Appendix 1

Leeds Health & Care Partnership

Scrutiny Board (Adults, Health & Active Lifestyle)

<table>
<tr><td>Date of meeting:</td><td colspan="3"></td><td></td></tr>
<tr><td>Subject / title of report:</td><td colspan="4">Leeds Health and Care System Resilience and Winter Planning</td></tr>
<tr><td>Report author(s) and presenter(s):</td><td colspan="4">Helen Lewis, Director of Pathway Integration
Dawn Bailey, Chief Officer Public Health (Health Protection)</td></tr>
<tr><td>Concise summary of item:</td><td colspan="4">To update the Scrutiny Board on:
Approach to Winter Resilience and Planning
Progress on increasing winter capacity
Risks</td></tr>
<tr><td>Has this item been discussed or planned to be discussed by another Board/group?</td><td colspan="4">Capacity plan updates overseen by H&SC System Resilience Coordination Group; all individual items overseen by individual provider boards, LCC Public Health etc</td></tr>
<tr><td rowspan="3">Report presented for:
If for approval or decision, please state clearly and concisely what approval or decision is required</td><td>Approval</td><td></td><td colspan="2" rowspan="7">Discussion:</td></tr>
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<tr><td>Discussion</td><td>x</td></tr>
<tr><td rowspan="2">Does the report contain confidential information?</td><td>Yes</td><td></td></tr>
<tr><td>No</td><td>x</td></tr>
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Report to: Scrutiny Board (Adults, Health & Active Lifestyle)

Date: 8 October 2024

Subject: Leeds Health and Care System Resilience and Winter Planning

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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 addition 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 ongoing and potentially increased impact of Primary Care collective action or any other industrial action. The system continues to work on plans to mitigate those risks.
- Progress against the plans and risks will be monitored fortnightly at Active System Leadership group (ASL) with System Resilience Operational Group (SROG) stood up during anticipated pressure points or at times of extreme pressure.

National Context

The Urgent and Emergency Care recovery plan (UECRP) has now entered its second year. The level of ambition for 2024/25 aims to deliver:

- Improve A&E performance with 78% of patients being admitted, transferred or discharged within 4 hours by March 2025
- Improve Category 2 ambulance response times relative to 2023/24, to an average of 30 minutes across 2024/25

Operational planning guidance asked systems to focus on three areas to deliver these ambitions:

1. Maintaining the capacity expansion delivered through 2023/24
2. Increasing the productivity of acute and non-acute services across bedded and non-bedded capacity, improving flow and length of stay, and clinical outcomes
3. Continuing to develop services that shift activity from acute hospital settings to settings outside an acute hospital for patients with unplanned urgent needs, supporting proactive care, admissions avoidance and hospital discharge

Locally providers have agreed to:

- Ensure at least 78% of all patients accessing emergency care (including A&E's and Urgent Treatment Centres) will be admitted, transferred or discharged within 4hrs by March 2025 (as a system we have achieved planned trajectories in July and August)
- Improve Category 2 ambulance response time (average) for West Yorkshire to 24 minutes 51 seconds by end of March 2025 (Yorkshire Ambulance Service regional year-end target is 30 minutes and 23 seconds)

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

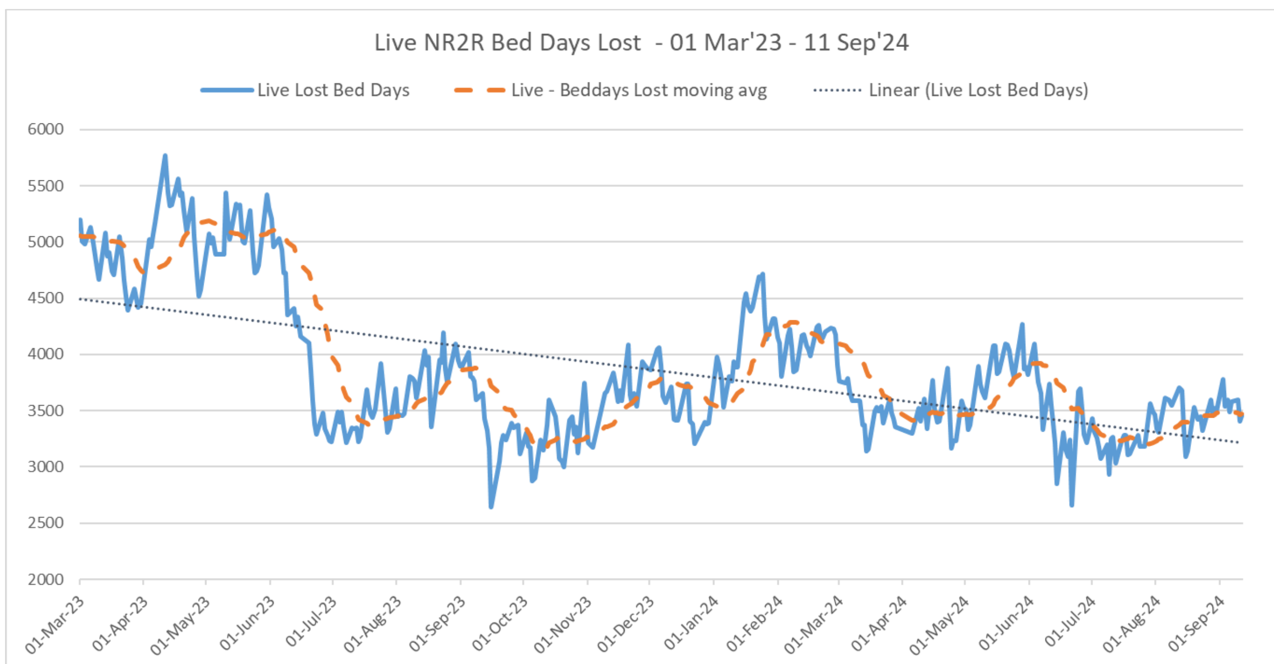
In June 2024, systems have been asked to focus on patient safety and quality of care in pressurised services (NHS England circulated a letter PRN01417). As a system we have reviewed the asks and assure themselves that we are working collectively to achieve the operational requirements.

