North Central London
Health and Care
Integrated Care System

NHS

JHOSC NCL Winter 2024/25 Planning

11 November 2024

Introduction

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In preparation for winter 2024/25 NCL has worked to evaluate and refine last year's dynamic plan (the winter play book) **building on the NHSE recovery plan for urgent and emergency care services which was published in January 2023 and the recent seven Urgent and Emergency Care (UEC) priorities**. Recognising the breadth of UEC pathways we have included all parts of the system in our Winter Plan with a focus on proactive actions informed by data to target the interventions.

Local and Place plans and the ICS system plan were informed by outputs from a system event held on 5 September 2024 with senior operational and clinical representatives from across the ICS. The winter plan on a page is set out on slide 4.

Preventative work through vaccinations as the most effective way to prevent infectious diseases is a critical part of our plans. As such, **we continue to engage with our population and tailor of delivery** to make it as easy as possible for everyone to receive these vital vaccinations.

Introduction continued

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Furthermore, **we have increased primary care capacity** via schemes that will deliver proactive care in autumn to support at-risk cohorts to stay well in winter. **NCL is one of the only systems to direct winter capacity funding to primary care systematically.** Progress against our proactive care actions is summarised in slide 5.

Implementation of our winter plans will be overseen by the COO level NCL Flow Operational Group and in turn overseen by the NCL Flow Board. Alongside this, **the NCL System Coordination Centre and system wide OPEL action cards will help manage operational risk in real time** with system CEO oversight via the system management board.

Planning process for winter 2024/25

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The approach for developing the winter 2024/25 plan is outlined below

Gap analysis against the 2-Year UEC Recovery Plan

Across acute, mental health and community providers, focussing on:

- progress against the priority actions
- plans to address gaps
- understanding how local actions will impact local performance improvement trajectories

ICS UEC Winter System event.

Aims

1. Link regional priorities to local intentions.
2. Ensure joined-up working across the system and understanding of interdependencies.
3. Test system resilience to identify enhancement actions.
4. Identify how we use RAiDR (digital platform) to move to a more proactive model.
5. Agree how we optimise existing resources in the context of limited or non-available funding.

NCL Winter Playbook

Refining last year's dynamic plan by:

- building on the priorities set out in NHSE UEC Recovery Plan and the Ten High Impact Interventions.
- incorporating outputs from the system event.
- reviewing data to understand trends and target interventions.

Mobilising Proactive Care Actions

1. Primary care actions targeted at the most vulnerable
2. Helping people to stay well via vaccination programme and use of Pharmacy First
3. Reducing conveyancing from care homes
4. Reducing ambulance conveyances to hospitals
5. Reducing pressures on EDs by supporting patients with urgent but non-life-threatening conditions.
6. Increasing infection prevention and control to maintain bed capacity and flow

NCL Winter Playbook on a page

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1) To support planning, coordination and insight across the system we will:

- Develop system level scenarios and evidence-based modelling to test and assure plans
- Put in place leading indications to be tracked weekly and guide system oversight and week to week operational decision making
- Systematise the use of Raidr (electronic real time data) for operational pressures to support real time relief for sites

2) The response is already underway, with proactive care actions being led through place forums:

- Primary care actions targeted at vulnerable communities (inc LTC LCS)
- Work with partners to target CYP low level acuity
- Work to increase Vaccinations in vulnerable
- Enhanced use of pharmacy first
- Work with care homes to support unwell but not acutely ill residents
- Development of pre-conveyancing modes through LAS
- 111 resilience and capacity

3) These are complementary to actions in acute and MH settings based on the national high impact actions

- **Same Day Emergency Care**: Reducing variation in SDEC provision
- **Frailty**: Reducing variation in acute frailty service provision.
- **Inpatient flow and length of stay (acute)**: Reducing variation in inpatient care and length of stay
- **Community bed productivity and flow**: Reducing variation in inpatient care and length of stay
- **Care Transfer Hubs**: Implementing a standard operating procedure and minimum standards for care transfer hubs.
- **Intermediate care demand and capacity**: Supporting the operationalisation of ongoing demand and capacity planning.
- **Virtual wards**: Standardising and improving care to prevent admission to hospital and improve discharge.
- **Urgent Community Response**: Increasing volume and consistency of referrals.
- **Single point of access**: Driving standardisation of urgent integrated care coordination.
- **Acute Respiratory Infection Hubs**: Support consistent roll out of services, prioritising acute respiratory infection.

