

## Planning for winter

We know pressures on services exist all year round. In advance of each winter, all areas of England put in place additional planning for expected increases in seasonal illnesses which may put extra pressure on our local services.

In recent years there has been an increasing focus towards an integrated approach to winter planning. This is in recognition that seasonal pressure is multi-faceted and requires a whole-system response and therefore planning and assurance cannot operate in isolation.

### National context

NHS England announced its winter planning requirements last month and these include:

- “Care traffic control centres” to speed up discharge, additional ambulance hours and extra beds are part of “wide-ranging plans” to prepare for winter. We’ve already started our discharge planning, working closely with local authorities and starting to work differently, to ensure patients leave hospital and return to their homes where possible. Around 21% of beds currently have patients who are ready to be discharged, and we want to reduce this down to 13% by March.
- Nationally NHS England has announced “5,000 sustainable hospital beds and hundreds of new virtual ward beds every month”. Our virtual wards work is progressing very well, with high levels of occupancy compared to many parts of the country – at around 90% - and being steadily increased in capacity.

The pressures of the ongoing response to demand, as well as challenging circumstances the winter of 2023/24 could bring, require a robust winter planning process with several specific aims:

- To ensure that planning for the winter period is completed at all levels in good time, to ensure patient safety and quality of care is not compromised.
- To ensure plans are integrated at a local level and that pressure and risk is spread across the system where possible, and not just focussed on one section of the care pathway.
- To ensure that plans are robust and considered the “business-as-usual” seasonal pressures alongside emerging challenges and effectively balance these together.

There is a national requirement for a Winter Operating Plan to be in place for all systems in England. This paper outlines our plan at the current time, which is subject to national approval.

## Planning across Hampshire and Isle of Wight

While winter pressure is predominantly most challenging in acute settings, and it is right that acute urgent care should lead the work, the Hampshire and Isle of Wight Winter Plan will cover the whole care pathway within each system, including primary care services.

The Hampshire and Isle of Wight local system partners are all committed to continue to deliver safe, high quality services for patients and the whole population at all times, including, but not limited to, ensuring patients are seen in the right place and right time, maintaining privacy and dignity at all times, ensuring care closer to home where possible and effective management of infection control.

The Hampshire and Isle of Wight Integrated Care Board is taking the following approach to winter planning:

- Winter planning with Chief Operating Officers of our system partners to discuss and agree this years approach to winter
- Weekly tactical level engagement across local systems in place for winter starting from August 2023.
- Using lessons learnt from previous winters to help inform decisions on what would be required this year.
- Capacity planning is in place to help us understand and predict when we may need more capacity and when the likely peaks will take place. This helps us determine when and where extra support may be required.
- Preparation to bid for additional internal winter capacity schemes should funding become available this year.
- Ensure all partners are involved in the plans including acute NHS trusts, local authorities, primary care providers, social care, mental health, ambulance providers and the voluntary and community sectors.
- Review of policies and procedures to ensure they are fit for purpose.

So far during the warmer periods of summer we have seen an overall increase in attendances to Emergency Departments when compared to last summer of, on average, 6% across our acute providers. This is in line with the overall trend of an increased in demand on urgent care services seen locally and across the country in recent years.

This summer we have also experienced rounds of industrial action by junior doctors, consultants and radiologists. Throughout this year we are working in partnership with our providers to minimise impact on patients.

To help prevent seasonal illnesses, we will shortly be launching our COVID and flu vaccination campaigns. The UK Health Security Agency and Department of Health and Social Care have announced that this year's autumn flu and COVID-19 vaccine programmes will start earlier than planned in England as a precautionary measure

following the identification of a new COVID variant. Vaccinations are now set to start on 11 September with adult care home residents and those most at risk to receive vaccines first.

### **Supporting the discharge of patients who are ready and safe to leave hospital**

Our core aim this winter is that no one spends longer in an acute hospital than is needed, in order for patients to have the best possible recovery and return to living independently, and to reduce pressures on local services.

