

# **NHS winter resilience**

Report to Camden's Health and Adult Social  
Care Scrutiny Committee

18 December 2023

## About this report

This report sets out:

- An overview of North Central London (NCL) NHS' preparations around winter, as captured within a new dynamic document – the NCL winter playbook
- How this is guiding our collective work around population health improvement, improving vaccination rates, maximising timely and safe patient discharge from hospital (including using virtual wards), and delivering resilient primary care
- How we are currently delivering as a system, as demonstrated through recent data
- The partnership oversight and assurance arrangements in place to continue to scrutinise system demand, performance, and to inform alternative approaches in line with the winter playbook.

## Background and context

- Winter 2022/23 was one of the most challenging operational experiences for the NHS in recent history – exacerbated by a significant flu season, prevalent respiratory illness (particularly in children), and industrial action amongst healthcare staff
- Planning this year builds upon the experiences and reflects the learning from last year. As in recent years, the NCL winter planning process incorporates a review of the previous winter to identify what interventions worked well
- This year's review incorporated learning from the industrial action response. Taken together, these have informed NCL NHS' 2023/24 winter playbook.

The playbook is a dynamic document that sets out an iterative approach to tailoring plans in response to changing external pressures. It has been developed collaboratively with system partners and provides the ultimate guide to our collective work to deliver services safely and effectively throughout winter. The key principles which underpin it are described *below*.

- ✓ **Population health management:** underpins this year's approach, with the NCL strategy's key community deliverables remaining a focus through winter 2023/24.
- ✓ **Proactive steps to reduce pressures:** protected time for primary care clinicians for proactive case finding and management of patients with Long Term Conditions. Those people who are at higher risk with additional clinical complexity will be better supported through improved case management, building this into integrated neighbourhood approaches along with coordinated care, voluntary sector, & specialist NHS input.
- ✓ **Focused attention on vaccines:** as the most effective way to prevent infectious diseases. We will continue to engage with all NCL communities, informed by a clearer understanding of where and why hesitancy exists (and how to support conversations to address this). We will tailor delivery to make it as easy as possible for everyone to access vaccinations. Our approach to facilitating vaccination in NCL, particularly for our most deprived population, is enabled by our understanding of rate of hesitancy to vaccinations in these areas.

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- ✓ **Bed capacity:** across NCL, an additional 46 - 52 adult general hospital beds will be available during peak winter period. This is in addition to the 200 extra beds already reflected in NCL's submitted plan. We have undertaken bed modelling incorporating two scenarios: scenario 1 reflects bed occupancy levels seen over the last year, up to the forthcoming winter period; and scenario 2 (worst case) reflects a potential surge in Covid19 and flu admissions. Both of these are based upon data from the last two winters. A key mitigation for both scenarios is using an additional 147 virtual ward - allowing the system to operate within planned capacity. In addition, 265 community beds are available going into winter. Demand and capacity modelling we have undertaken shows that our current capacity is sufficient to meet anticipated winter demands if we can consistently achieve 92% occupancy across these community beds.
- ✓ **System flow:** to improve patient experience and minimise delays, we continue to focus on and promote; 'home for lunch'; community, acute and local authority collaboration; refinement of our Integrated Discharge Team (IDT) way of working with hospital ward teams; pathway standardisation and optimisation to support patients with higher / more complex needs get home; and Integrated Care Escalation Hub (ICE) improvement. Further, a standard process has now been embedded across NCL that supports community beds to be used more flexibly at times of pressures in the system, to reduce delays in particular discharge pathways.

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- ✓ **Infection control:** all NCL frontline teams have well-established policies, plans and protocols in place to manage and prevent the spread of infections. Most have been tried and tested during the pandemic.
- ✓ **Workforce & wellbeing:** NCL NHS partners have shared activity, workforce, and finance data to plan for sufficient clinical and non-clinical staffing during winter 2023/24. Also, workforce flexibility to respond to system demand has been explored in temporary staffing profiling. Some partners have bolstered recruitment to key workforce groups, including health and care support workers, and staff nurses, over the coming months to support winter pressures. There is also widespread support from voluntary and community sector partners to support frontline teams deliver. There is a systemwide focus on reducing staff sickness and turnover, including through improving vaccinations rates, and integrated Schwartz Rounds (providing a confidential space for staff to reflect on the emotional and social challenges associated with working in health and social care).
- ✓ **System oversight:** oversight of and managing system pressures through the System Coordination Centre (SCC). The SCC works to ensure patients have access to the safest and best quality care possible. The SCC is responsible for the coordination of an integrated system response using the OPEL Framework alongside the ICS System Pressures Escalation Process.
- ✓ **System risks:** interdependencies between primary care, community, acute, social care partners, and the London Ambulance Service are identified and understood through well-established collaborative working across the ICS footprint. Each system partner's resilience and agility is assured through the Flow Operational Group (FOG). A key risk to our winter plans is staff capacity and resilience, particularly given ongoing industrial action and its impact on staff and service delivery. This is alongside the risk associated with continuous delivery of the national A&E 76% standard and maintaining improvements in ambulance handover times during. Identified mitigations include mutual aid across providers, support for staff wellbeing, and maintaining patient flow in hospitals to support A&E 4 hour & handover standards.

