ADULTS AND HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 7
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Report of:	Cambridgeshire and Peterborough Integrated Care Board	
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SYSTEM SURGE PLAN – WINTER 2022/23

RECOMMENDATIONS
It is recommended that the Adults and Health Scrutiny Committee note the priorities included in our system surge plan to cover the 2022/23 winter period, developed in response to some of the key challenges we anticipate our local population, and our system will face over the coming months.

1. ORIGIN OF REPORT

1.1 This report is submitted to the Adults and Health Scrutiny Committee following their request on 3rd October 2022 for a report on system wide winter planning.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to provide an update on the development of Cambridgeshire and Peterborough's Integrated Care System (ICS) winter surge plan for 22/23.

2.2 This report is for the Health Scrutiny Committee to consider under its Terms of Reference Part 3, Section 4 - Overview Scrutiny Functions, paragraph No. 2.1 Functions determined by Council:

3. Scrutiny of the NHS and NHS providers.

3. BACKGROUND AND KEY ISSUES

3.1 Introduction

As part of ensuring Cambridgeshire and Peterborough (C&P) system's preparedness for winter, the Integrated Care Board (ICB) has led the development of the winter surge plan with all system partner organisations. NHS England (NHSE) has also published a set of clear expectations on surge planning alongside the confirmation of additional winter funds to support schemes that enable the system to respond to expected increases in demand for health and social care services.

The surge plan outlines the provision for services during the winter period informed by national, regional, and local qualitative and quantitative evidence. In addition, multiple strategic, operational, and clinical system discussions have taken place to agree a finite set of key priorities where it is felt action and investment will result in maximum impact for our patients during what we anticipate will be very challenging months.

This report provides an overview of current performance and risks, the process for developing our surge plan and high-level priority areas, backed by additional investment over the winter season to support successful delivery.

3.2 **Current challenges**

Nationally and locally urgent and emergency care services continue to be under significant pressure. Activity is back in line with or in some cases exceeding pre COVID levels and factors including waiting list backlogs, loss of productivity and efficiency and overall workforce availability are contributing to a growing capacity and demand gap. We know that these challenges are resulting, in some instances, in poor quality care and experiences for our local population.

The ICS set out its commitment to improving performance as part of its 22/23 operational plan, through improvements in productivity and efficiency, service improvements and transformation schemes. Year to date, the ICS has delivered some improvements in overall activity and capacity which are beginning to impact on our waiting lists and improve access across urgent and emergency care services, however, this increase in activity has not yet fully translated into a material improvement in outcome performance.

In areas of underperformance, there are detailed improvement and recovery trajectories in place, including:

- Urgent and Emergency Care (including ambulance handover delays)
- Elective and outpatient recovery
- Cancer recovery
- Diagnostics improvement

Alongside our current performance position, we have considered the following strategic risks in developing our surge plans for this coming winter period:

- Deterioration in people's health due to the cost-of-living crisis, resulting in a requirement for both social and medical intervention
- Increasing demand for mental health services, already high post COVID with the potential to worsen due to the economic context
- Increase in respiratory infections across the general population, including COVID-19 surges and influenza
- Challenges across our workforce, specifically within primary care and the care sector which already has significant vacancy rates. The lack of alignment between variation in health and care pay and conditions and the below inflation pay offer for health could also potentially lead to strike action from the autumn
- As we see the impact of inflation and cost of living, viability of providing care services will become more difficult, potentially resulting in a reduction of available capacity to support safe discharge from hospitals.

3.3 **Winter surge plan: Development process**

Recognising that this winter is likely to be particularly challenging we have sought to target multi agency action on those areas where evidence shows the greatest patient need, and /or where we are likely to have the highest impact on quality of care and system performance.

Since July, representatives from the following organisations and groups have been involved in setting the process for how we developed winter planning, shaping, and submitting bids for winter funding, approval of the collective winter plan schemes and the ongoing oversight of performance:

- Local Authorities
- Patient representatives
- Healthwatch

- Voluntary, community and social enterprise organisations
- NHS organisations (acute, community, mental health and ambulance)

Our surge plan is complimentary to existing ICS unplanned care improvement plans and will accelerate delivery of some of the identified changes required within our urgent and emergency care services to achieve our overarching improvement objectives:

1. Reduction in average length of stay by 0.5 days by 31 March 2023
2. Minors and type 3 performance consistently exceeding 92% by 31 October 2022 and 95% by March 2023
3. Less than 2% of patients exceeding 12 ours in an emergency department by 31 December 2022
4. Admitted patient mean wait time ,6 hours by 31 March 2023
5. Zero ambulance handover delays >60 minutes by 31 Dec 2022

In addition, national guidance on winter surge planning was published on 12th August 22 by NHS England. This set out eight strategic aims and more than 60 actions to be addressed within local plans. Alongside the national guidance, ICS' were also asked to submit bids for additional funding, with the criteria for funding focused on creating additional physical bed capacity and where measurable, bed equivalent capacity. Areas such as primary care, 111 and 999 and broader flow requirements (across health and care) have not received specific additional funding allocations.

