



## Manchester Partnership Board

<b>Report of:</b>	Tom Hinchcliffe - Deputy Place Based Lead
<b>Paper prepared by:</b>	Paul Thomas - System Resilience Urgent Care Manager
<b>Date of paper:</b>	29/08/2023
<b>Item number:</b>	6
<b>Subject:</b>	Winter planning 2023/24
<b>Recommendations:</b>	<p>The board is asked to:</p> <ul style="list-style-type: none"><li>-note the contents of the report.</li><li>-Approve the winter planning process proposed and the role of the Provider Collaborative and Urgent Care Board in developing the winter plan further.</li><li>-Provide any comments on the emerging winter plan.</li></ul>





## 1.0 Introduction

- 1.1 This paper gives an overview of the key elements of the Manchester system's proposed approach to winter planning for 2023/24, alongside updates setting out what will be delivered by partner organisations over winter.
- 1.2 A full system winter plan will be developed through our two urgent care system boards – Manchester and Trafford Operational Delivery Group (ODG) and Urgent Care Board (UCB). A first iteration of the system plan will be shared at the September Urgent Care Board, with a further update in October, and then as required throughout winter.
- 1.3 In line with previous years, the Manchester and Trafford System Resilience Team will lead and co-ordinate on all aspects of winter planning and the lessons learnt from winter 2022/23 have been incorporated into the organisational delivery plans.
- 1.4 The Winter plan will also be considered by the MCC Health Scrutiny Committee and the MCC Exec. The Provider Collaborative will consider the system plan in October and will have an important role in helping to shape the final plan.

## 2.0 Delivering operational resilience across the NHS this winter

- 2.1 On 27 July 2023, NHS England published the national approach to winter (<https://www.england.nhs.uk/long-read/delivering-operational-resilience-across-the-nhs-this-winter/>), alongside winter roles and responsibilities guidance, which provides clarity on actions and deliverables from system partners.

Four areas of focus were highlighted as follows:

- Continuing to deliver on the Urgent and Emergency Care (UEC) Recovery Plan by ensuring high-impact interventions are in place
- Completing operational and surge planning to prepare for different winter scenarios
- Ensuring effective system working across all parts of the system, including acute trusts and community care, elective care, children and young people, mental health, primary, community, intermediate and social care and the VCSE sector
- Supporting our workforce to deliver over winter

And the two key metrics for UEC recovery are:

- 76% of patients being admitted, transferred, or discharged within four hours by March 2024, with further improvement in 2024/25.
- Ambulance response times for Category 2 incidents to 30 minutes on average over 2023/24, with further improvement in 2024/25. A full description of category response times is provided in Appendix 1.

- 2.2 NHS England has requested the first iteration of winter plans from Integrated Care Boards (ICBs) by 11 September 2023. Key Lines of Enquiry (KLOEs) have been





issued to localities to complete and return ahead of this deadline. This will ensure Manchester's plans have adequately considered and addressed the four priority areas of focus.

- 2.3 In May 2023, Greater Manchester ICS was formally placed into Tier 1 for urgent care emergency care. The tiering was based on an aggregate score weighted on the following key performance metrics:
- Ambulance Category 2 response mean
  - 4 Hours in Department
  - 12h in Department from time of arrival
  - Proportion of beds occupied by long stay patients (14+ days)

As a Tier 1 system, GM will receive additional bespoke support designed to aid the system's recovery. The Place-Based Lead and MFT Group Chief Executive are invited to monthly assurance meetings with regional colleagues to progress this support ahead of winter.

- 2.4 NHS GM is also taking forward a 'No Criteria to Reside (NCTR) Sprint' to help improve the overall position across the conurbation. This will involve a six-week period of focussed work to reduce the numbers of patients in hospital beds that are medically fit for discharge. Through the LCO, we have developed an agreed recovery trajectory and action plan, which builds upon the work delivered through the Resilient Discharge Programme. This sets out a two phase approach of achieving sub-300 NCTR by end September, followed by sub-240 by end December.

### **Urgent and Emergency Care System Plan**

- 2.5 Through the Manchester and Trafford Urgent Care Board and Operational Delivery Group, locality partners have collaborated to create a system urgent care action plan, which aligns to the 2 year recovery plan published by NHS England in January of 2023. The new system plan identifies key workstreams and actions across five topics:
- Flow
  - Workforce
  - Discharge
  - Community
  - Access
- 2.6 To ensure that progress is being made in each of the workstreams, named leads have been identified and updates are reported with key deliverables and risks identified. In preparation for winter, workstreams with key deliverables across Q3 (October – December)/Q4 (January – March) will be identified for incorporation into organisational and system winter plans.