On the 16th September NHS England wrote to each system, Chief Executives of NHS Acute and Foundation providers and Local Authorities confirming operating assumptions for the forthcoming winter and reminder of 2024/25 NHS England » Winter and H2 priorities. The letter outlines the steps NHS England is going to take, as well as those ICBs and providers are asked to take, to support the delivery of safe, dignified and high-quality care for patients this winter.

Context for Leeds

The Leeds System is entering this winter in a strong position.

- Performance against the 4hour A&E standard was achieved at the end of quarter 4 2023/24 and remains on track to deliver further improvements during 2024/25
- Ambulance handover times also remain one of the strongest in the region despite changes in how times are calculated (resulting in an average of 5 minutes added to each handover). However, performance is still above the national expected target of 15mins at 18 minutes 15 seconds for August 2024
- As of September 2024, No Reason to Reside (NR2R) Length of Stay (LoS) for people requiring supported discharge had reduced by 31% compared to baseline (supported by the work of the HomeFirst programme), although this is slightly higher than at September 2023. Strong system working has contributed greatly to the reduction in overall numbers and length of stay for this cohort in the bed base: 40+ patients fewer than last year



These improvements continue to be supported by the 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.

For this coming winter 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 2025. Modelling suggests the system will struggle to maintain the ambition of 96% occupancy within LTHT from Oct 24- May 25. (see Appendix A). Priority system capacity and

improvement plans are being aligned to mitigate this increase and support the delivery of a safe winter. We also need to be mindful of the financial pressures on all partners to reduce costs wherever this can be delivered safely.

Finally, during the winter months we should expect increase in demand for primary care, home based services, community beds, mental health services, VCSE services as well as access to specialist equipment.

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

1. **Good oversight & governance**
2. **Prevention through vaccination and prevention programmes**
3. **Sufficient capacity in Primary Care/Pharmacy**
4. **Establish alternative pathways to ED, including Same Day Emergency Care, Virtual Wards, Acute Respiratory Infection (ARI) Hubs**
5. **Ensure timely discharge from hospital to accommodate acute demand**
6. **Access to and flow through Mental Health Services and support for High Intensity Users**
7. **Focus on ambulance handovers**

1. Oversight & Governance

To support the oversight and management of risks over this winter, new Operational Pressures Escalation Level (OPEL) frameworks are being introduced (Community and Mental Health) and the Acute framework in place during winter 23/24 has been reviewed and refreshed. There will also a best practice Primary Care guidance tool.

The West Yorkshire System Coordination Centre (SCC) remains, providing clarity on the governance structures that support patient access. The SCC is 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 Tools will support rapid decision making to collaboratively mitigate risks.

The UEC-RAIDR App provides a near-real time view of the current pressures in health and care services across the system to aid understanding and support patient flow and care. Access to the information is available to all on-call managers providing a real-time view into pressures and system function within key NHS providers.

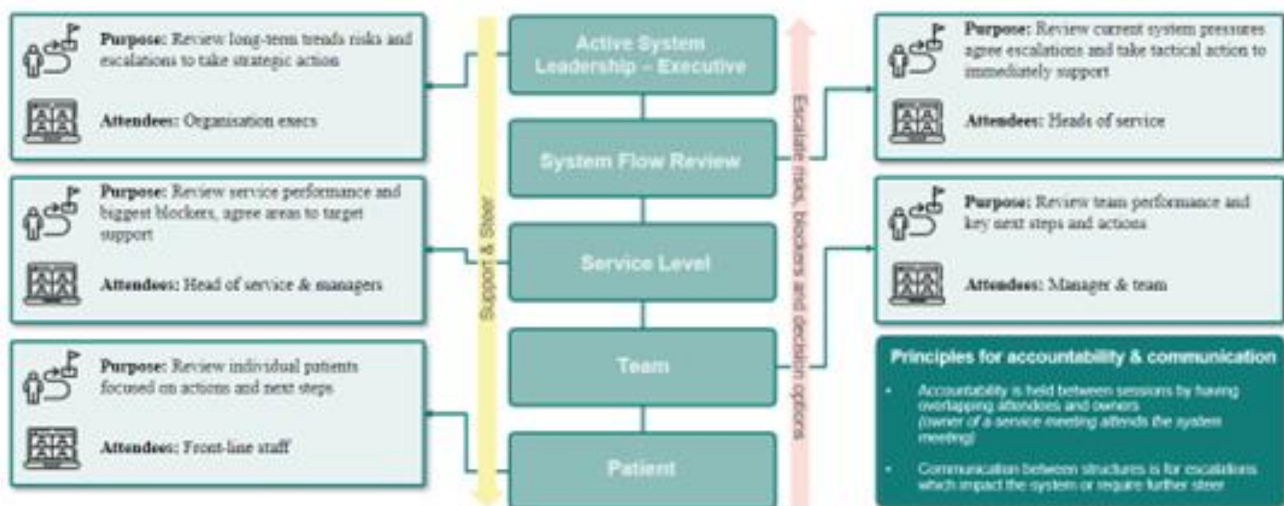
The following Governance arrangements are worth noting. They demonstrate the range of asks and settings which are overseeing this work, and the potential for duplication of reporting which requires careful management.

Place

- Place based governance through local A&E Delivery Boards
- Active System Leadership (listed as System Flow Review in below system governance structure) - fortnightly and as required
- System Resilience Operational Group – frequency will be determined by demand/pressure

System Visibility & Active Leadership – Governance Structures

Each session is designed to have a **specific purpose** and has the required data available to make decisions, which is not covered in another session. There is attendance overlap between layers to allow for **communication and accountability**



West Yorkshire Integrated Care Board

- UEC SRO led system wide operational group – weekly
- ICB Tactical System Leadership Team – weekly (operational)
- Yorkshire Ambulance Service (YAS) Executive Tactical Group – weekly
- ICB West Yorkshire formal System Leadership Team – Monthly
- ICB Board – Bi monthly
- ICB Finance, Investment and Performance Committee – Bi Monthly
- UEC Programme Board – Bi Monthly

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 and this year will also include the rollout of the Respiratory Syncytial Virus (RSV) vaccine which will be routinely offered for the first time for those aged 75 - 79 and pregnant women (from 28 weeks).

