NHS
Nottingham and Nottinghamshire
Integrated Care Board

Health and Care System Winter Planning

Briefing for Nottinghamshire Health Scrutiny Committee

September 2022

1 Introduction

This briefing aims to update the Health Scrutiny Committee on winter plans for the Nottingham and Nottinghamshire Integrated Care System (ICS), highlighting the anticipated challenges and response to these. It also asks for the Committee's support in finding additional responses and mitigations for the winter period.

2 Background

Throughout 2022 there has been significant pressure on urgent and emergency care (UEC) services across England and in the Nottingham and Nottinghamshire health and care system. This has resulted in bottlenecks in flow from one point of care to the next, and delays in people accessing their next stage of care. This has impacted acutely unwell patients in ambulance services, emergency departments (ED) and hospital flow particularly for discharge.

There have also been delays in community and social care services, with people spending longer than needed in care homes or community services. To provide care most effectively for our population, every part of the pathway needs to be optimised, preventing hospital attendances and admissions, managing hospital assessment, diagnostic, treatment, and discharge processes optimally ensuring that people who require further support are able to move into services as promptly as possible.

To assist with planning for Winter 2022, Nottingham and Nottinghamshire Integrated Care System (ICS) has sought advice and guidance from the Nottingham Expert Advisory Panel[1] convened by Nottingham Trent University, and considered the individual and combined impact on, and risks to health and care services in the context of:

- Likely and potential health issues arising from the impact of individuals and services who have been managing the pandemic for the past two years.
- Likely economic developments which are likely to impact on patterns of need and health resilience, for example, cost of living and continued financial recovery from the pandemic.

3 Nottingham Expert Advisory Panel insights

The following section sets out the key discussion points and insights that arose from discussion with the Nottingham Expert Advisory Panel.

3.1 Prospects for Covid-19 and other respiratory illness

It is likely that there will be significant levels of respiratory infection because of flu, Covid and pneumonia over the winter period. The evidence from the southern hemisphere winter is that we should anticipate an early and high-impact flu season that falls away rapidly.

[1] A multi-disciplinary group of experts working across health, social care, economics and public policy.

The next phase of the Covid-19 vaccination programme has been confirmed, with a bi-valent vaccine being offered to everyone aged 50 and over as well as those who are at highest risk from serious illness such as pregnant women and people with long-term health conditions as well as frontline health and social care workers. Flu vaccines will also be available to everyone aged over 50 from September, ensuring protection against two dangerous diseases as we head towards the autumn and winter.

3.2 Pressures on services

Waiting lists for elective operations and screening and diagnostic tests are at high levels across England, exacerbated by the pandemic and subsequent Infection Prevention and Control (IPC) measures which limit capacity. Considerable work is underway in line with the NHS England's Elective Recovery plan to address elective waiting times backlogs and to plan for anticipated winter emergency demand

Demand challenges are especially prevalent for mental health services, especially Children and Adolescent Mental Health Services (CAMHS) and Improving Access to Psychological Therapies (IAPT). There is evidence of bottlenecks in access to IAPT which forms a "frontline" for mental health support and a possible need for different models to tackle lack of completion or engagement.

Community services, often provided by voluntary and third sector organisations, play an important role in community resilience and tackling loneliness, which are in turn predictors of poor mental and physical health. Many of these organisations have struggled through the pandemic and their workforce is vulnerable to a further wave and to retention and business continuity issues, which have been placed under further pressure by inflation.

Workforce vulnerability from financial and psychological strain will compound pre-existing challenges with recruitment and retention. Disruptive industrial action is also possible across a wide range of public services.

The same things that will impact on the general public will impact on workforce, many of whom are in groups and communities most likely to be affected by health and economic factors. Retention will be a challenge for staff who have been through two years of pandemic. This will also affect recruitment, as will a high vacancy rate in the wider economy.

3.3 Behaviour and trust

The pandemic has affected the way people relate to their communities, to services and to work. For some people continuing concerns about safety are persisting even after lockdown restrictions have ended, causing people to disengage from work and formal and informal support networks.

This will also influence access to services. While the end of lockdown has released latent and emergent demand, there is evidence that some older people and those who have been sheltering are reluctant to engage because of a of fear of Covid-19 and/or a reluctance to put pressure on stretched services.

There are particular issues for some ethnic communities where the experience of the pandemic has exacerbated mistrust in healthcare systems. One way this is manifested is in vaccine hesitancy. These factors have the potential to widen health and other inequalities.

