Humber and North Yorkshire Health and Care Partnership

NHS Humber and North Yorkshire Integrated Care Board (ICB)

Agenda Item No:	16

Report to:	ICB Board
Date of Meeting:	13 September 2023
Subject:	**Preparing for Winter 2023/24**
Director Sponsor:	Amanda Bloor, Deputy Chief Executive and Chief Operating Officer
Author:	Shaun Jones, Interim Locality Director Rebecca Elsom, UEC Programme Director

STATUS OF THE REPORT: *(Please click on the appropriate box)*

Approve ☐ Discuss ☒ Assurance ☒ Information ☐ A Regulatory Requirement ☐

SUMMARY OF REPORT:

Further to the report brought to ICB Board members in June 2023, this report outlines the requirements for ICBs to work across the system to prepare for winter. The report sets out the national requirements, and the approach being taken, with a view to presenting a summary of the plans at the meeting given that the timing for the national deadline for the submission of the plans is on September 11th 2023.

RECOMMENDATIONS:

Board Members are asked to:

i) Note the national requirements for each ICB in preparing for Winter 2023/24, and the approach being taken across Humber and North Yorkshire to respond to the national requirements.

ii) Receive a presentation at the meeting of the Board summarising the plans submitted on 11 September 11 2023, providing challenge and identifying potential areas for further assurance as required.

ICB STRATEGIC OBJECTIVE (*please click on the boxes of the relevant strategic objective(s)*

Managing Today	☒
Managing Tomorrow	☐
Enabling the Effective Operation of the Organisation	☐

IMPLICATIONS (*Please state N/A against any domain where none are identified)*	
Finance	There are no financial implications of this report
Quality	Patient safety and quality are a fundamental consideration as part of the work on urgent and emergency care and preparing for winter
HR	There are no human resource implications from this report though the availability and utilisation of workforce will be crucial in responding to winter pressures.
Legal / Regulatory	There are no regulatory or legal implications from this report.
Data Protection / IG	There are no data protection or information governance issues arising from this report.
Health inequality / equality	Tackling health inequalities is an underpinning consideration for this report, with the need to focus on high intensity users one of a number of key elements
Conflict of Interest Aspects	There are no conflicts of interest to flag.
Sustainability	Not applicable

ASSESSED RISK:

Improving Urgent and Emergency care is a significant national and HNY ICB priority and represents a key risk area for the delivery of the HNY ICB Operational Plan. The risks associated with patient safety and quality and performance tend to be even more challenged over the winter period, which is why ICB's are being asked to coordinate the preparing for winter requirements for each ICS across the country.

MONITORING AND ASSURANCE:

In line with its importance, the Winter Plan submitted for each ICB will be subject to regional and national assurance processes and will feature in ongoing monitoring reports to the ICB Board and other parts of the ICB's governance arrangements.

Any amendments made as a result of the Winter Planning template submissions will supersede those submitted as part of the Operational Plan process, and subject to ongoing monitoring in due course.

The nature and level of monitoring and assurance of the Winter Plans will be high and commensurate with the fact that HNY ICB is a Tier 2 ICB for Urgent and Emergency Care.

ENGAGEMENT:

REPORT EXEMPT FROM PUBLIC DISCLOSURE No ☒ Yes ☐

If yes, please detail the specific grounds for exemption.

Preparing for Winter 2023/24

1. INTRODUCTION

1.1. This report outlines the requirements for each ICB to prepare for the Winter period and the steps being taken by Humber and North Yorkshire ICB in response to the national asks.

1.2 The report builds on the initial overview provided to Board members in June 2023 and takes the form of this initial report, which outlines both the requirements and the steps being taken, followed by a presentation at the Board meeting itself which will give further details once the HNY Winter Plan has been submitted to NHS England on September 11th 2023.

2. BACKGROUND

2.1. In August 2022 NHS England wrote to ICB's outlining the explicit responsibilities of ICBs in preparing for and responding to system challenges and ensuring that robust arrangements were put in place to prepare for Winter. Specific requirements for ICBs included the submission of Bed Capacity and Board Assurance plans, and a self-assessment of all acute providers in terms of their winter preparations and specific requirements. There was also the Winter Board Assurance Framework (BAF) which required monthly updates against a range of detailed actions for each ICB.

2.2. A 'Going further for winter' correspondence was then issued to all ICBs in late October 2022, with a requirement for a range of additional actions to be put in place for December 1st 2022. This included the establishment of a System Control Centre to oversee system pressures, as well as specific actions regarding Falls response and work on High Intensity Users.

2.3. A 'Going Further for Winter – mental health' was also issued in December 2022 with guidance supporting strengthening ambulance response to mental health need; Optimising flow through mental health inpatient settings; Raising the profile of all age 24/7 urgent mental health lines and Supporting children and young people with mental health needs in acute and paediatric settings.

2.4. Last winter was arguably the most challenging winter nationally ever experienced as health and social care system pressures combined together to make it very difficult to respond to the multiple demands placed upon partners at a similar time.

2.5. Board members received a report at the June 2023 Board meeting giving an outline of the plans that had been submitted as part of the Operational Plans submitted in May 2023, alongside the early steps being taken by the ICB in learning from last year and sharing best practice.

2.6. All ICB Operational Plans for 2023/24 had to outline how they were going to meet the following objectives, that formed part of the national 31 Objectives within the NHS Operational Planning requirements. These were: -

- Improve A&E waiting times so no less than 76% of patients are seen within 4 hours by March 2024 (NB winter letter defines as 76% of patients being admitted transferred or discharged within 4 hours by March 2024).

- To improve Category 2 response times to an average of 30 minutes across 2023/24.

- Reduce G&A occupancy to 92% or below.

2.7 Key actions required in the guidance included:

- Increase physical capacity and permanently sustain the equivalent of the 7000 beds of capacity that was funded in winter 2022/23.

- Reduce the number of medically fit for discharge patients in our hospitals, addressing NHS causes as well as working in partnership with Local Authorities.

- Increase ambulance capacity.

- Reduce ambulance handover delays to support the management of clinical risk across the system.

- Maintain clinically led System Control Centres to effectively manage risk.

2.8 The Operational Planning guidance signalled the publication of an Urgent and Emergency Care Recovery Plan which was published in January 2023. This set out a number of priorities over the course of 2023/2024 to recover the urgent and emergency care position nationally. This can be found here:

https://www.england.nhs.uk/wp-content/uploads/2023/01/B2034-delivery-plan-for-recovering-urgent-and-emergency-care-services.pdf

2.9 In line with the national UEC Recovery Plan, each ICB had to submit a range of plans as part of the Operational Planning process for 2023/24 – this included a narrative recovery plan, various trajectories to meet the national requirements and a Bed Capacity Plan to utilise the additional £18.1 million allocated to HNY for 2023/24 over and above the allocations made in 2022/23 which were made available as part of the core allocations for 2023/24.

2.10 Board members have previously been appraised of the fact that Humber and North Yorkshire is classified as a Tier 2 ICB for the purposes of Urgent and Emergency Care, and is receiving some regional support to help its improved performance to meet the national requirements. This will continue as part of the winter plan submission and assurance requirements.

3. ASSESSMENT

3.1. The NHS England Preparing for Winter letter was published on July 27th 2023 – Delivering Operational Resilience across the NHS this winter. – and is attached as Appendix 1 for reference, along with an Appendix B of the letter which outlined the

expected roles and responsibilities for each part of the system. Each ICB must submit their plans by September 11th 2023.

3.2. A separate letter was also sent to Local Authorities from DHSC outlining the requirements of Local Government for winter, consistent with the roles and responsibilities outlined in Appendix B, with a deadline of September 28th.

3.3. The NHS letter sets out a focus on 4 key areas as follows:

1. Continue to deliver on the UEC Recovery Plan by ensuring the delivery of the Ten High Impact interventions; this builds on the completion of the maturity matrix by Place and identification of system champions to attend the four areas of focus as part of the universal support offer.