### **Urgent and Emergency Care Recovery Funds**

- 2.7 In March 2023, GM Integrated Care System (GM ICS) informed localities of





recovery/winter funding available for 2023/24 to help plan in a more coordinated way. This funding allocation sits across several separate workstreams supporting virtual wards, discharge and securing additional capacity.

- 2.8 System partners are working to prioritise this funding across primary and community care, the acute and the mental health systems. Further discussions will be needed as part of the winter planning process to agree the schemes that will be prioritised for funding. Discussions are also underway with GM ICS on how this funding should be utilised to greatest effect. The final agreement will be made by the locality, through the Manchester and Trafford locality boards, alongside system partners.

### **Operational Pressures Escalation Levels (OPEL) Framework**

- 2.9 On 8 August 2023, NHS England issued new guidance on the reporting of Operational Pressures Escalation Levels (OPEL). This new guidance provides standardised metrics for the reporting of acute OPEL. The focus is on acute hospitals as the area of system health provision that often carries the highest risk from operational pressure. This new process will ensure that acute OPEL can be measured at a site, trust, Integrated Care System, regional and national level. It also outlines the interaction between OPEL and the national Emergency Preparedness, Resilience and Response (EPRR) framework. There are four levels of OPEL – Level 1 where services are operating within normal parameters up to level 4 where pressure in the local health and care system continues to escalate leaving organisations unable to deliver comprehensive care.
- 2.10 Manchester Foundation Trust (MFT) along with system partners will ensure that regular reporting of metrics is in place for winter. System resilience will engage with system partners on ensuring a full refresh of OPEL action cards is in place before winter, to ensure that this is reflective of recent updates to services and standards. These action cards will clearly set out the roles and responsibilities of individuals and organisation.

### **Winter Communications Plan**

- 2.11 As with previous years, the locality winter communications plan will be led by the overall GM ICS winter strategy and NHS GM winter communications and engagement plan. There will be an integrated communications and marketing campaign approach that uses engaging content across multiple channels including social media, website, internal and stakeholder, outdoor media and digital channels at both a GM and locality level.
- 2.12 While the GM approach will allow for consistency across the region, we will have additional activity across Manchester that reflects our diverse population and the health inequalities that we know exist. This will include additional communications and engagement activity relating to vaccination programmes (see 3.10) and the cost of living crisis with both translated materials and easy read materials.





### **3.0 Organisational Winter Deliverables, by Organisation**

- 3.1 This section of the report sets out organisational plans which are being built around delivery of the four priority areas highlighted in section 2.1. The plans are being developed considering lessons learned from last winter, aligning with the system's urgent care recovery goals and with the core principle of working together as partners to keep people well at home. Each of the organisations have provided the narrative and information for their sections.
- 3.2 Plans are built on comprehensive analysis of historical data to forecast peaks in demand. The priority remains on maintaining patient safety throughout, especially at times when demand surges. It is important to note that there are risks to delivering these plans. These include, securing the required funding and workforce, ensuring the wellbeing of staff, levels of COVID-19 and flu, the social care market, demand, extreme cold weather and cost of living challenges.
- 3.3 As was the case during winter 2022/23, the Deputy Place Based Lead will provide weekly updates to the Executive Member for Healthy Manchester and Social Care and the Place Based Lead. This will also ensure that effective dialogue with Elected Members can be maintained to support any communication efforts with local residents about the appropriate use of services. This is most likely to happen in the December/January period when services are usually stretched in the build up to Christmas and afterwards.

### **3.4 GM Integrated Care Board - System Control Centre**

- 3.4.1 The Greater Manchester System Control Centre (GM SCC) was established in December 2022 and it brought together existing functions, such as the Greater Manchester Urgent and Emergency Care Operational Hub (GM UEC Operational Hub), the Greater Manchester System Operational Response Task Group (GM SORT), and the existing Emergency Preparedness, Resilience and Response (EPRR), as well as the many data feeds to ensure a consistent and collective approach to managing system demand and capacity as well as mitigation of risks.
- 3.4.2 Revised guidance for a System Coordination Centre (in place of a Control Centre) was published in August 2023, alongside the revised framework for the Operational Pressures Escalation Levels (OPEL) Framework (referred to in 2.7), and work has commenced to meet the minimum standards outlined in this revised guidance prior to the deadline of the 1<sup>st</sup> of November 2023.

