

Title of Meeting:	Governing Body	Agenda Item: 7.1	
Date of Meeting:	21 December 2021		
Paper Title:	Winter Planning 2021/22 Update	Session (Tick)	
		Public	X
		Private	
Responsible Governing Body Member Lead Simon Cox, Director of Acute Commissioning		Report Author and Job Title Vanessa Burns, Deputy Director of Acute Commissioning	
Purpose (this paper is for)	Decision	Discussion	Assurance
			X
<p>Has the report (or variation of it) been presented to another Committee / Meeting? If yes, state the Committee / Meeting: Yes. The Winter Plan 2021/22 has been through the A&E Delivery Boards. The Winter Plan has also been to the Strategic Partnership Board.</p>			
<p>Executive Summary In preparing for the delivery of health services over the winter period organisations and systems have been asked to develop their resilience plans.</p> <p>The CCG has worked with system partners to collectively develop the Winter Plan for 2020/2. The draft Winter Plan 2021/22 was circulated to the York and Scarborough Health and Care Resilience Board and the Harrogate A&E Delivery Board. Assurance has been received that all partner organisations agree with the plan.</p> <p>The North Yorkshire and York System Winter Plan 2021/22 has been submitted to NHS England who recognised that due to the nature of system resilience that this is an iterative document.</p> <p>Updates to the Winter Plan have been made since the last meeting of the Governing Body and this paper provides an updated version of the plan.</p>			
<p>Recommendations The Governing Body is being asked to:</p> <ul style="list-style-type: none"> Note assurance that the system partners have agreed the Winter Plans through the A&E Delivery Boards. Note the Winter Plan 2021/22 plan is an iterative document and updates have been made. 			
<p>Monitoring Updates will be brought to the Governing Body meetings.</p>			
Any statutory / regulatory / legal / NHS Constitution implications	System partners are required to submit a Winter Plan annually. The Governing Body has delegated authority to approve EPRR and Business Continuity Plans.		
Mgt of Conflicts of Interest	No conflicts of interest identified prior to the meeting.		
Communication / Public & Patient Engagement	Not applicable.		
Financial / resource implications	Not applicable.		
Significant Risks to Consider	No significant risks to consider.		
Outcome of Impact Assessments completed	None identified.		

Vanessa Burns, Deputy Director of Acute Commissioning

North Yorkshire and York System Winter Plan 2021/22

Version 2.0



Version Control

Version	Issued By	Nature of Amendment	Date Reviewed
0.1	Vanessa Burns, Deputy Director of Acute Commissioning, NY CCG	New Document	September 2021
0.1	Vanessa Burns, Deputy Director of Acute Commissioning, NY CCG	Circulated to A&E Delivery Boards for agreement	24 September 2021
0.2	Sasha Sencier, Board Secretary, NY CCG	Updates from A&E Delivery Boards	28 September 2021
1.0	Dr Bobbi Phillips, Acute Project Manager, NY CCG	Submitted to NHS England	30 September 2021
1.0	Sasha Sencier, Board Secretary, NY CCG	NY CCG Governing Body for Approval	7 October 2021
1.1	Dr Bobbi Phillips, Acute Project Manager, NY CCG	Updates and feedback incorporated from NHS England	11 November 2021
1.1	Dr Bobbi Phillips, Acute Project Manager, NY CCG	Circulated to A&E Delivery Boards for agreement	11 November 2021
1.1	Dr Bobbi Phillips, Acute Project Manager, NY CCG	Circulated to Directors for agreement	11 November 2021
1.2	Dr Bobbi Phillips, Acute Project Manager, NY CCG	Updates from A&E Delivery Boards and Directors	16 November 2021
2.0	Dr Bobbi Phillips, Acute Project Manager, NY CCG	Submitted to NHS England	17 November 2021

Executive Summary

The North Yorkshire and York Winter Plan 2021/22 describes the significant pressure that the entire system continues to experience as we transition from the unprecedented summer pressures into the winter months.

The plan delineates the increased demand for all services and highlights significant workforce issues and physical capacity constraints which is testing operational resilience significantly across the system at this early stage of winter planning. Workforce remains the most challenged area with fatigue and both COVID-19 and non COVID-19 related sickness absences and significant recruitment challenges contributing to the ability to maintain effective flow through the entire system.

System partners across all sectors are working through the issues on a daily basis, utilising the System Escalation Plan to facilitate mutual aid and awareness. Whilst engagement is excellent, with all partners contributing, it has become increasingly challenging to find viable solutions that will help to mitigate the increasing risks over the coming months.

This plan provides an overview of the pressures and risks that each part of the system is facing together with actions that are being taken to address these. Whilst there is a clear need to manage the immediate pressures the system is facing, we must also find the time and space to collectively work on longer term solutions, particularly around workforce to address the very real recruitment challenges that are impacting on our ability to deliver our services and provide timely and effective care to our population.

This plan is presented as an iterative document following the local HCV NHSE/I planning guidance, however changes and updates will inevitably be required to reflect both further actions from system partners and our response as a system to the NHSE/I Urgent and Emergency Care (UEC) Recovery 10-Point Action Plan that was formally launched end September 2021 (see [attachment 1](#)), as well as the distribution of the Winter Capacity Funding (see [attachment 2](#)).

The Winter Plan 2021/22 has been received and approved by the A&E Delivery Boards and will now be approved by NHS North Yorkshire CCG and the NHS Vale of York CCG in line with local governance arrangements.

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1.0 Introduction & Context

The purpose of this document is to describe how the North Yorkshire and York System is planning to manage the inevitable and anticipated operational pressures for the winter period of 2021/22. Additionally, the document will outline the risks that the system is facing and describe how these will be addressed and mitigated to provide assurance to system partners, A&E Delivery Boards, the Humber, Coast and Vale Integrated Care Partnership (HCV ICS) and NHS England & Improvement (NHSE/I) that there are robust plans in place that align to the HCV ICS System Resilience/Winter Planning Guide 2021/22.