The 2024 vaccination campaign commenced on the 1st September 2024 with the focus on flu vaccinations for pregnant women and all childrens flu cohorts, along with the RSV vaccine. The main flu and covid campaign will commence on **3rd October 2024** and co-administration is continued to be recommended.

The national expectation is that all eligible individuals will have been invited to come forward by **20th December 2024**. However, outreach activities for Covid vaccinations should continue particularly for 'underserved' communities until 31st January 2025 and flu vaccinations continue until 31st March 2025.

Predictions using surveillance from the Southern Hemisphere indicates a flu season that is similar to 23/24, therefore the WY winter planning scenario for 24/25 matches the one for 23-24. Vaccination uptake is key to managing number of infections and severity as well as mitigating any wave of infections from new variants.

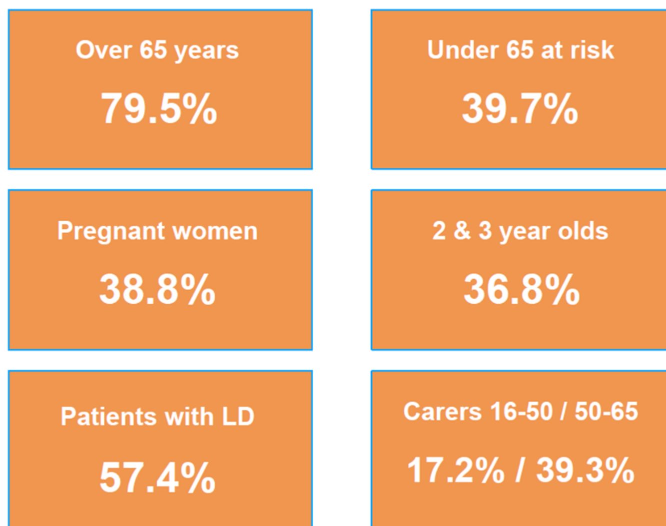
The ambition is to deliver a 100% offer to eligible groups and plan to equal or improve uptake rates of last year. As in previous years, vaccination rates will be monitored closely and actions taken to ensure we focus on increasing uptake, particularly in disadvantaged and at-risk communities and groups.

Key points from the 2023/24 programme:

- Uptake achievement for 2023-24 was good but there are still areas for improvement in key cohorts for this year
- For flu, whilst uptake improved from the previous year for pregnant people and 2 and 3 year olds it was slightly down for over 65s and over 5% down for people under 65 in a clinical risk group
- National overall target for Covid uptake was 57%, Leeds achieved 50.2%
- All NHS trusts ran internal staff vaccination programmes, only frontline staff included in 23/24. Overall uptake for frontline health staff (recorded on electronic staff record) flu 47.9% and Covid 41.1%. Overall uptake for frontline social care staff flu 28.38%. Booked clinics and opportunistic vaccination was offered
- Challenges in 2023-24 included late release of information for providers however by the start of the programme 18 of 19 PCNs had signed up to deliver covid. Some healthcare providers struggled with staff vaccination and uptake in the large trusts was significantly lower than previous years

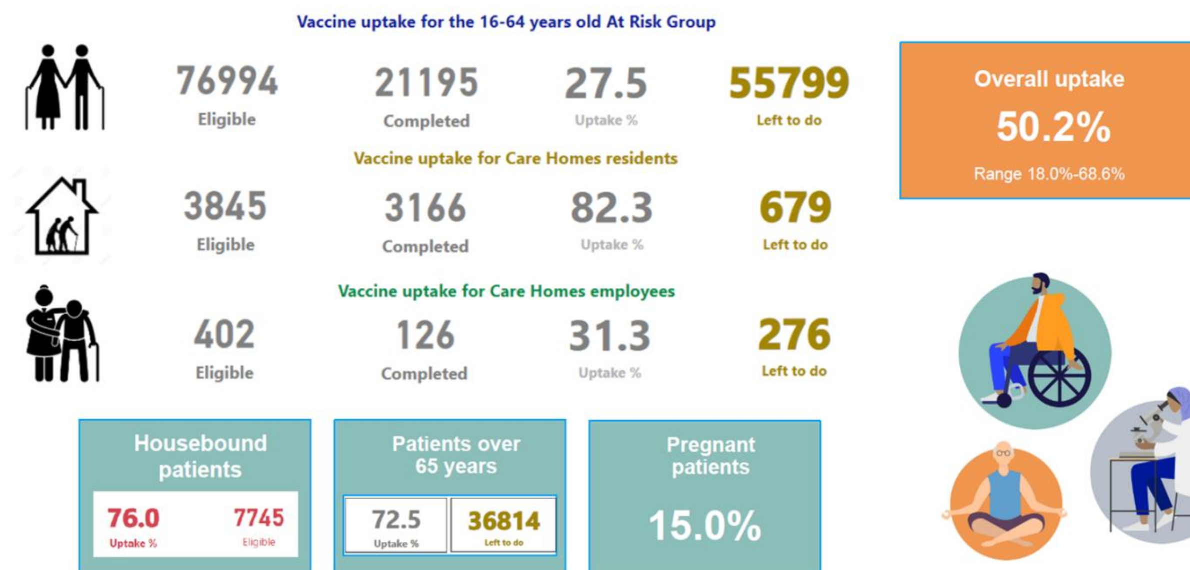
- Successes included engagement with third sector groups through communication and training sessions, support via a letter allowing VCS staff vaccination, public health colleagues raising awareness with local community organisations. We also ran a number of community based mop up sessions later in the campaign that were well attended.