More generally, issues of trust may affect willingness to follow guidance or engage with pharmaceutical or non-pharmaceutical interventions.

3.4 Wider determinants of health

Nottingham City is particularly vulnerable to a worsening economic situation because it was already vulnerable due to the pre-existing high proportion of people on low incomes, working in the informal economy and with lower educational levels. Across the County the situation is more varied, with some suburban and rural areas doing relatively well during the pandemic as patterns of travel and spend shifted, but areas such as Mansfield and Ashfield are similarly at risk.

There are humanitarian concerns regarding the rising cost of living and food, fuel and energy affordability for a substantial proportion of our population (dilemmas of eating or heating). This may result in short and long-term health impacts such as:

- increased respiratory infections.
- excess deaths.
- lower attendance for healthcare appointments if there are associated travel costs.
- poorer nutrition and increased vulnerability to illnesses and disease.
- poorer mental health.
- reduced access to co-payment services such as prescriptions, dentists, opticians and sexual health.

4 System response

ICSs were developed to integrate care and to marshal our collective resources for maximum population benefit. This means that boundaries between organisations and sectors should blur in the overall interests of local citizens. We have established the core partnerships and collaboratives across our system, and are now considering how we work together to support people with the rising costs of living, alongside provision of NHS care and the management of service pressures. We will also work with multi-agency partners to align our public sector approach to the rising cost of living.

The system has worked up UEC transformational schemes and is continuing to develop winter mitigation plans to deliver enough capacity to meet likely demand scenarios in our acute hospitals and community health and care services.

4.1 Operational planning and resilience management

The Nottingham and Nottinghamshire ICS Surge and Escalation Plan will be operational throughout winter to oversee and manage UEC pressures.

Capacity and demand planning is an integral part of the surge and escalation plan to ensure that mitigation plans to meet predicted levels of acute demand (short-term assessment, treatment and support to patients) and community health and care needs are in place.

The Integrated Care Board UEC team maintain real time oversight of operational pressures at provider and system level, monitor escalations and galvanise provider response including requests for mutual aid.

The operational pressures escalation levels (OPEL) reporting and escalation tools will continue to ensure appropriate provider and system level response. This includes a more diligent focus on OPEL Three actions by all providers to avoid escalation to OPEL Four levels.

Daily reporting and oversight, through system calls and escalation management (including out of hours) will continue throughout the winter period. In the event of emergency demand exceeding system resource, Emergency Preparedness Resilience and Response (EPRR) arrangements will be enacted.

Nottingham and Nottinghamshire ICS Urgent and Emergency Care Delivery Board will continue to provide oversight of winter planning and resilience.

4.2 Services supporting admission avoidance

The Urgent and Emergency Care Board oversees transformation plans to reduce both attendance at the ED and admission into hospital. The impact of these schemes on demand and capacity has been quantified and contributes to our overall mitigations for winter. Schemes include:

- Non-conveyance. The ambulance non-conveyance work programme continues to support and progress schemes that maximise the ambulance crew's ability to support and treat patients in their home, avoiding hospital admission.
- Urgent community response. These teams provide urgent care to people in their home, which helps to avoid hospital admission. Through these team, older people and adults with complex health needs who urgently need care, can get access to a range of health and social care professionals within two hours. Our Urgent Community Response is well established, receiving 800 referrals a month, of which 350 meet the clinical requirements to be responded to within two hours. We are achieving 95% of this target against a national target of 70%. There are still some workforce challenges, and the ICS is running a rolling recruitment programme, and supporting staff to broaden and upgrade their skills to be able to contribute more.
- Virtual Wards offer supports patients, who would otherwise be on hospital, to get the acute care, remote monitoring and treatment they need in their own home, calling on professional clinical support where needed. This will reduce the need for admission to hospital for specific cohorts of patients, include those living with frailty and respiratory conditions.
- Enhanced care home support, which delivers healthcare through the support of a multidisciplinary team including primary care, specialists, community-based care services and care home staff. As a system, we have a significant programme of work around Enhanced Health in Care Homes this includes the recent national bid to support the increase of hydration in care homes, rolling out multi-disciplinary team (MDT) training for care home staff and falls management

All transformation schemes across the ICS are currently being reviewed and challenged to identify where the actions can go further and faster.