# How population health improvement is guiding our 2023/24 plans and response

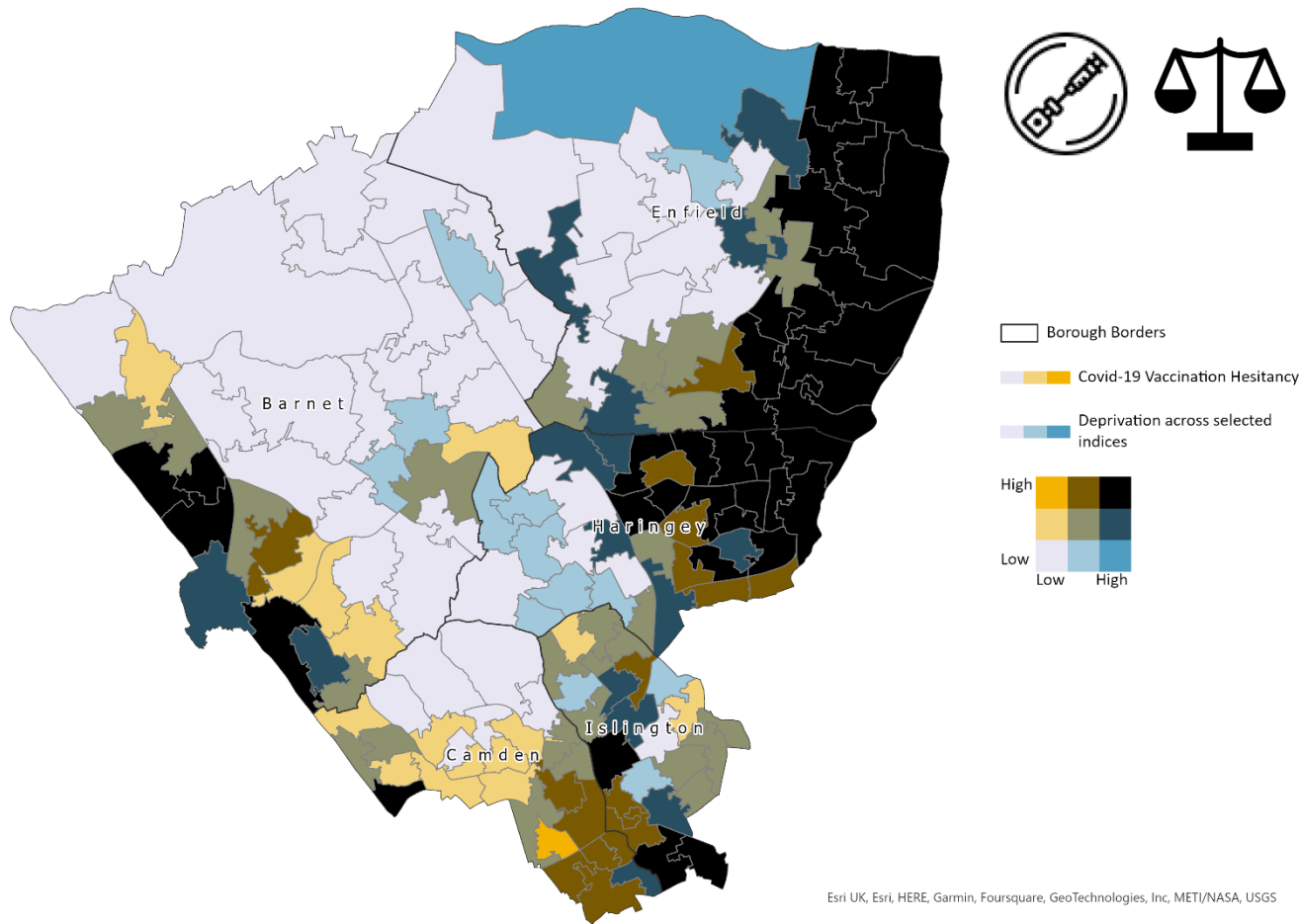
The NCL population health improvement strategy <sup>1</sup> sets out the health and wellbeing objectives we are looking to achieve through collaboration between NHS organisations, local authority teams, and wider partners. The strategy identifies delivery areas to make the greatest impact by joining up care, reducing inequalities, and working in neighbourhoods.

