



Meeting name:	ICB Board
Agenda item no.	15
Meeting date:	24 th September 2024
Report title:	Winter planning 2024/25
Report presented by:	Anthony Kealy - Director of Planning and Performance
Report approved by:	Anthony Kealy - Director of Planning and Performance
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Purpose and Action			
Assurance <input checked="" type="checkbox"/>	Decision <input checked="" type="checkbox"/>	Action <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
Previous considerations:			
None			
Executive summary and points for discussion:			
<p>This papers set out West Yorkshire integrated approach to winter planning for 2024/25 for the West Yorkshire Integrated Care Board. It highlights the progress and continued activities building our resilience to manage the seasonal operational pressures historically experienced across our health and care system during winter.</p> <p>The paper describes the collaborative approach to system working and accountability across the health and care partnership, with patient safety quality and experience at the centre of our plans along with addressing inequalities.</p> <p>We have yet to receive national guidance from NHS England therefore the processes we have adopted to date follow previous winters priorities supported by our learning from across the partnership.</p> <p>We are ensuring that our plans are flexible to ensure we are able to adapt to national winter guidance.</p>			
Which purpose(s) of an Integrated Care System does this report align with?			
<input checked="" type="checkbox"/> Improve healthcare outcomes for residents in their system <input type="checkbox"/> Tackle inequalities in access, experience, and outcomes <input type="checkbox"/> Enhance productivity and value for money <input type="checkbox"/> Support broader social and economic development			
Recommendation(s)			
The ICB Board is requested to receive assurance on the approach to developing a plan that will build capacity and resilience for the coming winter (noting that these plans are flexible to ensure that once received the national NHSE Winter guidance will be incorporated).			
Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:			
The paper does not relate to any specific risks in the corporate risk register.			

Appendices
<ol style="list-style-type: none"> 1. Winter Review Framework 2. Winter Planning priorities 3. Winter Planning checklist
Acronyms and Abbreviations explained
All acronyms and abbreviations are explained in full in the paper.

What are the implications for?

Residents and Communities	The winter plan will support health and care services to build capacity and operational resilience for winter for the benefit of patients and service users.
Quality and Safety	The winter plan will focus on and include a number of initiatives and interventions that which support on the quality and safety of patient services including vaccinations programmes, increasing capacity and managing system risk.
Equality, Diversity and Inclusion	No direct implications
Finances and Use of Resources	Additional funding for winter has been build into the systems overall operational plan to enhance resources and provide extra resilience during the historic challenges of the winter months
Regulation and Legal Requirements	No direct implications
Conflicts of Interest	No direct implications
Data Protection	No direct implications
Transformation and Innovation	No direct implications
Environmental and Climate Change	No direct implications
Future Decisions and Policy Making	No direct implications
Citizen and Stakeholder Engagement	No direct implications

1. Introduction

- 1.1 This paper sets out the West Yorkshire Integrated Care Board's (ICB) approach to 2024/25 winter planning, and the key steps the system will take collectively to build resilience and capacity to respond to the additional demands and increased pressures that are experienced over the winter months.

2. Context

- 2.1 Each year health and care systems develop and implement plans to enhance capacity to maintain quality and safety and remain as resilient as possible and respond to operational pressures during the winter months.
- 2.2 Our 2024/25 winter plan is developed through extensive engagement and a process of co-development across the Integrated Care System (ICS) to ensure alignment with the national Urgent and Emergency Care (UEC) Recovery Plan and the future WY UEC strategy development blueprint.
- 2.3 In addition to the UEC recovery plan, the Primary Care Recovery Plan, Elective Recovery Plan and the broader strategic and operational plans and priorities for the NHS and ICB, provide a strong basis in our preparation for winter.
- 2.4 2023/24 was a difficult winter which saw increased demand, increased acuity, industrial action, and workforce and capacity constraints across all areas of our system impacting on system flow through our services. The effect of this was people waiting longer in Emergency Departments (ED) delays in discharging people from hospital resulting in high levels of hospital bed occupancy and ambulance handover delays.
- 2.5 The latest data from Australia and New Zealand suggests that flu levels, and associated hospitalisation rates are close to what is normally expected for winter. We cannot assume that this will translate directly into similar patterns this winter, but historically the southern hemisphere experience has given us some indication of what we can expect.
- 2.6 Our public health colleagues advise that a base scenario to inform our planning should be to anticipate: a rise in respiratory admissions through September; a rise in Covid cases through autumn; and a rise in flu in early January.
- 2.7 The ICB's financial allocations for 2024/25 included any monies individual places may choose to use to support additional capacity/support for winter. At present we have no indications of any additional winter monies for winter 2024/25.
- 2.8 Further industrial action by the British Medical Association (BMA) including the General Practice (GP) collective action over the coming months will inevitably have an impact on the system which must be factored into our plans and scenario planning.