4.3 Maintaining acute flow

The ICS Navigation group is leading two key pieces of work to support acute and specifically ED flow. This includes consideration of co-located urgent treatment centres (UTC) and a single point of assessment (SPA) to ensure our public reach the right place for their health needs the first time. Proposals are being pulled together collaboratively by system partners and our citizens will be engaged appropriately as clinical thinking develops. We will need to align and integrate current services to provide a streamlined service offer within available resources

Virtual wards will also support acute flow and capacity, our plans are now being enacted. Step down virtual wards from our acute trusts will reduce the length of stay for specific patient cohorts and provide additional capacity for acute care over winter and beyond. This requires new collaborative arrangements between providers and is a key element of our capacity expansion over the winter and beyond.

Ambulance pre handover (defined as the time for the handover of a patient to the care of ED staff once an ambulance has arrived) improvement trajectories have been agreed ICS wide for the elimination of over two-hour pre handovers, a reduction in over 60-minute pre handovers and improvement on the average pre handover time.

4.4 Discharge schemes

The ICS remains committed to delivering an effective model of discharge to assess (D2A). Investment of £8.6m has been approved, following submission of a collaborative business case by system partners. This will help to tackle the backlog of citizens waiting for home care services and support flow through the hospitals.

This investment will allow for an equitable pathway 1 (services in individuals' usual place of residence) offer across the ICS. This will improve outcomes for our population, facilitate reduction in the current medically safe for transfer (MSFT) numbers and a reduction in utilisation of interim bed capacity time.

All system partners are actively engaged in the 100-day D2A challenge which is supporting us to fast-track priorities across the discharge pathway, including mobilising three transfer of care hubs.

Whilst changes detailed above are embedded, the system will retain interim bed capacity that has been utilised since winter 21/22 at a rate to maintain discharge flow.

Ongoing work with both Local Authorities to develop the home care market to support reduction of backlogs in patients waiting for longer term home care service continues.

4.5 Demand and capacity

As part of 2022/23 winter preparations the ICS Demand and Capacity Group has established a programme of work to develop demand scenarios and mitigation plans. Two scenarios have been modelled:

- Nominal state – this is based on a continuation of current run rate/pressures.
- Challenging Winter – based on an extremely challenging winter considering flu trends in the Southern Hemisphere, Covid-19 infection trends, current run rates, variances against plan.

In parallel, a systematic process across Health and Care is in progress to capture potential mitigations. These will be prioritised for implementation following review of potential impact, value for money and deliverability in time for winter.

Each prioritised mitigation is being worked up into a more detailed plan confirming milestones, risk adjusted impact, key performance indicators (KPIs) and costings. The first draft has been completed and will be used as a tracking tool.

The mitigations aim to meet acute hospital capacity requirements identified in the challenging winter scenario to improve flow and reduce reliance on interim beds.

4.6 Communications

The ICS will be implementing a winter communications strategy to support the public to minimise pressures on urgent and emergency services including the 'Help Us Help You' campaign. Learning from the recent critical incident will be embedded. The system communications activity will also be aligned across the Midlands region, maximising the public sector response across our wider area and recognising that citizens live and work across our region rather than just within Nottinghamshire.

4.7 Building our community resilience

Our Local Authorities, particularly through their elected members, are champions for their populations and communities and we greatly benefit as a system from clearly hearing from elected members in the development of our activity plans. Furthermore, the role of elected members at

Place level is of critical importance in representing the voices of people and communities and acting as a conduit for information to flow from the system to constituents, enabling a two-way dialogue.

Specific actions to support Winter planning could include:

- Working alongside community, faith and voluntary groups to identify vulnerable groups and provide support / signposting to appropriate advice.
- Asking our communities and volunteers to support older family and friends with their care needs particularly at the point of discharge from hospital.
- Sharing information regarding health prevention activities, such as vaccine uptake and access to healthcare.
- Supporting access to food banks, travel schemes and heating support through partnerships with voluntary and community services.
- Enabling access to healthcare, potential through transport schemes.
- Maximising uptake of support schemes/benefits/financial advice across the area.
- Contributing to the mapping of our public service offer across Nottingham and Nottinghamshire, so that actions are aligned and we can signpost appropriately.

5 Recommendations to Nottinghamshire County Council Health Scrutiny Committee

As we approach winter, ICS staff and citizens across Nottingham and Nottinghamshire are facing a likely considerably challenged period that require collective action.

It is recommended that the Health Scrutiny Committee:

- Note the contents of this briefing.
- Commit to the proposed actions set out above.
- Discuss what further collective actions could be taken to mobilise community assets.