



TRAFFORD COUNCIL

AGENDA PAPERS MARKED “TO FOLLOW” FOR HEALTH AND WELLBEING BOARD

Date: Friday, 15 November 2024

Time: 10.00 am

Place: Committee Room 2 and 3, Trafford Town Hall, Talbot Road, Stretford M32
0TH

AGENDA	PART I	Pages
7.	WINTER HEALTH UPDATE	
	To receive a report from the Deputy Place Lead.	1 - 12

SARA TODD
Chief Executive

Membership of the Committee

Councillors J. Slater (Chair), J. Brophy, K.G. Carter, P. Eckersley, R. Thompson, E. Calder, J. Cherrett, C. Davidson, P. Duggan, D. Evans, H. Fairfield, M. Gallagher, H. Gollins, M. Hill, G. James (Vice-Chair), T. Maloney, J. McGregor, L. Murphy, M. Prasad, R. Roe, C. Rose, C. Siddall, R. Spearing, S. Todd and J. Wareing.

Further Information

For help, advice and information about this meeting please contact:

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This agenda was issued on **Wednesday, 13 November 2024** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall; Talbot Road, Stretford, Manchester, M32 0TH.

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TRAFFORD COUNCIL

Report to: Health & Wellbeing Board
Date: 15th November 2024
Report for: Information
Report of: Gareth James, Deputy Place Lead for Health and Care Integration, NHS GM (Trafford)

Report Title

Urgent Care Planning for Winter 24/25

Purpose

This paper gives an overview of the key elements of the approach to winter planning 2024/25 alongside organisational updates relating to what will be delivered by partner organisations.

In line with previous years, the Manchester and Trafford System Resilience Team will lead and co-ordinate on all aspects of winter planning. Key areas for this year's plan include building on the lessons learnt from winter 2023/24, winter debrief on winter schemes 2023/24, and ensuring plans align with urgent care transformation.

Recommendations

The Board are asked to:

- a) Note the content of the paper

Contact person for access to background papers and further information:

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Urgent Care Planning for winter 2024/25

1.0 Introduction

- 1.1 This paper gives an overview of the key elements of the approach to winter planning 2024/25 alongside organisational updates relating to what will be delivered by partner organisations.
- 1.2 In line with previous years, the Manchester and Trafford System Resilience Team will lead and co-ordinate on all aspects of winter planning. Key areas for this year's plan include building on the lessons learnt from winter 2023/24, winter debrief on winter schemes 2023/24, and ensuring plans align with urgent care transformation.

2.0 Winter Planning Approach

- 2.1 The System Winter Planning Group was established in August and September and met weekly to coordinate and develop various elements of the system plan. The group had representation from all system partner organisations and focussed on:
 - Ensuring that opportunities for collaboration between different parts of the urgent care system are explored
 - Ensuring that organisational winter plans are developed in tandem with all other partners, as they are being formed
 - Providing a forum to check-in on current progress on winter plans.
 - Keeping the system informed on wider communications relating to Winter (such as governance, winter planning letters, national returns)
- 2.2 On 16th September, NHS England published the national winter letter (PRN01454), outlining the approach for Winter 2024/25. Priorities within include:
 - Supporting people to stay well - maximise the winter vaccination campaign. ICBs are asked to promote population uptake, ensure good levels of access to vaccinations, ensuring that plans reflect the needs of all age groups and maximise uptake in eligible health and care staff.
 - Maintaining patient safety and experience – ensure basic standards are in place in all care settings and patients are treated with kindness, dignity and respect. Focus on ensuring patients are cared for in the safest possible place for them, as quickly as possible, which requires a whole-system approach to managing winter demand and a shared understanding of risk across different health and care settings.
 - Review the 10 high-impact interventions for UEC published last year to ensure progress has been made:

1. Same Day Emergency Care: Reducing variation in SDEC provision by providing guidance about operating a variety of SDEC services for at least 12 hours per day, 7 days per week.
2. Frailty: Reducing variation in acute frailty service provision. Improving recognition of cases that could benefit from specific frailty services and ensuring referrals to avoid admission.
3. Inpatient flow and length of stay (acute): Reducing variation in inpatient care and length of stay for key iUEC pathways/conditions/cohorts by implementing in-hospital efficiencies and bringing forward discharge processes for pathway 0 patients.
4. Community bed productivity and flow: Reducing variation in inpatient care and length of stay by implementing in-hospital efficiencies and bringing forward discharge processes.
5. Care Transfer Hubs: Implementing a standard operating procedure and minimum standards for care transfer hubs to reduce variation and maximise access to community rehabilitation and prevent re-admission to a hospital bed.
6. Intermediate care demand and capacity: Supporting the operationalisation of ongoing demand and capacity planning, including through improved use of data to improve access to and quality of intermediate care including community rehab.
7. Virtual wards: Standardising and improving care across all virtual ward services to improve the level of care to prevent admission to hospital and improve discharge.
8. Urgent Community Response: Increasing volume and consistency of referrals to improve patient care and ease pressure on ambulance services and avoid unnecessary admission.
9. Single point of access: Driving standardisation of urgent integrated care coordination which will facilitate whole system management of patients into the right care setting, with the right clinician or team, at the right time.
10. Acute Respiratory Infection Hubs: Support consistent roll out of services, prioritising acute respiratory infection, to provide same day urgent assessment with the benefit of releasing capacity in ED and general practice to support system pressures.

2.2 In order to provide consistency with previous years response, we are continuing to focus on the key areas 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

2.4 As with previous winter planning, the system resilience team will ensure robust governance through the system winter plan. The plan will be developed

and shared through various internal and external boards and will help to support national returns and key lines of enquiries from either Greater Manchester Integrated Care Board (GM ICB) or NHS England.

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 system urgent care action plan. The plan aligns to the 2-year recovery plan published by NHS England (January 2023), the 5 year GM ICB Joint Forward Plan (March 2023), and locality identified priorities. The new system plan identifies key workstreams and actions across five topics:
- Flow
 - Workforce
 - Discharge
 - Community
 - Access
- 2.6 The Manchester and Trafford Urgent Care Delivery Programme Group has been established to monitor progress against the key deliverables in the plan. 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.

Operational Pressures Escalation Levels (OPEL) Framework

- 2.9 Last winter, we implemented the new national guidance on the reporting of Operational Pressures Escalation Levels (OPEL), with a set of standardised metrics and scoring for the reporting of acute site OPEL. This new process ensured a standardised approach to acute OPEL measured at a site, trust, Integrated Care System, regional and national level.
- 2.10 For this winter, the national team are proposing changes to OPEL through the Integrated OPEL Framework 2024/26. This new framework proposes a consistent methodology for aggregating OPEL scores from the three provider pillars: Acute NHS Hospitals, Community Health Service (CHS) providers, and Mental Health (MH) service providers.
- 2.11 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.
- 2.12 System resilience will engage with system partners on ensuring all organisations are compliant with OPEL framework ahead of Winter, and that there are clear communications, actions, and reporting mechanisms within the locality footprint.

Winter Communications Plan

- 2.13 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.

3.0 Organisational Winter Deliverables, by Organisation

- 3.0.1 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.
- 3.0.2 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.

3.1 GM Integrated Care Board - System Coordination Centre

- 3.1.1 The Greater Manchester System Coordination Centre (GM SCC) has continued to support the identification and de-escalation of operational pressures across the health and social care system in Greater Manchester. The GM SCC was first implemented in December 2022, following national guidance which required each ICS to have joined up oversight of pressures across the health and social care system. It has continued to evolve to comply with updates to national policy as well as to make improvements to efficiency and effectiveness. The model brings together data intelligence and system expertise to ensure full oversight of emergency departments, ambulance activity and wider system intelligence in real time.
- 3.1.2 The GM SCC Hub, co-located with NWAS partners, monitors the system 7 days a week, bringing in system leaders, both operational and clinical, to support decision making when needed and linking into NHS England processes and procedures.
- 3.1.3 Work planned during 24/25 includes a review of the existing model to ensure that it is enabled to meet a new set of national standards published in August 2024, as well as the implementation of a revised surge and escalation management approach to align with revised national OPEL Frameworks.

3.2 North West Ambulance Service (NWAS)

3.2.1 NWAS will continue to apply specific focus in the following areas:

- Admission avoidance to Emergency Departments by increasing Hear & Treat (H&T) and See & Treat (S&T).
- Further embedding the Urgent & Emergency Care uplift monies received last year and the smaller uplift this year, which will be focused on increasing our clinical staffing in Emergency Operational Control (EOC) to improve H&T and increased operational resources to support response times.
- Hospital handover waiting times will be a focus in support Ambulance response.