### **3.5 North West Ambulance Service (NWAS)**

- **Ensure a greater number of deployed hours on the road over winter in line with agreed recruitment and resourcing plans** - Introduction of a 24/7 Duty Officer role, facilitating operational delivery of ambulances through overcoming





internal challenges around staffing and logistics and external constraints associated with delays and difficulties with handover.

- **Direct investment into GM paramedic emergency services** - creating the equivalent of 1008 additional emergency ambulance hours per week. This will increase emergency ambulances on the road by 11 every day at peak times.
- **Increase the clinical assessment of calls in every emergency operations centre to deliver the navigation and validation of Cat 2 calls, as well as increasing clinical input to Cat 3 and 4 calls (see appendix 1)** - recruiting an additional 75 clinicians into its emergency operations centres to focus on telephone triage and the introduction of category 2 call validation
- **Establish sufficient call handling capacity and finalise arrangements for the use of the 'Intelligent Routing Platform' in times of surge** - recruiting a further 41 emergency medical advisors (999 call handling) to ensure resilience in call taking over winter. The introduction of NHS Pathways into our 999 environment last year means that more callers can now be redirected to community alternatives.
- **Ensure mental health professionals are embedded in all emergency operation centres ahead of winter** - an embedded model of mental health clinicians into its Emergency Operations Centre (EOC) in Manchester.

### 3.6 Manchester Foundation Trust (MFT)

3.6.1 MFT commenced their winter planning in July and have held a series of engagement sessions with staff across the hospitals and community services within Manchester and Trafford.

3.6.2 Focusing on the four areas highlighted earlier there is a commitment to:

- **Deliver the UEC Recovery plan ensuring high impact interventions are expedited at pace** - across our acute adult and paediatric hospitals, we have either already implemented or are making substantial progress against the nationally recognised high-impact interventions with the Hospital at Home programme is at the forefront of plans. These interventions have already contributed to a reduction in patient wait times in our A&E Departments over recent months. Our objective is to ensure that when patients attend our departments, we can promptly direct them to the appropriate care. However, we know that winter brings many challenges, and we want to ensure that we are well prepared to manage those peaks in demand that we experience each year and these interventions are being accelerated to improve our resilience this winter. Measuring the impact of the interventions will be through delivering on our four-hour A&E performance and reducing the number of patients in our beds waiting for on-going care outside of a hospital setting.
- **Ensuring operational and surge planning is robust to prepare for different winter scenarios/peaks in demand** - all hospitals have developed surge





capacity plans to manage peaks in demand, this means opening of additional beds. However, at the forefront of our winter plan is our hospital at home programme which will enhance and expand our virtual ward capacity. Our main area of focus as a whole system is to avoid admissions, reduce bed occupancy and release bed capacity across the hospital to avoid opening additional beds when demand increases.

- **Robust escalation processes in place with roles and responsibilities clearly defined, working across group and in partnership with the System Co-ordination Centre (SCC)** - To gauge pressures on the system the national team look at a number of measures, which are:-
  - Mean ambulance handover times
  - Emergency Department (ED) four hour performance
  - ED attendances
  - Majors and resuscitation occupancy
  - Median time to treatment
  - % of patients spending >12 hours in ED
  - % General and acute beds occupied
  - % of open beds that are escalation beds
  - % of beds occupied by patients no longer meeting the criteria to reside

Each hospital across MFT carries out daily assessments against these metrics and have operational policies in place to manage periods of escalation. All efforts across the system need to have an impact on these measures. Day to day operational accountability rests with the Group Chief Operating Officer (COO) who will enact an MFT wide tactical command cell at times of heightened escalation aligned to our Patient flow and Escalation Policy. The COO will liaise with the System Coordination Centre that is responsible for the coordination of an integrated system response and which will support interventions when providers are challenged.