2. Completing Operational and Surge Planning to prepare for difficult winter scenarios relating to the winter planning templates

3. ICBs should ensure effective system working; relating to the roles and responsibilities identified for each element of the health and social care economy, the publication of the SCC and OPEL framework.

4. Support the workforce to deliver building on the NHS Peoples Promise and focus on recruitment and retention.

3.4 The letter also sets out an incentive scheme for acute providers to deliver performance above the national planning requirements, with the incentive of receiving capital allocations for 2024/25. It should be noted, however, that based on recent performance achievement of the criteria for the incentive scheme, it is unlikely to apply to any of the providers in HNY and may also run contrary to working collectively as a system.

3.5 The templates for the submission of the Winter Plans were shared on August 4th 2023 and require the submission of the following by the deadline of September 11th 2023:

- A Winter Narrative Template Plan responding to a series of Key Lines of Enquiry (Kloe's) covering a multitude of areas including urgent and emergency care, mental health, primary care and community consistent with the 4 areas of focus and the roles and responsibilities outlined. A copy of the blank narrative template is attached at Appendix 2 for reference.

- A Numerical template Plan which allows the opportunity to review and adjust the various metrics and details submitted as part of the Operational Plans in May 2023, taking account of the position in the first 4 months of the year, alongside the Community Bed audit undertaken in June 2023 and Better Care Fund Demand and Capacity Plans completed in June/July 2023.

3.6 Detailed work is taking place to ensure the effective completion of the templates outlined above, ensuring contributions from across the system from all partners. The need to ensure that the content of the two templates are fully aligned is also a critical consideration. A slide presentation summarising the content of the templates will be presented at the Board meeting given that the deadline for submission of the templates is September 11th 2023.

3.7 Alongside the Winter Planning templates, NHS England also published two additional documents for ICBs and its partners to respond to and ensure that they have in place ready for the winter period. This relates to the requirement to have System Coordination Centres in place (SCCs) for each ICB, and the need for each system and its acute providers to adopt a revised Operational and Escalation levels (OPEL) framework.

3.8 System Control Centres (SCCs) were a new requirement brought in for last winter, with the concept of an air traffic control type approach being required to provide a real time understanding of the pressures across the health and social care system and take decisions to optimise patient safety and quality as a result. Following a national review of their operation and evolution, their requirement has been further enhanced to be more proactive, have clearer executive and Board accountability and reporting, and to take responsibility for a greater range of areas. As a result, they have been renamed System Coordination Centres, with the revised specification required to be in place from November 1st 2023. Board members should note that there are no additional resources being made available for ICBs for this though it is regarded as a 'must do' for all ICBs to have in place, and subject to a detailed assessment and assurance process to ensure that by 6th December ICBs will be 91% compliant with the Required Operational Standards.

3.9 To complement the new System Coordination Centre specification, adjustments have been made to the national Operational and Escalation Level Framework (OPEL) introduced in 2016 to support local system escalation across health and social care. The new framework, with a more prescribed and formulaic OPEL framework, is now being introduced for Acute providers to declare their OPEL status using a prescribed set of metrics as they are considered the barometer of health and social care pressures. This is being introduced to ensure consistency in reporting at all levels from provider, ICB, region and national to give a snapshot of the challenges and pressures being experienced. Detailed action cards sit alongside each of the OPEL levels to outline what actions are expected to be taken to prevent any further escalation, with the role of the SCC designed to support and review the actions being taken at certain levels. Work is taking place to ensure that the revised arrangements are in place from the specified date of December 4th, as this represents a significant shift from what is currently required, alongside the expectation of access to live data and greater data flows required as a result.

3.10 One critical part of the preparations for winter is to ensure that a timely and effective vaccination programme is in place to protect both patients and staff who may be at a high risk of infection. The annual Vaccination letter was flagged in the previous report to ICB Board members, but this has recently been followed up with a supplementary letter which brings forward the start date of the Covid and Flu Vaccination programme, commencing on September 11th 2023. The letter is attached as Appendix 3. Arrangements are being put in place to ensure that the programme is established across Humber and North Yorkshire.

4. CONCLUSION

4.1 Delivering safe, effective and timely urgent and emergency care services all year round is a core requirement of ICBs, with the planning and preparation for winter being a further priority, alongside a clear accountability of the roles and responsibilities for ICBs to lead and coordinate the winter planning and preparations. The national requirements

for Winter 2023/24 reflect the learning from last winter, the need to ensure that all plans across health and social care align, and that plans provide sufficient capacity to meet the predicted demand.

4.2 The national requirements for both preparing plans for winter 2023/24, and establishing revised System Coordination Centres and adopting the new OPEL framework, represent a significant ask covering a diverse range of areas. Substantial work is taking place to meet these requirements for HNY, with the recognition of its importance and additional scrutiny as a Tier 2 ICB for UEC.

5. RECOMMENDATIONS

5.1. Members are asked to:

i) Note the national requirements for each ICB in preparing for Winter 2023/24, and the approach being taken across Humber and North Yorkshire to respond to the national requirements.

ii) Receive a presentation at the meeting of the Board summarising the plans submitted on September 11th 2023, providing challenge and identifying potential areas for further assurance as required.

Appendix 1 **-** Delivering Operational Resilience across the NHS this winter

Appendix B – Roles and Responsibilities in preparing for Winter 2023/24

Appendix 2 – Winter Narrative Template 2023/24

Appendix 3 – Winter Vaccination Letter 2023/24

Appendix 1 - Delivering Operational Resilience across the NHS this winter

Classification: Official

NHS England

To:
- ICB:
  - chairs
  - chief executives
  - chief operating officers
  - medical directors
  - chief nurses/directors of nursing
  - chief people officers
- NHS acute, community and mental health trust:
  - chairs
  - chief executives
  - chief operating officers
  - medical directors
  - chief nurses/directors of nursing
  - chief people officers
- Primary care networks

cc.
- NHS England regional directors

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

27 July 2023

Dear Colleagues,

Delivering operational resilience across the NHS this winter

This letter sets out our national approach to 2023/24 winter planning, and the key steps we must take together across all parts of the system to meet the challenges ahead.

In January, we published our delivery plan for recovering Urgent and Emergency Care (UEC) services: an ambitious two-year plan to deliver improvements for patients across the integrated Urgent and Emergency Care (iUEC) pathway. This plan, along with the Primary Care Recovery Plan, Elective Recovery Plan and the broader strategic and operational plans and priorities for the NHS, provides a strong basis to prepare for this winter.

The publication of the UEC Recovery Plan followed an incredibly challenging winter – with high rates of infectious disease, industrial action, and capacity constraints due to challenges discharging patients, especially to social and community care. We know these challenges have continued but want to thank you for the work you have done in the face of this to ensure that there have nonetheless been significant improvements in performance. Thanks

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to these improvements, we are in a significantly better place compared to last summer. Compared to last June, A&E performance has improved and Category 2 performance is 14 minutes faster.

This progress and the plan we are today setting out for winter preparedness are key steps in helping us achieve our two key ambitions for UEC recovery of:

- 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.

To help achieve these ambitions, we have ensured that systems have had clarity over finances well before winter to allow them to plan effectively and further roll-out the measures that we know will improve services for patients. We have invested extensively in this, including:

- £1 billion of dedicated funding to support capacity in urgent and emergency services, building on the £500 million used last winter.
- £250 million worth of capital investment to deliver additional capacity.
- £200 million for ambulance services to increase the number of ambulance hours on the road.
- Together with DHSC, an additional £1.6 billion of discharge funding over 2023/24 and 2024/25, building on the £500 million Adult Social Care Discharge Fund.