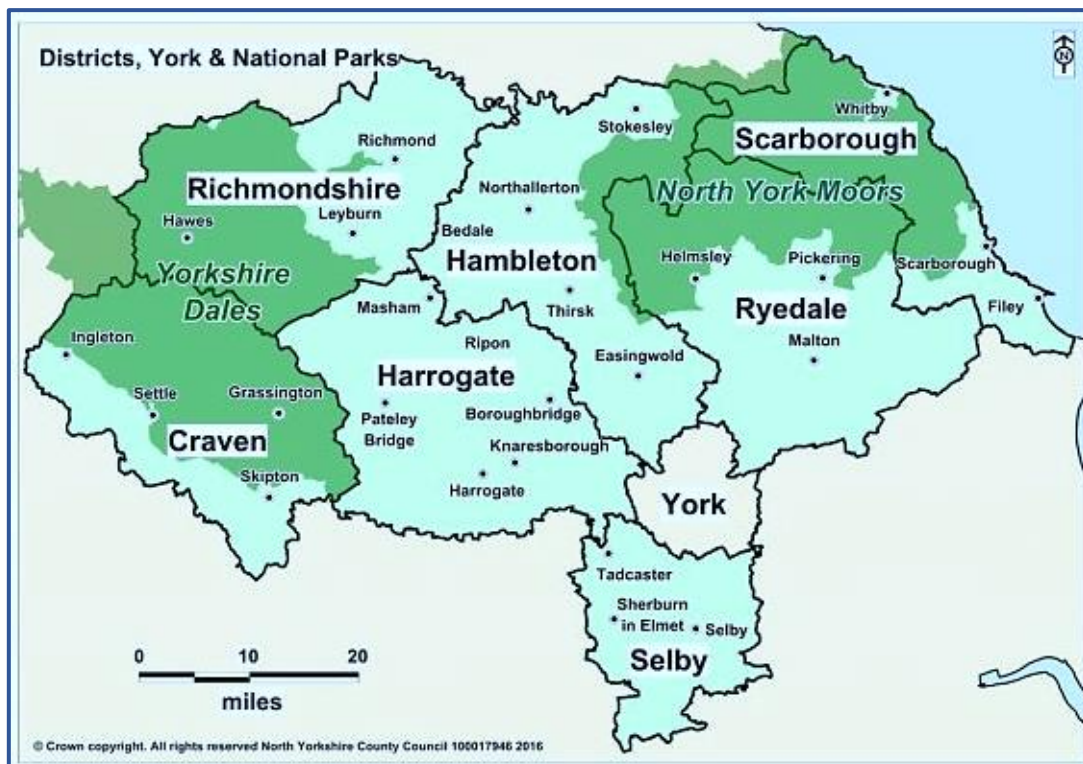
This document summarises the individual organisational partner plans to provide a North Yorkshire and York system overview. All individual plans have been through internal governance processes pertinent to that organisation and are included as appendices for completeness.

The York and Scarborough Health and Care Resilience Board and the Harrogate A&E Delivery Board have had oversight of this plan and it is presented as a fully signed off system plan at the date of submission.

It should be recognised that, due to the nature of system resilience planning, this is an iterative document that will need to respond to both changing operational circumstances and the impact of further emerging guidance.

2.0 North Yorkshire & York System Overview

The North Yorkshire and York Strategic Partnership covers a large and complex geography of urban, rural and coastal areas serving an overall population of over 790,000 people with differing health and care needs and priorities.



Healthcare is commissioned from a range of providers, as detailed below, by two Clinical Commissioning Groups (CCGs): NHS North Yorkshire CCG (NY CCG) and NHS Vale of York CCG (VoYCCG).

Primary Care

Services are provided by 76 practices: 51 in NY CCG and 25 in VoYCCG. Our system has 19 Primary Care Networks (PCNs), which are groups of practices working together to focus local patient care.

Acute Providers

Our main providers of acute hospital-based care are:

- York and Scarborough Teaching Hospitals NHS Foundation Trust (YSFT) from 2 hospital sites
- Harrogate and District NHS Foundation Trust (HDFT)
- South Tees NHS Foundation Trust (STFT) from James Cook University Hospital and the Friarage Hospital, Northallerton
- County Durham and Darlington NHS Foundation Trust (CDDFT)

Mental Health

Care is provided by Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) for the North Yorkshire and York system.

Urgent Care and GP Out of Hours

Services are provided by Vocare, HDFT and GP Federations.

999, NHS111 and Patient Transport

Services across the geography are provided by the Yorkshire Ambulance Service (YAS).

Community Care

Community Care is provided by Humber NHS Foundation Trust (HTFT) in Scarborough, Ryedale, Pocklington and Whitby and acute providers in other areas of the system.

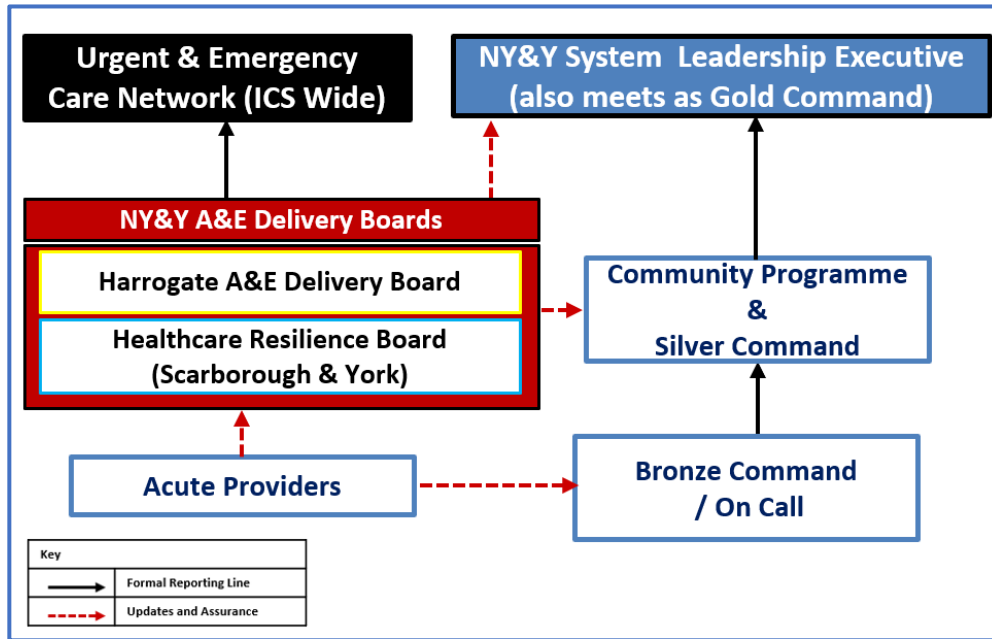
The Voluntary sector under the leadership of Community First Yorkshire are also key system partners.

The Local Authorities of North Yorkshire County Council, City of York Council and East Riding County Council cover adult social care, and in addition to this there are significant relationships with nursing and residential care homes across the geography, both council-provided and privately run.