- **Having robust workforce plans in place to support the health and wellbeing of our staff** - all hospitals have workforce escalation plans in place for tracking absence levels to maintain safe staffing levels. Our staff matter to us and '*Our People Plan*' details the mechanisms we use and offers we provide to support staff to look after each other. It is important that our staff have access to the right support and across MFT we have many health and well being programmes in place. Last winter we saw flu return at scale and it is important that we protect the public and staff and our vaccination programme will do this.
- **Additional improvement support to limit the number of people in MFT beds without criteria to reside** - NHS England has a process in place to identify systems and organisation who would benefit from additional support, it is referred to as tiering. The Greater Manchester Urgent Care System has been placed in tier one which gives us an opportunity to access additional resources to help address





specific challenges. There is a long-standing improvement programme in relation to reducing the number of people in hospital that do not meet the criteria to reside definition, we are maximising the use of this additional support to build on this work by enabling clinicians, professionals, managers and patients within the locality to design and trial solutions that lead to improved outcomes. The focus initially will be on the central Manchester footprint, particularly around MRI, but is envisaged the agreed model that can be applied across the whole of Manchester.

### 3.7 Manchester Local Care Organisation (LCO)

- **Hospital at Home / Admission Avoidance** - There is a delivery plan in place to roll out a Hospital at Home offer across the City of Manchester by December 2023. This will be a critical milestone on our journey to achieving our target of 320 virtual community beds by the end of March 2024.
- **Manchester Community Response (MCR)** - Manchester Community Response (MCR) consists of health and social care integrated services that keep people well in their own homes through preventive measures or support timely flow out of our acute hospital sites. Follow a period of assessment and intervention MCR handover to our neighbourhoods teams for continuation of support in the community.
- **Improving acute inpatient flow and length of stay** - to support improvement in acute flow, a recovery trajectory and plan has been agreed with system partners to reduce the number of patients with No Criteria to Reside (NCTR) to 240, by December 2023
- **Transfer of Care Hub** - The Transfer of Care Hub (ToCH) is a virtual network focused on supporting discharge and system communication. ToCH supports mutual aid, system escalation, locality and regional assurance, and improvements in discharge processes.
- **Home First Discharge Policy Review** - The aim is to have the refreshed discharge policy in place by October and will provide discharge planning tools and resource for staff and patients across the system.

#### Adult Social Care

- **Home from Hospital** – VCSE collaborative to support people who have low or no social care needs, leaving on pathway 0 (more straight forward discharges) to enable them to settle in and prevent readmission or being discharged on pathway 1 (support required to recover at home with input from health, social care and VCSE).
- **Improving flow through Discharge to Assess beds** – a specialist Social Work team has been created to manage and support the flow through these beds increasing capacity.
- **Increasing flow in reablement** – additional flow co-ordinators have been put in place to increase capacity within reablement supporting discharge from hospital and stepping up from community to support admission avoidance.







- **Supporting flow in Intermediate care units** – continued funding of Senior Social Worker to monitor and maintain flow in the intermediate care units, reducing delays due to social care.
- **Integrated Control Room** – Additional resources invested into the Control room to maintain oversight of flow from the acute hospitals, and commissioning provision and care finding to support discharge in a timely manner.
- **Social Care support to Greater Manchester Mental Health NHS Foundation Trust (GMMH)** – developing an urgent action plan to support flow in acute and mental health beds to free up capacity and reduce delays in these beds.

### 3.8 Greater Manchester Mental Health NHS Foundation Trust (GMMH)

There is a focus on crisis pathways as an alternative to admission - the aim is to ensure people get to the right clinician or team at the right time. These include:

- **Implementation of the Crisis pathway model** - including Home Based Treatment Teams that adhere to national models, and offer a Home First option. Access to crisis cafés and overnight crisis beds that are accessible outside office hours and mental health practitioners within North West Ambulance Service (NWAS). Emergency Operations Centre as precursor to the GM mental health triage service, in partnership with Greater Manchester Police and NWAS
- **Clear escalation processes for A&E** - GMMH has escalation procedures that are followed, in cases of increased pressure.
- **Access to Child and Adolescent Mental Health (CAMHS)** - teams in place across Manchester to support assessment of Children and Young People (CYP) attending A&E in crisis. Young people are assessed at the point of presentation in A&E, with pathways to access CYP Home Based Treatment Teams (HBTT) and CAMHS beds.
- **Accessing help in a Mental Health Emergency** – ensuring places of Safety/Section 136 Suites where there is 24-hour staffing provision to support service delivery for services users who are over the age of 16 years old.
- **Homelessness** - GMMH specialised homeless services do not operate an out of hours service, however, they will follow up all referrals the following working day. GMMH have engaged VCSE partners to develop and communicate pathways for people experiencing crisis and access to services out of hours.
- **Emergency resettlement schemes** - supports refugees including those placed through centralised resettlement schemes and those temporarily living with friends and families via its 24/7 helpline and existing pathways via primary, community and crisis care services.
- **Mental health inpatient discharge and flow** - the clinically led GMMH patient flow service (PFS) ensures that a standardised approach is delivered across all GMMH services with practitioners available 24/7 to support system flow to all GMMH beds.