Children and young people (CYP)



# Understanding vaccine hesitancy & deprivation to inform a targeted NCL response

## Deprivation score deciles across income, indoors, wider barrier indices

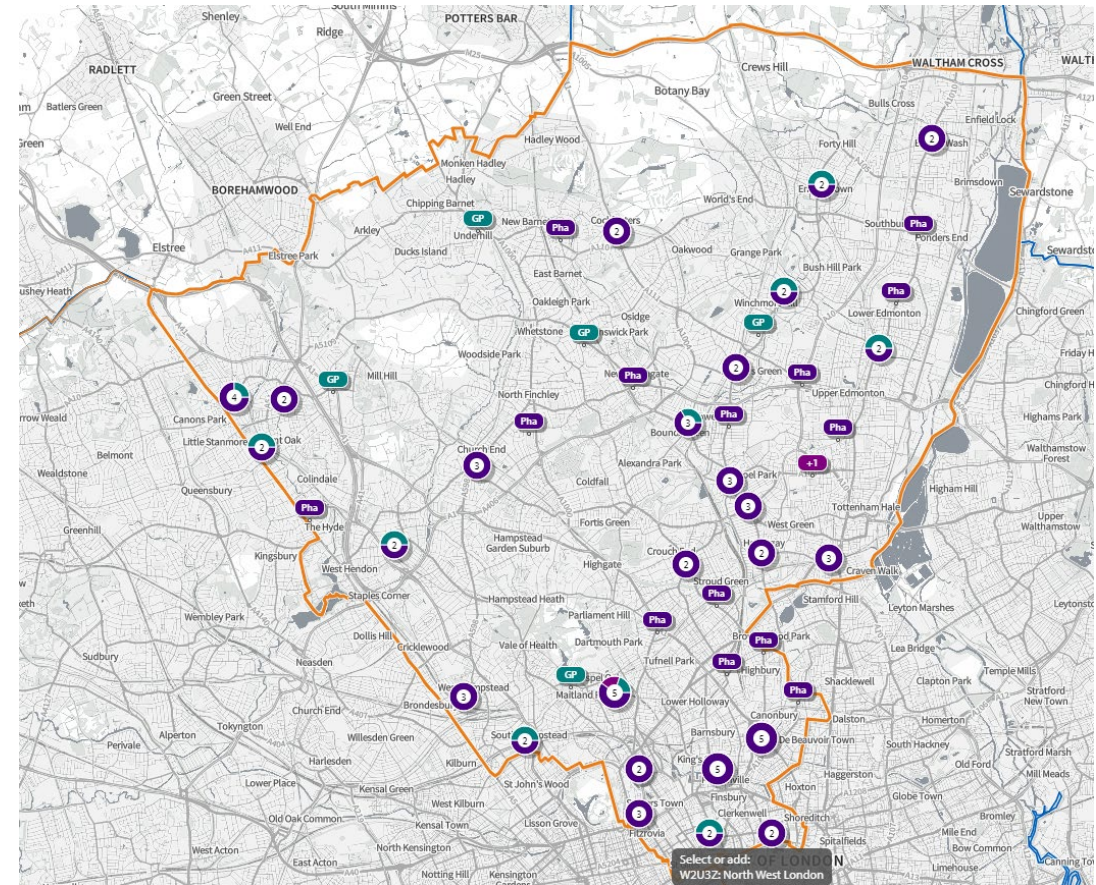


- This bivariate map shows areas of vaccine hesitancy mapped against deprivation measures, with the darker shading showing areas with high ratings in both domains
- The majority of the areas with high vaccine hesitancy correspond with higher deprivation, showing a strong positive correlation
- In response, our winter plan sets out the intention to support and protect time for primary care clinicians for proactive coordinated case management, building this into integrated neighbourhood and hyperlocal approaches
- In addition, it is suggested to utilise social prescribers to ensure those most vulnerable are signposted and supported to access borough-based support around food, and help with costs of living.

# Maximising Covid19 vaccination through working together

- A new Covid19 variant, BA.2.86 has been identified that has a high number of mutations. In response, the UK Health Surveillance Agency (UKHSA) brought forward the vaccination programme, commencing in early September
- We expect to administer between 240,000 – 260,000 Covid19 vaccinations this autumn / winter
- After an initial focus (to end of October), outreach vaccination will continue until 31 January
- To support NHS providers, funding has been provided focussing on delivering to care home residents, people who are housebound, as well as specific communities
- To meet demand, it is anticipated there will be ~80 sites in NCL delivering Covid19 vaccinations, delivering up to 79,000 jabs per week (subject to demand and vaccination supply)
- UCLH will continue to deliver outreach vaccinations through the NCL Roving Team (including the Camden outreach bus), and through the Find & Treat team.

## Proposed NCL vaccination sites





# Bed capacity planning: developing & testing demand and supply assumptions – 1 of 2

## Demand assumptions

NCL is retaining A&E demand assumptions set out in the Operating Plan 2023/24. 4 hour performance also remains per the Operating Plan submission. Providers have worked hard to improve performance over recent months, and are expected to achieve the 76% standard by March 2024.

While year to date attendance levels are below plan – largely driven by a reduction in paediatric attendances – we are expecting increased demand over the winter period. Most providers have not made changes to admitted demand assumptions in the plan although RFL has increased the number of non-elective admissions expected, to reflect current trends. RFL has seen an increase in zero length of stay admissions and expects this to continue.

The system has used revised demand assumptions and updated bed capacity numbers to refresh demand and capacity modelling – informing two scenarios (*right*).

### Scenario 1:

Projecting winter bed demand based upon levels seen over the past year up to the forthcoming winter, which includes changes to average length of stay.

### Scenario 2:

Modelled upon an anticipated increase in hospital admissions linked to Covid19 and flu, using worse-case historical data from the past two winters.

