

**HEALTH OVERVIEW AND SCRUTINY COMMITTEE:**  
**1 NOVEMBER 2023**

**WINTER PLANNING UPDATE**

**REPORT OF THE CHIEF EXECUTIVE OFFICER OF UNIVERSITY**  
**HOSPITALS OF LEICESTER NHS TRUST**

**Purpose of report**

1. The purpose of this report is to summarise planning to manage Winter pressures across LLR in 2023/ 2024 and provide an update on the COVID-19 and flu vaccination programme for the eligible population resident within Leicester, Leicestershire and Rutland

**Policy Framework and Previous Decisions**

2. At the Leicester, Leicestershire and Rutland (LLR) Integrated Care Board meeting on 10 August 2023 the Board approved the Winter Plan for 2023/24. The Leicester, Leicestershire & Rutland Integrated Care System - Delivery plan for recovering urgent and emergency care services is appended to this report.

**Background**

2. Winter planning is an annual responsibility of health and social care organisations, in order to cope with the anticipated increase in demand for care as a result of weather conditions and seasonal illnesses.
3. Across the health and social care system, winter planning is co-ordinated to ensure that there are robust arrangements to cope with demand and surges in activity, and that agencies are working together to manage pressures to ensure that residents continue to receive safe and appropriate care.
4. Urgent and emergency services have been through the most testing time in NHS history with a perfect storm of pressures impacting the whole health and care system but causing the most visible problems at the 'front doors' of our services such as General Practices, 111 services and Emergency Departments.
5. Nationally staff prepared extensively for winter, putting in place thousands more same-day appointments, thousands more beds, more call handlers, 24/7 care control rooms and respiratory hubs, and often working at the limits of their endurance.

6. Despite their best efforts, increasing length of stay, alongside the demands of flu and COVID peaking together, has seen hospital occupancy reach record levels. This means patient 'flow' through hospitals has been slower.
7. In the last 12 months, LLR has made significant progress in its Urgent and Emergency Care performance, including a sustained improvement in ambulance handover times – with over 90% less time lost to ambulance handover delays when compared to 2022.

### **Winter Plan for 2023/24**

8. Sustaining the improvement of the last 12 months will require focus in five areas:
9. Increase capacity, to help deal with increasing pressures on Leicester hospitals which see 19 in 20 beds currently occupied.
  - Dedicated revenue and capital for additional capacity at Glenfield and 52 (25 new) community beds as part of the permanent bed base for next winter/spring.
  - New ambulances will be available across the East Midlands, the majority of which will be on the road by next winter.
  - 'Same day' emergency care services will be in place across Leicester Royal Infirmary and the Glenfield hospital, so patients avoid unnecessary overnight stays.
  - Grow the workforce, as increasing capacity requires more staff who feel supported.
  - More clinicians will be available for 111 online and urgent call services to offer support, advice, diagnosis and, if necessary, referral. From this April we will launch a new targeted campaign to encourage retired clinicians, and those nearing retirement, to work in 111 rather than leaving the NHS altogether.
  - We will grow the workforce with more flexible ways of working and increase the number of Emergency Medical Technicians next year to respond to incidents and support paramedics.
10. Speed up discharge from hospitals, to help reduce the numbers of beds occupied by patients ready to be discharged.
  - At the Autumn Statement 2022, the government made available up to £2.8 billion in 2023/24 and £4.7 billion in 2024/25 of additional funding to put the adult social care system on a stronger financial footing. Locally this includes Adult Social Care funding of £4.77M to increase the Better Care Fund in 2023/24, and the new Adult Social Care Market Sustainability & Improvement Fund of £9.65M.
  - We will further enhance our integrated care hub for our bed base ahead of next winter. This will support faster discharge to the right setting, so that people do not stay in hospital longer than necessary.
  - We will continue to embed new approaches to step-down care, so for example, people who need physiotherapy can access care as they are being discharged from hospital before they need to be assessed by their local authority for long-term care needs.
  - New discharge information will be published, with new data collected from this April.