3.4 **Winter surge plan: Areas of focus**

The C&P surge plan has been structured around six main areas, namely:

1. Preventative Care
2. Primary care and first contact services (i.e., community pharmacy).
3. Urgent community services, including delivery of the new system wide coordination of and single point of access for urgent response services.
4. In hospital flow, targeting increases in physical bed capacity to reduce current acute bed deficit.
5. Outflow and discharge support to optimise discharge from hospitals when patients no longer require acute care.
6. Recovery of elective activity.

There are also a small number of key enablers that underpin successful delivery across all the priority areas, which are:

- Workforce (support and development of current staff, and recruitment).
- Communications
- Management of operational risk and escalation

A draft of our winter plan is provided as an appendix for Adults and Health Scrutiny Committee. The final version of the winter plan will be considered and approved by the Integrated Care Board in November though it will remain a live document as we seek to respond to and proactively manage emerging risks and challenges through this period.

A key component of our plan are the additional capacity schemes. The ICB and system partners worked through several proposals for winter capacity, applying a clear set of criteria to maximise value for money and ensure probity in the use of public funds. The criteria for assessment included:

- Schemes must demonstrate additionality (beyond business as usual) and tangible impact in the given timescales against our local priorities and rooted in evidence of need.
- There must be a clear exit strategy in place including any pre agreed system support to avoid placing unexpected risk or financial liabilities in any system partner at the end of the winter period (end of financial year 2022/23).

- Risk share arrangements must be in place for the system in anticipation of any potential clawback to non-delivery of agreed outcomes.

All winter schemes put forward underwent a rigorous multi agency scrutiny process including clinical oversight and assurance, patient perception and prioritisation. Schemes have been ground into thematic areas and approved, as outlined in the table below. Delivery of these schemes are led by various partners, including Local Authorities, Voluntary and Community sector organisations and general practice.

Area of Need	Expected impact - Bed/bed equivalents	Other impact
Discharge support schemes	78	- Additional 27 domiciliary care cars - Additional support for dementia patients to discharge to Nursing Care - Additional bed capacity in community for patients that require further bedded support - Personalised discharge budgets - Support for self funders
Urgent Community Response schemes	-	- Primary care led response service in community responding to appropriate patients at home with 84% rate of patients remaining home with care and support - Clinical support for ambulance crews with 60% of calls from crews to clinicians for advice resulting on a non-conveyance to hospital
Additional acute capacity	140	- 200 extra bed days per month delivered through increased patient throughput and reduced LoS in frailty unit - Additional cubicle capacity for assessment in ED reducing waits to be seen
Proactive Primary Care & High intensity users	-	- Targeted and supportive primary care led proactive planning for patients with multiple comorbidities at high risk of multiple hospital [avoidable] attendances
Elective Recovery – review of patient waiting lists	-	- Review and risk stratification of patients in outpatient waiting lists to ensure those at highest clinical risk are prioritised
TOTAL	**218**	

Operational delivery of the schemes will be regularly monitored via the C&P ICS Unplanned Care Board which has wide partner representation, with assurance, risks and items for escalation escalated to the ICB Board. If individual schemes under-perform or under-spend then consideration will be given to redistribution of funding to alternative schemes that have already been developed with partners.

4. IMPLICATIONS

Financial Implications

4.1 Whist additional funding is delivering additional capacity as detailed above to support management of increases in demand due to winter surge, system partners will need to ensure

appropriate exit strategies are in place before the end of March 2023 to avoid placing unnecessary financial risk in any system organisation. The exit strategy might include finding sustainable funding mechanisms to make winter schemes business as usual, in cases where evidence shows schemes are delivering clear improvement in patient care and system performance.

4.2 **Equalities Implications**

The C&P winter surge plan is the result of concerted system action to address the needs of our population including those factors that drive health inequalities – from differences in experiences and quality of healthcare through to the wider determinants of health.

5. APPENDICES

5.1 *Draft Cambridgeshire and Peterborough ICS Winter Plan*

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