The North Yorkshire and York System also has key relationships with the Tees Valley Integrated Care Partnership (ICP) through membership of the Tees Valley A&E Delivery Board to reflect the significant population, namely Hambleton, Richmondshire and Whitby residents that flow to South Tees NHS Foundation Trust for acute and community care. Key relationships with East Riding of Yorkshire Council and City Healthcare Partnership support our population in the south of our geography in areas such as Scarborough.

3.0 Governance

System partners attend meetings to provide updates and assurance against the winter plans and recovery plans.



In addition, North Yorkshire CCG is an active partner in the Tees Valley A&E Delivery board.

4.0 Current System Pressures

The North Yorkshire and York System has experienced sustained pressure across all sectors over the last few months. Demand for services has returned to at least pre-pandemic levels against a backdrop of reduced capacity due to a continuation of Infection Prevention and Control (IPC) / social distancing requirements and workforce challenges.

The workforce is exhausted and whilst services are being maintained staff need to take their annual leave and additionally organisations are experiencing high levels of both COVID-19 and non COVID-19 related absence.

In the care sector, fierce labour market competition is leading to significant challenges with job applications down 70% for social care roles since July 2021. The doubling of social care activity since 2019, primarily because of the pandemic and introduction of the national hospital discharge pathway, further contributes to the challenges the system is facing.

We are seeing care providers returning care packages due to staffing shortfalls and there is concern about further provider stoppage across the system. With all sectors under pressure the entire system is extremely fragile.

The overall system escalation level at the time of writing is OPEL 3, which has been the position as a system for several months. The most pressured areas are the York / Scarborough system where we have seen both the acute and urgent care providers reporting OPEL 4 within the past week and North Yorkshire County Council (NYCC) has consistently reported OPEL 4 escalation for several months. Our transport provider, Yorkshire Ambulance Service, is reporting significant demand pressures in the delivery of 999 and NHS 111 services.

Daily bronze escalation calls have been taking place for several weeks ensuring that a detailed, patient-focussed discussion takes place. Whilst all partners are fully engaged in this it is evident that all the challenges being faced mean that solutions are often challenging to find.

5.0 Planning for Winter

The North Yorkshire and York System has been preparing for the winter period for some months.

In April 2021, a system-wide review of the previous winter was led by NY CCG and attended by all partners to identify:

- What had worked well
- What were the challenges and gaps
- What can we use to inform the plans for 2021/22

All partners were fully engaged in the exercise and the overarching message from the review was the successful contribution and effective collaboration of all system partners during an extremely challenged period, enabling provision of safe care and service delivery.

The slides from winter review are included with the North Yorkshire & York 2021/22 Winter Planning submission ([see attachment 3](#)).

The HCV ICS winter planning timetable was published in July 2021 and both the York / Scarborough Health and Care Resilience Board, and the Harrogate A&E Delivery Board were briefed on the expectations and timetable.

All partners have worked to refresh their organisational surge and escalation plans and these have been incorporated into the updated NYY System Escalation Framework. This framework is a working document that is structured into three sections.

- **Section 1** provides detailed instructions regarding the escalation and de-escalation response from business as usual through to gold command. It includes practical details regarding setting up a system call, and standard agendas are provided to guide the escalating organisation. The situation and circumstances that would trigger each OPEL level from 1 – 4 are also provided; together with details of the actions that organisations and the system should take at each stage.
- **Section 2** provides the contact details for all system partners for an in hours response; and
- **Section 3** provides the on call and out of hours arrangements.

This document has been submitted to HCV ICS and NHSE/I in line with the planning timetable. This escalation process is currently being used daily.

The system escalation framework is included with the North Yorkshire & York 2021/22 Winter Planning submission ([see attachment 4](#)).

All system partners have been working on refreshing and further developing their detailed winter plans to reflect the learning from last winter and recognise the sustained pressure that the system is under and have taken part in a regional scenario testing event to support this process.

6.0 Sector Summaries

There are several cross-cutting themes in all organisational plans as some of the operational risks and issues are common to all.

The following sections provide summarised information from organisational plans and include key points to note with the detailed documents included as part of the North Yorkshire & York 2021/22 Winter Planning submission (see attachments 5 to 15).

6.1 Urgent and Emergency Care

Providers of urgent and emergency care, including acute hospital emergency departments, Urgent Treatment Centres and GP Out of Hours Services have highlighted several areas of risk in their plans. The overriding concern is that the demand for these front door services will exceed the capacity to see and treat patients in a timely manner, thus increasing waiting times and impacting on the next stage of the patient journey.

One of the cross-cutting themes across all sectors is the reduced availability of workforce due to both COVID-19 and non COVID-19 related sickness absence and staff taking their overdue annual leave. This, together with the continuing physical capacity constraints due to social distancing and the need to segregate clinical areas from an infection prevention and control perspective, all contribute to the pressures and compromise the ability to deliver services optimally.

As we know, severe cold weather events increase the levels of attendance of patients to all urgent and emergency care services across the North Yorkshire and York system and potentially restrict the ability of staff to travel to and from work.

Provider plans include several mitigations, including:

- Business continuity & adverse weather plans
- Use of system escalation and OPEL reporting for mutual aid and support
- Vaccination plans
- Outbreak management plans
- Communications plans to reinforce local and national messages.

Providers have developed incentive schemes to attract staff to cover critical shifts and these will continue over the winter months.

Several actions are being taken with schemes being developed to address the identified risks:

- Local Clinical Assessment Service (CAS): In 20/21 the HCV Urgent and Emergency Care Network (UECN) established a local Clinical Assessment Service (CAS) across HCV to look at whether we could make a further impact on Emergency Department (ED) dispositions from 111 to help avoid ED attendance. This service commenced on 5 December 2020 and operated (through the pilot phase) at weekends and bank holidays. The pilot tested out the ability of senior clinicians using virtual assessment to redirect patients who would ordinarily have been directed to an ED to alternative pathways, such as primary care, UTCs and SDEC services. The local CAS, delivered by Vocare, has demonstrated channel shift and a reduction in ED activity whilst it has been operational, and has a high satisfaction rate with patients. It has been agreed by all HCV system

partners to continue the pilot until the end of March 2022 pending evaluation and review. The service is expected to handle 1,479 cases per week across HCV and redirect or close 70% of these cases (1,035) that would historically have attended ED or primary care. The business case is included as part of the North Yorkshire & York 2021/22 Winter Planning submission ([see attachment 16](#)).