While we are making good progress towards achieving our overall ambitions, we want to encourage providers to achieve even better performance over the second half of the year. We will therefore be launching an **incentive scheme** for those providers with a Type 1 A&E department to overachieve on their planned performance in return for receiving a share of a £150 million capital fund in 2024/25. We are asking providers to meet two thresholds to secure a share of this money:

- 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.

We recognise that these are stretching targets but know that many providers will be able to achieve these to help the NHS as a whole make greater headway towards improving care for patients. Providers should already be putting measures in place which will contribute towards reaching these, including a greater focus on the longest times in department, particularly those spending longer than 12-hours, and wider system flow. We will communicate more details on this shortly, including how we will be working with you to improve data quality.

Turning to our wider planning for winter, we are clear that the challenges are not just in ambulance services or emergency departments, and recovery requires all types of providers to work together to provide joined-up care for patients. ICBs will play a vital role in system leadership but the actions we take need to extend across the wider health and care system including mental health services, services for children and young people, community health services, primary care and the voluntary, community and social enterprise (VCSE) sector.

We are therefore setting out four areas of focus for systems to help prepare for winter:

1. Continue to deliver on the UEC Recovery Plan by **ensuring high-impact interventions are in place**

Together with systems, providers, and clinical and operational experts we have identified 10 evidence-based high-impact interventions. These are focused around reducing waiting times for patients and crowding in A&E departments, improving flow and reducing length of stay in hospital settings. Delivering on these will be key to improving resilience in winter. We have recently written to all systems to ask that they assess their maturity against these areas as part of the universal improvement offer for the UEC Recovery Plan. Systems will then receive dedicated support on the four areas they choose to focus their improvement for winter.

More detail on these areas can be found at Appendix A and on the NHS IMPACT website.

2. **Completing operational and surge planning** to prepare for different winter scenarios

We have already collectively carried out a detailed operational planning round for 2023/24 but we are now asking each system to review their operational plans, including whether the assumptions regarding demand and capacity remain accurate. Although this will cover surge planning for the whole winter, specific plans should be made for the Christmas/New Year/early-January period which we know is often the most challenging time of the entire year.

In addition to this, and recognising the importance of planning for multiple scenarios, we are asking systems to identify how they will mobilise additional capacity across all parts of the NHS should it be required to respond to peaks in demand driven by external factors eg, very high rates of influenza or COVID-19, potential further industrial action.

This planning is essential to ensure winter plans protect and deliver elective and cancer recovery objectives, as well as deliver the primary care access programme, and proactive care for those most at risk of hospital admission (guidance on proactive care will be published shortly).

Next week, we will be issuing each ICB with a template to capture their surge plan and overall winter plan. We will work with those areas that are facing the greatest challenges across the UEC pathway via our tiering programme to support them in completing these returns. If you think you require additional support, please contact england.uec-operations@nhs.net.

All returns should be sent to england.uec-operations@nhs.net by **11 September 2023**.

3. **ICBs should ensure effective system working across all parts of the system**, including acute trusts and community care, elective care, children and young people, mental health, primary, community, intermediate and social care and the VCSE sector.

ICBs will play a vital role in system leadership and co-ordination but it is important that all parts of the system play their role. The NHS England operating framework describes the roles that NHS England, ICBs and NHS providers should play, working alongside our partners in the wider health and care system. It outlines our collective accountabilities and responsibilities to ensure we deliver a health service that maximises outcomes for patients.

To help systems plan, we have developed a set of recommended winter roles and responsibilities (**Appendix B**) to ensure clarity on what actions should be undertaken by each part of the system. These will require broad clinical leadership to implement, and systems should be using these to develop their winter planning return, reflecting how these relate to the circumstances within their individual system.

DHSC is also writing to local authorities and the adult social care sector shortly to set out priority actions for improving winter resilience and encouraging cross-system working with the NHS on winter planning.

To assist system working this winter, next week, we will also be publishing an updated specification for System Co-Ordination Centres and an updated Operational Pressures Escalation (OPEL) Framework to ensure we are taking a consistent and co-ordinated approach to managing pressures across all systems.

4. **Supporting our workforce** to deliver over winter

This year colleagues have continued to work incredibly hard in the face of increased demand. We know how much supporting your workforce matters to you, and it is crucial that employers ensure that they take steps to protect and improve the wellbeing of the workforce.

Last winter, we saw flu return at scale. It is vitally important that we protect the public and the health and care workforce against flu and other infectious diseases, and the best way of doing this is to ensure they are vaccinated. Providers should also ensure that they have an

established pathway for identifying patients at-risk of COVID-19 and flu in their care, including those who are immunosuppressed.

Systems and providers should also continue to improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise, as set out in 2023/24 priorities and operational planning guidance and more recently in the NHS Long Term Workforce Plan, and ensure continued supply through maintaining education and training.

We want to thank you and everyone across the NHS for your continued hard work this year, we have again faced some unprecedented challenges but through strong partnership working we have once again risen to these.

The coming months will undoubtably be difficult, but we will continue to support you to ensure that we collectively deliver a high-quality of health service to patients and support our workforce. Thank you again for all your efforts as we work to build a more resilient NHS ahead of winter.

Yours sincerely,

Sarah-Jane Marsh
National Director of Integrated Urgent and Emergency Care and Deputy Chief Operating Officer
NHS England

Sir David Sloman
Chief Operating Officer
NHS England

Julian Kelly
Chief Financial Officer
NHS England

Appendix A: 10 High-Impact Interventions

Action	
1.	**Same Day Emergency Care**: reducing variation in SDEC provision by providing guidance about operating a variety of SDEC services for at least 12 hours per day, 7 days per week.
2.	**Frailty**: reducing variation in acute frailty service provision. Improving recognition of cases that could benefit from specific frailty services and ensuring referrals to avoid admission.
3.	**Inpatient flow and length of stay (acute)**: reducing variation in inpatient care (including mental health) and length of stay for key iUEC pathways/conditions/cohorts by implementing in-hospital efficiencies and bringing forward discharge processes for pathway 0 patients.
4.	**Community bed productivity and flow**: reducing variation in inpatient care and length of stay, including mental health, by implementing in-hospital efficiencies and bringing forward discharge processes.
5.	**Care transfer hubs**: implementing a standard operating procedure and minimum standards for care transfer hubs to reduce variation and maximise access to community rehabilitation and prevent re-admission to a hospital bed.
6.	**Intermediate care demand and capacity**: supporting the operationalisation of ongoing demand and capacity planning, including through improved use of data to improve access to and quality of intermediate care including community rehab.
7.	**Virtual wards**: standardising and improving care across all virtual ward services to improve the level of care to prevent admission to hospital and help with discharge.
8.	**Urgent Community Response**: increasing volume and consistency of referrals to improve patient care and ease pressure on ambulance services and avoid admission.
9.	**Single point of access**: driving standardisation of urgent integrated care co-ordination which will facilitate whole system management of patients into the right care setting, with the right clinician or team, at the right time. This should include mental health crisis pathways and alternatives to admission, eg home treatment
10.	**Acute Respiratory Infection Hubs**: support consistent roll out of services, prioritising acute respiratory infection, to provide same day urgent assessment with the benefit of releasing capacity in ED and general practice to support system pressures.

Classification: Official

Working together to deliver a resilient winter

System roles and responsibilities

The NHS England operating framework describes the roles that NHS England, integrated care boards (ICBs) and NHS providers should play, working alongside our partners in the wider health and care system. It outlines our collective accountabilities and responsibilities to ensure we deliver a health service that maximises outcomes for patients.

As we continue planning for winter it is important that we are clear on the actions that each part of the NHS system must now take to ensure that we are collectively pulling in the right direction to deliver for patients.

To support this, we have developed a set of recommended winter roles and responsibilities for each part of the system, which are included in this document, largely taken from existing guidance and recovery plans. These build on the core objectives outlined in the winter letter and provide a platform for systems to be clear on how actions are taken in all areas to deliver a resilient winter period.

