

# UEC Winter Planning Process, System Resilience Framework and Final Priorities 2023/24

**Better health  
and wellbeing for all...**

# **Integrated Urgent and Emergency Care Winter Planning 2023/24 and Priorities**

This report outlines the final system Winter Planning Process and Priorities, supported by the System Resilience Framework for 2023/24 being implemented by the North East and North Cumbria (NENC) Integrated Care System for oversight and assurance by ICB Board Members.

## **1. Winter Planning**

### **Introduction**

This year, NHS England published the Urgent and Emergency Care Recovery Plan, underpinned by an extensive programme of work to deliver improvements across urgent and emergency care ahead of winter which is currently being implemented across the whole of NENC Integrated Care System. This plan, along with the NHS's primary care and elective care recovery plans, and the broader strategic and operational plans and priorities for the NHS and social care system, provides a firm basis for preparing for the 2023/24 winter period.

The work is comprehensive and has multiple facets which are:

1. Delivery of the UEC Recovery Plan and especially the Ten High Impact Areas (same day emergency care, frailty, inpatient flow, community beds, intermediate care, care transfer hubs, urgent community response, single points of access, acute respiratory hubs and virtual wards) and how they are delivered in an integrated way across health and social care services as part of a whole
2. A System Resilience Framework that underpins the whole system's operating model for managing pressure
3. System Co-ordination Centre plan for long term sustainability based on a nationally published specification underpinned by robust real-time data and intelligence
4. System-level and Local Accident and Emergency Board (LADB) Winter Priorities with co-designed processes for agreeing the priorities
5. Increase in the empowerment of LADBs to manage delivery across their footprints supported and enabled by the UEC Network and Strategic Board
6. Assurance Returns to NHS England demonstrating capacity to deliver and also risk areas for delivery with mitigations
7. Participation in the newly formed NHS Impact's UEC Recovery Champions' Programme which seeks to support systems to deliver across the range of areas through a learning system lens, sharing good practice and learning from peers
8. A move towards integrating all out of hospital care programmes of work into one programme approach where they overlap including UEC, primary care, proactive care, community, personalisation, mental health and pharmacy, dental and optometry
9. Co-administered vaccination programme for Covid and Flu for vulnerable groups 11 September 2023 to 31 October 2023.

### **Winter Planning - NENC ICS Operating Resilience**

Whilst the NENC Integrated Care System including providers are undertaking significant programmes of work to recover and improve services, there is also - as there is every winter - a

collective responsibility to ensure that all parts of the NENC ICS have plans in place to remain as resilient as possible and be able to respond to operational pressures.

In preparation for winter 2023/2024 a number of events, led by the Director of System Resilience have already taken place including:

- The System Resilience Debrief and Planning Event which was held on 20 April 2023 to review and reflect upon the 2022/2023 winter activity and performance as well as allowing system providers to highlight pressures, lessons learned and showcase their successes in readiness for 2023/2024
- Two sessions in July 2023 attended by operational, tactical and strategic staff to develop an Extremis Action Plan which would be implemented during times of significant and sustained periods of pressure (>48 hours at Opel 4) or during a declared 'Critical Incident';
- Monthly System Resilience meetings attended by representatives of all providers of urgent and emergency care services to develop a System Resilience Framework which sets out the high level multi-agency approach that will be taken by the NENC ICS in order that any 'surges' in demand, systems in 'escalation' or outbreaks of communicable disease can be effectively reported by system partners and then rapidly and seamlessly managed in line with the NHSE Operating Pressures Escalation Level (OPEL) framework, first introduced to the NHS in 2016 and then relaunched in July 2023.

Key products of this group and Framework include a new Ambulance Handover Policy, Repatriation Policy, Extremis Plan and Mutual Aid Checklist (for when a request for system support or 'mutual aid' across the ICS or between partners is made by any organisation when internal business continuity arrangements have been exhausted and services depleted/overwhelmed or where patient's lives are at risk). It is important to note that this framework is a final draft as key products have just been or are still to be reviewed by the Clinical Advisory Group (and therefore are still being finalised) in readiness for the Urgent and Emergency Care Strategic Board on 21 September 2023. The Framework will then be officially launched at the NENC ICS System Resilience Event on the 12 October 2023.

