ADULTS AND HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 6
5 NOVEMBER 2024	PUBLIC REPORT

Report of:	Cambridgeshire and Peterborough Integrated Care System (ICS)
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CAMBRIDGESHIRE & PETERBOROUGH INTEGRATED CARE SYSTEM (ICS) WINTER PLAN

RECOMMENDATIONS

It is recommended that the Adults and Health Scrutiny Committee:

1. Note the progress in developing the ICS 2024/25 winter plan.
2. Note the residual risk areas and proposed next steps for continued development of mitigations.

1. ORIGIN OF REPORT

1.1 This report is submitted to the Adults and Health Scrutiny Committee following their request to receive an update on system wide plans to manage winter pressures on the NHS.

2. PURPOSE AND REASON FOR REPORT

2.1 This paper summarises the approach the Integrated Care System (ICS) has taken to ensure winter preparedness, assurance of delivery of national expectations and local priorities, identification of key risks, and highlight next steps to enhance mitigation prior to winter. Attached to this report is the most recent update on delivery that was shared with the ICB Quality, Performance and Finance Committee in September 2024.

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.

4. BACKGROUND AND KEY ISSUES

4.1 Background

4.1.1 The Cambridgeshire and Peterborough (C&P) Integrated Care System (ICS) approach to managing pressures in urgent and emergency care and ensure winter preparedness has been based on three areas highlighted as having the greatest impact in previous years resulting in strong operational grip, system responsiveness, and improved performance. These are:

- Planning and processes:
  Ensuring there are clear system objectives based on evidence of need and establishing system relationships, values, behaviours, and accountabilities for delivery.

- 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 interventions and investment of Capacity and Demand Funding.

4.1.2 We do not have a separate winter plan for C&P, and this has been the case for the last two years. This is based on the principle that while winter may require some additional preparedness for seasonal surges in demand, continuous improvement is the preferred methodology for creating sustainable change in performance and outcomes for our population. This approach has been welcomed by stakeholders as it ensures consistency in our approach and reduces the need for additional short-term interventions which consume resources and often do not have the intended impact on outcomes. Our Urgent and Emergency Care improvement plan has been reviewed through the summer, to ensure it addresses the most significant risks across the system and to self-assess delivery against the national UEC improvement plan. The most current progress update of the UEC improvement plan is appended to this report.

4.1.3 While the principles, outcomes and the approach to the plan will remain fixed, there will be ongoing work to refine and adapt specific actions and interventions over the coming weeks and months. Our ability to be flexible in responding to risks as they arise is a critical success factor in C&Ps improving performance. The maturity of our System Coordination Centre in overseeing and supporting operational flow, as well as the wider governance and escalation frameworks in place, enables C&P to adjust its approach proactively and effectively.

4.2 **Priority Areas**

4.2.1 NHSE guidance on winter planning received in September 2024 sets out the expectation for all ICS organisations during winter to continue to work on local priorities for urgent and emergency care as included in system plans as well as delivering the following:

- Maximising the winter vaccination campaign (flu and Covid 19).
- Maintaining patient safety and experience by applying a whole-system approach to the management of demand for services.
- Ensuring appropriate risk sharing across different health and care settings.

Over recent weeks, there has also been an increase in published guidance aligned to specific interventions i.e. Same Day Emergency Care specification, that ICBs and providers are expected to implement to ensure services on offer meet national standards and expectations.