3. NHS England guidance

- 3.1 We have yet to receive the NHS England (NHSE) winter planning guidance which is expected within the next two-to-three weeks. Early indications suggest there is likely to be a focus on the following four themes, though these are subject to the final release of the guidance:
- Safety & quality – pressurised services
 - Operational excellence
 - Transformational delivery of plans – Delivery Recovery plan & Operational Plans
 - Review of operational plans – Maintaining capacity similar to 2023/24.
- 3.2 The publication of the UEC Recovery Plan in May 2024, maintained the focus on two key ambitions:
- Patients being seen more quickly in emergency departments: with the ambition to improve to 78% of patients being admitted, transferred, or discharged within four hours by March 2024, with further improvement in 2024/25; and
 - Ambulances getting to patients more quickly: with improved ambulance response times for Category 2 incidents to 30 minutes.
- 3.3 This included one slight change in the A&E performance target, increasing from 76-78%. We are anticipating that these will form the basis of the 2024/25 guidance and will be central to our plans.
- 3.4 We will ensure that our plans, remain flexible to incorporate any national guidance and align with regional and national timelines.

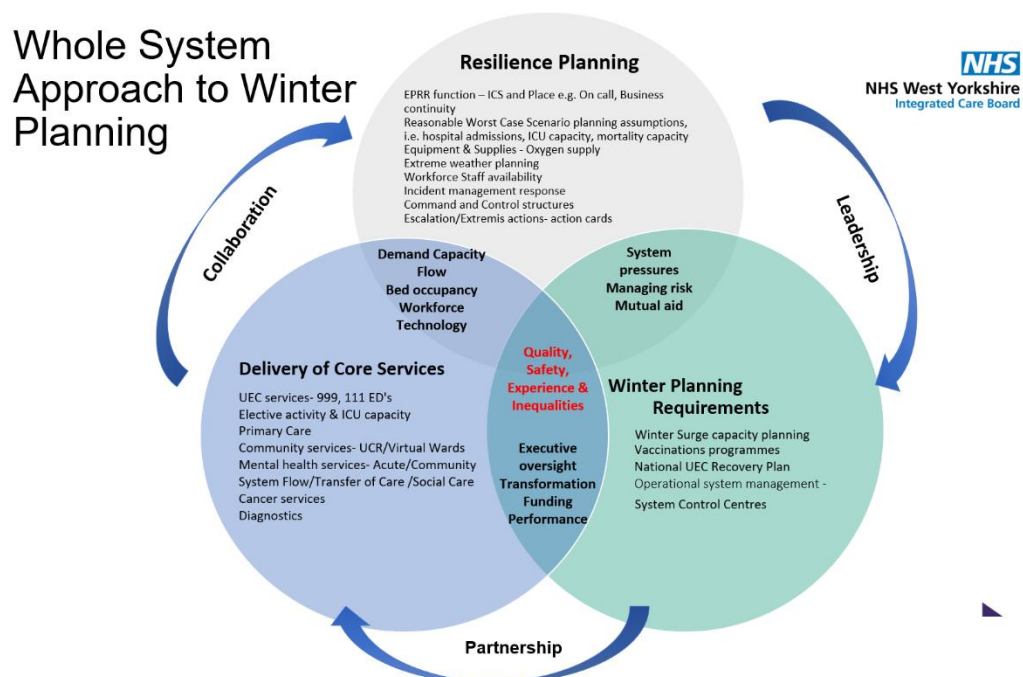
4. Approach to winter planning.