11. Expand new services in the community, as up to 20% of emergency admissions can be avoided with the right care in place.
  - Ahead of next winter we will offer more joined-up care for older people living with frailty; this includes ensuring 100% of our patients able to access urgent community response within 2 hours, 80% of our frail patients having clear, accessible and proactive care plans and falls services will cover the whole LLR footprint – meaning the right people help you get the care you need, without needing an admission to hospital if it's not necessary.
  - Greater use of 'virtual wards', which allow people to be safely monitored from the comfort of their own home, will be achieved by an extra 199 beds to provide 236 beds in total by this autumn.
12. Help people access the right care first time, as 111 should be the first port of call and reduce the need for people to go to A&E.
  - By April 2024, urgent mental health support through NHS 111 will be universally available.
  - From this April, new data will allow the public to easily see and compare the performance of their local services.
  - We will also tackle unwarranted variation in performance in the most challenged local systems.
  - We will continue to embed our clinically led programme to reduce unwarranted variation, working with our 20 practices where we note the highest levels of variation. Intensive support will be in place for those neighbourhood areas struggling the most.
13. To support the recovery of urgent and emergency care services, the LLR system has committed to targeted funding in both acute services and the wider system. This includes:
  - £14.3M of dedicated funding to support capacity in urgent and emergency services, building on the national funding used over winter 2022/23 to support an increase our overall capacity.
  - £4.7M of additional social care discharge funding over 2023/24 (with 2024/25 to be confirmed), building on the £500 million Adult Social Care Discharge Fund and £200M funding for step-down care during winter 2022/23, to be pooled into the Better Care Fund and used flexibly on the interventions that best help discharge patients to the most appropriate location for them – part of social care investment of up to £7.5 billion over the next two years.

### **Progress with Winter Plan to date**

14. Given the way we collate, process and publish data, a verbal update on progress against plan will be given at the meeting.

## Vaccinations and Immunisations

### Autumn / winter 2023/24 vaccination campaign: Eligible cohorts

15. The Joint Committee for Vaccination and Immunisation (JCVI) has agreed the 2023 seasonal vaccination programme. The groups to be offered vaccinations are:

<u>Cohort</u>	<u>COVID Booster</u>	<u>Flu</u>
Residents in older adult care homes & their staff	Yes	Yes
Adults aged 65 years & over (note: all those that turn 65 by 31 March 2024 are eligible for both COVID & flu vax)	Yes	Yes
6 months to 64 years in clinical at risk group i.e. asthma, serious mental illness, epilepsy, learning disability, etc	Yes	Yes
Frontline health and social care workers	Yes	Yes
Household contacts of immunosuppressed patients (contacts aged 12 to 64 years)	Yes	Yes
Carers aged 16 to 64 years (registered / unregistered)	Yes	Yes
Pregnant women	Yes	Yes
2 and 3-year-olds (turn 3 years by 31/08/23)	No	Yes
Children and young people (reception to year 11)	No	Yes
Working aged adults in long-stay residential care homes and their staff	Yes	Yes

### Campaign timing

16. To maximise and extend protection during the winter and through the period of greatest risk in December 2023 and early January 2024, health systems will follow a campaign timeline:

#### **Flu**

17. 2 and 3-year-olds, school age children (reception to age 11) and children in clinical risk groups to start from 1<sup>st</sup> September 2023
18. Ideally delivery will be completed by 15<sup>th</sup> December, however some groups i.e. pregnant women, will continue to be offered a vaccination up to the end of March 2024.

## **COVID-19 & flu**

- Start date 2<sup>nd</sup> October – Care Homes for flu and COVID-19
- Start date 7<sup>th</sup> October – all cohorts for flu and COVID-19
- National booking system will open for the public from 2<sup>nd</sup> October for appointments from 7<sup>th</sup> October 2023
- End date 15<sup>th</sup> December, although some inequalities work will continue to end January 2024. Short 10-week campaign
- Care homes a priority – aiming to complete visits to all within first 4 weeks of campaign.