In order to build on this extensive engagement and to summarise the plans that each organisation and local system has developed, at the end of July 2023, the UEC Strategic Board requested that each LADB Area outlined their plans for Winter (at Place and LADB footprint) by completing a winter planning template which detailed:

- The way in which each High-Impact Priority Interventions in the UEC Recovery Plan will be implemented;
- The roles and responsibilities for each part of the ICP so that both shared and individual organisational accountability is clear;
- Details of how ICPs and Places will ensure system resilience and how surges/escalation will be managed so that they avoid becoming overwhelmed at times of peak demand and impacting on other parts of the ICS which may result in ambulance diversions for example.

These plans will be reviewed and scrutinised by members of the Clinical Advisory Group at a check and challenge session which is due to take place on 14 September 2023 with feedback provided to allow plans to be enhanced/modified in readiness for the NENC ICS System-wide Resilience Event on the 12 October 2023. During the event these plans will be tested by LADB partners and stakeholders to ensure that as an ICS we can deliver a resilient winter service. Final

plans will then be ratified by the Urgent and Emergency Care Strategic Board which meets on 19 October 2023.

The aim of the NENC ICS from the outset has been to develop a winter planning process which can successfully deliver safe and effective patient care across our complex, multi-agency urgent and emergency care system, throughout winter, building on a history of strong system and clinical leadership and supported by a well-established and functioning governance structure overseen by the Urgent and Emergency Care Board to deliver its vision to provide safe, effective, quality and equitable healthcare. It will do this by reducing unwarranted variation and improving the quality, safety and equity of urgent and emergency care provision by bringing together all stakeholders to radically transform the system at scale and pace which could not be delivered by a single LADB alone.

## 2. Winter Planning - NHSE

As part of the annual winter assurance planning process, each ICB has been asked by NHSE to also submit winter planning documents which summarises their own winter planning processes and plans (detailed previously), including whether the assumptions specified in the operational planning round 2023/24 regarding demand and capacity remains accurate. The deadlines for returns are 11 September 2023 with a final version by 25 September 2023.

The return covers two key areas:

### 1. Numeric Returns

The ICB must either re-state or revise demand forecasts for the remaining part of the year as well as quantify the extent to which capacity can be escalated over and above that which is contained in opening plans. It is assumed that the base capacity set out in opening plans will continue to be in place. Based on current returns, the general and adult bed numbers over Winter will be increased by 1.4% to 2% over submitted capacity levels which gives the system stretch to manage increased demands:

| G&A Beds (Adult) |                       | Oct-23      | Nov-23      | Dec-23      | Jan-24      | Feb-24      | Mar-24      |
|------------------|-----------------------|-------------|-------------|-------------|-------------|-------------|-------------|
| NENC             | Core                  | 6221        | 6206        | 6237        | 6206        | 6250        | 6243        |
|                  | Escalation            | 142         | 166         | 182         | 182         | 153         | 137         |
|                  | Additional escalation | 90          | 90          | 104         | 130         | 117         | 120         |
|                  | <b>Total</b>          | <b>6453</b> | <b>6462</b> | <b>6523</b> | <b>6518</b> | <b>6520</b> | <b>6500</b> |

### 2. Narrative Returns

The narrative return template requires the ICB to provide assurance against a number of key lines of enquiry in support of the winter planning process.

1. How will the ICS work together to deliver on its collective responsibilities?
2. How the 10 high-impact interventions will be delivered?
3. Planning for discharge, intermediate care and social care provision (including BCF demand and capacity planning).
4. Information in support of numerical submissions.
5. Escalation plans.