4) This will require a refreshed way of working with system partners in line with the BCF and other agreements through enhanced working at place level with partners via local flow groups.

5) These will be supported by system processes and governance:

- Refreshed UEC governance with links to place and daily calls with sites
- New system wide OPEL frameworks to support rapid escalation
- CNO led IPC forum to support management of risk and capacity closure

Progress on proactive care actions

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Actions	Progress
Primary care	• PCN schemes to support winter 2024/25 have been selected based on local population needs. These are being mobilised. • Through autumn, PCNs are identifying and contacting vulnerable groups, to keep them well through the winter. See slide 8 for detail.
CYP	• Targeted primary care capacity boost for Children and Young People (CYP) has been agreed and is being mobilised
Vaccinations	• Covid-19 Vaccination delivery has commenced; efforts are being made to ensure a geographical spread that reaches all target populations, with an estimated capacity of 90,000 vaccinations per week. • Proactive efforts to address vaccination inequalities and hesitancy are being undertaken (see slide 6 for further information).
Pharmacy First	• Meetings between provider leads and local pharmacy representatives to enhance collaboration and service alignment have been arranged, supplemented by local meetings to ensure localised coordination and service optimisation. • Providers have been given communications outlining the local pharmacies in proximity to each provider, along with specific services and referral pathways available through Pharmacy First.
Care homes	• The NCL Silver Triage service continues to support older people living with frailty and reduce unnecessary admissions to hospital for older people, by providing access to geriatricians to advise and guide ambulance paramedics in assessing older people living in care homes.
Pre-conveyancing models from LAS	• ICC Hub: LAS is actively working on implementing a remote clinical hub in NCL to provide rapid access to senior clinical decision-makers who can direct patients to the most appropriate care pathways.
111 Resilience and Capacity	• Targeted utilisation improvement work, leading to 6% increase in NHS111 slot utilisation. Furthermore, NHS111 has integrated AI-supported triage through Visiba, with three pathways currently in use, including upper respiratory tract infections and MSK
Infection Prevention and Control	• Local IPC governance frameworks in place to maintain safety of patients, service users, staff and others. • Establishing IPC leads across NCL primary care and care/nursing homes and LAS.

Vaccination delivery

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1. Learning and Evaluation from HI approaches to date.

NCL will review the learning from the Spring 2024 campaign, including:

- Vaccination at **short stay inpatient units** where uptake was low.
- Opportunistic vaccination to the **immunosuppressed** cohort at hospitals
- Increased use of **MECC** (blood pressure/BMI/loneliness/diabetes risk assessment)
- Use of **non-health related activities** to attract underserved populations. E.g Cost of Living support.
- **Pop-up and mobile bus sessions** at new locations within NCL.

We will also learn from our **comms campaign**, which included:

- Worked with partners to **disseminate translated materials**
- A targeted approach to VCSE organisations representing diverse communities **to sign up for our comms mailing list** so that community and faith leaders can spread the word within their communities.
- **NCL walk-in website** to advertise pop-up clinics and mobile bus clinics

2. Identification of ongoing health inequalities

Data and Health Analytics

Local intelligence

NCL continues to experience variation between groups in terms of vaccination uptake. During the Spring 2024 campaign:

- **7.7% difference** in vaccination uptake between the NCL population as a whole and those from an ethnic minority background (HealtheIntent)
- **18.4% difference** in vaccination uptake between the NCL population as a whole and the immunosuppressed cohort (foundry).
- An hospital audit in February 2024 showed 62% of short-stay inpatients required a covid-19 or flu vaccination. 49% of vaccinations delivered to inpatients were non-White British.