3.3 Manchester Foundation Trust (MFT)

3.3.1 Manchester Foundation Trust (MFT) initiated their winter preparations in July. MFT have conducted a series of engagement sessions with staff from both hospital and community services across Manchester and Trafford to discuss and plan for the winter period.

3.3.2 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 already implemented or are making significant progress in adopting national high-impact interventions, with the Hospital at Home and Same Day Emergency Care programmes being a key focus of our plans. These interventions have led to a decrease in patient wait times in our A&E Departments in recent months and are supporting our trajectory to 78% four hour performance by March 2025. Our goal is to ensure that patients who visit our departments are quickly directed to the most appropriate care. We are aware that winter presents numerous challenges, and we aim to be well-prepared to handle the seasonal surge in demand that occurs each year.
- **Ensuring operational and surge planning is robust to prepare for different winter scenarios/peaks in demand** - all hospitals have devised surge capacity plans to handle increases in demand, which often involves the opening of additional beds. However, the cornerstone of our winter strategy is the effectiveness of our hospital at home program, which aims to bolster and broaden our virtual ward capacity. Our primary focus is on preventing admissions, reducing bed occupancy, and freeing up bed capacity within the hospital to circumvent the need for opening extra beds during times of heightened demand.
- **Robust escalation processes in place with roles and responsibilities clearly defined, working across group and in partnership with the System Co-ordination Centre (SCC)** - day to day operational accountability rests with the Group Chief Delivery Officer (CDO) who will enact an MFT wide tactical command cell at times of heightened escalation aligned to our Patient flow and Escalation Policy. The Director of Urgent

and Emergency Care will work with system partners and hospitals in the leadership of the Winter plan.

- **Having robust workforce plans in place to support the health and wellbeing of our staff** - all hospitals have established workforce escalation plans to monitor absence levels and ensure safe staffing levels. Our staff are important to us, and 'Our People Plan' outlines the strategies and support we offer to help staff take care of one another. It is crucial that our staff have access to adequate support, and across MFT, we have implemented numerous health and well-being programs. It is essential that we protect both the public and our staff and our vaccination program is designed to offer 100% of our staff the flu and Covid vaccinations as defined by the Joint Committee on Vaccination and Immunisation.

3.4 Manchester and Trafford Local Care Organisation (LCO) Adult Social Care and Health

- **Reduction in Pathway 3 referrals and delays** - by increasing the number of social workers in the Integrated Discharge Team to support and facilitate discharge. Where a person is identified as requiring pathway 2 or pathway 3 discharge, these are reviewed by social workers on site, providing further support to maximise opportunities and explore other options for discharge in a timely manner. This will be operational on all sites by August 2024.
- **Voluntary, Community and Social Enterprise (VCSE) collaborative** - to support people who have low or no social care needs, leaving hospital via pathway 0 to enable them to recover at home with input from health, social care and VCSE partners.
- **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. Senior oversight of pathway 2 delays via daily meeting reviewing delays and capacity across the system.
- **Manchester and Trafford Community Response** - Manchester and Trafford 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.
- **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 below 300 before October 2024.
- **Transfer of Care Hub** - The Transfer of Care Hub (ToCH) is a virtual network focused on supporting discharge and system communication. The Hub supports mutual aid, system escalation, locality and regional assurance, and improvements in discharge processes.

- **Home First Discharge Policy** - revised discharge policy which provides discharge planning tools and resource for staff and patients across the system. Will be updated to reflect any changes across the system of discharge to assess processes and strengthened with regards to patient choice.

3.5 Greater Manchester Mental Health NHS Foundation Trust (GMMH)

- 3.5.1 Over the last year there have been several high impact integrated crisis service developments mobilised in collaboration with key partners across GMMH. These developments are in direct response to the NHS England Long Term Plan renewed commitments to grow investment in mental health services which concludes in 2025.
- 3.5.2 These developments have supported improved access and choice for people seeking MH crisis support via the urgent, emergency and crisis care system across GM to safely divert people from Emergency Departments and maintain their well-being in the community.
- 3.5.3 The transformation and development of accessible, urgent, emergency and crisis services continue to be a priority for GMMH and the GM ICS, ensuring the NHS will provide a single point of access and timely, universal mental health crisis care for everyone. With anyone experiencing mental health crisis being able to call NHS 111 and have 24/7 access to the mental health support they need in the community.
- 3.5.4 The ICB investment is to be targeted at key service developments throughout 24/25 increasing capacity within the crisis helpline in preparedness Greater Manchester Police(GMP) Right Care Right Person (RCRP)
- 3.5.5 Key priorities include:
- **111 press 2 for mental health** - delivered as part of the MH crisis line in collaboration with PCFT (this will also provide a service offer for those people diverted by GMP (Greater Manchester Police) under Right Care Right Person policy change) who phone in self-defined mental health crisis.
 - **Mental Health Ambulances** - in partnership with NWAS. Mental Health practitioners within North West Ambulance Service (NWAS) to support those phoning 999 in a mental health emergency.
 - **Mental Health Practitioners in partnership with Greater Manchester Police** - supporting service users whom find themselves due to their crisis subject to Section 136 of The Mental health Act (1983).
 - **Sustainable 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. CORE 24 multidisciplinary Mental health Liaison Services.