- Expansion of Same Day Emergency Care (SDEC) to deliver a 6-day ambulatory care service supporting 0-day stays for patients with urgent and emergency care needs on the HDFT site.
- Exploring the expansion of additional on-site primary care capacity at both the York and Scarborough sites to support the EDs, recognising that many patients accessing emergency departments could be appropriately treated in primary care, either in a UTC or general practice.
- Enhanced support to front door streaming services ensuring that experienced staff can effectively direct patients to the right service.
- North Yorkshire CCG has been approached by Fujifilm to trial the use of a portable x-ray device called the FDR Xair. Work is currently underway to explore the possibility of running two local pilots to test potential benefits of using the technology as part of a pre-hospital mobile assessment service that would specifically target frail and elderly patients. It is hoped that the capacity to assess patients in their place of residence could deliver the following benefits:
 - Allow frail and vulnerable patients to be cared for closer to home
 - Safely reduce unnecessary and distressing trips to ED for frail and vulnerable patients
 - Explore the development of direct pathway to wards and bypass ED
 - Improve patient experience and outcomes
 - Increase cost efficiency through avoiding unnecessary care costs

The North Yorkshire & York urgent care system also draws on support from the HCV Urgent and Emergency Care Network (UECN), which is a key enabler in supporting system-wide resilience. The UECN promotes the sharing of learning on an ICS-wide footprint, is a key driver in the consistent use of Emergency Care Data Set (ECDS) and the implementation of the new UEC measurements, and provides high quality data via the HCV ECDS dashboard and through the promotion of the use of the RAIDR app.

It is currently working towards the delivery of reduced ED attendances, and some examples of its ongoing workstreams that are supporting this goal are its work with the ambulance service to develop alternative pathways that bypass ED, regular working with the Directory of Services (DOS) team to review and improve DOS profiling, and through the promotion of 7-day SDEC, with a focus on frailty, paediatrics, medicine, and surgery.

Some of its key pieces of work that will be of direct benefit to the North Yorkshire & York system this winter will be the development of a winter communications plan, a digital ED streaming tool that is being considered for York and Scarborough, and the roll-out of a clinical messaging tool in Scarborough to support real time clinician-to-clinician conversations to help facilitate its longer-term goal of any-to-any booking.

This will eventually allow EDs, amongst other services such as CAS, to directly book patients into alternative and more suitable services that better meet the needs of patients, whilst reducing

pressures on oversubscribed services such as EDs. In the short term, this will enable the local CAS to directly book 111 patients into the Scarborough frailty service from 4 October 2021.

The most recent update of the UECN can be found in the submission attachments ([see attachment 17](#)).

6.2 Primary Care

Primary Care across North Yorkshire & York is delivered by 76 GP practices who have formed 19 Primary Care Networks (PCNs), which are groups of practices working together to focus local patient care. Throughout the pandemic all practices have remained open and, despite various staffing capacity issues, have provided face-to-face appointments when needed as well as digital and telephone consultations.

Increasing demand since April 2021 has seen demand rise above pre COVID-19 levels and provision of appointments is now significantly higher than before the pandemic. In addition, primary care has been carrying out long-term condition reviews to catch up on work paused during COVID-19, including structured medication reviews, Learning Disability and Severe Mental Illness Health Checks.

The increased demand and recent staff sickness due to rising levels of COVID-19 positive cases has led to significant pressures on primary care services. The OPEL reporting system has meant the CCG is notified promptly as issues arise and the CCG can provide support and advice where appropriate.

To manage the expected rise in demand over winter 2021/22 there are several initiatives being deployed or reinstated.

Extended Access

Extended Access (EA) and Extended Hours (EH) services offer additional GP appointments outside normal hours. These were partially paused during the COVID-19 vaccination programme to maintain core capacity. The CCGs have been working with providers across the localities to ensure services reach the contracted levels of delivery, and in some cases exceed these. The aim is for the EA and EH services to be fully provided by the end of September 2021. This will enable clinical appointments in the evenings and weekends to reduce demand on other services when business as usual primary care is not normally available.

COVID-19 Vaccination

Phase one and two of the vaccination programme have been very successful with more than 88% of the adult population having received a first dose to date. This has been through a mix of large-scale Local Vaccination Sites (LVS), locality based LVS sites, pop-up clinics and walk-in clinics. In addition, clinics have been aimed at hard-to-reach groups e.g., the homeless population and those for whom English is not their first language.

Building on the success of the COVID-19 vaccination programme, all 19 PCNs have signed up to deliver Phase 3 of the vaccination programme and, subject to final Joint Committee on Vaccination and Immunisation (JCVI) guidance, the sites will be able to go live rapidly. This will be delivered through continuation of the existing LVS sites on both NHS and non-NHS estate. Nine sites will deliver capacity for the booster programme. There is also an increase in Community Pharmacy sites that will be commissioned. This will provide additional venues and choice for patients. The delivery

of the programme through PCNs is supported in primary care by strong GP Federations and joint working between practices and PCNs.

PCNs continue to provide an 'evergreen' offer to patients that come forward for a vaccination while targeting all cohorts to take up their second dose. To date, more than 80% of the eligible population have received a second dose and 57% of over 60s have received a booster dose. Delivery of the vaccination programme has been enhanced by specific communications and advertising in local media and reaching patients through multiple channels, including text, telephone, on-line booking and by letter. This will continue throughout phase three.

Joint working between CCGs, a dedicated Vaccination Programme Manager, senior management input and an Executive Director Senior Responsible Officer (SRO), have added further to learning and resilience and this will continue throughout phase three. This structure allows effective monitoring of the vaccine programme and facilitates, reactive pop-up sites to increase service provision across relevant cohorts.

Local plans and operations are in place to support primary care providers in their delivery of the flu and COVID-19 vaccination programmes, utilising uptake data to identify any cohorts or geographical areas where coverage may be comparatively low, and working collaboratively to introduce and promote innovative ways of delivering and meeting the required national targets.