### **3. North East and North Cumbria System Coordination Centre (SCC)**

In order to provide system co-ordination, oversight and escalation management for organisational pressures and risks, the North East and North Cumbria System Coordination Centre (SCC) operates between the hours of 08.00 – 20.00, 7 days a week. The system is also supported by a NENC ICB Director on call during the out of hours period.

The SCC is a constituent part of the ICB and, as such, will facilitate collaboration within the system through its operational and clinical leadership. The Director of System Resilience is accountable for the System Coordination Centre whilst Clinical input is provided by senior ICB clinicians led by the Medical Director and Executive Director of Nursing.

The NENC System Coordination Centre (SCC) model has been reviewed against the System Coordination Centre specification released in July 2023 by NHSE (building on the minimum viable product for system control centres that NHS England launched in October 2022). This specification makes clear the purpose, key deliverables and minimum operating requirements, referred to as the Required Operational Standards (ROS), that all SCCs should meet in readiness for winter operations 2023/24. It is important to note that the NENC System Coordination Centre will be fully compliant against this NHSE specification during winter 2023/2024.

Using the UEC RAIDR application and dashboard which allows staff to see in real time how the local urgent and emergency care system is working (including number of patients in each of the A&E departments, waiting times, number of beds available, number of ambulances at each site/ on route as well as a narrative by provider on the site position which is to be updated regularly or after any material change), the SCC has visibility of pressures across providers and system partners and will proactively lead the response by providing system coordination across the NHS to patient flow, ambulance handover delays and other operational challenges (including public health incidents).

The SCC will provide system senior leadership, constructive challenge and where necessary, a system level response in and out-of-hours, to manage the escalation and de-escalation processes at system level especially those where ICB intervention is needed to avoid or mitigate organisational or system pressures, and where external support might be required in accordance with agreed system escalation frameworks and plans. This will include:

- Keeping in touch with the operational situation across the area and being aware of any developing issues which may result in coordination arrangements being implemented as OPEL increase across agreed thresholds
- Supporting the ICB Incident Coordination Centre during any major incidents.
- Brokering agreements across the system to ensure mutual aid is available if required to re-balance pressures (e.g. acute and community services)
- Liaising with bordering ICSs on any issues which may impact upon their own pressures and advise NHSE if there are any actions that cannot be taken locally in partnership.
- Commissioning additional resources (beds, staff etc.) and ensure local system demand management initiatives are working during times of surge
- Ensuring a full investigation and debrief takes place following a system-wide escalation to Critical Incident, sharing findings with all ICS partners, and ensure actions are implemented.
- Liaising with NHSE North East and Yorkshire Regional Operations Centre (ROC) in alignment with the OPEL Framework.

#### **4. Winter Priorities 2023/2024**

Winter is a time that represents great challenge for the NHS and social care, and particularly for urgent and emergency care services. More recently, seasonal variation has become far less pronounced, with most services working at capacity throughout the year, not just peaking in the winter months.

Whilst we have and are still undertaking a rigorous and robust planning process to develop winter plans so that all parts of the system can handle the pressures this winter, the inclusive winter planning process implemented by the NENC ICB identified three UEC System Priorities for Winter 2023/24 which are presented for approval by the Executive Committee. The shortlist was presented at August 2023's Exec Committee.

The other clinical and governance stages these System Winter Priorities will go through for ratification and sign off are the UEC Clinical Advisory Group made of up primary, community and acute clinicians across the system (presented on the 24 August 2023), an Extraordinary UEC Strategic Board on 31 August 2023, the NENC ICS CEO Leadership Group on 15 September 2023 and the NENC ICB Board Meeting 26 September 2023. In addition, NHSE will host an assurance checkpoint across all of the North East and Yorkshire ICBs on 25 September 2023.