- **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.

3.6 Trafford Primary Care

- **GP Practices** - There are currently 26 GP practices in Trafford providing General Medical Service to our patient population of c250,000 Trafford residents. All of whom will be open as normal in the run up to and over the winter holiday period although GP practices do not open on public holidays. It is anticipated that General Practices will operate at their usual staffing levels, should they experience any staffing issues during this time they will invoke any local escalation processes in place.
- **GP Collective Action** - Primary Care, along with system partners, continue to monitor the impact of GP Collective Action. The British Medical Association (BMA) has listed a number of areas where GP practices may want to consider taking action. The full list can be found on the BMA website - GP contract 2024/25 changes (bma.org.uk). Manchester and Trafford localities are working with NHS Greater Manchester colleagues to understand the potential impacts of GP collective action, the risks associated with the actions and mitigate against these risks. Across the system, we are starting to see action being taken by GP practices. Through the governance arrangements that have been established, a co-ordinated approach will support patient and system safety.

- **Acute Respiratory Infection (ARI) Hub** - additional face to face appointments with same day access with capacity to deliver 5,500 appointments between October 2024 and March 2025.
- **Acute Visiting Service** – 8 hours a day, Mon-Fri service supporting those at significant risk of admission via approx. 875 appointments delivered to patients in their own home.
- **Additional Primary Care Resilience Same Day Access** - providing additional clinician time face to face, telephone or virtual. This will mitigate against increased health inequalities by accessing local neighbourhood services and ensure no patient cohort is disadvantaged. It will support system wide resilience, reduce demand on A&E and admission avoidance.
- **Out of Hours** - Mastercall, Trafford's out of hour's provider will continue to operate during the Winter period including public holidays and can be accessed via NHS 111, under the terms of their current contract.

3.7 Trafford Public Health

- The JCVI (Joint Committee on Vaccination and Immunisation) statement on the COVID-19 vaccination programme for autumn 2024 was published on 2 August 2024. The programme timeline is as follows:
 - From 1st September 2024
 - Pregnant women, children aged 2-3 years on 31st August.
 - Primary school children (reception to year 6)
 - Secondary school children (year 7 to year 11)
 - All children in clinical risk groups ages 6 months to less than 18 years.
 - From October 2024
 - All other eligible flu cohorts including health and care staff.
 - All eligible Covid cohorts, this does not include health and care staff.
- In addition to the maternity RSV offer, general practice has also been requested to deliver the new programme to the over 75's population commencing September 2024.
- All GP practices within Trafford are delivering the flu programme and practices will identify opportunities to maximise the offer of co-administration of flu and COVID-19, to improve convenience and uptake for communities.
- Practices will be able to provide flu vaccinations at practice or network level or a combination of both, to ensure they are meeting the needs of their patients and ensure maximum uptake.
- In line with national guidance GP practices and community pharmacies have prioritised the vaccination of pregnant women and children. Some practices are working closely with neighbouring community pharmacies to maximise

the offer with some pharmacies delivering to care home residents on behalf of the practice.

- Preparations to ensure a comprehensive vaccination offer for care home residents, housebound patients and other at-risk cohorts will be put in place following the release of the full operational guidance by NHSE (NHS England).
- Manchester Foundation Trust will deliver a Covid & Flu (seasonal) and Pertussis & RSV (Respiratory Syncytial Virus) (year-round) vaccination service to pregnant women accessing their services.
- Uptake will be monitored to ensure maximum cover across the locality with focussed work to reduce health inequalities and improve uptake in underserved populations. We will report uptake to relevant parties including providers monthly from 1st October. We will work with public health colleagues, community engagement teams, the voluntary sector and community groups to understand hesitancy and improve uptake.

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