The latest vaccination uptake figures for the North Yorkshire and York system can be found below:

NY & Y	80+	75-79	70-74	65-69	60-64	55-59	50-54	40-49	30-39	18-29	16-17	12-15
COHORT	50,367	38,690	48,471	47,715	55,110	60,816	57,529	94,580	97,099	114,322	17,087	34,371
1st Dose Vaccinated	49,240	37,755	46,875	45,754	52,037	56,631	52,606	81,488	76,174	85,475	11,696	11,382
% 1st Dose Vaccinated	97.8%	97.6%	96.7%	95.9%	94.4%	93.1%	91.4%	86.2%	78.4%	74.8%	68.4%	33.1%
2nd Dose Vaccinated	49,033	37,610	46,661	45,483	51,672	56,088	51,940	79,467	72,162	76,932	2,442	295
% 2nd Dose Vaccinated	97.4%	97.2%	96.3%	95.3%	93.8%	92.2%	90.3%	84.0%	74.3%	67.3%	14.3%	0.9%
Booster	41,252	31,002	33,886	19,243	12,303	11,162	8,743	9,238	6,239	4,062	91	8
% Booster Dose Vaccinated	81.9%	80.1%	69.9%	40.3%	22.3%	18.4%	15.2%	9.8%	6.4%	3.6%	0.5%	0.0%

COVID-19 Vaccinations Summary Report. Latest Position for North Yorkshire & York as of 15/11/2021.

The system also places a particular focus on booster uptake amongst care home residents and staff, with the latest figures showing that 81% of care home residents within the VOY CCG have had their booster dose, and 65% within NY CCG. Booster uptake by permanent care home staff as of 15 November is 33% and 41% for NY CCG and VOY CCG respectively, although it should be noted that uptake by agency staff is still relatively low.

Flu Vaccination

Local plans for the flu vaccination programme are well established and include a joint approach across North Yorkshire and Vale of York CCGs, NYCC and primary care. This includes a joint working group, senior management leadership and an Executive Director Senior Responsible Officer (SRO).

In 2020/21, the programme was delivered despite the restrictions of social distancing and restrictions of infection control due to the COVID-19 pandemic. A mix of GP and community-based estate was used.

Primary Care will work at both practice and PCN level to maximise capacity and delivery of the flu programme and continued use of larger non-NHS estate will maximise the speed of delivery. Early indications are that uptake and bookings will be even higher than in previous years. Community pharmacies will enhance capacity. It should also be noted that if co-administration of the flu and

COVID-19 vaccinations is approved then every opportunity will be made to maximise patient take-up and reduce the number of visits required. A communications programme based on the success of prior years will be important to maximise uptake.

Workforce resilience is highly dependent on the workforce remaining in good health. The drive for COVID-19 boosters and flu vaccinations for our population and health and social care staff is a key element of this and this is a key part of the winter plan.

RSV Surge Response

NHS North Yorkshire CCG and NHS York CCG have facilitated collaborative working between local GPs and local acute hospitals to set up a trial GP-led clinic for children under two years of age with suspected bronchiolitis. The purpose of the trial is to learn lessons and expand improved ways of working across the NY&Y Geographical Partnership.

The trial commenced in early October 2021 with significant input from York GPs and York and Scarborough Teaching Hospitals NHS Foundation Trust, and is limited to York city for technical reasons and to act as a pilot. The clinic will accept children aged 0 – 2 years who have been seen by their GP in York and whose respiratory condition warrants neither immediate transfer to ED nor sending home. These children might, owing to the lack of a safe alternative, end up at ED.

The trial is being funded by providers involved in the pilot but a full-scale launch across the geographical area is dependent on securing additional funding and the outcome of the pilot.

A full Target Operating Model for the Paediatric Ambulatory Treatment Hub, also known as the Amber Clinic Pathway, and the full HCV RSV Action plan, is included as part of the North Yorkshire & York 2021/22 Winter Planning submission (see [attachments 18 and 19](#)).

Laptops to GPs and the establishment of use-your-own-device framework

Additional laptops have been provided through the COVID-19 response to enable GPs to undertake remote working, thus mitigating risks to the impact of possible isolation. The use-your-own-device platform is up and running with similar benefits allowing practice staff to work from home on their own PCs / laptops.

Locally, a piece of work was undertaken to replace older desktop PCs with these additional laptops in September 2021. This work will be phased over a six-month period to enable practices to plan how best to use the technology available. It is hoped that this will go some way towards expanding primary care capacity and support business continuity over the winter.

Health check 'catch ups' for LTC/complex patients

Preliminary discussions are underway with a local primary care collaborative regarding health check 'catch ups' for LTC/complex patients when these patients attend for their COVID-19 boosters. This will reduce the workload on normal general practice. This initiative is subject to the availability of funding.

Increased use of Community Pharmacy Consultation Service

Community pharmacists are an under-utilised resource nationally and locally. The CCGs are working to engage GPs and community pharmacists to enable appropriate minor ailments to be addressed by pharmacists, thus relieving the pressure on general practice to attend to more urgent cases.

Digital Access to General Practice

Facilitating digital access to primary care has been a key element of the COVID-19 response. All GP practices offer online consultations and digital access. This provides 24/7 access for non-urgent and non-emergency contacts with a 48-hour turnaround. The CCGs are exploring how this technology can be used to greater effect by means of increasing public awareness. This drive includes the use of Klinik technology which takes a short history and assigns a patient automatically to the right type of clinician, thus ensuring a more efficient approach for both patient and primary care services.

Care Home Support

CCG staff are continuing to support care homes delivering training to staff in falls prevention; the early identification of patients whose condition are deteriorating; and wrap around support through the EHCH programme. This programme of work is being prioritised as part of the winter plan.

End of Life Care Provision

Several parts of the NY&Y footprint are challenged with end-of-life care provision and part of the winter plan is to facilitate collaborative working across all partners to address this.

Pulmonary Rehabilitation

The CCGs are exploring the acceleration of the Pulmonary Rehab Programme with a view to diverting some workload from GPs into Pulmonary Rehab Teams. These teams provide exercise classes and increase the knowledge of patients in terms of self-care. The benefits will include a reduced GP workload, a reduced referral rate into secondary care, and improved patient care and satisfaction.

6.3 Acute Hospital Care (In-Hospital Care)

The population of North Yorkshire and York access the majority of hospital services at three main acute trusts serving the area: York and Scarborough Teaching Hospitals NHS Foundation Trust, Harrogate and District NHS Foundation Trust, and South Tees Hospitals NHS Foundation Trust. There are also flows into County Durham and Darlington NHS Foundation Trust, Leeds Teaching Hospitals NHS Trust and Hull University Teaching Hospitals NHS Trust together with other tertiary centres across a wider geography.