#### **National Operating Environment**

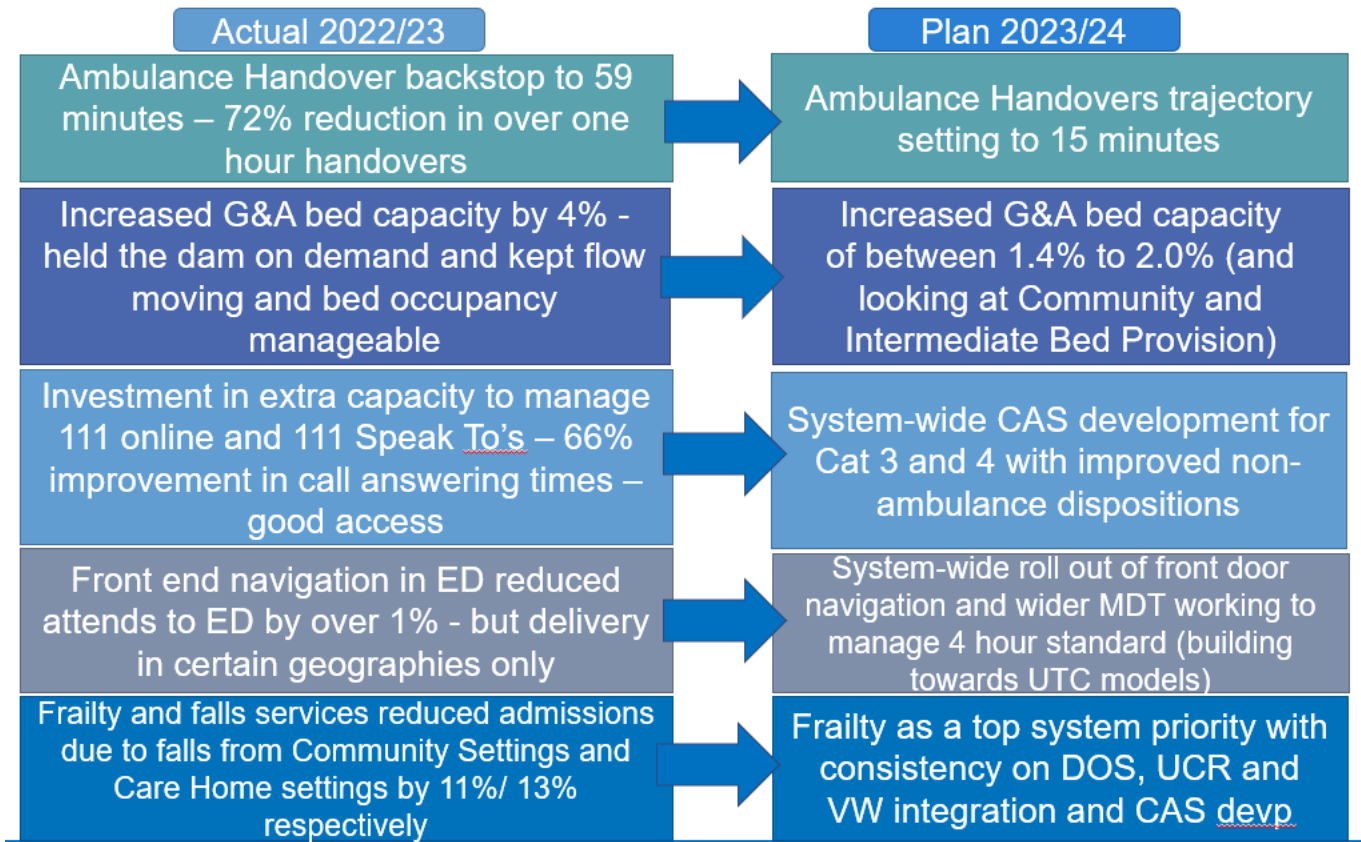
The national operating environment for Urgent and Emergency Care (UEC) is driven by the NHS and the government's blueprint published in January 2023 'Delivery plan for recovering urgent and emergency care services' by increasing capacity, reducing waiting times and improving patient experience over a two-year period.

#### **Our UEC system context that drives the chosen UEC system priorities**

Fundamentally, the biggest challenge for the NENC UEC system is unwarranted variation, sometimes very significant, across the footprint which is delivering inequitable services and outcomes to our population. All plans for UEC incorporate the reduction of unwarranted variation as an integral action and Winter planning is no exception.