## **Vaccination campaign**

19. The Vaccination campaign for 2023/24 in Leicester, Leicestershire and Rutland (LLR) will comprise:
  - Encouraging greater co-administration of COVID-19 and flu;
  - Tackling health inequalities and areas of low uptake as a priority, using a variety of initiatives i.e. mobile vaccination units, super vaccinators, supporting events/activities i.e. Steady Steps (activity programme);
  - Delivering plans that are informed by needs of local communities and co-developed with local partners, i.e. local authorities, community, voluntary and social enterprises
20. Not all GPs will be offering COVID-19 and flu vaccinations, however, additional community pharmacies are being recruited via an 'expression of interest' process, to ensure there is sufficient coverage across LLR. Gaps in provision will be covered by mobile vaccination units/teams.
21. We currently await confirmation of vaccine types for autumn/winter 2023/24.
22. New model for vaccine supply will automatically replenish provider's vaccine stock on a 3-day cycle.

## **Tackling health inequality**

23. To tackle health inequality, we will implement:
  - Roving health care unit available for:
    - out-reach, hyper local vaccination opportunities and health care inequality Making Every Contact Count (ECC) initiatives.
    - additional health and care capacity i.e. unit located in surgery car park or as close as possible to a surgery.
  - Assistance with promoting additional and out-reach clinics, including:
    - texting patients, via NHS and partners networks.
    - promoting health and care opportunities via social media i.e. Facebook, etc.
    - telephoning eligible patients and booking them directly into clinics.
    - additional vaccinating staff to assist with capacity.

## **Improving MMR (measles, mumps and rubella) uptake to eliminate measles**

24. Measles is a highly contagious disease caused by a virus. It spreads easily when an infected person breathes, coughs or sneezes. It can cause severe disease, complications and even death.
25. Measles can affect anyone but is most common in children. Being vaccinated is the best way to prevent getting sick with measles or spreading it to other people. The vaccine is safe and helps the body fight off the virus.
26. We are working to improve MMR uptake by:
  - Working with primary care to promote a global offer for MMR across LLR;
  - Promoting a vaccination offer to be targeted to communities and vulnerable population groups, known for low vaccination uptake;
  - Working with stakeholders to scale up accessible, convenient offers i.e. promoting to university students and delivering offer on campus;
  - Promoting to local families to promote the 'check and confirm' vaccination status of their children;
  - Working with VCSE organisations to advocate the importance of vaccination/immunisation and codesigning accessible delivery channels, i.e. dedicated vaccination clinic offered within alternative community setting;
  - Frontline health and care staff encouraged to check and confirm vaccination status with mop-up clinics to be offered via occupational health teams.

## Update

27. **LLR Provider Network for Autumn/Winter 2023/24 Vaccination Programme**
  - 91 Community pharmacies with a further 15 expected to join the programme, subject to NHSE approval;
  - 21 Primary Care Networks representing 82 GP practices.

## Programme Timings

28. This year's autumn flu and Covid-19 vaccine programmes started earlier than planned in England as a precautionary measure following the identification of a new Covid variant, BA.2.86, which was first detected in UK in August.
29. The Covid vaccination programme was originally supposed to start on 2 October with care homes initially, however the start date was brought forward to September to align with the flu programme. Covid vaccinations began on 11 September for those most at risk, including adult care home residents and people who are immunosuppressed.
30. From 18 September, other eligible patients were able to take up vaccination offers from their GP practice or could book a vaccination appointment via the National Booking System.
31. The Covid vaccination programme is due to finish on 18 December 2023, whilst inequality work involving Covid vaccinations can continue until 31 January 2024. The flu vaccination campaign is due to finish on 31 March 2024.

**County Flu Vaccination Uptake by Cohort** (figures correct at 18 October 2023)

Flu Cohorts	Eligible Population	Doses Administered	% Vaccinated
Over 65 years	146,108	92,643	63.41%
Care homes	3,502	2,599	74.21%
Children aged 2 & 3 years	12,792	3,682	28.85%
At risk	85,441	26,843	31.42%
Frontline HCSW (ESR)	12,140	2,986	24.60%
Frontline HCSW (self-declared)	9,498	1,412	14.87%
Frontline social care workers	8,183	1,018	12.44%
Household contact of IS patients	18,154	616	3.39%
Pregnant women	3,100	135	4.35%
Primary school	51,087	9,935	19.45%
Secondary school	38,315	3,868	10.10%
<b>TOTAL</b>	<b>388,290</b>	<b>145,737</b>	<b>37.53%</b>