Without mitigations, there is a risk of demand exceeding capacity during the winter period. Using 80% of the additional 147 virtual ward spaces should allow the system to operate within planned capacity.

# Bed capacity planning: developing & testing demand and supply assumptions – 2 of 2

## Supply assumptions

Across NCL, a further 46 - 52 adult general and acute hospital beds should be available during the peak winter period. This is in addition to 200 extra beds already reflected in NCL's submitted operating plan. This *includes*:

- ✓ UCLH has planned to make available an additional four emergency surgery beds from September, and a further four for emergency gynaecology from November.
- ✓ RFL's has planned to make available an additional 37 beds on top of those in their original plan. Funding for the winter ward is now confirmed. Additionally, 15 escalation beds are available if required.
- ✓ There are no changes to planned bed capacity at NMUH, although there will be two fewer adult critical care beds available.
- ✓ Whittington Health has closed approximately 50 beds in recent weeks, at least 34 of which will reopen in winter. This position will be continually assessed.
- ✓ RNOH is planning a small increase in adult and paediatric beds.
- ✓ No changes have been made to GOSH or Moorfields' planned capacity.
- ✓ Revised paediatric capacity has reduced by 8 the number of beds available across NCL, but these figures include some escalation capacity.

# Discharge, intermediate care, and social care

## – 1 of 2

- ✓ NCL system and borough partners are working to improve links between discharge teams, intermediate care, and adult social care (ASC). In each borough, there is a named system lead supported by named senior leads from continuing healthcare (CHC), community, ASC, and hospital providers
- ✓ For several years we have jointly worked on demand and capacity modelling using various scenarios to inform winter planning. The Councils and the Integrated Care Board (ICB) pay a fair cost of care to providers, supporting a diverse and sustainable market. In addition, NCL Councils have well-developed programmes of work around care home market management, learning disability accommodation and workforce which promote quality and sustainability.
- ✓ There are effective regular meetings at both system and place levels which facilitate discharge (including escalation) and provide clear line of sight on capacity, evidenced by NCL generally being good performers on national discharge metrics. In recent years within social care, reablement and homecare has consistently had capacity across winter and care homes have only had major capacity challenges for short periods in the face of high cases of Covid19 outbreaks.

# Discharge, intermediate care, and social care

## – 2 of 2

- ✓ NCL has well-established transfer of care hub arrangements in place, including for out of area discharges, which the ICS is looking to further improve through joint redesign work. Model initiatives have begun in two boroughs to identify and refine ideas for improvement
- ✓ NCL manages 50 out-of-area discharges per week from other ICB areas. This remains a significant source of discharge delays and we have established an out of area hub team to support this to improve
- ✓ Rapid work is being undertaken to scope expansion of one-off discharge personal health budgets for people in acute and community beds, to facilitate quicker discharge. This year, 42 personal health budgets have already been issued to people in acute beds, which has successfully led to 122 bed days saved. We expect to increase one-off personal health budgets to 200 people across bedded facilities in NCL.
- ✓ A standard operating procedure is now in place that allows NCL community beds to be used more flexibly in response to system pressures, when capacity allows, to support delays in 'pathway 1' and 'pathway 3' discharges. NCL has increased bedded community capacity as well as maximising alternative places of care e.g. virtual wards (providing 294 spaces @ 80% occupancy by January 2024). Partners continue to ensure discharge from inpatient beds remains a high priority.
- ✓ Each NCL trust has developed a mechanism for ensuring Discharge Ready Date (DRD) is embedded in the electronic patient record. The ICB uses the weekly senior 'Speedy Discharge Group' to review progress, as well as to escalate and resolve any operational concerns.

# Virtual wards provide hospital level care at home

What is a virtual ward?  
An NHS England definition:

## virtual ward

 'və:tʃʊ(ə)l wɔ:d

A virtual ward (VW) is a safe and efficient **alternative to NHS bedded care.**

Virtual wards support patients who would **otherwise be in hospital** to receive the acute care and treatment they need in their own home.