#### **Learning from UEC Transformation Interventions in 2022/23**

NENC ICS takes a system learning and improvement approach to setting priorities and delivering care and the results of last year's delivery programmes have influenced the choices for this Winter and more deeply embed and deliver at scale successful delivery models as outlined below; with ongoing evaluation and course correction as needed.



### Final System Winter Priorities

| Principles                                   | ACTION  | Detail   | If Funding?  | Impact / Metrics   |
|--|---|--|--|--|
| Getting people to the right place first time | <b>1a. Implement a System Clinical Assessment Service with a focus on Category 3 and Category 4 validation across the system</b><br><b>1b. Whole system focus on Frailty with push and pull models to UTCs and UCRs</b> | <ol style="list-style-type: none"> <li>Lead provider/ alliance model for CAS delivery – system-wide focus</li> <li>Non-ambulance dispositions in place</li> <li>All UCRs and VWs on DOS</li> <li>100% access for paramedics to UCRs</li> <li>Acute Frailty pathways joined to local SPOAs</li> </ol> | Fund testing of Lead Provider/ Alliance model for System CAS with evaluation | <ul style="list-style-type: none"> <li>Fewer touchpoints for patients</li> <li>More hear/ see and treat</li> <li>Increased utilisation of alternatives to ED – UTC, UCR, SDEC, Falls Teams, Frailty Services</li> <li>Reduced numbers of over 75s frail patients in beds – using 20% of all bed days</li> <li>Reduced ambulance handover times to 15 min</li> <li>Improved Cat 2 performance to 18 mins</li> <li>Greater safety and quality of care for frail/all</li> </ul> |
| Improving Discharges and Transfers of Care   |   |  |  |  |
| Keeping the system flowing well              | <b>2. Whole system focus on Reduced Ambulance Handover Delays to 15 minutes</b>   | <ol style="list-style-type: none"> <li>Strengthen LADB powers and capability</li> <li>Set trajectories for all FTs to 15 minutes over time</li> <li>Manage through LADBs</li> <li>Spotlight and support through UEC Network</li> </ol>   | Fund interface functions that support handovers                              | <ul style="list-style-type: none"> <li>Reduced ambulance handover times to 15 min</li> <li>Delivery of Cat 2 performance to 18 mins</li> <li>Reduced patient harm due to reduced undifferentiated patients out in system</li> </ul>  |
|  | <b>3. Delivering 4 Hour Standard</b><br>Extra MDT Staff in UTCs & ED<br>Front Door Navigation/ Streaming  | <ol style="list-style-type: none"> <li>Front of house navigation in all EDs</li> <li>Implement MDT staffing models in UTC-style services</li> <li>Manage through LADBs</li> </ol>  | Fund MDT staffing including Senior Navigators                                | <ul style="list-style-type: none"> <li>ED ability to focus on high acuity resulting in better A&amp;E performance</li> <li>Supports flow and flexible staffing models</li> </ul>   |

### Analysis of each Priority

#### Priority Part 1a: IUC+ Category 3 and 4 Clinical Assessment Service (CAS) Proposal

**Proposal:** Implement a Clinical Assessment Service with a focus on Category 3 and Category 4 ambulance validation.

**Approach:** Phase an approach to allow learning and re-defining requirements. Commence with 111 Online where there is already the technical ability, then following national changes due September 2023, commence the same pilots within telephony.