- 4.1 The ICS has well established winter planning principles as follows:
- System resilience is 365 days of the year – winter challenges Oct-March
 - Staff Support and Wellbeing arrangements should be in place to enable a resilient workforce.
 - Health Inequalities integral to all plans.
 - System wide clinical engagement and leadership in the ongoing development of plans and oversight
 - Data trends to inform planning assumptions – including public health.
 - Focus on prevention – vaccination, Flu, Covid, RSV, IPC
 - Consideration of impact of wider transformational schemes on system plans
 - Early identification of winter schemes/priorities through winter learning
 - Robust command and control arrangements to support system escalation.
 - Robust surge and escalation plans in place and provider levels

- Mechanisms in place to ensure systems escalate early in anticipation of demand surges, not in response to them.
- Development of communication plans with system partners and the public to influence behaviour.

4.2 Our collective and inclusive approach, illustrated in Figure 1, recognises the complexities of the health and care system, emphasising that the challenges are not exclusively within ambulance services or emergency departments, and that if we are to maintain a resilient system to continue to deliver quality and safety all partners need to work together to provide joined-up care for their populations across the whole system.

4.3 Figure 1



4.4 A key part of winter planning is to review the experience of the previous winter to identify themes and actions that can inform preparedness for the following year.

4.5 Reviews of 2023/24 have been conducted at place level against a newly developed framework (Appendix 1) aligned to the 2023/24 guidance. This method enabled a level of consistency in the reviews which enabled the ICB to identify common challenges, successes to share good practice, variation in delivery, progress and risks to inform our winter priorities and initiate the winter planning process.

4.6 A system-wide winter review and planning event was held 5 July attended by 70 people from across the partnership. The full day event was designed to focus in on six main areas of focus:

- Mental Health
 - Primary Care
 - Acute front door
 - Community health including discharge, social care
 - Prevention and vaccinations
 - System Operational Management
- 4.7 This approach ensured a deeper dive into the challenges, opportunities and risks within the specific area enabling a more responsive conversation and agreeing two-three priorities to take forward in preparation for winter. The priorities for each area are highlighted in Appendix 2.
- 4.8 At a place level, partners are working collectively across four ‘footprints’ around A&E providers (Airedale and Bradford, Calderdale and Huddersfield, Leeds, and Mid Yorkshire) to develop their local plan to reflect their own priorities and populations.
- 4.9 To gain momentum and a level of consistency an ICB winter planning checklist has been developed (appendix 3) to form the basis of the individual plans and provide assurance across the wider system, both internally through Place and ICB governance and regionally to NHSE.
- 4.10 To support progress and maintain pace a winter planning group has been established with programme, place, and provider collaborative leads. The meeting provides and opportunity to update on the winter priorities raise any concerns and or risks to delivery and share good practice.

5. Managing operational delivery

- 5.1 The ICB has a key role in providing system leadership to ensure that the actions taken 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 to deliver services that maximises outcomes for patients.
- 5.2 The introduction of System Co-ordination Centres (SCC) revised policy 2023/24 further supported the role of the SCCs in supporting the ICB in delivering its statutory responsibilities in relation to the Civil Contingencies Act (2004) and Health and Social Care Act (2022) to manage operational pressures, and plan for and respond to major incidents.
- 5.3 The implementation of the new 2023/24 Operational Pressures Escalation Level (OPEL) framework for acute hospital trusts provided an operational

platform within the ICS for tactical response and strategic oversight of pressures within our acute trusts.

- 5.4 The successful implementation of the SCC and the acute OPEL framework in WY delivered a proactive and co-ordinated approach resulting in more timely interventions across the ICS on key systemic issues that impact on patient flow, manage risk, and support mutual aid.
- 5.5 For winter 2024/25 NHSE is introducing three new OPEL frameworks for NHS 111, Community Services and Mental Health. These are currently in the consultation phase with several of the WY SCC personnel involved at a national level.
- 5.6 Implementation timescales are extremely tight with launch dates for the new frameworks in November. To support this a governance infrastructure has been developed (appendix 4) to work collectively with a wide range of providers and organisations to agree structures and processes that ensure compliance with the monitoring and reporting requirements of the new frameworks. All OPEL frameworks will be in support of the operational policies of individual providers and the ICB.
- 5.7 The introduction of the new frameworks will expand the level of information the SCC is responsible for co-ordinating daily. This will provide a wider breath of understanding of the pressures across the health and care system further supporting systematic approach to the detection, and assessment, of the operating pressures across our care providers.
- 5.8 In addition, the SCC is currently completing a maturity matrix against the national SCC specification, WY is currently scoring 20/24 which demonstrates its continuous development in supporting the WY system and managing the interface between the ICB and NHS England. Work continues for the SCC to become fully compliant, areas for development include fully automated data in Airedale trust and specialist training for personnel.