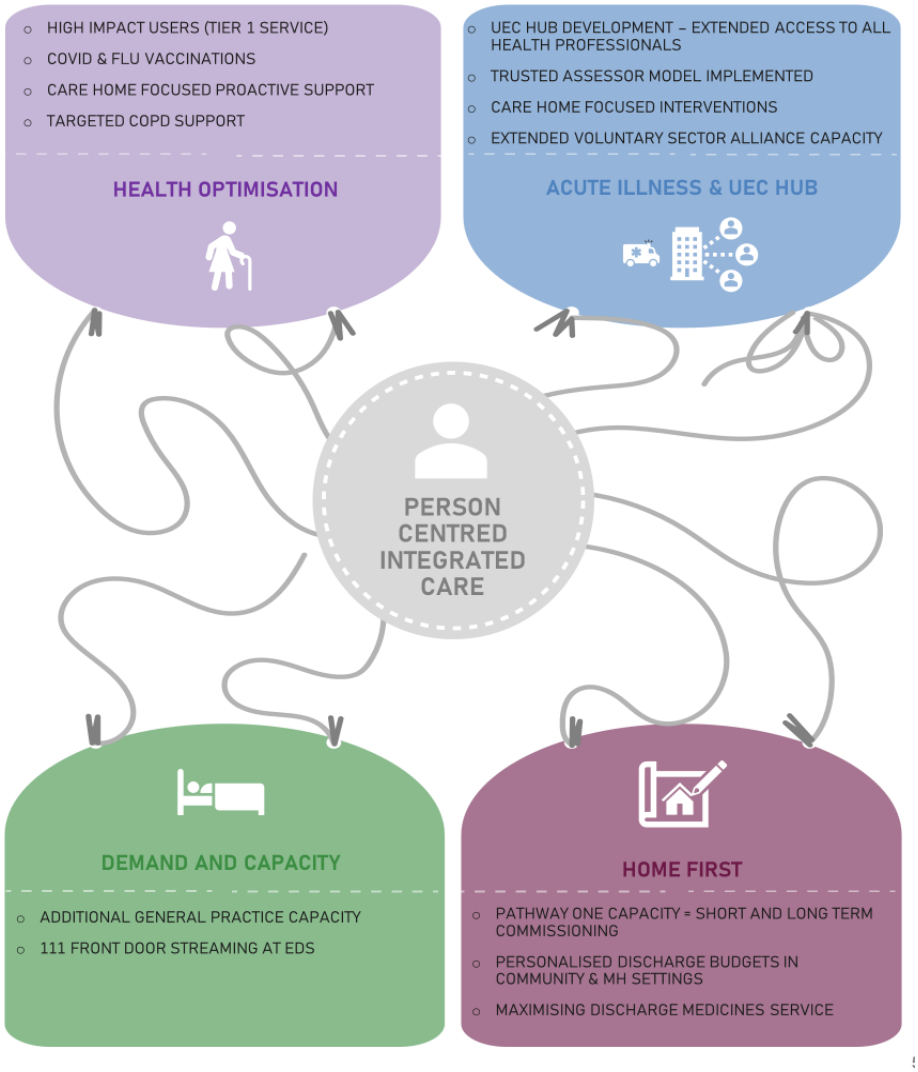
It is anticipated that all interventions over winter should contribute towards the key ambitions for UEC performance of:

- Meet Type One 4 hour % performance standard (78% by March 2025)
- Reduce number of patients with a journey time of >12 hours in ED
- Reduce arrival to handover ambulance delays of >30 minutes
- Reduce number of patients with a length of stay of 14 days (+)
- Improve C2 ambulance response time

4.2.2 Following self-assessment of Cambridgeshire and Peterborough ICS UEC 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. Local plans have been further refined over the summer to ensure over the next six months we can continue to deliver required UEC improvements whilst also setting out the foundations for a more fundamental transformation of

service delivery as set out in the New Care Model – healthcare utilisation approach. The updated plan has four key themes as shown below:

4.2.3



4.2.4 Each thematic area has a defined set of interventions and actions, contained within detailed delivery plans, which will be monitored through existing governance arrangements. All projects are expected to provide additionality beyond what is already delivered by individual organisations and require systemwide collaboration and/or service integration to be effective. There are other actions included in individual provider improvement and specific winter plans that complement system wide projects, in recognition that service improvement and transformation can only be effectively sustained if changes in individual organisations are fully aligned to delivering the system wide vision and ambition.

4.3 Not all the schemes included in the four priority areas above required additional funding as they are either being delivered through a continuous improvement approach, within existing resources and financial allocations across the system or they have already received funding in previous years, or in April 2024. A discrete number, however, did require additional funding, at least in the first instance, though it should be noted that all schemes will continually be assessed to understand opportunity for becoming cost neutral. All schemes that received additional funding in 2024/25 will be subject to ongoing review and evaluation with overall oversight held by the ICB's Commissioning and Investment Committee and ICB Board.