## Benefits:

- **Improved patient journey**
  - 111 Online patients would see an improved journey with less touchpoints on the system
  - Telephony and Online patients will be referred to a service that could refer to more appropriate services preventing unnecessary journeys to ED.
- **Increased utilisation of alternatives to ED**
  - By directing patients to a CAS for C3/C4 outcomes directly we could see an increase in services such as UCR, SDEC, Falls Teams, Frailty services and so on.
- **Reduction in handover time**
  - By reducing the amount of C3/C4s that the ambulance service respond to will have a direct impact on handover time.
- **Increased utilisation of Virtual Wards**
  - By referring patients to suitable alternatives, where there are some frailty patients or patients suitable for UCR but may need further requirements could be admitted to a Virtual Ward rather than going directly into hospital
- **Increased Cat 2 Validation**
  - By using a CAS to support C3/C4 validation [from online at first] would mean that the ambulance service does not need to validate those calls and can focus on the C2 calls which are of higher acuity.
- **Decrease of risk in the community**
  - By validating the cases, crews will not be held up at patients' homes while trying to contact the alternative providers meaning they can respond to more patients in the community.

## Priority Part 1b – Focus on Frailty and the Case for Change

Nationally around 5-10% of people attending A&E departments are older and living with frailty, with more than 4,000 admissions daily for falls, minor infections, and adverse reactions to medications. Patients aged over 75 with frailty occupy about 20% of all bed days across England. Demand for services is growing as people live longer. More than half of people aged 65 to 74 live with at least one long-term health condition, and the number of over-85s in England with dementia or other long-term health conditions is predicted to almost double from 233,000 in 2015 to 446,000 in 2035.

In the North East and North Cumbria (NENC), the estimated prevalence rate of frailty in those aged 65 years is 32.7% (based on the frailty case finder criteria). Older people living with frailty admitted to hospitals are at increased risk of harm and poor outcomes. Frailty is up to twice as high in the most deprived neighbourhoods compared to least deprived, and therefore should be considered as a health inequality. The demand for services is growing as people live longer in ill-health.

Getting It Right First Time's (GIRFT) national report on geriatric medicine recommends a collaborative approach across whole systems to help prevent frailty and avoid the need for older people to be admitted to hospital where more effective care can be offered elsewhere.

It is recognised that reducing hospital bed occupancy will require investment in support services outside of hospitals. However, in NENC care homes in 22/23 there were 18,921 emergency admissions, which involved 11,765 individual patients, each at a cost of £ 4,343, average length of stay was 11 days. Most of these patients would have been moderately or severely frail, providing better alternatives outside hospital could result in a big saving to the health system, even allowing for the costs of change.



The areas of focus include the integration of acute frailty services with community pathways, development of single point of access, frailty SDEC and acute frailty services, step up frailty virtual wards, urgent community response services, and meeting standards and outcome metrics associated with responsive services.

## **Priority 2 Move to 15 Minute Ambulance Handovers**

In Winter 2022/23, the UEC Strategic Board prioritised a backstop of 59 minutes for ambulance handover delays. Pre and post intervention analysis from Winter 2022 to August 2023 demonstrates a marked reduction in the volume of Ambulance Handover delays over the backstop of 59 minutes by 69%. Following the implementation of the protocol a refresh of the handover data has identified that current performance against this standard is now 2.1% at 14 August 2023 (from a high of 19.6% on 2 February 2023). This has significantly reduced the level of patient harm in the system and increased the sharing of clinical risk across partners. Analysis of patient impact is underway as part of this evaluation.

The target however is 15 minutes and the volume of variation across the UEC footprint is higher than warranted. It is now time to take this further.

The ICB will prioritise a fifteen-minute ambulance handover across the ICS providing support to systems and providers. There are case studies of successful implementation  
In response to this key priority LADB's will be asked to ensure they have considered the following principles and actions and are able to enact them if and when required.

Systems should have in place the ICS policies for Mutual Aid and Repatriation. These policies form part of the NENC Escalation Framework alongside the refreshed specification for Sustainable System Coordination centres and the revised OPEL Framework triggers and actions. The process encourages timely communication across providers and systems which supports improved patient flow.

NENC ICB has incorporated the revised framework into existing documentation. Acute Trusts and systems need to be prepared to enact actions which take patient care outside of designated clinical areas for example in OPEL 4 and OPEL 4 situations.