Flu vaccination uptake 28/01/2024



See Appendix B for ethnicity split and GP practices in IMD 1 uptake percentages for flu season 2023/24.

Covid vaccination uptake 05/02/2024



The groups to be offered a COVID-19 vaccine in autumn/winter 2024/25 are:

- 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 defined in tables 3 and 4 of the COVID-19 chapter of the UK Health Security Agency (UKHSA) Green Book on immunisation against infectious disease

The groups to be offered an influenza vaccine in autumn/ winter 204/25 are:

- aged 2 and 3 years on 31 August 2024
- eligible school aged children (Reception to Year 11)
- those aged 6 months to under 65 years in clinical risk groups
- pregnant women
- all those aged 65 years and over
- those in long-stay residential care homes
- carers, those in receipt of carer's allowance or main carer of an older or disabled person
- household contacts of immunocompromised individuals
- frontline health and social care staff

Further information about Influenza eligibility is available via the Green Book - https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19

The government has decided that frontline health and social care workers and staff working in care homes for older adults will continue to be offered COVID-19 vaccination in the autumn 2024 programme in England.

The national booking service will continue to be used for sites to post Covid and flu appointments with members of the public able to book appointments from 23 September 2024.

Focussed work to improve uptake across both Covid and Flu vaccine programmes is underway to address low uptake across all cohort groups and areas of sustained low uptake. This includes working with third sector partners to engage with people over 65 years as well as building on national communications plans to deliver a targeted approach for Leeds which will be focussed on cohorts with lower uptake in 23/24. Additional work with LYPFT is being undertaken to support improving uptake of vaccinations for people with a learning disability in areas of low uptake.

Challenges/Risks

- First year delivering RSV vaccine and some lack of clarity about provision, engagement in the programme
- Limited capacity to deliver outreach models – continued reliance on community pharmacy to deliver this approach

Public health winter prevention plan

The UKHSA Adverse Weather & Health Plan for England (2024) 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 number of deaths throughout the rest of the year. The majority occur among the ageing population with a significant number of winter deaths attributable 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 colleagues are working together with local partners to prevent the major avoidable effects on health during cold weather periods through provision of services, guidance and public messaging to protect the most vulnerable which is informed by the UKHSA National Adverse Weather & Health Plan and associated action cards.

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 of cold weather on health. The following outlines the public health priorities and key actions being implemented during the winter period of 2024/25.

The public health winter prevention plan focuses on 3 key priorities which are informed by the UKHSA Adverse Weather & Health Plan 2024:

- 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 including cost of living pressures.

The plan aims to enable 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.

Public health colleagues are leading discussions this year, with wider system partners to ensure a co-ordinated approach to delivering against recommended prevention actions detailed within the Adverse Weather & Health Plan which has produced specific action cards for organisations to be implemented in line with Met Office weather health alerts.

The actions and interventions detailed within the plan provide additional support to people who are:

- At increased risk of hospitalisation during winter to avoid illness, harm and 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 clinical support, advice and outbreak response to community settings including care settings, home care and other community 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 WY ICB.
4. Lunch clubs across the city – addressing malnutrition, hydration and social isolation

5. Winter grants Scheme – small grants scheme aimed 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. Breathe Easy Homes a new service launched in May 2024 delivered by Care & Repair in partnership between NHS ICB Leeds, LCC Health and Housing (funder) and LCC Health Partnerships (contract management) - addressing issues with indoor air quality which trigger attacks for children who have a diagnosis of asthma or other persistent respiratory conditions e.g. viral wheeze. Housing / indoor air quality factors include cold, damp, mould, condensation and allergens such as dust mites and pet dander. The service allows families who meet the eligibility criteria to access advice, support and equipment to improve indoor air quality.

8. Weather-proofing Scheme – one of the first projects to come through the Health and Housing Breakthrough Group – use of the Disabled Facilities Grant budget to bring additional resources, under the Council's Housing Assistance policy, to protect the disabled, vulnerable and elderly from homes that can be affected by the weather because of poor repair or lack of effective heating. This is an extension of services already provided by Care & Repair, and this project works alongside Home Plus and Breathe Easy Homes.

9. Funding to LCC of the Household Support Fund which has been extended from October 24 to end of March 2025 and will continue to directly support communities around access to food and heating. The continuation and expansion of successful projects, such as Heating on Prescription via GP practices, is also being scoped within the budget. The Mayor's Cost of Living fund for 2023/24 (which include warm spaces) is currently being evaluated, with a decision expected shortly.

10. 1000 hot & cold weather resource packs have been developed for distribution to vulnerable people across the city. Five home care provider organisations who support our largest number of individuals in receipt of care have identified individuals at high risk of heat & cold related illnesses to start conversations that could help mitigate the risk of whether on health. The resource bags contain key weather health messages, an insulated mug to keep drinks warm, hydration leaflet / urine chart, thermometer to use in home and leaflets with relevant local services who can support around cost-of-living pressures. As well as a pension credit leaflet to raise awareness of the new scheme.

11. Services in Leeds continue to roll out the 'Every sleep a safe sleep' training to professionals from across the system who support families with infants. The training supports professionals to share safer sleep messages and includes information about the colder months, whether out walking, in the car or in the home to reduce the risk of sudden infant death syndrome. Information from the Safer Sleep winter resource is also shared with families.

12. The LCC Health and Wellbeing Service provide 'Winter Friends' digital lesson plans and resources linked in with the National Curriculum learning points for PSHE at Key stages 1 and 2. The aim is to explore winter wellness and encourage young people to look out for others in their own neighbourhood and community, especially during winter time where there can be many barriers for people to keep well, and the dangers of isolation and loneliness dramatically rise.

13. Targeted 'Winter Letters' from Director of Public Health promoting UKHSA action cards to ASC, Primary Care, Third Sector, Education and Early Years

14. Leeds Winter Friends Winter video- aimed at frontline workers and members of the public encouraging uptake of vaccines and exploring local support groups and information.