6. Operational and surge planning for different winter scenarios

- 6.1 Earlier this year the ICB completed a detailed operational planning process for 2024/25 which included plans for additional capacity to support winter challenges. As part of the winter NHSE guidance we are expecting a review of the operational plan trajectories similar to the H2 process in 2023/24. This required partners to review the main indicators with the plans to ascertain whether their assumptions regarding demand and capacity remain accurate to further inform winter capacity and surge plans.

- 6.2 The decision has been taken to initiate the process in line of the guidance and all places/providers have been asked to review the plans. This will ensure that by the end of October we have a clear understanding of our position against our 24/25 Operational plan along with any additional capacity and or performance concerns going into winter.
- 6.3 As in previous years we will be working with places to ensure that additional considerations are in place for period such as bank holidays and religious festivals.
- 6.4 In recognition of the importance of planning for multiple scenarios, the ICB is also working with partners to agree our response to peaks in demand driven by external factors including peaks in contagious diseases and further industrial/collective action.
- 6.5 A multi-agency workshop will be held in October/November to work collectively through a range of scenarios to:
- test our winter plans winter plans in response to peaks demand and wider system pressures.
 - ensure our plans protect and deliver elective and cancer recovery objectives and deliver the primary care access programme; and
 - test our processes and infrastructure within the SCC and the flow of information across the ICB.
- 6.6 The ICB will be developing its winter communication plan for 2024/24 building on the work over the recent years at place and ICB level. The 'Together We Can' (TWC) is West Yorkshire's long-term campaign to minimise pressures on urgent and emergency services and will run as an area wide winter campaign again this winter. The aim of the campaign is to encourage people to use health services responsibly during what is expected to be another challenging winter for NHS services.
- 6.7 Our winter campaign will be built on the recommendations of previous winter campaigns and must continue to be informed by the latest data and insight to ensure the approach is data led and well informed.
- 6.8 A paper has recently been shared with the Urgent and Emergency Care Programme Board, with three options of the winter communication campaign dependent on the level of available funding. These options include proactively targeting priority groups, messages that encourage people to stay well and choose well for their healthcare needs, and reactive communication approaches used flexibly during unprecedented system pressures.

- 6.9 The 2024/25 winter campaign will launch early November and will be strengthened by the inclusion of new messaging (e.g. pharmacy first, NHS 111 mental health option and extreme weather) existing messages will be reviewed, the [TWC website](#) will be updated and a new set of graphics will be produced.

7. Supporting our workforce

- 7.1 At a time of continued pressure across the NHS we recognise the importance of supporting our workforce and how crucial it is that employers ensure that they take steps to protect and improve the wellbeing of their workforce.
- 7.2 Improving staff health and wellbeing is a strategic priority across the ICS and we have well-established and effective mechanisms and practices to support staff. These include the West Yorkshire Partnership Health and Wellbeing hub, available to all staff across the system Staff Mental Health and Wellbeing Hub: Workforce Transformation (wystaffwellbeinghub.co.uk). The Hub mobilises access to psychological support focussing on access to early intervention and prevention.

8. Prevention – vaccination programmes

- 8.1 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.
- 8.2 Both flu and COVID-19 vaccination programmes will be commencing September/October 2024 along with respiratory syncytial virus (RSV). Work continues across the ICB to preparation for these campaigns which will be delivered by a combination of General Practice, Pharmacies and Acute hospitals based on the national guidance.
- 8.3 As a system we will maintain our focus on ensuring that the uptake of vaccinations in the most vulnerable and high-risk populations implementing new ways of working to ensure the hard-to-reach groups gain access to the vaccinations to improve uptake across all communities and address health inequalities.

9. Governance Arrangements for Winter Plan

- 9.1 Place-level winter plans will be agreed through Local A&E Delivery Boards (or equivalent forums). These local plans contribute to an overall system plan for West Yorkshire.
- 9.2 The following forums will play a key role in the approval and delivery of this plan at West Yorkshire level:

- **ICB Board and Finance Investment and Performance Committee**– approve the plan and receive updates on the systems progress and highlighting risk.
- **ICS System Oversight and Assurance Group** – Monthly monitoring against the plan and the key risks
- **ICB System Co-ordination Oversight Group** – Bimonthly to ensure the effective management of the system through the SCC.
- **Winter Planning Steering Group**- Biweekly meeting to report progress on programme winter priorities, raise concerns and risks.
- Yorkshire and Humber **Tactical Executive Leadership Group** for Yorkshire Ambulance Service (YAS) – weekly meetings of YAS and the three ICBs will review progress with YAS actions and agree where further support is required.