4.3.1 **Assurance Review and Risks**

Not all risks will be fully mitigated as we head into the winter period. The current national context for the NHS is challenged, with the potential for ongoing industrial action, decreasing patient satisfaction and the multiplicity of priorities for organisations and systems to deliver. Pressures

in primary care, including general practice collective action, has the potential to significantly impact on patient access and flows through the coming few months and while plans are in place to support Dental recovery and sustain community pharmacy, there is a level of fragility that cannot be fully addressed.

4.3.2

C2 ambulance response time is an annualised target of 30 minutes and at this stage, it is unlikely C&P can achieve this for the full year. C2 performance is not entirely within the control of the C&P system, as while ambulance handovers contribute to this, other factors such as East of England Ambulance Service NHS Trust (EEAST) resource availability have a material impact on performance. C2 response times over the coming months are expected to remain above 30 minutes due to a combination of factors but demonstrate improvement when compared with the previous year. The ICB will continue to work closely with EEAST, NHS England and Suffolk and North East Essex ICB as the lead commissioner for 999 services, to understand further opportunities for improvement in this area.

5. CONSULTATION

5.1 Whilst formal consultation on UEC plans is not a requirement, the C&P UEC Improvement Plan and priorities for investment have been developed with full and continued engagement from all system partners across health and social care.

5.2 Ongoing work is needed to ensure that service users' engagement and participation in the prioritisation and shaping of future interventions takes place and that decisions regarding successful delivery and evaluation reflect on population impact and experience.

6. ANTICIPATED OUTCOMES OR IMPACT

6.1 Maintaining and continually improving urgent and emergency care is of critical focus for all C&P system partners over the coming 6 months. While we are not currently achieving national standards for A&E four-hour performance or C2 ambulance response times, we have seen continued improvement in our performance in the last 2 years, with a track record of improving year on year through winter periods. Our priority, as we look ahead to the second half of the year, is ensuring we maintain this trajectory, through focused interventions in a small number of areas at a system level, complimentary to individual provider plans.

7. REASON FOR THE RECOMMENDATION

7.1 The Adults and Health Scrutiny Committee are asked to note the updated C&P UEC improvement plan, which also addresses winter preparedness, recognising that due to the nature of our continuous improvement approach, while high level themes are unlikely to change, delivery approaches will remain fluid and alive to emerging risks.

8. ALTERNATIVE OPTIONS CONSIDERED

8.1 All supported UEC schemes have undergone a rigorous multiagency scrutiny process to review evidence of need, assumptions on impact upon delivery, and alternatives to deliver the same impact in a more efficient / effective way where appropriate.

9. IMPLICATIONS

Financial Implications

9.1 Investment of capacity and demand funding has been focused on out of hospital capacity and services to strengthen community response to crisis and deliver care to patients closer to their own home where clinically appropriate. Initial plans regarding the financial sustainability of schemes – or exist strategies - are also in place to enact following initial evaluation and determinations as to whether these demonstrate achievement of objectives and delivery of value for money.

Legal Implications

9.2 Where organisations have received capacity and demand funding in 24/25, this funding is awarded on a non-recurrent basis with any continuation beyond the initial pilot period subject to evaluation. An evaluation will take place within the first 6 months of service go live to inform proposals for sustainable funding thereafter. Delivery of these services beyond the initial pilot period currently funded will be subject to Provider Selection Regime processes.

Equalities Implications

9.3 All UEC schemes are expected to complete their own EIAs and assess its impact on different groups and ensure equitable access to services to ensure no group is disproportionally or negatively affected.

Rural Implications

9.4 It is important to reflect the unique challenges faced by rural areas. The focus of many UEC projects delivered over the next six months is on increasing community capacity and designing targeted local responses with services delivered at home or closer to home whenever clinically appropriate. In addition, the use of telehealth and remote support and use of virtual consultations is also being trialled in some projects in order to maximise the potential impact of outreach services.

10. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

10.1 NHSE Winter Priorities
NHS England » Winter and H2 priorities

11. APPENDICES

11.1 Appendix 1 - Cambridgeshire and Peterborough UEC Improvement Plan (September 2024).

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