The roles and responsibilities are designed to be supportive and provide clarity but are by no means exhaustive – each system should use these to develop their winter planning return and consider how these relate to the circumstances within their individual system.

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27 July 2023

Integrated care boards

- Ensure that the system winter operating plan incorporates all the high-impact interventions and actions for the entire health and social care economy. This should include specific operating actions for all system partners across acute, community, mental health, primary care aa well as links with local authority services. Systems should ensure that plans reflect the needs of all age groups, including services for children and young people.
- Facilitate partnership working – ensuring that all system partners are pulling in the same direction to deliver a resilient system this winter, and appropriately manage risk to ensure that it is balanced across the entire system, ensuring all parts of the system are held to account for delivery of their responsibilities.
- Be accountable for the delivery of capacity in line with agreed 2023/24 ICB Operating Plan – including additional capacity identified via the winter planning exercise.
- Ensure that arrangements are in place to lead the system through winter – including:
- maintaining 24/7 oversight of system pressures through the System Co-ordination Centre (SCC)
- implementing the revised SCC specification to ensure appropriate structures, systems and process are in place to maintain operational oversight and delivery
- implementing the revised Operating Pressures Escalation Levels (OPEL) Framework in a consistent manner across all acute sites as the key clinical safety indicator of system pressure
- leading the development of a comprehensive winter operating plan underpinned by a locally agreed operating model.
- Ensure infection prevention and control (IPC) colleagues are involved in winter planning and that they continue to be involved in responding to winter.
- Lead the liaison and engagement with the voluntary, community and social enterprise partners to ensure that they are fully engaged in winter planning and their support maximised.
- Ensure the continued workforce supply through early planning of actions to mitigate any loss of education and training during the periods of greatest winter service pressures.

Lead the delivery of high-impact interventions 5-10

- **Care transfer hubs**: In partnership with local authorities, implement a standard operating procedure and minimum standards for care transfer hubs to reduce variation and maximise access to community rehabilitation and reablement

services and prevent unnecessary re-admission to a hospital bed. Improve the operation of current care transfer hubs from the baseline assessment, including operation throughout the winter holiday period.

- **Intermediate care demand and capacity**: With local authorities, commission sufficient capacity to meet projected demand for step-down care, including both home-based and bed-based care, to facilitate the timely discharge of patients from across acute and community hospitals and services.

  Make effective use of the Better Care Fund, including the Discharge Fund, to support patients to leave hospital with a package of care where needed.

  Ensure that capacity and resource gaps are escalated, and actions progressed; all data is submitted for all commissioned beds to the Community Discharge and Acute Discharge SitReps and the Capacity Tracker.

  Ensure data sharing arrangements are in place to enable rehabilitation/recovery plans to be shared by partners providing services and to streamline pathways and reduce duplication.

  Embed mechanisms to enable monitoring of the impact of intermediate care interventions on people's functional outcomes and their long-term care needs.

- **Virtual wards**: Be accountable for the delivery of virtual ward capacity and maximising virtual ward use, ensuring 80% occupancy across VWs is maintained over the winter period. Systems should ensure appropriate step-up and down capacity is in place at scale for frailty, respiratory and for heart failure, ensuring capacity is tightly aligned to winter flow priorities. This includes:

  - All step-up virtual wards should be accepting admission alternative referrals from care homes, ambulance trusts, primary care, and urgent community response ahead of winter and should ensure there are clear agreed processes in place between partners.

  - **Urgent Community Response (UCR)**: Ensure full geographical coverage with a minimum of 7 days a week and 08.00-20.00 operating times – going beyond the 9 clinical conditions/needs set out in the national specification to meet all appropriate community-based demand. Ensure, through working with the ambulance service, that plans are in place for most clinically appropriate Cat 3 or 4 calls to be diverted to UCR or community-based falls services.
  - **Advanced clinical support**: You should also ensure that care homes have access to advanced clinical decision-making support outside of UCR operational hours (eg 8pm to 8am) to ensure residents receive treatment and care in the right setting, and to enable clinical risk sharing across the system.
  - **Single point of access**: driving standardisation of urgent integrated care co-ordination which will support whole system management of patients into the right care setting, with the right clinician or team, at the right time. This includes

increasing the number and breadth of services profiled on the directory of services (DoS) and ensure steps are in place to maximise the use of the DoS.

- **Acute respiratory infection (ARI) hubs**: support consistent roll out of services for adults and children and young people, prioritising acute respiratory infection, to provide same day urgent assessment with the benefit of releasing capacity in emergency departments and general practice to support system pressures.
- Through commissioning actions, ensure that **NHS 111** clinical input is prioritised where it will have most impact – in particular, maximising the assessment of NHS 111 Category 3 or 4 ambulance dispositions. Ensure that robust workforce plans are in place for NHS 111 service advisors, health advisors and clinical advisors. This should include using home working opportunities to the full.
- Support the delivery of key actions from the **Primary Care Recovery Plan** that will support winter pressures, including over the Christmas/New Year Period by improving access to general practice – particularly:
- Increasing support for self-directed care
- Expanding community pharmacy services
- Implementing modern general practice by:
- engaging and nominating their practices and PCNs to join the national general practice improvement programme
- supporting practices to move to cloud-based digital telephony and to access the right digital tools
- improving online patient journeys, including practice websites
- understanding general practice transformation maturity and support needs, via completion of the support level framework to enable ongoing local support to continue improvement:
- to make online channels easy to use
- to enhance navigation and triage processes
- to improve the experience of access
- to understand and better match demand and capacity.

Increasing capacity with larger multidisciplinary teams, including over the Christmas period

Improving the primary-secondary care interface.

Acute and specialist NHS trusts

Lead the delivery of high-impact interventions 1-4

1. **Same day emergency care (SDEC)**: Reducing variation in SDEC provision by providing guidance about operating a variety of SDEC services for at least 12 hours per day, 7 days per week.
2. **Frailty**: Reducing variation in acute frailty service provision. Improving recognition of cases that could benefit from specific frailty services and ensuring referrals to avoid admission.
3. **Inpatient flow and length of stay**: Reducing variation in inpatient care and length of stay for key integrated urgent and emergency care (iUEC) pathways/conditions/cohorts by implementing in-hospital efficiencies and bringing forward discharge processes for pathway 0 patients. This includes through:
   a. Delivering improvements in ambulance handover times

   b. Ensure documented internal professional standards are in place for rapid specialty in-reach to urgent and emergency care pathways 24/7 – ensuring that patients requiring admission are moved from the emergency department in line with these standards. Put in place mechanisms to monitor performance against these standards and take action to course correct delivery where required.
4. **Community bed productivity and flow**: Reducing variation in inpatient care and length of stay by maximising therapeutic interventions to reduce deconditioning and bringing forward discharge processes.

    - Ensure that general and acute beds are available and open in line with the agreed 2023/24 ICB Operating Plan – including escalating the number of beds as needed in line with the winter addendum to this plan. This includes monitoring and reducing occupancy in the run up to Christmas.
    - Focus on improving performance against the four-hour standard for type one attendances, to contribute to the overall A&E performance target of 76%.
    - Continue focused efforts on patients attending A&E who spend more than 12 hours in department from arrival to discharge, admission or transfer.
    - Ensure clear arrangements for early referral to care transfer hubs where patients are likely to require step-down care following hospital discharge. Align processes and protocols with standard operating procedures for care transfer hubs to reduce variation, minimise discharge delays, maximise access to community rehabilitation and reablement and optimise 7-day working. Provide timely data where needed by care transfer hubs to support governance,

operational grip and decision-making and to support intermediate care capacity and demand planning.