3. Future planning Autumn 2024

Spreading
Sustaining
Scaling

NCL has a wealth of experience and expertise in delivering vaccinations to **underserved communities.** Building on the previous learning and depending on resources available, NCL is planning to:

- use **data based approach** to retain vaccination sites across NCL to ensure equity of access
- retain a central **outreach team** through the lead provider model to enable flexibility to target groups of lower uptake
- continue **place based/borough level immunisation and vaccination groups.** These groups will develop and implement hyperlocal plans for Autumn/Winter Covid vaccinations.
- Primary Care Networks will deliver a **call and recall** approach for vaccinations including immunosuppressed and marginalised groups.
- Actively contribute to the **London Vaccination Steering Groups** to learn from others and realise benefits pan-London.
- UCLH will **evaluate the effectiveness of outreach efforts** by partnering at London level with the NHSE regional team, academic partners, and ICSs.

- Programme Team has worked in partnership across system and place levels to increase access and reduce inequalities
- Key Factors that underpin the outreach approach include:
  - The clinic location and community targeted is data driven
  - Flex delivery dates and times to ensure equity of access (i.e. school holidays and religious festivals)
  - A local booking system facilitates appointment planning. Advertised ‘walk-in’ access targets those facing digital exclusion.
  - Tailoring of communication to ensure the service is accessible (working with London Vaccination Steering Groups)
  - Translated digital leaflets are provided via the UKHSA website and hard-copy leaflets in the top twelve NCL spoken languages.
  - Collaboration with stakeholders at local level, innovating to expand the offer and advertising of additional health and non-health services (such as cost of living advice) at outreach clinics to incentivise attendance amongst the intended population.
- UCLH delivers influenza vaccination, blood pressure checks, smoking cessation advice, loneliness checks, BMI checks and diabetes risk assessments

Borough partnership working

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We continue to be NCL's lead agency for system communications and engagement in all matters related to vaccinations and through our weekly meetings and communications circulate all the key messages and collateral required for each of our boroughs to run vaccination campaigns locally

Recent highlights

- Integrated place and system vaccination and prevention steering groups
- Stepping-up promotion of public health interventions at time of rising case numbers (wider vaccinations)
- Readying communications for any period of surge activity that may be needed
- Regular weekly meetings and email updates for system partners
- Local communication and engagement focus – complemented by outreach capacity
- Focussed engagement of communities such as homeless people and those seeking asylum




Primary care winter plans

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Primary care actions are targeted at proactively supporting vulnerable communities. Primary Care Networks are reviewing their local population needs, and mobilising local schemes in autumn, to support at-risk cohorts to stay well in winter.

Proactive care for at-risk cohorts (winter readiness)

- Identification and outreach to the severely frail, housebound, over 75 not seen in the last two years, and LTC LCS high-risk + complexity cohorts to help prepare them for winter.

PCN-level triage hub

- Dedicated triage capacity at PCN level to manage telephone and online consultation demand.

Targeted paediatric capacity boost, for low acuity demand

- Clinical capacity ringfenced for paediatric cohorts with an increased need for appointments during winter.
- Plans are in development for an at-scale offer to support children and young people to stay well in primary care in winter.

General capacity boost

- Additional sessions to increase appointment capacity in PCN member practices or the PCN enhanced access service to help meet the increased demand for appointments during winter.
- Can include additional planned care capacity where this will support winter pressures, such as wound care clinics.

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Appendices

Appendix A: Summary of High Impact Interventions

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1. **Same Day Emergency Care (SDEC)**: reducing variation in SDEC provision by providing guidance about operating a variety of SDEC services for at least 12 hours per day, seven 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 by implementing in-hospital efficiencies and bringing forward discharge processes for pathway 0 patients. Note: pathway 0 is a simple discharge with no formal input from health or social care required once the patient is home.
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.

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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 emergency departments and general practice to support system pressures.

