

Cambridgeshire and Peterborough Integrated Care System (ICS) Winter Plan 2023/24

To: Adults and Health Committee

Meeting Date: 5 October 2023

From: Associate Director of Performance and Operations.
Cambridgeshire and Peterborough Integrated Care Board (ICB)

Electoral division(s): All

Key decision: No

Forward Plan ref: n/a

Outcome/s: This paper summarises the approach to the development of the Integrated Care System (ICS) winter plan, assurance of delivery of national expectations and local priorities, key risks, and next steps to enhance mitigation prior to winter.

Recommendation/s: The Committee is recommended to:

- a) Note the progress in developing the ICS 2023/24 winter plan.
- b) Note the residual risk areas and proposed next steps for continued development of mitigation.

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1. Background

1.1 The Cambridgeshire and Peterborough Integrated Care System (ICS) approach to winter planning has been based on three areas highlighted as making a difference in 2022/23 that resulted in strong operational grip, system responsiveness, and improved performance. These are:

- **Planning and processes:**
Building ahead of winter clear objectives based on evidence of need and establishing system relationships, values, behaviours, and accountabilities.
- **System coordination and continuous learning:**
Learning approaches to support decision-making and robust governance processes in place to include monitoring of performance and spend, and clear and transparent decision-making processes.
- **Targeted and collective interventions:**
Coordinated intervention and investment of Capacity and Demand Funding.

1.2 The 2023/24 winter plan is based on the existing ICS wide unplanned care improvement plan and investment priorities for Urgent and Emergency Care (UEC), agreed at the beginning of this financial year as part of the development of the 2023/24 Operational Plan. This is in recognition that whilst winter may require some additional preparedness for seasonal surges in demand, we remain assured that the existing agreed priorities will deliver expected quality and access improvements for our population. The ICS plan is included in appendix one.

1.3 While the principles, outcomes and framework of the winter plan will remain fixed, there will be ongoing work to refine and adapt specific approaches, actions, and interventions over the coming months to allow flexibility to respond to new risks as they arise.

2. Winter priority areas

2.1 NHSE guidance on winter planning received in late July 2023 sets out the expectation for all ICS winter plans in 2023/24 to contain the following core elements:

- Delivery of high impact priority interventions drawn from the national Urgent and Emergency Care (UEC) recovery plan which include –
 - Provision of same day emergency care (SDEC) 7 days a week.
 - Provision of frailty services that support avoidance of unnecessary hospital admissions.
 - Implementation of in hospital efficiencies to reduce variations in inpatient care and length of stay.
 - Reducing variation in inpatient care and length of stay in community bed capacity including mental health.
 - Supporting ongoing demand and capacity planning through improved use of data to improve access to intermediate care.
 - Standardising and improving care across all virtual ward services.
 - Providing a comprehensive urgent community response service that improves

patient care in community, eases pressure on ambulance services, and avoids admission, and driving standardisation of care coordination in a single point of access for urgent community response services.

- Implementing a standard operating procedure and minimum standards for care transfer hubs supporting discharges from hospital and maximising access to community rehabilitation.
 - Support roll out of acute respiratory infection hubs to provide same day urgent assessment and support system pressures.
- Ensuring clear roles and responsibilities for each part of the system so that accountability for delivery is clear.
 - Ensuring system level resilience to avoid systems becoming overwhelmed at times of peak demand.

2.2 It is anticipated that all interventions over winter should contribute towards the two key ambitions for UEC performance of:

- 76% of patients being admitted, transferred, or discharged within four hours by March 2024.
- Ambulance response times for Category 2 incidents to 30 minutes on average over 2023/24.

2.3 Following self-assessment of Cambridgeshire and Peterborough ICS' winter plan versus national requirements there is a high level of assurance that current plans meet these expectations with read across local programmes and national priorities shown in the table below:

Local Plans	Urgent community response	Frailty	Inpatient Flow & Length of stay	Virtual wards	Home first	Access to Primary Care	High Intensity users
NHS Objectives 23/24	<ul style="list-style-type: none"> • Improve A&E waiting times • Improve C2 ambulance response times • Consistently meet or exceed the 2hr UCR standard • Streamline direct access & direct referrals 		<ul style="list-style-type: none"> • Reduce adult general and acute bed occupancy • Deliver system specific [elective] activity target 			<ul style="list-style-type: none"> • Make it easier for people to access GP practice • Continue on trajectory to deliver 50 million more appointments in general practice 	
UEC Recovery Priorities	<ul style="list-style-type: none"> • Increase workforce size & flexibility • Expanding care outside hospital • Making it easier to access the right care 		<ul style="list-style-type: none"> • Expanding care outside hospital • Increasing discharges • Tackle unwarranted variation 		<ul style="list-style-type: none"> • Increase workforce size & flexibility • Expanding care outside hospital • Increasing discharges 		<ul style="list-style-type: none"> • Increase workforce size & flexibility • Expanding care outside hospital • Making it easier to access the right care
High Impact Interventions	<ul style="list-style-type: none"> • Reducing variation in acute frailty provision & improving recognition of cases and referrals to avoid admission • Reducing variation in patient LoS • Same Day Emergency Care • Urgent Care Response 		<ul style="list-style-type: none"> • Standardising & improving care across VW services • Implementing SOP & minimum standards for care transfer hubs • Increase bed productivity & increase flow 			<ul style="list-style-type: none"> • Urgent Community Response • Driving standardisation of urgent integrated care coordination & whole system management of patients 	