15. Winter Messages training for frontline workforce including staff from Local Care Partnerships Leeds older people's forum and home care & Care home staff and any staff group working with more vulnerable groups that would like to access the training.

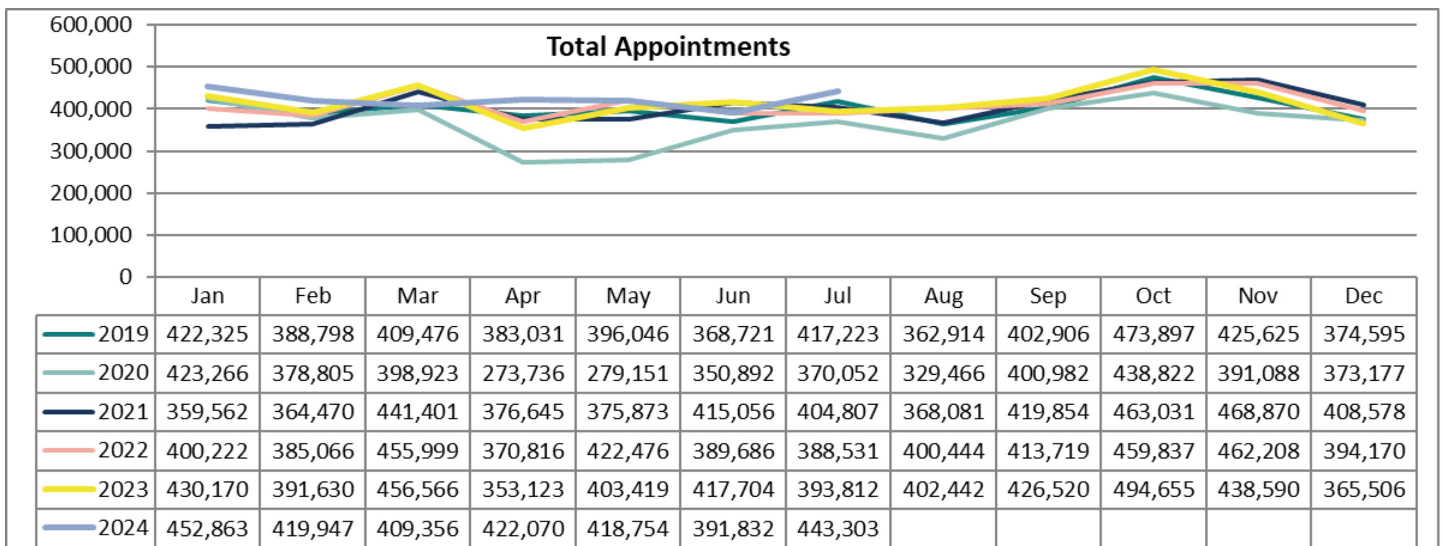
16. The Winter Friends programme will continue to encourage people to become a 'Winter Friend' within their community, providing practical advice, resources and info on support services including pension credit support –

17. Pension Credit and winter fuel payments -Leeds Older People's Forum have developed the Pension Credit Campaign – led by and delivered by wider partners to increase uptake and promote links to winter fuel payments. This campaign will continue to be promoted through PH messaging groups, training, and resources.

18. A health inequality template has been developed between public health & WY ICB colleagues which encourages GPs to ask patients questions and offer practical solutions regarding the social determinants of health. This forms a larger piece of work around tackling health inequalities and supporting general practice to feel more confident in working through the challenges of poverty and the impact it has on Primary Care.

3. Sufficient capacity in Primary Care/Pharmacy

Demand for primary medical services (general practice) continues to be high, with the number of appointments being delivered in 24/25 forecasting to be higher than previous years. July saw the highest numbers of appointments being delivered when compared to the same time period in previous years and October tends to see the highest activity which aligns to the start of the vaccination campaign.



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2019	422,325	388,798	409,476	383,031	396,046	368,721	417,223	362,914	402,906	473,897	425,625	374,595
2020	423,266	378,805	398,923	273,736	279,151	350,892	370,052	329,466	400,982	438,822	391,088	373,177
2021	359,562	364,470	441,401	376,645	375,873	415,056	404,807	368,081	419,854	463,031	468,870	408,578
2022	400,222	385,066	455,999	370,816	422,476	389,686	388,531	400,444	413,719	459,837	462,208	394,170
2023	430,170	391,630	456,566	353,123	403,419	417,704	393,812	402,442	426,520	494,655	438,590	365,506
2024	452,863	419,947	409,356	422,070	418,754	391,832	443,303					

It should be noted that the British Medical Association (BMA) has announced that following a national ballot, GPs are taking collective action which means that practices will still be open and will still see patients however they may be operating differently. There are 10 actions that the BMA have identified for practices to implement, which includes implementing safe working practices which may lead to some limits on number of patients seen. However, practices need to assess the clinical needs of patients to avoid risks to patient safety and support continuity of care.

The NHS both nationally and locally are working hard to minimise any disruption to patients. So far, we have not seen any drop in GP appointments.

Practices and Primary Care Networks (PCNs) are currently reviewing their service models and looking at options for additional capacity over the winter period which will be in additional to the capacity that the reintroduced Acute Respiratory Infection (ARI) Hub will offer.

A positive development in primary care has been the implementation of Pharmacy First from 31st January 2024. Pharmacy First builds on the Community Pharmacist Consultation Service and allows community pharmacy to complete care for 7 common conditions utilising defined clinical pathways/protocols which may include the supply of a restricted set of prescription medicines (without the need to visit a GP). The conditions include:

7 common conditions	Patient cohort
Acute otitis media	Ages 1 to 17 years
Impetigo	1 year and over
Infected insect bites	1 year and over

Shingles	18 years and over
Sinusitis	12 years and over
Sore throat	5 years and over
Uncomplicated urinary tract infection	Women 16-64 years
Patients can access the service via referrals from general practice, urgent care and NHS 111 (online and telephone).	