All Trusts are facing the same issues with challenging elective recovery programmes in place to address the growing waiting lists and long waiters that have emerged during the pandemic. Whilst patients are waiting longer for their elective treatment there is an increased risk of deterioration and presentation to urgent and emergency care services. The return to at least pre-pandemic levels of demand within emergency care with presentations of greater acuity all contribute to the operational pressures and ability to maintain a business-as-usual approach.

Significant risks around workforce availability due to sickness, annual leave and self-isolation as described previously in this document all impact on the ability to deliver safe hospital care and maintain both planned and unplanned care pathways.

During the winter months there is a general evidence-based expectation that seasonal pressures such as outbreaks of Norovirus, flu and respiratory illness will increase and impact on hospital bed capacity, leading to potential stand down of elective activity where safe and sensible to do. We are

aware that the prolonged periods of isolation during the COVID-19 pandemic may have reduced resistance to respiratory viruses, meaning that there is potential for a significant increase in acute admissions for both adults and children.

Whilst COVID-19 infection prevention and control measures are being maintained, resulting in a reduced bed base across the system, a full resurgence of COVID-19 during the winter months could significantly impact on organisational ability to deliver sustainable and safe care.

Acute Trusts are addressing these risks by embedding the learning from the winter of 2020/21 by:

- Ensuring that effective command and control structures continue to be in place at organisational level to enable effective escalation to problem solve and create solutions
- Implementing robust surge plans to escalate and de-escalate wards, Intensive Care Unit (ICU) and other clinical areas in response to COVID-19 inpatient demand and ensuring that these are underpinned by accurate and timely reporting arrangements
- Maintaining robust Business Continuity plans to respond to seasonal incidents whilst responding to high levels of operational pressure
- Having robust and recognised plans in place for vaccinations, outbreak management, inclement weather, and communications to partners and the public.

Trusts are working on several initiatives both workforce and non-workforce related to improve resilience. These are all described in the detailed plans but examples of these are as follows:

- Continuing to recruit to both bank and substantive posts ahead of winter and investing in recruitment personnel to maximise coverage
- Recruitment to middle grade doctors to twilight shifts to provide support at a critical time
- Investment in incentive schemes to encourage staff to work additional shifts
- Support working from home where possible
- Implementation of the Staff Recovery Programme to ensure that wellbeing and recovery remains a primary focus
- Aim to achieve a 90% uptake of COVID-19 vaccinations for all staff
- Commencement the COVID-19 Vaccination Booster programme in October 2021
- Achieve an improved uptake of Flu Vaccinations commencing September 2021 in addition to the purchase of rapid flu tests
- Continue to promote the use of twice weekly lateral flow testing for all staff
- Ensuring that timely discharges are taking place to release bed capacity and maintain system flow.

6.4 Out of Hospital Care

The North Yorkshire and York system is supported by several community and local authority providers that enable patients to be cared for in the community supporting both hospital admission avoidance and safe and effective discharge from hospital with packages of care.

A range of NHS community services, including inpatient facilities, are provided across the system by York and Scarborough Teaching Hospitals NHS Foundation Trust for the York population, Humber NHS Foundation Trust for the Scarborough, Ryedale and Whitby population, Harrogate and District NHS Foundation Trust (HARA) for the Harrogate population and South Tees Hospitals NHS Foundation Trust for the Hambleton and Richmondshire population.

Adult social care for North Yorkshire and York is run by North Yorkshire County Council (NYCC) and City of York Council (CYC) respectively and a range of residential and nursing beds together with domiciliary care services is both commissioned and provided by the local authorities. There are also close working relationships with the East Riding of Yorkshire Council as a key system partner.

During the pandemic the system worked seamlessly to create Discharge Command Centres to enable partners to work together to manage safe transfers of care from the acute hospitals to the community using discharge to assess principles to ensure that: medically optimised patients are discharged either the same day or within 24 hours; social care assessments using the trusted assessor framework are expected to take place once a patient leaves hospital unless there are safeguarding or mental capacity concerns; and there is a system wide ethos of 'Home First'.

Partners have worked together to create additional bed capacity by block booking beds for both COVID-19 and non COVID-19 patients for step-up and step-down care, following a period extensive analysis to determine the required capacity.

Multi-agency arrangements are in place to address system resilience during winter surge periods. These have been developed and continue to strengthen following both successful management of seasonal pressures and embedding reflective learning from a series of system meetings and events.

This part of the system has experienced extreme pressure over the summer months with increased demand for services demonstrated by the doubling of social care activity since 2019 and demand for community services from both primary and acute care significantly higher than pre COVID-19 levels. More patients are requiring higher levels of care and we are seeing more crisis referrals to social care mental health services.

The workforce challenges are significant with fierce labour market competition for social care seeing job applications down by 70% since July 2021. There are recruitment challenges across the community sector particularly in relation to district nursing and community therapy.

Care providers are returning packages of care with domiciliary care being extremely challenged and provider failure has been experienced over the last few weeks.

Providers continue to review all pathways, embed the discharge to assess guidance and trusted assessor model and promote the use of RAIDR.

There are several actions and initiatives being taken to address this very challenging position:

- Extensive deployment of the NYCC expanded Quality Improvement Team providing hands on help to struggling providers with hardship funding being allocated on a case-by-case basis
- Reablement services have been diverted to provide routine packages of care
- Supported innovative alternatives to traditional nursing and residential placements through the Care Rooms pilot
- Agreed block booked bed arrangements to ensure flow is supported at times of surge and escalation
- Funded additional brokerage resource so that the services can better meet current demand
- Monitoring arrangements in place to review discharge-funding spend on a monthly basis to ensure maximum efficiency of discharge model
- Introduction of Public Health initiatives to support infection prevention and control measures
- Development of relationships with Primary Care with enhanced delivery of multidisciplinary teams (MDTs) across our localities

- Establishment of a permanent countywide continuing healthcare team to ensure timely decisions are made post hospital discharge
- Enhancements to the on call and out of hours arrangements for managers and frontline assessors with senior manager input to daily Bronze and weekly Silver arrangements
- Increased capacity to virtual community hub for both step-up and step-down
- Community geriatrician input to the virtual ward
- Introduction of complex case managers across Scarborough and Ryedale
- Bank recruitment campaigns and engagement of consultancy firm to support recruitment
- Refresher IPC training for care homes
- Expansion of two-hour crisis response service to cover all localities across North Yorkshire.
- NY Seasonal Health Strategy ([see attachment 20](#))

System Pressures Programme

In response to the relentless pressures across the North Yorkshire and York system over the last 6 months, the Silver Command group has developed a programme to address key areas to support all system partners and to provide both awareness and resilience. The work themes are:

- Workforce
- Communications
- Waiting Well
- Ageing Well
- The Care Market
- Primary Care
- Triage

Each theme has an identified lead and updates are provided to the weekly silver command meetings which is jointly chaired by Directors from NHS North Yorkshire CCG and North Yorkshire County Council.