**Inequalities Offers**

32. The inequalities offers are as follows:

- **6 months to 4 years at risk:** Vaccination invitations have been issued for UHL specialist clinics and GPs can refer eligible patients, who have not had an invitation.
- **5 to 11 years at risk:** Patients can book direct into the specialist UHL clinics via the National Booking System. A further four satellite clinics, located around the county are expected to be operational shortly. GPs are being encouraged to forward eligible patient list to LLR's Central Booking Team for proactive contact / booking
- **Allergy pathway:** Patients previously referred via Prism/allergy service will already have access to the VidPrevtyl Beta vaccine via UHL specialist allergy vaccination clinic. New patients thought to have PEG allergy can be referred by GP via PRISM to allergy clinic for assessment. Patients who do not suffer anaphylaxis/allergy to PEG but who are clinically severely intolerant of mRNA vaccines may be eligible for VidPrevtyl Beta and GPs can refer their eligible patients
- **Learning disability patients:** Dedicated provision is being scoped to provide a specialist service with dedicated learning disability nurses in attendance
- **Free transport offer:** To help eligible patients, who live in rural areas, access their vaccination offers, free transport is being provided from their homes to/from vaccination clinics. The service also assists patients to book their appointments too
- **Mobile vaccination units:** To make Covid and flu vaccinations as accessible and convenient as possible, two mobile vaccination units (operational in city and county respectively) are deployed to target communities of low vaccination uptake.

**MMR / Measles Elimination Plan**

33. The LLR ICB has devised a measles elimination plan to outline a series of actions that are required to reduce the risk posed by measles. Since 2022 there has been an increase in measles cases both globally and in the UK. Measles and rubella can be eliminated, and congenital rubella infections prevented by achieving high uptake of the combined measles, mumps and rubella (MMR) vaccine in national childhood immunisation programmes. This plan aims to mitigate the risk of measles, by the ICB working collaboratively with other agencies, undertaking a series of initiatives to increase uptake & reduce health inequalities.
34. Since 2022, measles activity has been slowly increasing. To achieve & maintain measles elimination, the World Health Organisation recommends that a 95% uptake with two doses of MMR by 5 years of age and by using all opportunities to catch up older children and adults who missed out when they were younger. Unfortunately, current UK performance for the second dose is sub-optimal at around 88%. Due to the national concern of increasing cases, this plan aims to address any current issues, plan future objectives and be proactive at tackling this challenge.
35. The objectives of the plan are:

### **Primary Objectives**

1. Ambition to achieve and sustain  $\geq 95\%$  coverage with two doses of MMR vaccine in the routine childhood programme (5-years-old) by 2025;
2. Ambition to achieve  $\geq 95\%$  coverage with two doses of MMR vaccine in older age cohorts through opportunistic and targeted catch-up (>5 years old) by 2025;
3. Improvement in uptake in key priority groups eg students (the 'Wakefield cohort'), traveller communities, women of childbearing age, underserved communities and ethnicity groups with the lowest uptake, new entrants, etc.

### **Secondary Objectives**

1. Provide leadership and public health expertise to address the decline in MMR vaccination;
2. Bring together partners to develop a multi organisational approach to increasing MMR uptake;
3. Develop engagement activities that seek to understand why some people are not taking the MMR vaccination offer;
4. Develop a communications campaign that will raise awareness about the risks associated with measles and promote positive messages about the importance of vaccination uptake;
5. Develop innovative interventions that will support increased MMR vaccination uptake, tailored to the differing needs of the population;
6. Respond to the potential change in age of delivery of MMR2 (likely from 2025 approximately) and work with stakeholders including GPs to identify potential issues and develop appropriate capacity and engagement plan at that time.

### **Circulation under the Local Issues Alert Procedure**

36. Not applicable.



**Appendices**

Appendix A - Leicester, Leicestershire & Rutland Integrated Care System - Delivery plan for recovering urgent and emergency care services

**Officer(s) to Contact**

Richard Mitchell, Chief Executive Officer,  
University Hospitals of Leicester NHS Trust  
Richard.Mitchell@uhl-tr.nhs.uk

Rachna Vyas, Chief Operating Officer  
NHS Leicester, Leicestershire & Rutland  
rachna.vyas@nhs.net

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