Risks

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

4. Establish alternative pathways to ED, including Same Day Emergency Care (SDEC), Virtual Wards, ARI Hubs

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 also remained static despite the population growth of 2% in Leeds. This has been delivered through embedding of Same Day Emergency Care (SDEC) offers across hospital sites, supported by improved services in the community and a strong focus on diversion.

LTHT continues to support hospital avoidance pathways via Primary Care Access Line (PCAL) including working closely with YAS. Last year PCAL answered over 78,000 direct calls with only 9% resulting in a decision to send the patient to the Emergency Department.

The Home Ward (frailty) and Home Ward (respiratory) provide alternative, community-based options to support people with acute care needs who don't require admission to hospital. Between them they support around 80 people a week at home. Community teams also provide an Urgent Community Response service and a Falls pathway in partnership with YAS, which enables people's needs to be met at home. Since October 2023, five pathways have gone live in Remote Monitoring Virtual Ward service within the Abdominal Medicine & Surgery and Oncology Clinical Service Unit's (CSU's) at LTHT. Further pathways are being developed within multiple CSU's enabling patients to be safely monitored with medical devices in their usual place of residence, as an alternative to being in a hospital bed.

Further pathways are in place to support patients to access Urgent Treatment Centres for minor injuries and illness. Over the last two years greater public awareness has seen a 10% increase in attendances at both St Georges and Wharfedale Urgent Treatment Centres. There is also a plan to re-introduce the Acute Respiratory Infection (ARI) Hub for children and young people aged 15 and under in the autumn. Last winter the Paediatric ARI Hub provided an additional 4700 clinical appointments following referral from NHS providers such as NHS 111, Primary Care and LTHT.

Risks

- 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 overall.
- Any further industrial action could impact on the elective care backlogs, although urgent electives will be preserved wherever possible. The loss of senior clinical decision makers during industrial periods could also impact on the rate of referrals for ongoing services and increase length of stay.

5. Timely Discharge from hospital

Leeds is entering winter 24/25 in a better position than in previous years due to the reduction in patients waiting for discharge from hospital and the time they spend waiting if they have ongoing support needs. There has been a notable change in the number of people being discharged with support at home (pathway 1) over the last 6 months. 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 had ongoing challenges throughout this year because of demand and staffing, but services continue to prioritise hospital discharge and admission avoidance wherever possible.

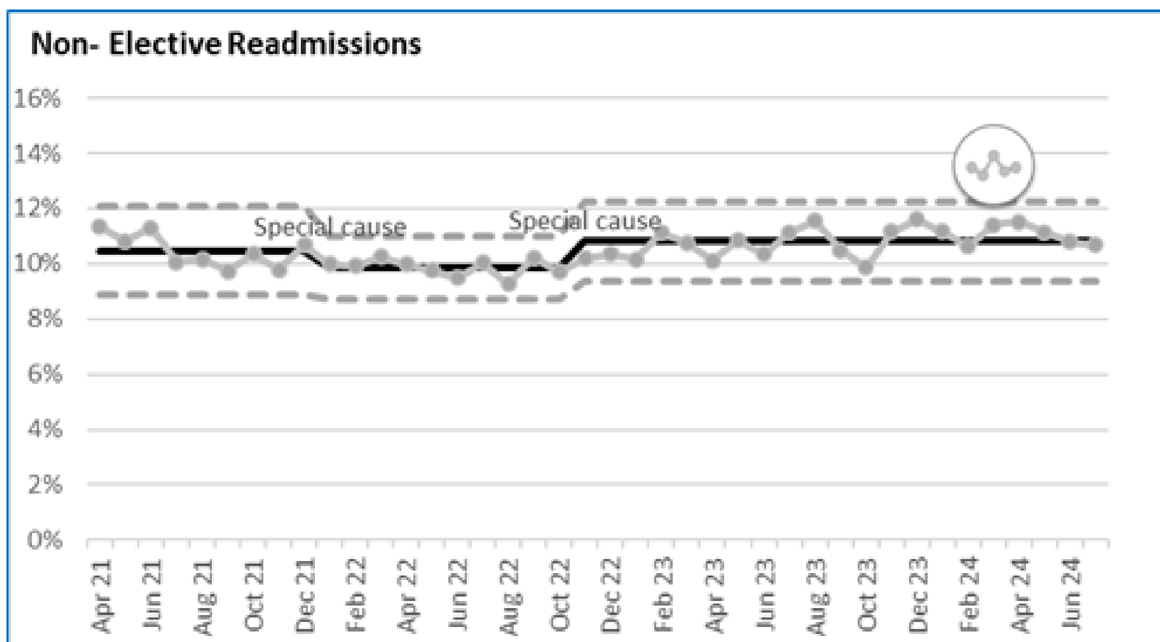
The HomeFirst Programme has worked to further increase capacity of receiving services. Active Recovery has worked to increase the capacity in the Reablement service and increase joint working between Leeds Community Healthcare NHS Trust (LCH) and the Leeds City Council through the combining of referral pathways into the triage hubs across the city and testing a joint delivery model. In Rehabilitation & Recovery beds, teams have worked together to reduce the length of stay to support increased throughput and support more people to go home at the end of their time in a Rehabilitation and Recovery Bed. The HomeFirst Programme will work with service partners to continue to embed and sustain improvements through the winter period.

The Community Care Bed bases have also seen significant investment of the HomeFirst Programme and have clear trajectories to work towards a reduction in length of stay to support flow.

The Home Wards for frailty and for respiratory conditions are working well and support discharge as well as reduce admissions, and we are aiming to increase occupancy in these to provide an alternative to admission wherever possible. Our capacity across both wards is 65 in addition to the 50 planned within the Remote Health Monitoring Service (introduced last winter), all aiming to support earlier 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 additional demand last winter we developed a Short-Term Assessment Service with home care providers supporting people at home while they are assessed for their long-term care & support needs and recover from their hospital stay. This additional service will be maintained throughout 24/25 and has been continued to be utilised throughout the summer for those requiring support prior to a full assessment being undertaken once home.