The latest programme update is included as part of the North Yorkshire & York 2021/22 Winter Planning submission ([see attachment 21](#)).

6.5 Mental Health

Mental Health services are provided by Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) on behalf of the North Yorkshire and York population from a number of sites across the system operating both inpatient and community services.

Demand for mental health services has increased significantly from pre COVID-19 levels and the latest demand forecast shows an increase from pre COVID-19 levels of 61% for children and young people, 19% for adults and 50% for older adults for the next 3 years.

Referrals over the spring and summer have been above average levels and of a much higher acuity. This has led to increased referral to treatment waiting times with crisis services and bed capacity under severe pressure.

The learning from the previous winter and experience of managing services through a pandemic has informed the winter and resilience planning by ensuring that IPC guidance is fully embedded, with

staff and patient testing operationalised and learning from the socially distanced flu campaign is in place. Arrangements remain in place and are supported by outbreak management reporting.

The Trust operates a command and control structure which can be stepped up as and when required and is a key partner in the North Yorkshire and York system escalation process, sharing OPEL status via the RAIDR system.

Embedded processes are in place for monitoring acute and crisis care demand daily with capacity to flex resources as needed. Community caseloads are proactively monitored across all specialties ensuring that teams are supported to deliver care with adequate cover.

The Trust has several initiatives in place including: a 24/7 crisis service with a hub and spoke model in place accessed via a single point; 24/7 acute liaison in place with the ability to flex capacity across sites depending on demand; daily monitoring of KPIs with close liaison between acute trust EDs and crisis services to help prevent admission.

The Trust has business continuity plans in place to respond to surge for both COVID-19 and non COVID-19 levels of demand. Detailed forecasting and modelling inform the surge planning response and COVID-19 specific plans for a subsequent wave include:

- Cohort arrangements for wards across all specialties
- Embedded IPC and PPE processes
- Community risk rating of caseloads to manage clinical risk
- Specific support to care homes and the wider system in respect of demand management and providing support to staff
- Ability to step up further crisis capacity acknowledging that this may impact on other areas.

6.6 Ambulance Services

The Yorkshire Ambulance Service (YAS) provides all 999, NHS 111 and Patient Transport Services across the North Yorkshire and York system (NYY).

YAS has been reporting increased activity levels from the outset of the COVID-19 pandemic and has been consistently operating at REAP level 4 across the NYY System, namely because of increased demand, reduced capacity due to staff absence and delays in hospital handovers because of similar pressures being seen across the entire system.

Hospital handovers have been particularly challenging in the York and Scarborough area with high numbers of ambulances out of circulation at times due to both physical capacity and workforce constraints. As a system we have worked together to create solutions and YAS has operated both inter site and boundary diverts to other local hospitals agreed through both organisational and system escalation processes. In addition, a Scarborough Ambulance Handover Improvement Plan has been drafted and agreed by all directly involved partners. This outlines 3 priority areas including better crew access to specialist advice to support the enhanced utilisation of diversionary pathways (e.g. the local CAS), direct access to a number of services including SDEC, Mental Health and Frailty services, and a review into alternative services to ED including their opening hours and community-based COVID-19 assessment centres ([see attachment 22](#)).

The infection prevention and control measures that are in place have impacted on the capacity of Patient Transport Service (PTS) with reduced numbers of patients being able to travel in the same vehicle. Additionally, the impact on NHS111 capacity due to the successful 'Talk before you Walk' campaign and work programme has seen significant increases to the numbers of calls received by the service which has overwhelmed capacity at times and is evidenced by an increased number of calls abandoned.

Due to the continuous pressures seen over the last year much of the learning from this has been embedded into business as usual and incorporated into this years' winter planning. YAS has extensive and frequently reviewed escalation policies and resilience plans in place as follows: Demand Management; Surge and Escalation; PTS Business Continuity; Resource Escalation Action Plan (REAP); Adverse Weather and Major Incident Procedures.

Like many services, YAS face significant workforce capacity issues and are addressing this through the implementation of a wide array of initiatives to increase capacity, such as:

- An additional **116 ambulance staff** to be released into operations over the next three months
- Securing additional ambulance shifts from **999 private providers**
- An additional **28 Emergency Ambulances** to be made available for winter
- **90 additional 999 Call Handlers** (EMDs) by the end of November 2021
- **158 additional 111 Call Handlers** by the end of November 2021
- Maximising the number of **clinical roles** filled at both 999 and 111 call centres
- Increasing the use of Vocare to supplement existing **111 triage clinicians (CAS)**
- An additional **20 PTS ambulance crews**.

YAS is also responding to the workforce challenges by providing welfare support and encouraging staff to have both their seasonal flu and COVID-19 vaccinations. They have introduced a focussed absence management team to support staff at work and are offering incentives to work on key dates.

In addition to the above, YAS is seeking to increase the efficiency of existing operations throughout winter, and some examples of this include:

- Maximising the use of **Taxi Conveyance**
- Continuing to develop local pathways and **maximise the awareness** of existing ones
- Implementing the role of **Hospital Ambulance Liaison Officer (HALO) at key sites** to ensure the right conveyance decisions have been taken and handover delays have been minimised
- Use of the Shortened Call Taking Process to **reduce Average Handling Time (AHT)** (111 and 999)
- Maximising **communication opportunities** and information flows both internally and externally; including sharing intelligence across the system and **close working with partners** at placed base level.

7.0 Communications Plan

A significant, multi-agency programme of work involving all system partners was started in the late spring to support the COVID-19 recovery agenda. This is now being taken forward to help support work to address current and anticipated system winter pressures. Activities are designed to promote informed access to the breadth of NHS and community health and care services available.

Our aim is to help people get the care they need in the most efficient and effective way both for themselves and the health and care system. Work continues to:

- Promote the NHS App
- Encourage use of NHS111 and NHS111 online
- Promote 'Pharmacy First' and self-care options
- Protect A&E and emergency care for life and limb threatening occurrences
- Provide clear sign posting to services

We are taking a coherent approach with colleagues across the North Yorkshire and York health and care system to align our activities with a strong eye on ensuring people are not 'pushed' from one part of the system to another ([see attachment 23](#)). The communications team regularly feeds into Silver Command meetings, and engagement will continue to be delivered through existing networks e.g., North Yorkshire Local Resilience Forum comms network (covering both NY&Y) and Humber Coast and Vale HCP communications network.

