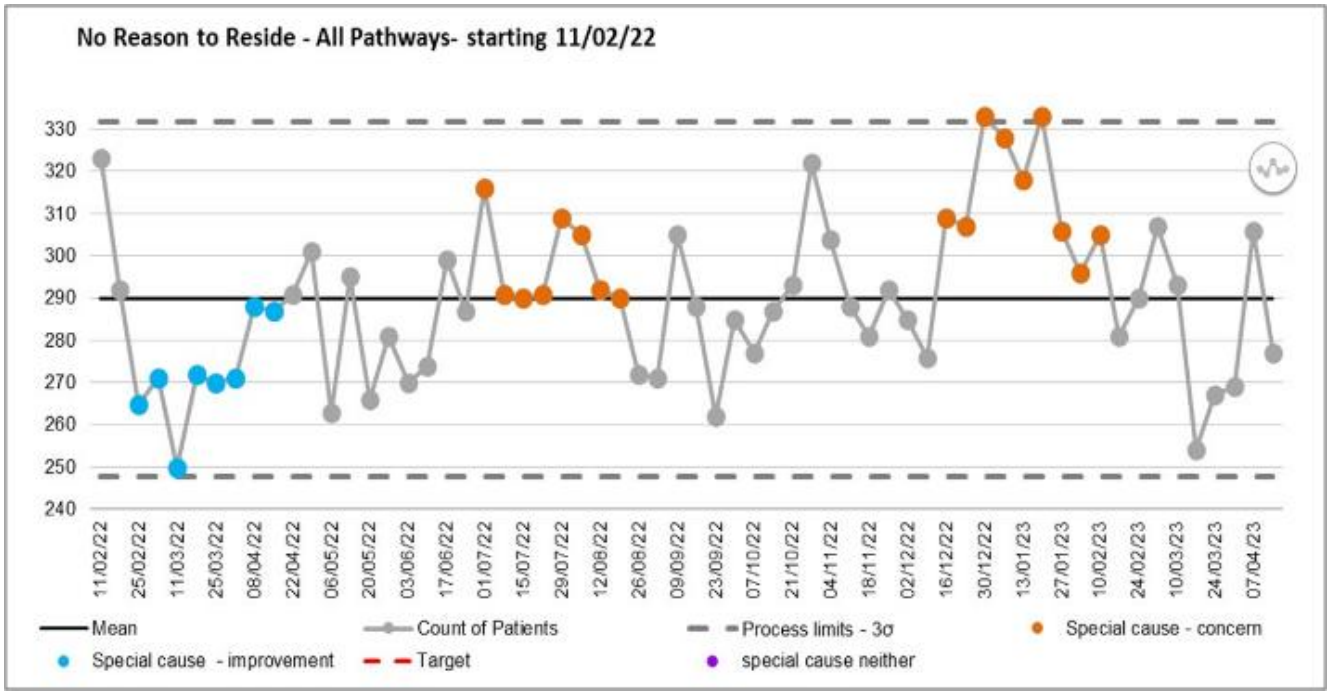
Appendix B

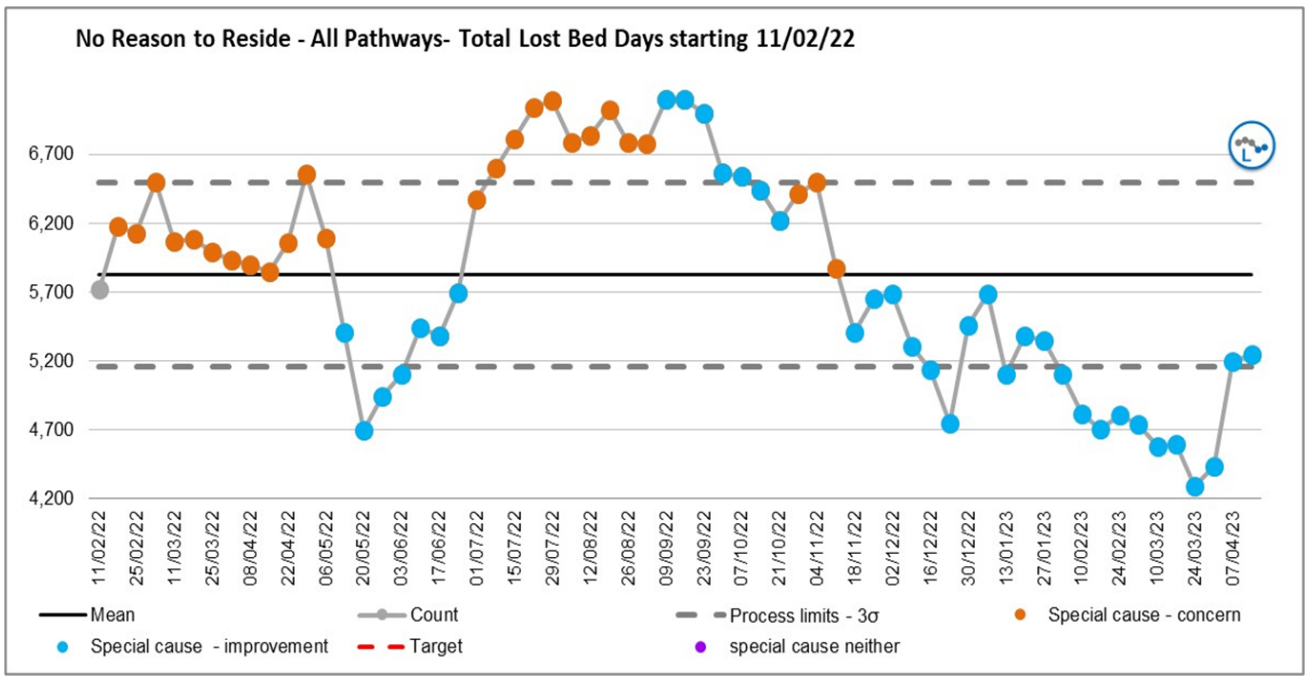
Update on the approach and mitigation of risk during winter 2022/23

In 2022/23 LTHT modelled bed deficit over winter was 271. The system delivered the equivalent of 263 beds during winter to balance the deficit. There was an additional challenge to the system in Nov 22 of the loss of community beds from a change of provider, which created some challenges with the availability of capacity to meet the modelled demand.

Through our additional capacity plans Leeds successfully maintained the flow through the health and care system in winter 2022/23 as demonstrated by the maintenance of number of no reason reside people in hospital and reduction in the number of bed days for people who are no reason reside. However, it should be noted that the baseline of pressure during summer 2022/23 going into winter was significantly high and while the additional winter capacity plans mitigated the increase pressure, they were not sufficient to address the baseline pressure in the system. There were still several days of extreme pressure, where significant numbers of patients needed to be cared for in areas not designed for inpatient care, or waited a long time in the A&E for admission. Pressures linked to flu and Covid added to the difficulties. Our ambition is to improve on this during 23/4 and as referenced within the paper we are entering winter 23/24 in a less pressurise position.

Over the course of the winter we saw increased pressure at the front door of health services as seen through the increased number of 12hour waits in A&E. To support this primary care services increased the same day offer through the Same Day Response and Community Ambulatory Paediatric Services alongside improvements to the Primary Care Access Line (PCAL) which supports alternatives to hospital attendance.





LTHT – A&E Number of admitted patients waiting over 4 hours for admission, Number of attendances waiting over 12 hours in department and Number of waits for admission from Decision to Admit over 12 hours – 7 day rolling average