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 October 2022, 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 although currently the home care market in particular is very strong.
- There is potential to have an imbalance in demand and capacity within intermediate care
- Unprecedented / increased demand that outweighs capacity in community or social care services, poses risks to system flow.
- There are ongoing pressures on our community health services for a variety of reasons, including an increased number of people choosing to die in their own homes.

6. Access to and flow through Mental Health Services and support for High Intensity Users

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 Local Authority colleagues to build on aspects of the successful model for dementia care with new beds having just opened in September 2024. 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:

- 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).
- Access to suitable accommodation is a significant barrier to discharge across all ages.
- We continue to experience some challenges within our CMHT due to vacancies, but we have recovered significantly from the previous year's position. We are in the early stages of the CMHT programme with 3 PCNs across Leeds adopting new ways of delivering care as early implementors and these are working well. We are currently in the process of working through caseloads to ensure all service users are receiving care in the right place at the right time. We are also working hard to reduce the disruption to service users during this time.
- Significant staffing risks in our core Leeds MH Services (Crisis services) with vacancies in our core services improving from the 50 previously reported to 30%.
- Sustained pressure in Children and Young People's Tier 4, Acute Adult, Eating Disorder, Older Adult Services and 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.

7. Focus on ambulance handovers

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. Changes made in October 2023 continues to influence handover times, adding approximately 5-7 minutes on each handover. YAS operating plan targets a reduction in handover times to a YAS mean average of 23:58 by the end of the financial year. West Yorkshire's contribution to this goal would be a mean average of 18:51. The focus for YAS has primarily been on crew clear times when handovers have occurred.

Leeds Teaching Hospital Trust (LTHT) continues to work to reduce the time it takes for ambulance handover through partnership working with YAS. LTHT Urgent Care Clinical Service Unit have an action plan in place which has been produced in collaboration with YAS colleagues. A deep dive has been completed and a perfect week using the Leeds Improvement Methodology has helped understand areas for opportunity and data accuracy.

Last winter, at times, LTHT had some of the lowest ambulance handover times in the region. Going into winter 24/25 LTHT continues to prioritise ambulance handovers and the current average handover time is 16 minutes for LGI & 21 minutes 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
- YAS employed HALO roles contributed positively on maintaining handover performance and effective partnership working between LTHT and YAS. These roles were removed at the end of March 2024 with uncertainty if these will be reinstated for this forthcoming winter

Risks common to all areas

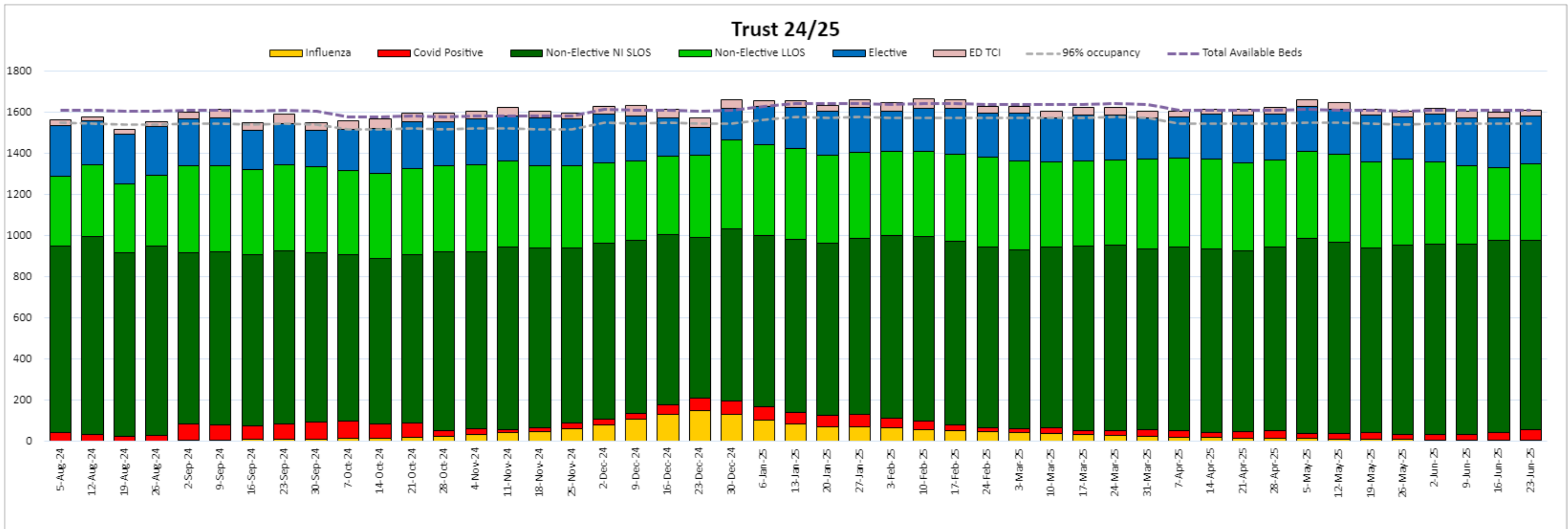
Alongside the risks associated with the individual areas referenced above there are significant risks common to all areas of the Leeds Health & Care Partnership:

- 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 sustained stronger position than previous winters. There remain significant pressures particular around A&E attendance and flow through mental health 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. We are also mindful of the ongoing financial pressures across health and care provision and the potential risks that this also poses to maintaining and increasing capacity at times of pressure.