- Ensure that sufficient capacity is in place to protect the elective pathway for both adults and children and young people – with clear triggers in place to open additional non-elective capacity in line with the winter addendum to the 2023/24 Operating Plan.
- Ensure actions to improve the primary and secondary care interface set out in the Primary Care Access Recovery Plan are implemented with system wide understanding of pressures across the totality of the UEC pathway including primary care.
- Ensure that robust workforce plans are in place to respond to an increase in demand over the winter period, including planning annual leave to maintain a continuous physician presence throughout the Christmas/New Year period. This should include planning for a possible increase in staff sickness associated with an increase in winter illness, including Covid-19 and influenza.
- Implement flexible mechanisms for staff pooling and utilisation of resources across organisational boundaries, including increasing use of staffing banks to onboard both health and care workers to the right part of the pathway utilising 'mutual aid' arrangements where needed and supplemented by digital solutions.
- Ensure that a robust plan is in place for the vaccination of staff, volunteers and patients against influenza and that plans are in place to rapidly respond to any other vaccination programme recommended by the Joint Committee on Vaccination and Immunisation (JCVI)

Primary care

Ensure plans are in place to maintain access to primary care services between 18 December 2023 and 8 January 2024, including ensuring Bank Holiday cover in line with primary care national contracts is in place, so that patients can access services in primary care settings over the Christmas and New Year period.

- Ensure tools are in place to understand demand, activity and capacity in primary care, eg operational pressures escalation levels (OPEL) reporting. This should be shared across the system to give a comprehensive view of primary care pressures and where support may be required that could alleviate pressure on primary care and on the UEC pathway.
- Through working with the ICB and other system providers, ensure additional capacity is in place to respond to a surge in demand for primary care services – including through the development and provision of hot hubs and/ or acute respiratory infection hubs.
- Ensure proactive identification and management of people with complex needs and long-term conditions, so care is optimised ahead of winter and that people are supported to better manage their health, to reduce demand on primary and secondary care.
- Work with the ICB to develop system plans and communication strategies to maximise the role of general practice and community pharmacy.
- Lead delivery of actions from the Primary Care Recovery Plan that will support winter pressures, particularly:
- Support the delivery of key actions from the **Primary Care Recovery Plan** that will support winter pressures, including over the Christmas/New Year Period by improving access to general practice – particularly:
- Increasing support for self-directed care
- Expanding community pharmacy services
- Implementing modern general practice by:
- engaging and nominating their practices and PCNs to join the national general practice improvement programme
- supporting practices to move to cloud-based digital telephony and to access the right digital tools
- improving online patient journeys, including practice websites
- understanding general practice transformation maturity and support needs, via completion of the support level framework to enable ongoing local support to continue improvement:
- to make online channels easy to use

- to enhance navigation and triage processes
- to improve the experience of access
- to understand and better match demand and capacity.

Increasing capacity with larger multidisciplinary teams, including over the Christmas period

Improving the primary-secondary care interface.

Children and young people (CYP) services

Winter plans should reflect the needs of the local children and young people's population, with actions in place to manage pressures in paediatric services.

- **High-impact interventions for children and young people**: ICBs should ensure commissioning arrangements are in place to support scaling of age-appropriate virtual ward models and ARI hubs; building on pilots and plans and targeting areas of greatest needs to effectively manage winter pressures and increases in respiratory infections.
- **Whole-system planning**: embed whole-system approaches to winter planning for paediatric services, linking to paediatric critical care surge planning and Level 2 bed provision expansion, led by operational delivery networks (ODNs) with paediatric ARI hubs and virtual ward development. Disaggregate datasets should be available at ICB level to permit monitoring of CYP data, pressures across paediatric services, as well as the wider system and patient pathway, including primary care, acute and mental health services, immunisation, and school attendance.
- **Paediatric critical care surge planning**: ICBs and ODNs should work in partnership to co-ordinate, implement and oversee robust winter and surge planning, including mitigations to manage the impact of surges in paediatric respiratory infections on CYP services. This should include mutual aid arrangements at regional and national level, particularly for Level 3 paediatric intensive care unit (PICU) bed provision and for children on long term ventilation.
- **Mutual aid**: ensure local winter plans include mutual aid considerations across paediatric and adult teams, between providers within the system, and across systems.
- **Protecting elective capacity for children and young people**: ensure preservation of the standard clinical pathway for CYP elective surgery, critically ill children, emergency, general and specialist services and continue to reduce disparity in elective recovery between adults and CYP. Ensuring close monitoring of paediatric surgery cancellations.
- **Vaccination uptake**: ensure that a robust plan is in place to maximise uptake of childhood and flu vaccinations as part of winter preparedness.
- **Supporting self-care and management of minor illness**: ensure targeted communication and paediatric advice is available to parents/carers. Ensure collaborative approaches with VCSE partners, embedding preventative approaches to support parents/carers in management of minor illness and navigating NHS services, particularly across areas with high attendances and communities that experience the greatest health inequalities.

Community trusts and integrated care providers

Lead and support the delivery of high-impact interventions 4-6

- **Community bed productivity and flow**: reducing variation in inpatient care and length of stay by implementing in-hospital efficiencies and bringing forward discharge processes. This includes:
  - ensuring actions from daily ward and board rounds have been implemented and are being recorded or escalated in the day
  - discharge planning takes place early on in admission and in conversation with the person and/or next of kin
  - screening, assessment and rehabilitation plans are in place and communicated to the person and/or their next of kin
  - protocols for mobilisation of the individual are in place
  - workforce planning to ensure rehabilitation needs are met with minimum delays.
- Ensure clear arrangements for early referral to **care transfer hubs** where patients are likely to require step-down care following hospital discharge. Align processes and protocols with standard operating procedures for care transfer hubs to reduce variation, minimise discharge delays, maximise access to community rehabilitation and reablement and optimise 7-day working. Provide timely data where needed by care transfer hubs to support governance, operational grip and decision-making and to support intermediate care capacity and demand planning.
- Ensure focus on **admission avoidance**, ensuring 24h access to palliative care services and enhanced join-up between primary, community and social care services through enhanced care in care homes.
- **Data sharing and submission**: Reducing variation in inpatient care and length of stay by implementing in-hospital efficiencies and bringing forward discharge processes.
  - Submit data for all commissioned community beds to the Community Discharge SitRep.
  - Ensure data sharing arrangements are in place to enable rehabilitation/recovery plans to be shared by partners providing services and to streamline pathways and reduce duplication.
- Ensure there are joint executive leadership and system agreements in place across partner organisations, to ensure shared decision making and governance arrangements.
- Ensure multi-professional teamworking and a partnership approach to discharge, and multi-agency working with local authority partners and the

independent and voluntary sector to review availability of resource, provide access to reablement/pathway services for ongoing recovery support at home, and ensure timely discharge from intermediate care for a person's ongoing and longer-term needs.

- Implement flexible mechanisms for staff pooling and use of resources across organisational boundaries, including increasing use of staffing banks to onboard health and care workers and deployment of therapy capacity to the right part of the pathway using 'mutual aid' arrangements where needed and supported by digital solutions.
- Implement solutions to release therapist time and increase rehabilitation capacity, including through use of digital solutions, admin capacity, streamlining referral processes and utilising support workers to undertake tasks where appropriate.
- Implement data and operational dashboards, including daily oversight of capacity and demand and blocks in the pathway including:
    - demand for therapy workforce to deliver rehabilitation assessment and interventions
    - working with acute hospitals to proactively plan for demand, support timely discharge and enable flexible resource utilisation plans across partners and organisations
    - working with systems to undertake the self-assessment exercise as part of the system maturity evaluation and progress agreed actions to maximise delivery of services through winter.

Ambulance trusts

- Ensure a greater number of deployed hours on the road over winter in line with agreed recruitment and resourcing plans.
- Increase the clinical assessment of calls in every emergency operations centre to deliver the navigation and validation of Cat 2 calls, as well as increasing clinical input to Cat 3 and 4 calls.
- Ensure efficient electronic processes are in place for the transfer of patients who do not need a face-to-face response to services more appropriate for their needs, including urgent community response, urgent treatment centres and SDEC. Note the responsibility for other parts of the system to maximise the number of cat 3 and 4 calls responded to by UCR and falls services.
- Establish sufficient call handling capacity and finalise arrangements for the use of the 'Intelligent Routing Platform' in times of surge.
- Ensure mental health professionals are embedded in all emergency operation centres ahead of winter.
- Use the ambulance auxiliary service when needed.