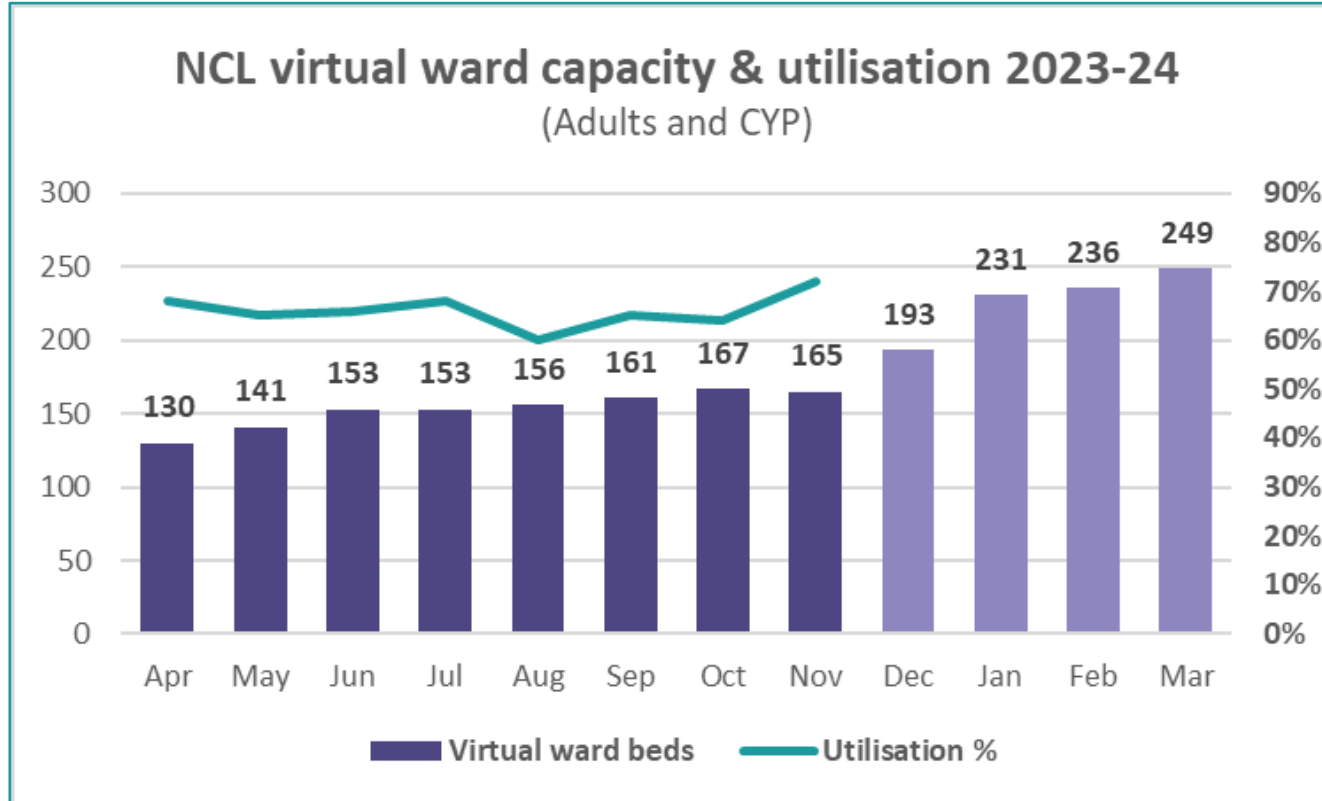
This includes either **preventing avoidable admissions** into hospital, or **supporting early discharge** out of hospital.

**It provides joined up acute & community care in people's place of residence**

- **The acuity and complexity** of a person's health needs differentiates virtual wards from other community and home-based services
- It provides **urgent access to hospital-level diagnostics** (such as endoscopy, radiology, or cardiology) and may include bedside tests such as **point of care (POC) blood tests**
- It provides **hospital-level interventions** (such as access to intravenous fluids, therapy, and oxygen)
- It requires **daily input from a multidisciplinary team** and sometimes **multiple visits and provisions** for 24 hr cover with the ability to respond to urgent visits, often **enabled by technology**
- It requires **consultant practitioner specialist leadership and clear lines of clinical responsibility**
- **Defined inclusion and exclusion criteria**, with a clear target population and a **time-limited intervention period** of 1–14 days.
- **Virtual ward patients have equity of access to other specialty advice as hospital in-patients**

**Note:** A virtual ward **is not** intended for enhanced primary care programmes; chronic disease management; home intravenous or infusion services; intermediate or day care; safety netting; or proactive deterioration prevention. Wider virtual care supported services (including NHS@home) are enabling these population groups to be increasingly supported at home / in the community,

# Virtual ward capacity and utilisation ahead of winter 2023/24



**Capacity:** NCL has 165 virtual ward beds (143 adult and 22 CYP), against an original plan of 240 beds. Providers have revised an NCL trajectory to 249 VW beds by March. December plans include the launch of Islington Frailty VW and RFL NSTEMI, and NMUH / UCLH expansion. Work continues to increase usage, better support patient acuity/complexity, and maximising benefits, ahead of expanding each service.

**Utilisation:** utilisation started to increase from mid-October due to recovery actions we have been taking. **Average daily utilisation of adult VWs in November (as of 29/11) is 76%.** Children VW utilisation remains lower (43% in Oct/Nov) and we will be reviewing plans to increase uptake within this cohort.

## Key actions underway to achieve 80% utilisation across all adult virtual ward services:

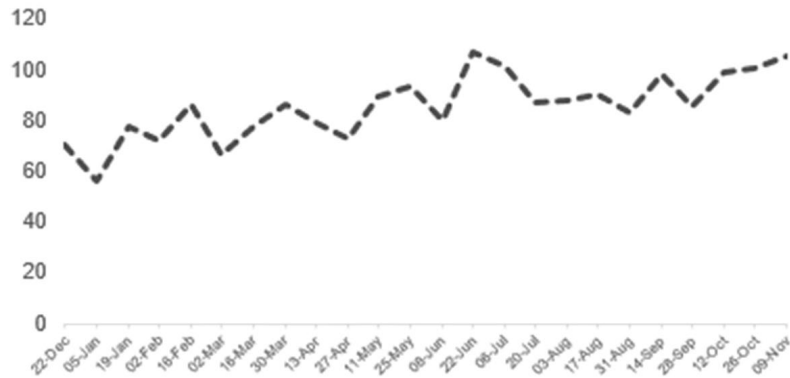
- ✓ **Consultant / senior clinical decision-makers covering each borough:** supporting acute flow, increasing utilisation and reducing risk of people deteriorating in hospital.
- ✓ **Dedicated virtual ward daily case-finders:** in place (some on rotation) or appointed now in four of NCL's hospitals with Barnet to follow in January. An NCL working group is in place to share learning and good practice.