2.3 There is one area of exception, where locally we are not expecting to meet the high impact interventions outlined in the national winter plans: Acute Respiratory Hubs (ARIs). Partners across the ICS are still in discussion as to the value of delivering this intervention as per the guidance. From our experience in 22/23, there is not clear evidence that the hubs that were established were well utilised, nor did respiratory illness present as a specific unmitigated

capacity issue in our services. While there may be value in pursuing how ARIs are a vehicle for delivering more integrated respiratory care in future, this requires planning and assessment of needs across our population to determine the right models and locations of care. In the event of significant demand pressure, there is the ability to stand up surge capacity using the processes and pathways established in 22/23.

- 2.4 In order to effectively oversee and manage daily operational risks, the Integrated Care Board led System Coordination Centre (SCC) will continue to operate 7 days a week during winter. The Cambridgeshire and Peterborough SCC is held as an example of best practice by region, and it has proven to be a successful mechanism to oversee and support patient flow, as well as the wider system escalation frameworks in place.

3. Assurance review and risks

- 3.1 Not all risks will be fully mitigated as we head into the winter period. The current national context for the NHS is challenged, and when considering ICB responsibilities in preparedness for winter, while there is work underway in all areas, there are four key areas of risk:

- Workforce
- Mental health
- Primary care
- Elective recovery

Industrial action has not been identified as a standalone risk though it is significant in its impact across all areas.

- 3.2 For workforce, while there is considerable activity underway, there is a residual concern that organisations are not sufficiently able to meet demands during the winter period, not least due to industrial action and the impact of this on staff morale and availability. Sickness absence has been improving across Cambridgeshire and Peterborough, but we continue to see significant vacancy rates in some key services and utilisation of bank and agency.
- 3.4 While there have been changes in mental health service provision for urgent needs in the last 12 months, there is still a need for additional urgent mental health capacity to ensure that patients requiring this support are able to access the right services, as opposed to an Emergency Department. Working with Cambridgeshire and Peterborough NHS Foundation Trust (CPFT), our acute providers, primary care, and voluntary and community sector organisations, we need to consider learning from elsewhere and re-assess the opportunities we have ahead of winter to establish additional capacity to support mental health urgent demand.
- 3.5 The national primary care recovery plan sets out several expectations for systems to deliver, some ahead of and during winter to meet surge demand. Primary Care Networks (PCNs) have been developing their plans for submission at the end of August so at this present time, plans are being assessed to understand specific pressure points, risks, and potential mitigations available. There will be further development of our approach to primary care, in its broadest sense, through September and October.
- 3.6 Maintaining elective activity through winter is always challenging with UEC pressures often taking priority on inpatient capacity and increased staff absence resulting in short notice

cancellations. All providers have phased their 23/24 activity plans accordingly and additional capacity is expected to come online by December, such as the opening of the new theatres at Hinchingbrooke Hospital. However, the impact of industrial action (IA) has not been considered in 23/24 plans, as per national guidance, and as experienced year to date, managing ongoing strikes is having a significant impact on overall elective delivery. Work is ongoing to model the impact of continuous periods of IA through to end March 24. Additional mitigations will need to be implemented over the coming months.

- 3.7 Ongoing discussions and preparedness work on the risk areas outlined above will continue to take place, recognising the extent to which short term interventions can positively impact on access and quality and ensuring appropriate risk oversight and escalation processes are in place to address gaps in our assurance.
- 3.8 All providers within the ICS are working on their own local surge plans, which will be complimentary to and appended to the system wide winter plan in October, once they have been approved through organisational governance arrangements. Check and challenge of individual plans took place at September's ICS unplanned care board (UCB) to assure ourselves that we collectively have the right actions, processes, and capacity in place to meet population demand.

4. Source documents

- 3.1 [NHS England Winter Plan 2023/24 - Guidance](#)