Mental health provider pathways

Lead and support the delivery of high-impact interventions 3, 4 and 9 across mental health provider pathways

- Ensure plans are in place so that individuals know how to access mental health services with access to effective assessment and help in a timely manner and that crisis alternatives are in place to help reduce reliance on A&E (recognising that A&E is still an appropriate way of seeking help and people presenting with mental health issues also may have urgent physical health care needs). This should include making reasonable adjustments to pathways and therapeutic interventions for people with a learning disability and autistic people who seek mental health support.

- Where individuals do seek help for mental health issues via A&E, ensure processes are in place for assessment and onward support, including adjustments to meet the needs of autistic people and people with a learning disability. Ensure there are clear escalation processes for A&E where there is considerable delay in receiving specialist support.

- Mental health, learning disability and autism services should ensure maximum uptake of vaccinations for their populations, both inpatient and community. This is vital given the high incidence of COPD and other co-existing long-term conditions such as diabetes which can compromise response to flu and Covid-19.

- Ensure tools are in place to understand demand, activity, workforce and capacity in mental health provider pathways. This should be shared across the system to give a comprehensive view of mental health pressures and where support may be required that could alleviate pressure on both mental health and UEC pathways.

- Ensure access to emergency housing funds to enable discharge of patients with no fixed abode (NFA) to ensure that they can be supported with follow up crisis / community care and support.

- Lead delivery of actions from the NHS Long Term Plan and Delivery Plan for Recovering Urgent and Emergency Care Services that support winter pressures, particularly:

- Strengthen ambulance response to mental health by deploying multidisciplinary professionals to support 999 mental health demand and preparing for the rollout of mental health response vehicles.
- Optimising flow through mental health inpatient settings through system-wide focus on reducing delayed discharges and avoidably long length of stay in mental health inpatient settings. Work collaboratively with social care and other system partners who play a key role in timely discharge.
- Continuing to raise profile of all-age 24/7 urgent mental health helplines and other complementary crisis support services – including those for people with a learning disability and autistic people, such as intensive support teams, ensuring delivery of

NHS 111 'select mental health option' and working towards crisis text line implementation.

- Supporting children and young people with mental health needs in acute paediatric settings by adopting the new integration framework for systems to support children and young people with mental health needs within acute paediatric settings, and to take up NHS England (Workforce, Training and Education directorate) commissioned CYP crisis telephone training to support crisis mental healthcare staff.

- Maximise the uptake of training on learning disability and autism appropriate to their role, to ensure preparedness to be able to meet the needs of autistic people and people with a learning disability.

Local authorities and social care

Local authorities should continue to work with ICBs to ensure an integrated approach across health and social care.

This includes:

- commissioning intermediate care services that help keep people well at home, prevent avoidable hospital admissions and support timely and effective hospital discharge.
- areas keeping under review their Better Care Fund (BCF) capacity and demand plans for intermediate care, in line with the BCF Policy Framework and planning requirements, considering trends in demand.
- improving data flows where the BCF capacity and demand plans showed limited data or insights available to support local areas' ability to accurately forecast demand for these services throughout the year.
- supporting NHS winter surge planning, including considering contingency arrangements for a significant flu or COVID-19 wave.
- deploying this year's Discharge Fund in ways that have greatest impact in patient safety and experience and in reducing delayed discharges, both to improve outcomes following hospital admission and help prevent avoidable A&E and ambulance delays for patients who need emergency care, alongside planning how to deploy next year's discharge funding.
- systematically embedding good practice in the use of care transfer hubs to manage discharges for patients with more complex needs, focusing on nine priority areas that will be set out as part of the upcoming support offer for the UEC Recovery Plan.
- ensuring systematic involvement of social care and community health providers in planning discharge services and in improving the operation of care transfer hubs.

Appendix 2 - Winter Narrative Template 2023/24

Winter 2023/24 Planning Submission

ICB name:	
Approved for submission by:	

Notes on completion:

1. This document outlines the narrative key lines of enquiry that ICBs are asked to respond to as part of the NHS England winter planning exercise for 2023/24.
2. The purpose of this document, and the associated H2 numerical planning template, is to support ICBs to lead a system-wide planning processes ahead of winter.
3. The narrative questions in this document are designed to provide a prompt for areas that required consideration, and to provide the necessary assurance that steps have been taken at a system-level to prepare for a resilient winter period.
4. The narrative submission should be completed in conjunction with the H2 numerical planning submission, and system partners should refer to the system winter roles and responsibilities issued as part of the winter planning process on 27 July 2023.
5. Recently completed UEC Maturity Indices that were issued as part of the NHS Impact improvement offer should be considered alongside these plans to inform system thinking on which areas locally require the most focussed attention in the run up to, and during, winter.
6. ICBs are responsible for producing one comprehensive response for the system, there should be a focus on ensuring that all parts of the system, including Local Authority partners, are engaged in developing this. Updated intermediate care capacity and demand plans at HWB level will need to be agreed with local authorities and submitted in October as part of BCF quarterly reporting. The BCF plans should reflect agreed changes to capacity and demand management agreed in these ICB plans.
7. There is a total of six key lines of enquiry with associated questions across the following areas:

    a. System-working
    b. High-impact interventions
    c. Discharge, intermediate care, and social care
    d. H2 numerical planning submission
    e. Surge plans
    f. Workforce

KLOE 1: How will the system work together to deliver on its collective responsibilities?

Key question and points to consider	Response
KLOE-1.1: How has each part of the system been engaged? • How have roles and responsibilities been communicated to and agreed with each part of the system? • How has each part of the system been engaged to support the development and delivery of the winter plan? • How have local authority, social care and VCSE (voluntary, community or social enterprise) partners been engaged with developing the system winter plan?	
KLOE-1.2: How will you assure that each part of the system is delivering against its roles and responsibilities? • What is the mechanism for system partners to hold one another to account for delivering on their roles and responsibilities? • How have key interdependencies between parts of the system been identified, and how will they be managed? • What are the key risks to delivery of the plan in each part of the system, and how will they be mitigated?	
KLOE-1.3: How will the system deliver on the roles and responsibilities identified by NHSE - respond for each area as below:	**Integrated Care Boards:**
	Acute and Specialist NHS Trusts:

Key question and points to consider	Response
• Integrated Care Boards • Acute and Specialist NHS Trusts • Primary Care • Children and Young People services • Community Trust and Integrated Care Providers • Ambulance Trusts (where the ICB is the lead commissioner) • Mental Health	**Primary Care:**
	Children and Young People Services:
	Community Trusts and Integrated Care Providers:
	Ambulance Trust:
	Mental Health:
	Local authorities and social care:
KLOE-1.4: How will the ICB lead the system through the winter period? • How will 24/7 oversight of system pressures through the System Coordination Centre (SCC) be maintained? • How will the ICB ensure the appropriate structures, systems and process are in place to maintain operational oversight and delivery? • How will executive level and senior clinical leadership be used to deliver a successful winter for the system?	
KLOE-1.5: Infection Prevention and Control (IPC) • How have IPC colleagues been involved in the development of the system Winter plan? • What plans have been put in place to promote optimisation of IPC practices and effect Healthcare Associated Infection (HCAI) prevention/reduction in hospitals and community care settings? • What support has been put in place at a system level to, ensure IPC provision to care homes and step-down	