Learning from recent years and the pandemic proves that discharge is one of the greatest and most increasing challenges we have as a health and care system. The reduction in funding is a national decision and we are aligning ourselves with national expectations. Our focus now is to move to improving the recovery and experience of residents by doing all we can to ensure they return straight to their home setting once safe to do so. Feedback from patients tells us that local people prefer to be at home and want to be supported to leave hospital to go directly home. To achieve this, we are putting in place models for discharge which align to one another across Hampshire and Isle of Wight as a whole, to ensure a more equitable and sustainable way of working across our area.

This year we will be entering a period of winter pressures in which we adjust back to pre-COVID ways of working.

During the pandemic we significantly increased our spend on the discharge of patients out of hospital into a different setting. Extra money and resources were made available nationally to fund high numbers of beds in the community for those patients who no longer needed hospital care and other services to support timely discharge. This COVID-19 funding is no longer in place and this year we return to normal service levels which has an impact on some of the additional services that were put in place during and after the pandemic.

In 2023/24 Hampshire County Council and Hampshire and Isle of Wight Integrated Care Board received £11.9m through the Better Care Fund to support discharge. In order to operate at this level of funding some short term services commissioned using the temporary COVID funding will reduce in line with the funding available. This includes:

- The number of 'discharge to assess' beds we purchase in the Hampshire county area will be a smaller this winter compared to last (196 in 2022/23, compared to 60 in 2023/24)
- The number of block domiciliary hours will be at 2,000 hours for this winter (which equates to 91% of previous levels)
- Live in Care provision will end from February 2024 (which has supported approximately 15 discharges per month).
- The Hampshire Equipment Service has returned to its pre-COVID service specification.
- Additional community services commissioned from Southern Health Foundation NHS Trust will return to pre-Covid levels.

These changes have the potential to increase the number of people waiting in hospital for discharge once they are deemed fit for discharge by 35%. The Hampshire Place Board and the Hampshire Isle of Wight Discharge Transformation Board has agreed potential mitigation which our services can make operationally to ensure the flow of patients is maintained and minimises, as much as is possible, pressure on hospitals, care services and Hampshire County Council.

Currently all our hospitals are discharging a higher proportion of people into bedded capacity than the national best practice figure set out which suggests that 95% of people should be discharged home. In Hampshire we currently discharge only 90% of patients to their homes, with 10% going into bedded capacity after their hospital stay.

The Hampshire and Isle of Wight Discharge Transformation Board and the Hampshire Place Board have therefore committed to a health and care programme to increase discharges home in line with the national best practice. The programme is informed by a series of clinical visits to all four acute hospitals and 10 community hospitals in July this year. The programme involves:

- Standardised 'Trusted assessor' or 'Blended Assessor' role in every provider
- Relocating Transfer of Care hubs back in to acute sites in line with national best practice
- Earlier awareness and planning for End of Life Care
- Introducing All Age Continuing Care 'Relationship Manager' to work with providers to prepare earlier for complex discharge
- Improving patient and family information on services available to support someone recovering at home, to help prevent readmission
- Reviewing discharge dependent patient transport process
- Exploring expanding discharge support and reablement with voluntary and community sector organisations and social prescribers
- Reviewing weekend service cover in community sites

To provide further mitigation Hampshire County Council and the local NHS has agreed a pooled winter fund to commission some interim winter capacity while the broader transformation activity is embedded.

### **Supporting our communities**

It is vital we communicate effectively with our communities to provide them with the advice they need to manage their illnesses and to know which service is most appropriate for their needs. Working together as an Integrated Care System we have potential to reach and engage with a far greater proportion of our population than we each do alone. We will be sharing publicity resources with partners across our area, including local authorities and voluntary and community sector organisations, so that we can reach out to as many people as possible.



We will keep the committee updated on pressures to local services throughout the winter.