Appendix A



Most likely Scenario. 1

Appendix B

Flu Vaccination Uptake 2023-24 - Ethnicity Split

	Aged 65 plus				Aged 50 - under 65		AT-RISK aged 50 - under 65		AT-RISK aged 16 - under 50		pregnant women		Children Aged 2-3	
	% Uptake			Number Unvaccinated	% Uptake	Number Unvaccinated	% Uptake	Number Unvaccinated	% Uptake	Number Unvaccinated	% Uptake	Number Unvaccinated	% Uptake	Number Unvaccinated
white-British	82.9	117371.0	97268.0	20,103	29.5	80,629	54.1	20,128	32.4	29,517	39.7	3,464	51.2	4,872
white-Irish	78.6	1245.0	979.0	266	26.0	561	50.4	132	32.4	207	40.0	18	36.2	30
white-other	60.1	3292.0	1977.0	1,315	14.6	5,562	35.9	1,164	19.6	2,764	21.0	542	28.3	909
mixed-white/black Caribbean	56.6	380.0	215.0	165	22.9	626	42.3	199	17.2	511	29.1	73	22.9	252
mixed-white/black African	52.3	197.0	103.0	94	21.1	758	43.3	211	26.3	438	25.0	90	42.5	130
mixed-white/Asian	65.9	135.0	89.0	46	29.8	311	55.8	73	29.7	307	36.3	51	45.5	177
mixed-other	62.8	207.0	130.0	77	20.4	468	44.8	111	29.6	343	30.0	56	35.7	249
Asian - Indian	74.4	2417.0	1798.0	619	32.0	2,111	54.5	625	32.6	1,378	42.1	227	58.5	228
Asian - Pakistani	47.0	1914.0	900.0	1,014	22.3	3,026	36.0	1,341	19.9	2,822	21.8	533	21.6	848
Asian - Bangladeshi	67.4	178.0	120.0	58	33.8	347	54.4	129	38.8	300	28.8	52	31.6	93
Asian - other	63.4	662.0	420.0	242	29.0	1,313	51.3	326	28.3	893	39.0	158	45.7	248
Black - Caribbean	56.4	944.0	532.0	412	20.5	1,068	37.4	387	15.5	387	12.7	62	16.2	83
Black - African	46.9	776.0	364.0	412	21.4	3,328	41.7	1,028	27.2	1,991	32.8	473	48.2	637
Black - other	44.2	258.0	114.0	144	18.6	969	33.8	313	21.0	369	27.1	62	39.4	103
other - Chinese	67.5	593.0	400.0	193	19.5	1,021	56.2	123	25.0	406	40.3	37	72.3	23
any other ethnic group	54.0	704.0	380.0	324	17.8	1,542	38.1	386	25.2	1,022	27.8	315	36.3	365
any other ethnicity code	69.4	4707.0	3267.0	1,440	18.7	5,380	42.2	1,160	26.1	2,464	28.9	384	38.3	329
ethnicity not stated	57.1	238.0	136.0	102	11.3	628	43.4	60	19.2	344	31.4	35	57.3	194
ethnicity not recorded	55.1	1864.0	1027.0	837	8.8	n/a	31.4	350	20.8	523	29.7	123	34.3	255
ethnicity not given/refused	55.6	99.0	55.0	44	16.1	n/a	40.5	22	25.5	41	25.0	9	62.9	13
total	79.8	138181.0	110274.0	27,907	27.0	112,824	51.1	28,268	29.7	47,027	34.9	6,764	45.3	10,038

Flu Vaccination Uptake 2023-24 - Ethnicity Split - Practices in IMD Decile 1

	Aged 65 plus				Aged 50 - under 65		AT-RISK aged 50 - under 65		AT-RISK aged 16 - under 50		pregnant women		Children Aged 2-3	
	% Uptake			Number Unvaccinated	% Uptake	Number Unvaccinated	% Uptake	Number Unvaccinated	% Uptake	Number Unvaccinated	% Uptake	Number Unvaccinated	% Uptake	Number Unvaccinated
white-British	77.5	19522	15137	4,385	30.0	15,514	49.6	5,252	26.9	7,192	28.2	844	34.7	1,483
white-Irish	75.7	337	255	82	27.4	127	46.4	45	28.6	40	75.0	1	22.2	7
white-other	37.9	712	270	442	10.6	2,079	27.1	517	12.4	1,092	10.8	239	17.6	506
mixed-white/black Caribbean	63.7	102	65	37	18.9	214	38.1	70	15.9	159	20.6	27	21.6	98
mixed-white/black African	54.1	61	33	28	21.5	397	48.7	100	25.8	193	25.7	52	34.4	61
mixed-white/Asian	51.9	27	14	13	33.3	64	62.2	14	23.8	64	37.5	15	25.3	56
mixed-other	60.0	45	27	18	15.8	149	39.0	36	21.4	99	28.6	15	31.1	82
Asian - Indian	73.0	515	376	139	30.8	398	54.4	119	35.1	246	36.4	68	50.7	72
Asian - Pakistani	47.8	862	412	450	25.1	1,282	39.2	601	22.4	1,199	21.9	236	25.8	346
Asian - Bangladeshi	69.5	131	91	40	33.3	274	52.6	109	40.2	207	23.9	35	30.8	72
Asian - other	64.7	167	108	59	33.9	438	54.9	115	26.9	301	40.0	54	44.6	98
Black - Caribbean	63.6	335	213	122	20.3	415	37.8	153	15.9	138	16.7	20	20.0	36
Black - African	46.7	448	209	239	22.0	2,179	42.3	676	27.7	1,232	34.6	302	48.8	444
Black - other	50.0	62	31	31	19.0	332	37.4	102	24.2	157	23.9	35	43.4	60
other - Chinese	69.0	113	78	35	20.9	204	62.7	25	29.4	48	66.7	4	85.7	2
any other ethnic group	43.7	174	76	98	14.6	571	30.3	161	23.8	384	28.6	142	32.8	170
any other ethnicity code	65.2	1544	1006	538	17.6	1,903	37.8	483	21.5	955	23.8	192	24.9	193
ethnicity not stated	38.1	21	8	13	6.4	103	37.5	10	10.7	75	23.1	10	35.3	11
ethnicity not recorded	44.7	432	193	239	6.8	856	24.3	112	20.5	167	25.9	60	28.1	120
ethnicity not given/refused	50.0	22	11	11	16.0	21	57.1	3	33.3	4	0.0	1	100.0	n/a
total	72.6	25632	18613	7,019	25.8	27,520	46.2	8,703	25.2	13,952	27.2	2,352	33.9	3,917