Key question and points to consider	Response
intermediate care facilities in preventing and reducing infection transmission, and aid capacity to discharge patients?	
KLOE-1.6: Support for care homes • What is the overall offer to care homes in supporting residents to remain well, access timely support, care, treatment, and advice and to remain in the care home for their care and treatment wherever possible avoiding unnecessary hospital admission. • The recommended roles and responsibilities for each part of the system detail several areas which should support care homes and care home residents – specifically how will care homes be supported through both a proactive and reactive care approach across the following areas: o Enhanced health in care homes o Personalised care and support planning o Oral health o Falls prevention exercises o Vaccination and immunisation – staff and residents o Remote monitoring o Urgent community response (including falls response) o Provision of enhanced clinical support 2000-0800 o Virtual wards o End of life care planning	
KLOE-1.7: Christmas and New Year	

Key question and points to consider	Response

• Outline the steps, including commissioning actions, that are being taken or planned to ensure core services remain accessible to the public over the Christmas and New Year period – specifically between 18 December 2023 and 8 January 2024 in responding consider at a minimum:
  ○ General practice
  ○ Dentistry
  ○ Community pharmacy
  ○ Specialist helplines
  ○ Hospice support	

KLOE 2: high-impact interventions

Key question and points to consider	Response
KLOE-2.1: How will your choices to implement the high impact initiatives from the UEC Recovery Plan support you to achieve the required 4-hour Cat 2 ambulance performance over winter? As per the Universal Improvement Offer, you have submitted self-assessments against all 10 high impact initiatives and have identified 4 of the high impact initiatives to prioritise ahead of winter. • Are there other high-impact interventions relevant to the system that are being prioritised? • Are there robust plans in place to make a material impact on these interventions ready for winter?	

Key question and points to consider	Response
• How will the system monitor progress against these interventions? • What executive leadership for priority interventions is in place?	
KLOE-2.2: How will the system ensure adequate improvement capability and capacity is in place to deliver on the high-impact interventions? • How many Recovery Champions have you identified? • How will Recovery Champions supported to develop their improvement capability? • How will Recovery Champions supported to commit sufficient time to the priority interventions? • How will you make use of the full range of support available to all organisations in the system through tiers 1 and 2 where relevant and the universal support offer?	

KLOE 3: discharge, intermediate care, and social care

Key question and points to consider	Response
KLOE-3.1: What plans have been put in place to ensure effective joint working with relevant local authorities and social care? • Do care transfer hubs have clear line of sight to capacity challenges across intermediate and social care? • Do you have a named system lead for discharge across health and social care to facilitate joint management of risk over the winter period?	

Key question and points to consider	Response
• Are care transfer hubs fully operational with the relevant partners working together and reviewing all available data to deliver improvements? • How will you ensure that the Discharge Ready Date field is being comprehensively completed to enable the metric to be published before winter, and subsequently used to improve local services? • What are the plans for escalation between the NHS, local authority, social care and VCSE providers to mitigate delays in discharging patients from general and acute and community beds over the winter period? And for step up / admission avoidance?	
KLOE-3.2: How will you meet any gap between demand and capacity identified in your Better Care Fund (BCF) intermediate care capacity and demand plan, or any additional gap as a result of demand that may occur over and above forecast levels: • All Health and Wellbeing Boards have submitted BCF demand and capacity plans for intermediate care (step up and step down) for 2023/24. At ICB level, is there an intermediate care gap between demand and capacity projected for the winter period (November 2023 - March 2024)? And is there an intermediate care gap in your Intermediate Care level surge / super surge plans? • What are the plans to meet this gap through improving productivity, e.g., through reducing length of stay (in acute or community beds), or through reducing overprescription? Are there any further plans to meet this gap through increased commissioning of bedded and non-bedded intermediate care? If so, how much will this	

Key question and points to consider	Response
cost? Have these plans been developed with local authorities? • How well developed are these plans and will they be in place (agreed, commissioned, and provided) by winter? Have these plans been shared with local authorities to inform the refreshed BCF plans that will be required in October?	
KLOE-3.3: Community hospital and Intermediate Care capacity • What steps will you take to deliver an improvement in the average length of stay across your community hospital beds by March 24? • How will you improve Community Bed productivity and efficiency to maximise flow? • What plans do you have in place to develop a therapy-led intermediate care service for people on discharge pathways 1 and 2 to be in receipt of the service in a timely way?	

KLOE 4: H2 numerical submission

Key question and points to consider	Response
KLOE-4.1: demand assumptions • Explain any revised demand assumptions that are captured in the template. • Is there variance against demand assumptions for year to date.	

Key question and points to consider	Response
KLOE-4.2: supply • Explain any variance in supply against the agreed 2023/24 plan.	

KLOE 5: Escalation plans

Key question and points to consider	Response
KLOE-5.1: Describe the system escalation plan • Using the anticipated non-elective demand scenario outlined in the numerical submission describe the point at which demand would outstrip the capacity profiled for surge and the steps that the system will take to respond to this. • Specifically outline the consequences of this on other services. • Describe plans in place to expand adult and paediatric critical care capacity if needed? • Describe the whole system escalation plan including primary care, social care, and local authority. • Describe how capacity, including capacity in high-impact intervention areas e.g., ARI hubs, will be expanded in the event that demand exceeds planned capacity.	
KLOE-5.2: Early warning • Describe the system approach to monitoring demand and early warning systems in place.	

KLOE 6: Workforce

Key question and points to consider	Response
KLOE-6.1: How will you ensure adequate staffing levels are in place to meet anticipated demand? • How have you modelled your workforce requirements for permanent clinical and non-clinical staff to deliver a resilient winter – ensure that you have considered all parts of the system. • Do you have the required level of staffing in place to deliver the planned capacity outlined in the 2023/24 operating plan for the system? • If there is a deficit in workforce what are your plans to meet this – how confident is the system in meeting this deficit? • How much temporary workforce is required to support across winter? • Have you onboarded current staff within all partner organisations to staff banks for deployment during periods of escalation? • What plans to you have to maximise the community workforce to ensure rehabilitation and reablement are delivered to all people requiring Intermediate Care services?	
KLOE-6.2: How will the system work together to support one another from a workforce perspective?	

Key question and points to consider	Response
• Are the correct systems and processes in place to support the deployment of staff from one provider to another where necessary?	
KLOE-6.3: How will staff wellbeing be prioritised across winter? • What initiatives are in placed to support staff wellbeing across the winter? • When is planned and unplanned absenteeism expected to be highest and are arrangements in place to ensure this is aligned with demand and capacity? • What plans are in place to support a successful vaccination programme for influenza and Covid-19 if recommended for staff and volunteers?	
KLOE-6.4: How are you maximising the role of VCSE partners? • What assumptions have been made about the role of VCSE partners in supporting the workforce this winter? • What steps have you taken to maximise the role of VCSE partners this winter? • How will the relationship with VCSE partners be managed at a system-level to ensure the greatest level of integration and joint working? • What steps has the system taken to maximise the role of NHS and Care Volunteer Responders?	

Appendix 3 - Winter Vaccination Letter 2023/24

Classification: Official

NHS England

To:
- Integrated care system chief executive officers
- Trust chief executive officers
- Local government chief executive officers
- GP practices
- Community pharmacies
- Health and justice healthcare providers

cc.
- NHS England regional directors
- NHS England regional directors of commissioning
- Directors of public health

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

30 August 2023

Dear Colleagues,

NHS vaccination response to urgent BA2.86 risk and changes to autumn/winter 2023/24 vaccination delivery programme

Thank you for your continued planning to deliver the autumn-winter flu and COVID-19 vaccination programmes. Thousands of sites have already signed up to offer vaccinations to patients and we are grateful for your ongoing support.

Following the announcement by the Department of Health and Social Care (DHSC) and the UK Health Security Agency (UKHSA), we are writing to set out next steps on the risks presented by the new BA.2.86 variant of COVID-19, and the measures the NHS has been asked to take.