### 3.9 Manchester Primary Care





- **Manchester Acute Respiratory Infection Service (MARIS)** - additional capacity for same-day respiratory appointments.
- **Additional Primary Care Resilience Same Day Access** - additional clinical and non-clinical sessions and GP surge hubs for adults and children. This will provide additional clinician time face to face, telephone or virtual.
- **GP Federation Resilience Hubs** – additional appointments in local hubs, these appointments can be booked by all practices.
- **Improving access to General Practice** – implementation of a modern model of general practice. These plans include objectives around working towards improving online access, including website improvement, use of the NHS App and supporting patients to become more digitally enabled.
- **Personalised Care** - work to shift the focus of healthcare delivery from a reactive, episodic model to a proactive preventive approach. The focus is on three high impact cohorts: dementia, frailty and patients who regularly attend A&E (usually more than five times a year).
- **Increasing support for self-directed care** - Funding has been secured from the GM 'Access and Inclusion' resource for winter vaccination. This includes 'English for Health' which has a strong focus on vaccination and self-care.

### 3.10 Manchester Public Health

3.10.1 The Department of Public Health at Manchester City Council and the NHS Manchester Locality Team co-ordinates the planning process for the system-wide winter vaccination programmes across Manchester and these are now underway in accordance with national guidance.

- Preparations to ensure a comprehensive vaccination offer for care home residents, housebound patients and other at risk cohorts will be put in place following confirmation of sign up to the Enhanced Service contractual arrangements relating to Primary Care.
- The programme timeline is as follows:-
  - From 1<sup>st</sup> September 2 and 3 year old children will be invited for flu vaccination alongside opportunistic Measles, Mumps and Rubella (MMR) vaccination
  - From 4<sup>th</sup> September the school flu programme commences
  - From 2<sup>nd</sup> October care home residents and staff for flu and Covid
  - From 7<sup>th</sup> October the start date for all other eligible cohorts, however, where flu clinics have been prebooked for September it has been confirmed that these may go ahead
  - The 15<sup>th</sup> December will be the end date of the main programme
  - The 31<sup>st</sup> January 2024 will be the end date for the Manchester targeted health equity approach and outreach offers any equity/pop up or outreach offers
- Manchester Foundation Trust will deliver a Covid, flu and pertussis vaccination service to pregnant women accessing their services. Further plans for other in-patients cohorts and staff vaccination are currently being finalised by MFT.





- Work is underway with Intrahealth, the school flu service provider, to ensure comprehensive plans are in place to deliver to school-aged children with a greater focus on areas where uptake was low in 2022/23
- Data analysis over the last two years shows a decline across all cohorts for both flu and Covid vaccination coverage, with the gap widening most for those from particular ethnic groups. Therefore, the communities we will focus on for our integrated neighbourhood approach and mobile targeted vaccination work will be the Pakistani, Bangladeshi, Black Caribbean and Indian populations.
- A bid for GM Access and Inclusion funds has been approved and will support targeted winter vaccination work at neighbourhood level and to a range of inclusion health groups in order to address health inequalities.
- Local bespoke communication planning is underway through a collaborative partnership approach and as stated earlier will include translated and easy read materials.





## **Appendix 1 – Category response times**

Calls to 999 are categorised into four basic categories. These categories are assigned following a system called NHS Pathways, which our call assessors use to clinically determine the needs of the patients. The categories are:

**C1: Category one** is for calls about people with life-threatening injuries and illnesses. We aim to respond to these in an average time of 7 minutes and at least 9 out of 10 times within 15 minutes

**C2: Category two** is for emergency calls. We aim to respond to these in an average time of 18 minutes and at least 9 out of 10 times within 40 minutes

**C3: Category three** is for urgent calls. In some instances, you may be treated by ambulance staff in your own home. We aim to respond to these within 120 minutes at least 9 out of 10 times.

**C4: Category four** is for less urgent calls. In some instances, you may be given advice over the telephone or referred to another service such as a GP or pharmacist. We aim to respond to these at least 9 out of 10 times within 180 minutes.