# Virtual ward use is increasing across NCL – informing future development

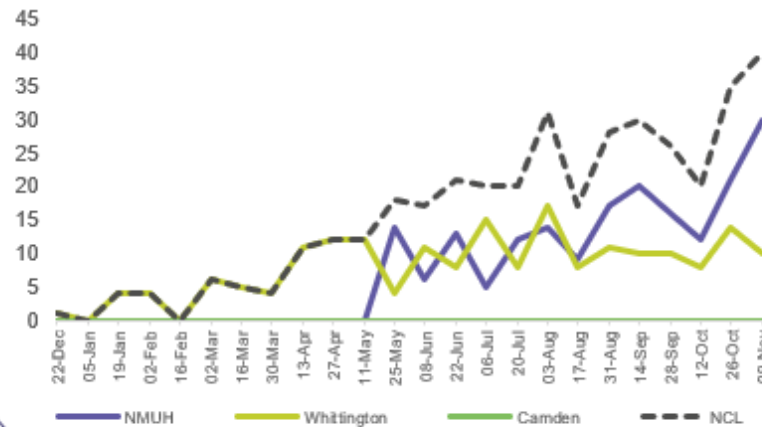
Virtual ward occupancy is increasing:

More children are supported by VWs:

**Adults:**  
Snapshot Beds Occupied



**CYP:**  
Total admissions over preceding 2 weeks



Rolling out CYP Hospital at Home to Barnet, Camden and remainder of Enfield is a **fundamental part of our Start Well** work.

## Patient feedback:

*“Your team has kindly been looking after my father. He has heart failure & has been having IV furosemide at home. This is a fantastic service and has meant that we could celebrate his birthday with him yesterday. I didn’t know such a service existed and wholeheartedly support it. One of your team who came today has been wonderful and very caring. Thanks so much to your whole team. Your care and attention is greatly appreciated.”*

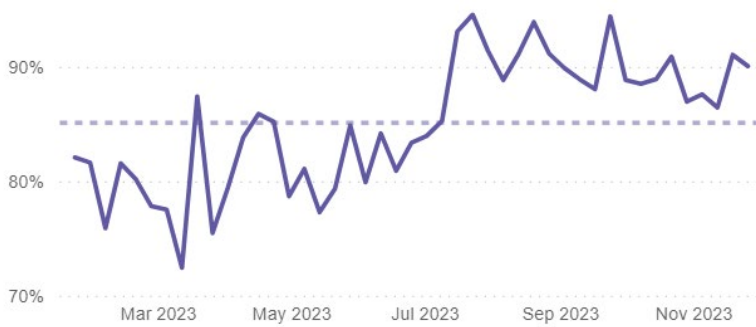
Patient’s family from North Mid Virtual Ward

## Further key next steps underway:

- ✓ Complete acuity audits with each virtual ward (Dec)
- ✓ Complete **standardisation of the NCL Resolving Delirium Virtual Ward pathway for NCL (Dec)** – start work on an NCL Heart Failure Virtual Ward pathway (from Jan)
- ✓ Continue **roll-out of Point of Care testing** (in use in Barnet/Camden, launching in Dec (Islington and Haringey), testing phase at NMUH)
- ✓ **Initiate planning for 2024/25**, including Virtual Ward bed plan and funding allocations

# Snapshot of current NCL system performance

% of Ambulance Handovers Within 45 Minutes - NCL



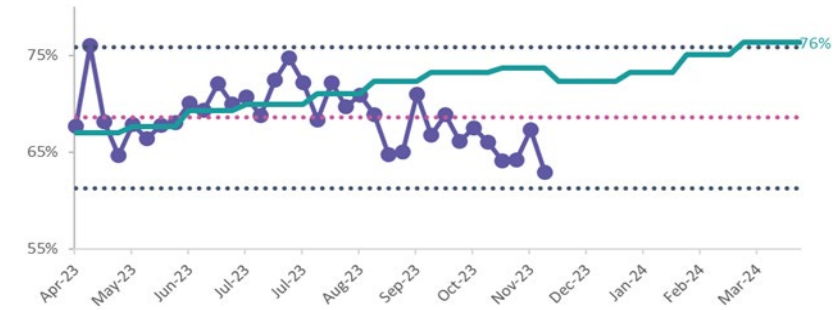
- Significant increase in the proportion of ambulance handovers occurring within 45 mins since mid-July
- An associated reduction in the longest delays (>2 hours), with such delays now rare