While it is difficult to predict the combined effect of the large number of mutations on severity, vaccine escape and transmissibility, expert advice is clear that this represents the most concerning new variant since Omicron first emerged. The UKHSA has determined the most appropriate intervention with the greatest potential public health impact is to vaccinate all those eligible, quickly.

Following this advice, the Secretary of State for Health and Social Care has asked NHS England to bring the vaccination programme forward, to start earlier, and to accelerate

Publication reference: PRN00757

delivery of the programme to vaccinate eligible people more quickly. We would like as many people as possible to have been vaccinated by the end of October. DHSC are providing additional support to the NHS to enable this to happen.

This letter sets out the actions we are now asking you to take to accelerate your plans for Autumn/Winter 2023 to help protect the health of individuals, families, and communities, and to optimise the resilience of the NHS as we go into Winter.

Campaign timings

For operational expediency and in line with public health recommendations – wherever possible, flu and COVID-19 vaccines should be administered at the same time.

The best protection is usually provided by getting vaccinated with as short a gap as possible before exposure to circulating influenza and COVID-19 viruses, hence the previously advised later start date of early October.

However, in light of the changes in risk balance from a new COVID-19 variant set out above, flu and COVID-19 vaccination for adults should now be brought forward for this year to start in September to maximise uptake of both vaccines. For providers, this means that:

- From **11 September 2023,** systems must start vaccination for care home residents and those who are housebound. We are asking systems to ensure that all residents are vaccinated before **22 October 2023**.
- From **11 September 2023,** COVID-19 and flu vaccinations can commence for those eligible via Local Booking Systems (LBS), starting with those who are most at risk, including those who are immunosuppressed, in the usual way.
  - On **18 September 2023**, this will be complemented by the National Booking System (NBS) which will become available to allow eligible people to book a COVID-19 vaccination online (using NHS.uk), via the NHS App or by calling 119. National COVID-19 vaccination invitations will also start from 18 September.

There is no change to flu vaccination for children. It is essential that this begins early in September as previously communicated.

UKHSA has advised that children's flu LAIV vaccines will be available to order from 4 September 2023, for delivery the following week. General practice should continue to prioritise vaccination of 2-3 year olds, while school age immunisation services should rapidly commence vaccination of eligible school aged children.

Cohort eligibility

The eligible cohorts for both flu and COVID-19 vaccination remain unchanged. Flu cohorts were confirmed in the Annual Flu Letter. Full details of eligibility for Autumn 2023/24 COVID-19 cohorts can be found here. They include:

- 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.

Financial support

In addition to the financial arrangements set out in the Autumn 2023 GP and CP enhanced service specifications, and Standard Contract schedules, interim arrangements to support programme acceleration will be put in place to recognise additional administrative, organisation and delivery costs.

Commissioned providers will now be eligible to claim:

- An additional acceleration payment of £10 (in addition to the IoS fee) for each COVID-19 vaccination administered to care home residents between Monday 11 September and Sunday 22 October 2023 inclusive; and
- A separate one-off additional payment of £200 for each Completed Care Home by 23.59hrs on Sunday 22 October 2023 that is confirmed to the Commissioner by the submission of a live time survey no later than 23.59hrs on Sunday 29 October 2023.

To support the acceleration of COVID-19 vaccinations to other eligible cohorts:

- An additional £5 acceleration payment (in addition to the IoS fee) will be made available for each COVID-19 vaccination administered to eligible people between 11 September and 31 October 2023 (excluding care home residents, housebound people, and any health and care worker vaccinations commissioned under the NHS Standard Contract).

The COVID-19 vaccination primary care service specifications and NHS Standard Contract schedules will be updated to reflect the financial arrangements outlined above in line with usual processes.

Access and equity

Systems must maintain their focus on ensuring that no one gets left behind and are reminded that the Access and Inequalities Fund is available to support improved uptake across all communities.

Systems are encouraged to think creatively about how they continue to use the fund to support improved and equitable uptake across their communities, accelerating plans for the Autumn and Winter campaign where possible. This could include, but is not limited to:

- Mobile clinics and pop ups, such as roving buses, temporary clinics at supermarkets, shopping centres, places of worship and events
- Capacity building such as community champions and ambassadors and support for local voluntary sector organisations that have established links and trust with targeted communities, working to improve vaccine confidence
- Outreach activities such as bespoke health days and events, door knocking, dedicated clinics, and clinical outreach, supported by pre-engagement and communications
- Localised communication materials to support delivery such as digital screens and leaflets, translated and adapted for local communities, to supplement national communications that are available here.

Systems should work with local partners in local government and the voluntary and community sector to ensure community engagement starts as soon as practicably possible, supported by access to vaccination.

Outreach and pop-up clinics offering COVID-19 vaccination may continue for these groups up to 31 January 2024, flu vaccination can continue until 31 March 2024, noting the clinical importance of completing vaccination earlier.

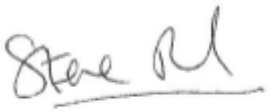
Actions now required:

- The deadline for the sign up/expression of interest process will be extended until 17:00hrs on 4 September 2023 although further providers can be commissioned by exception after this date in line with the relevant service specifications/schedules and for CPs, the EOI guidance. Commissioners should be mindful of onboarding timescales when agreeing exceptions.
- The **National Booking Service (NBS)** will be opened for sites to upload COVID-19 appointments from 7 September 2023. Appointment slots will become available to the public on 18 September for attending on 19 September onwards. National invitations will commence from 18 September 2023.
- Providers should put local arrangements in place to offer those who are pregnant, regardless of their stage of pregnancy either opportunistic vaccination for routine appointments or direct to book via NBS by their GP and midwife team.

- **Legal mechanisms** (patient group directions (PDGs)/National Protocols (NPs)) will be published here in advance of 11 September.
- COVID-19 **vaccine supply** will commence from 4 September 2023, using the targeted deployment model to provide a frontloaded intake for the start of the campaign. Vaccine supply is not a constraint for this campaign and providers will automatically have supply replenished.
- **Training materials** for Comirnaty Original/Omicron BA.4-5 COVID-19 vaccine are already available here.

Finally, we are grateful for your work to ensure that the NHS can respond at pace to this emerging clinical context quickly to offer the best possible protection to communities over this coming winter.

Yours sincerely,



Steve Russell

Chief Delivery Officer and National Director for Vaccinations and Screening

NHS England

Annex: UKHSA clinical advice on the emerging risk of BA.2.86

UKHSA conducts routine monitoring and surveillance of COVID-19 and the emergence and spread of new variants internationally. A new variant, BA.2.86 was identified due to its high number of mutations. The mutations, including many in spike protein, mean that the variant may be antigenically altered compared to previously circulating variants, and other changes in viral properties are also possible. There are a small number of cases identified globally but as genomic surveillance is now very limited internationally, there is a very high degree of uncertainty about the spread and growth of this variant at present and the situation is dynamic. It will take a period of several weeks to grow the virus and confirm its biological properties, and epidemiological studies cannot be conducted until there are a larger number of cases to include. Should this variant cause an increase in transmission, the earliest epidemiological signal may be from increasing hospital admissions in the UK or other countries. Waiting to respond until this data is available will mean that any interventions are unlikely to change the impact on health services.

The single intervention with the greatest potential to reduce the impact of any emergent variant with the potential to increase transmission is vaccination. Given the timing of the emergence of BA.2.86 and the uncertainty regarding its growth, it is the clinical recommendation of the CMO and UKHSA that the COVID-19 vaccines already licensed and in stock can be used to boost protection now rather than waiting to start the autumn campaign in October. This is in keeping with the existing advice of the JCVI that the latest available licenced vaccines be used until other vaccines, that target this or other more recent variants, become available.

It is important to note the UK population has comparatively higher levels of both infection-derived and vaccine-derived immunity compared to earlier in the pandemic. This is a precautionary action while UKHSA and partners are able to develop a more detailed assessment of the new variant.