10. Next Steps

10.1 The following form part of the next steps and consideration in preparation for winter:

- Place based plans continue to be developed.
- Await national winter guidance form NHSE along with timescales.
- Review Operational Plan trajectories.
- Schedule winter scenario planning workshop for October 2024.
- Progress the new OPEL frameworks working collectively with partners.

11. Recommendation

11.1 The ICB Board is requested to receive assurance on the approach to developing a plan that will build capacity and resilience for the coming winter (noting that these plans are flexible to ensure that once received the national NHSE Winter guidance will be incorporated).

Appendix 1

West Yorkshire ICB

Winter 2023/24 Review Framework

The Key ambition for winter 2023/24 was centred around achieving 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.- current ICB performance as of 25/02/24 – is a 7-day average of 71.4%
- Ambulance response times for Category 2 incidents to 30 minutes on average over 2023/24, with further improvement in 2024/25. current ICB performance as of 25/02/24 – is a 7-day average of 30 minutes and 12 seconds.

We are clear that the challenges across winter are not just in ambulance services or emergency departments, and recovery requires all parties across our system to work together to provide safe joined-up care for your populations. The ICB and places played a vital role in system leadership during winter ensuring that communication, support and actions extend across the wider health and care system which enabled a positive response to the four areas of focus set out by NHS England to help systems to prepare for winter:

- Continue to deliver on the UEC Recovery Plan by ensuring high-impact interventions are in place.
- Operational and surge planning to prepare for different winter scenarios.
- ICBs and Places should ensure effective system working across all parts of their system.
- Supporting our workforce to deliver over winter.

We have prepared this document to be used as a framework for places/ICB to review winter to ensure a comprehensive and inclusive approach across all providers, services, and teams within the ICB and support your individual place-based winter review events.

The framework will provide consistency of the individual place reviews will ensure we are able to provide a collective and overarching view of winter across the ICB highlighting themes and areas of focus and escalation informing the agenda for wider ICB winter review session we are planning for May 2024 which in turn will inform the development of our winter planning approach for 2024/25 aligned to the national requirements once received.

Once you have completed your place review we would appreciate that the document is returned to the team so that we can then use the information to build the agenda and format for the wider event.

Please get in touch if you wish to discuss further.

Many Thanks

Planning and Performance Team

Domain	Areas to review (Planning/Initiatives/Schemes)	Response narrative	Recommendations/future risks. (Aligned to Operational Planning assumptions)
Continue to deliver on the UEC Recovery Plan by ensuring high-impact interventions are in place	Progress against the UEC high impact interventions self-assessment priorities	1. 2. 3. 4. 5.	
	Achieving 76% 4-hour A&E standard, reducing waiting times and crowding in A&E – including breach analysis		
	Ambulance handovers supporting CAT 2 response times		
	Same Day Emergency Care developments – including clinical advise services		
	Improving flow and reducing length of stay across all inpatient settings, acute MH and community.		
	Home First – community and social care capacity developments including UCR, Virtual wards, MH services.		
	Review Mental Health services including Out of Area placements and challenges to improvement.		
	Digital developments to support care		
Operational and surge planning to prepare for	Surge planning for the whole winter. Review how the system responded to peaks in demand driven by external		

different winter scenarios	factors e.g., core v escalation beds, community beds, reablement.		
	Specific plans for times of know additional pressure e.g., Christmas/New Year		
	Industrial action planning		
	Review any impact on the delivery of elective and cancer recovery objectives		
	Review winter initiatives across primary care including pharmacy and proactive care for those most at risk of hospital admission.		
	Review of Mental Health planning, pressures, and initiatives due to the extreme challenges experiences over winter		
ICBs and Places should ensure effective system working across all parts of the system	System leadership and co-ordination including clinical leadership.		
	Review place-based command and control structures and their effectiveness.		
	Review how your place responded to the NHSE set of recommended winter roles and Responsibilities.		
	Review the SOP for the System Co-Ordination Centres and implementation of the updated Operational Pressures		