In addition, there is a full calendar of winter-specific activity that draws on experiences from previous years and will also be coupled with ongoing COVID-19 communications and the third dose/booster programme. Key elements include:

- Collaboration with NHS and local authority partners to support the **flow** of people into services – to support work to manage pressure in the system (ongoing)
- Communications to support **flu vaccination** uptake and phased access to the vaccination programme (from September 2021)
- Infection prevention and the **COVID-19 booster** programme (from September 2021)
- Additional activity to promote **self-care** and a 'winter ready' medicine cabinet (from September 2021)
- The National '**Help us help you**' winter campaign coordinated by NHSE and produced by Public Health England (from October 2021)
- Publicity to ensure people get their **medications early** during the holiday period, and to signpost to open pharmacies over the Christmas and New Year holidays (November / December 2021)
- **Norovirus** communications – self-care and staying home to keep others safe (through winter and to respond to system outbreaks).

An overview of the key planned communications messages across NYY this winter, as well as an outline of the approach, key headlines and timescales, can be found with the attachments ([see attachment 24](#)). This was presented to the Silver Command group on 9th November 2021.

Appendix A: Attachment Guide

Overview of North Yorkshire & York Winter Planning Submission Supporting Documents 21/22

Please find below, an overview of the documents submitted as part of the North Yorkshire & York System Winter Planning submission 21/22.

No.	Attachment Name	Attachment Overview
1	UEC Recovery 10 Point Action Plan	A ten-point urgent and emergency care recovery action plan launched by NHSE/I at the end of September 2021
2	System Winter Capacity Schemes_NY CCG Directors Paper_081121	A paper to inform the North Yorkshire CCG executive directors of the process and subsequent outcome that has been reached regarding the distribution of the capacity funding of £2.9m for the Strategic Partnership of North Yorkshire and York.
3	NYY Winter Review April 21	Slides to support the system wide review of the previous winter was led by NY CCG and attended by all partners to identify: <ul style="list-style-type: none"> • What had worked well • What were the challenges and gaps • What we could use to inform the plans for 2021/22
4	NYY Surge and Escalation Plans Winter 21_22	NYY System Escalation Framework. This framework is a working document that: <ul style="list-style-type: none"> • Provides detailed instructions regarding the escalation and de-escalation response from business as usual through to gold command. It includes practical details regarding setting up a system call, and standard agendas are provided to guide the escalating organisation. The situation and circumstances that would trigger each OPEL level from 1 – 4 are also provided; together with details of the actions that organisations and the system should take at each stage. • Provides the contact details for all system partners for an in hours response. • Provides the on call and out of hours arrangements
5	Vocare Executive Summary Winter Plan 21_22	Individual Winter Plan of Vocare, who provide urgent care and GP OOH services to the NYY System
6	YSFT Winter Resilience Plan 21_22	Individual Winter Plan of York & Scarborough Teaching Hospitals NHS Foundation Trust
7	HDFT Winter Resilience Plan Draft 21_22	Individual Winter Plan of Harrogate District Foundation Trust
8	Tees Valley ICP Winter Surge Plan 21_22	Winter Plan of Tees Valley ICP. This includes the individual Winter Plan of South Tees NHS Foundation Trust, who provide acute care from James Cook University Hospital and the Friarage Hospital, Northallerton
9	Humber NHS Teaching Foundation Trust Winter Plan 21_22	Individual Winter Plan of Humber NHS Teaching Foundation Trust, who provide the UTC service at Whitby Community Hospital

10a	North Yorkshire County Council Winter Plan 21_22 Executive Summary	Executive summary of the individual Winter Plan of North Yorkshire County Council
10b	NYCC Winter Assurance and Planning – September 21	Individual Winter Plan of North Yorkshire County Council
11	CYC Winter Planning Outline Proposals 2021	Individual Winter Plan of City of York Council
12	ERYCC Adult Social Care Operational Seasonal Winter Resilience Plan 21_22	Individual Winter Plan of East Riding of Yorkshire Council
13	CHCP Winter Plan	Individual Winter Plan of City Health Care Partnership
14	TEWV (NYY) Winter Plan	Individual Winter Plan of Tees, Esk and Wear Valley NHS Foundation Trust who provide mental health care to the NY&Y System
15	YAS Winter Plan	Individual Winter Plan of Yorkshire Ambulance Service
16	Local CAS Business Case	Business case outlining the background, proposed further development and anticipated impacts of extending the local Clinical Advice Service provided by Vocare
17	UECN Highlight Report_170921	A summary of the ongoing workstreams of the Humber Coast and Vale Urgent and Emergency Care Network
18	NYY RSV Surge Response Targeted Operating Model v3	The targeted operating model of the NYY paediatric RSV surge response pathway
19	HCV Paediatric RSV Action Plan - Sept 21	An overview of the key workstreams taking place across Humber Coast and Vale ICS to support the management of the expected surge in paediatric RSV this winter
20	North Yorkshire Seasonal Health Strategy 21_26	A five-year seasonal health strategy, led by the North Yorkshire seasonal health partnership, that sets out ambitions to improve the health and wellbeing of North Yorkshire residents during cold and hot weather, with a particular focus on reducing excess winter deaths
21	NYY System Pressure Silver Command Programme Overview_101121	In response to the relentless pressures across the North Yorkshire and York system over the last 6 months, the Silver Command group has developed a programme to address key areas to support all system partners and to provide both awareness and resilience. The attachment provides the latest programme update
22	Scarborough Ambulance Handover and Streaming Improvement Plan_Draft	The draft Scarborough Ambulance Handover and Streaming Improvement Plan. This has been divided into 3 priority areas, and outlines the key actions, risks and anticipated impacts. The plan has been agreed by NY CCG, YSFT and YAS colleagues
23	NYY Silver Command Communications Update_310821	A communications update presented to the Silver Command group on 31 st August 2021. Provides an overview of the key issues that the programme seeks to address, and outlines the key deliverables, actions and milestones that have been identified to do this
24	NYY Comms Key Messages and Timescales (Oct-March)	An overview of the key planned comms messages across NYY this winter, as well as an outline of the approach, key headlines and timescales. This was presented to the Silver Command group on 9 th November 2021