NCL A&E Attendances: 7 Day Rolling Average



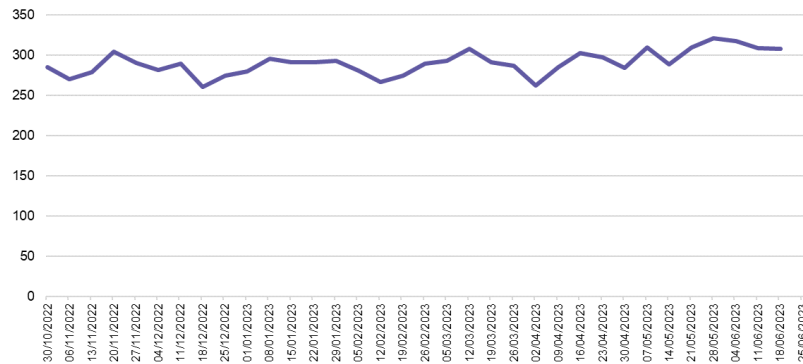
- Recent A&E attendances are trending upwards
- Activity levels have been broadly tracking against 2019/20 levels and are significantly below last year's peaks

NCL Weekly 4 Hour A&E Performance



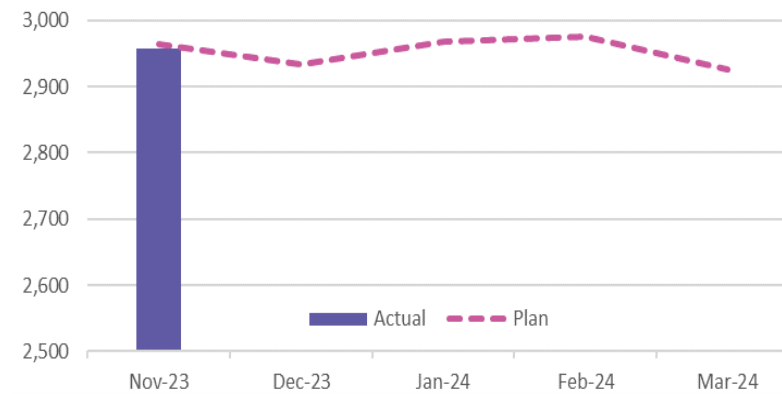
- NCL is falling short of the 4 hr national standard
- Most sites still planning to achieve 76% national standard by end March. This is contingent upon reducing the number of patients occupying beds without criteria to reside.

Patients not meeting the criteria to reside who were not discharged (daily average)



- In recent weeks, ~300 patients per day are in NCL hospital beds but do not meet the criteria to reside