	<p>Escalation (OPEL) Framework and the approach to managing pressures across all systems (SCC to complete)</p> <p>Ensure inclusive system approach e.g. Mental health/Primary Care</p>		
	<p>Please review your interactions with the WY SCC and any proposed developments that would support improvements.</p>		
Supporting our workforce to deliver over winter	<p>Review systems and providers retention and staff attendance rates</p> <p>Staff vaccination programmes</p>		
Vaccination Programme	<p>Success of the vaccination programmes at place</p> <p>Hard to reach and vulnerable group place approach</p>		
Public Health and Prevention	<p>Review any Local Authority initiatives.</p>		
Other areas for review			

Appendix 2

Winter Priorities 2024/25



Mental Health

- Improving data and digital support to decision making e.g. dashboards and consistency across WY.
- Wider rollout of YAS “push” from start to crisis teams (SWPFT have started)
- Improved public facing and professional info on what can be accessed where

Primary Care

- Integration with LCD
- Engagement with CP and PF
- Understanding data better through the data
- Target impact in specific areas i.e. respiratory than overall access criteria
- Integration of the pathways for modern general practice as patients need to be assessed.
- Primary Care as part of the SCC to support co-ordination
- Understanding community health support and population health manage

Acute Front Door/Ambulance Service

- Develop an approach to ARI Hubs to create a year-round offer – Link to PC funding to accommodate
- Same Day Emergency Care services
- Ambulance Handovers
- Category 2 response

Community Health inc. Discharge, Social Care and VCS

- Data to focus patient not just a number, LOS when ready to discharge, data for planning.
- Home First Approach from acute sector
- Training, Education and Support
- Care Home discharges as a system, influence, quality and workforce planning

Prevention, Vaccination and Health Inequalities

- Flu, Covid, RSV campaigns
- Strategic decision-making forums to make decisions
- Whole system approach
- Align to ICB Operational planning

System OPEL Management

- UEC RAIDR development – WYATT Link
- Implementation of all NHS E OPEL and meaningful metrics
- Primary Care OPEL – Local
- SCC review of processes and structures
- Scenario plan testing – Oct

West Yorkshire ICB
Winter Planning Checklist

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4.Key Planning Considerations 2024-2025 4.1 Resilience of services to maintain safe and quality delivery. *1 4.2 Performance against operational plan *2 4.3 Outputs form winter reviews 4.4 Public Health Forecasting (flu/Covid)	
5. Command and Control structures 5.1 Internal organisational escalation structures 5.2 Place/system command and control processes 5.3 Decision management tools 5.4 OPEL Framework implementation	

<p>5.5 Managing the System Control Centre interface and RAIDR.</p> <p>5.6 Consideration for faith celebrations/bank holidays and any additional planning requirements</p>	
<p>6. Broad Assumptions for Winter – (All Age)</p> <p>6.1 Demand and capacity profiling</p> <p>6.2 Development of alternative pathways to ED – e.g. Community/ARI hubs</p> <p>6.3 Discharge interface with community and social care</p> <p>6.4 Primary Care Capacity GP/Pharmacy</p> <p>6.5 Mental Health and crisis services and High intensity users</p> <p>6.6 Potential Impact on the delivery of planned, diagnostic and elective care.</p> <p>6.7 Ambulance services focus on CAT 2 response and handovers.</p>	
<p>7. Prevention and Health Inequalities</p> <p>7.1 Vaccination programme</p> <p>7.2 Cost of Living Crisis</p> <p>7.3 Access to services and digital inclusion</p> <p>7.4 Local Authority approach e.g. keeping warm campaign.</p>	
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<p>9.2. Winter funding * 3</p> <p>9.3 Impact on the delivery of the financial position including Elective Recovery Fund</p> <p>9.4 Plans to increase workforce (aligned or not to operational plans)</p>	
<p>10. Communications</p> <p>10.1 Communications Approach</p> <p>10.2 Communications General</p> <p>10.3 Communications Children</p>	
<p>11. Provider and services insights *4</p>	
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<p>13. OTHER</p>	
<p>14. Appendices</p>	

***1 - Response to the pressured services letter**

***2 - Main key performance metrics and the potential impacts focus on additional capacity (beds)**

***3 – We are aware that there is variation across all places**

***3 – Key considerations from providers across your place –**