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YOUR LOCAL HEALTH TEAM

Objectives of Your Local Health Team campaign

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- improve trust and understanding among residents and stakeholders that the Integrated Care System in North Central London is taking action to improve the health of local people.
- improve recognition and understanding of the breadth of local services on offer to support the health and wellbeing of residents
- provide information to support residents to feel confident about how to improve their health and access appropriate services
- rise above the plethora of existing campaigns
- be local and resident focused, adaptable and distinctive and work alongside ICS branded materials

Themes

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- How to access care – raise awareness of the three different ways to contact general practice and the equitable triage process that supports these
- Meet the team – different skilled professionals providing a range of services.
- Right care, right place – empowering patients to seek help in the most appropriate setting and consider services such as Pharmacy First, the NHS App, NHS 111, and self-care
- Get vaccinated, get protected – in Phase 1, focusing on flu, COVID-19, and respiratory syncytial virus (RSV) vaccinations

Campaign hub, co-branded leaflets

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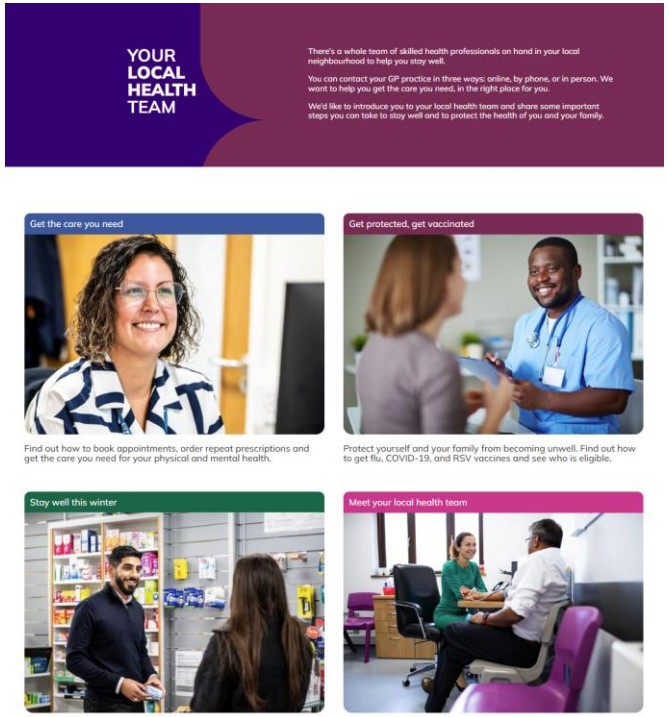

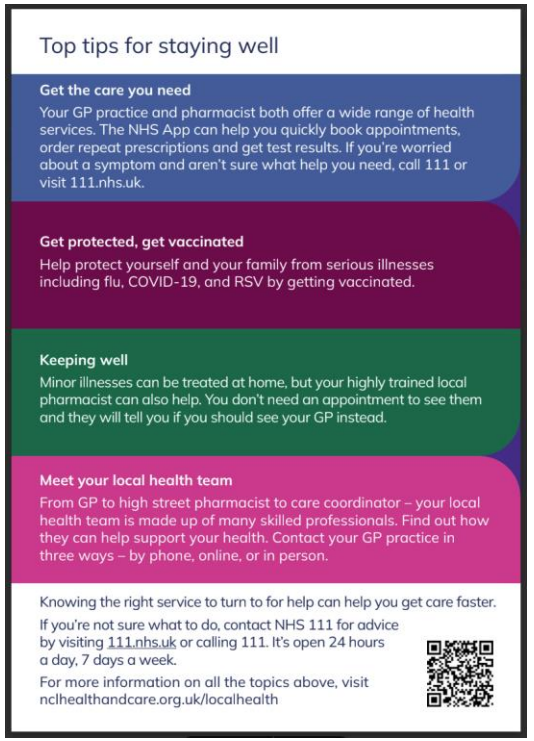

Social media featuring NCL staff

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Social 1080 x 1350
Short Message | One Liner

As well using a range of social media platforms, the campaign will be featured in outdoor advertising (bus stop adverts and digital screens) and adverts in Council magazines.

The five NCL Councils and the NHS providers are all supporting the campaign.

Engagement and evaluation

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Community engagement

- Advocacy approach via trained champion focussed on our most underserved communities, particularly around North Mid Hospital. In addition, Barnet has low satisfaction around general practice and aims will include changing this and building more trust with health services

Evaluation

- NHS App downloads
- Tracking QR codes
- Community Voices Panel survey – 1,000 local residents