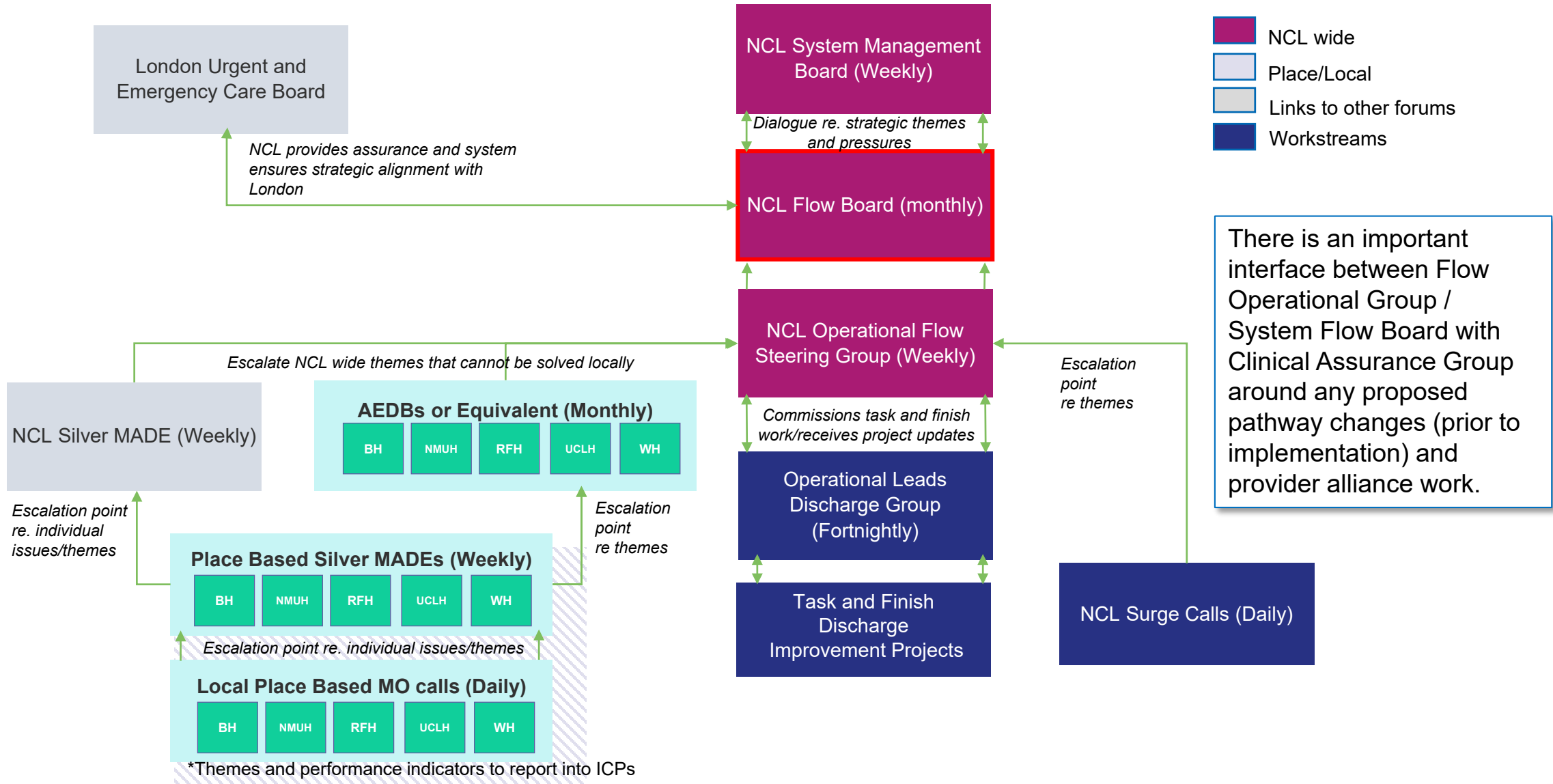
NCL G&A Beds Open v Plan



- NCL sites have opened additional beds for winter
- Occupancy levels remain very high



# NCL system oversight arrangements



# A&E Delivery Board Partnership Arrangements North Central London Integrated Care System

Working in local hospital systems is a key to better coordinate patient flows and ensure consistency within and between boroughs. In NCL, partners have worked to reorganise accident and emergency delivery boards (A&EDBs) to provide a collaborative space to achieve these ambitions



# **Winter resilience:**

Primary care winter planning 2023/24

# Primary care network winter plans

## Approach in 2022/23

- Last year national funding was allocated to primary care networks (groups of GP practices working together to deliver services, and to share resources including staff)
- Across NCL in 2022/23, 47 PCN projects were reviewed as part of an end of winter evaluation. 43 projects were delivered as planned.
- Where PCNs were not able to fully deliver, funding had still used to add value for staff and patients. In most cases the challenge arose from mobilising plans during the peak of winter.
- The majority of PCN plans had a demonstrable positive impact on GP practice resilience and patient care.

## What we're doing this year

This winter's plan draws from the learning from this evaluation – particularly around the planning process and areas of focus. This year's plan aims to:

- Support earlier planning to kick off improvements before anticipated increases in winter demand
- Tackle delays in releasing funding, by simplifying how PCNs are contracted to deliver this year
- Rebalancing the need to assure money is well spent, without onerous reporting requirements
- Underpinned by a streamlined menu of pre-approved winter interventions for 2023/24 to inform a common approach comprising evidence-backed schemes, while allowing PCNs to tailor their approach to account for local context.

# The process we've followed to develop primary care winter plans

Current focus on  
delivery

	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
Sign-off of winter plan, funding confirmed	█									
PCNs asked to pick schemes from menu of options	█	█	█							
Confirmation and sign-off of PCN choices		█	█							
ICB mobilisation (contracts and finance)		█	█	█						
PCN mobilisation			█	█						
Delivery (winter readiness)			█	█	█	█				
Delivery (winter management)						█	█	█	█	
Light touch evaluation (activity counts, qualitative Feedback)									█	█

# The projects PCNs are putting in place

All PCNs were submitted a memorandum of understanding for 2023/24 PCN Winter Funding to set out what they would deliver with additional primary care winter funding. Four intervention options were available based on evidence of what worked in 2022/23. These are described *below*. Progress will be tracked throughout winter, and impact will be evaluated at the end of the financial year

## 1 Proactive care for people at-risk

Proactive care schemes create dedicated capacity for PCNs to see their most vulnerable patients for longer appointments, and make use of additional roles and wider multi-disciplinary team staff to offer holistic input. This option can provide support autumn to proactively “prepare” eligible patients for winter, as well as supporting them through winter if need arises.

**2 Camden PCNs are delivering this option**

## 2 PCN triage hubs

Adding dedicated triage capacity at PCN level to manage telephone and online consultation demand has proven effective in previous winters.

It allows deployment of additional roles staff to offer triage where their skillset can add value, and protects capacity in individual practices to balance urgent and planned care capacity.

**1 Camden PCN is delivering this option**

## 3 Targeted capacity boost

Adding clinical capacity ringfenced for patients who may not be overly complex (i.e. those needing proactive care), but who have an increased need for appointments during winter.

This is a simpler and more cost effective way to provide targeted capacity and can boost support for patients at-risk without mobilising a full MDT service.

**1 Camden PCN is delivering this option**

## 4 General capacity boost

Funding additional clinical sessions to increase urgent appointment capacity within PCN member practices, helping them meet increased demand for appointments during winter.

This also protects capacity for planned care (i.e. for people with long term conditions), rather than same day / urgent demand, while helping practices stay resilient through winter.

**4 Camden PCNs are delivering this option**