Tripartite Actions ask Trusts to consider specialist in-reach into ED, the care of patients outside of clinically designated areas such as corridors, increasing cubicle occupancy to two patients designated for one and for the Medical and Nursing Director to enact a plus one patient to all wards. (It is advised that those actions which increase occupancy on wards and within cubicles will require an Infection Prevention Control risk assessment prior to enactment).

## **Priority 3: Delivering the Four Hour A&E Standard - Front Door Navigation/ Streaming at ED and increased multi-disciplinary team working as part of ongoing development towards Urgent Treatment Centres (UTCs)**

The development of UTCs is one of the main priorities of the UEC Strategic Board over the medium term of 1-3 years which has set a series of principles, minimum standards and requirements; and outcomes for the system. The UTC outline specification is now developed and a benchmarking exercise of all current UTC operating models and a timeline for delivery was presented and approved by the UEC Strategic Board on 17 August 2023 with the action of identifying system support offers required and prioritisation setting for any new funding routes and resetting of current funding arrangements wherever possible. The aim is to deliver system consistency where it matters most in terms of patient access, quality of care and outcomes whilst allowing for tailored services that meet local need.

Pre and post intervention analysis from Winter 2022/23 demonstrates a huge level of potential for streaming off all but Type 1s, supporting ED to deliver Type 1s faster and the wider system to be able to navigate to consistent front door services with the potential of 'additionality for access to senior clinical decision making to the CAS for Speak To's'.

For winter 2023/24, front door navigation and widened multi-disciplinary team delivery across the system provides an opportunity for the role of a senior decision maker fronting the ED/UTC services and is key in ensuring.

- Patient safety and experience is of a consistently high standard.
- A structured streaming arrangement is in place with a robust process to match patients with the service most suited to meet clinical need.
- Those patients who are the most sick and vulnerable are identified early ensuring the commencement of treatment.
- Effective patient flow through the ED or redirected to other units such as SDEC.

## **5. Primary Care**

Primary care is an integral part of delivery of UEC in Winter and is a key partner in the UEC Network and on the Strategic Board. The focus areas for Winter are outlined below

- Focus on OPEL reporting and roll out for Primary Care and high data quality reporting
- LADBs considering requirements for primary care capacity on Sundays and Bank Holidays
- LADBs also looking at interface of UTCs and same day urgent care
- Using Additional Role Reimbursement Scheme PCN roles to support surge and winter
- Local emergency medicines service in place until Easter 2024
- Delivery of vaccination programme based on co-administration of Flu and Covid Vaccines with multi-provider approaches to delivery.

**Areas of primary care focus that align with the top three system priorities are:**

- Acute Respiratory Hub Expansion to all areas of NENC ICS
- As Bank Holidays and Sundays are no longer contracted from general practice, there is a requirement to provide some general practice opening across NENC, to support same day urgent access and alignment with acute provision
- COVID testing – due to new NICE guidelines the treatment for COVID positive patients will move from hospital settings into primary care (GP and Pharmacy). The cohorts of patients eligible where required have been expanded and we anticipate the 4 times that of the previous level of demand. Given this change, and due to the reliance on the public purchasing their own tests, it is a potential this will result in an inequity of access to treatment as direct result of test availability. This will particularly target patients with long term conditions and multiple co-morbidities. There is a potential proposal to offer test kits to those on lower incomes where it is deemed necessary by the GP and to secure pharmacy services for access to drugs. The aim of this scheme is to prevent avoidable admissions as a result of COVID infection.

## **6. Mental Health, Learning Disabilities and Autism**

Mental Health providers are a core part of the UEC network and, as such, will facilitate and collaborate within the system through its operational and clinical leadership where specific UEC pressures exists and which require the support of wider system partners.

MH Trusts also liaise directly with the SCC to facilitate a system wide conversation when necessary and to ensure that all patients who are waiting in an acute trust and who require an in-patient stay in a mental health bed are able to access support (this may be out of area).

NENC ICB leads and supports the delivery of high-impact interventions 3, 4 and 9 across mental health provider pathways through our Mental Health, Learning Disabilities and Autism (MHLDA) Partnership. Strategic leadership and oversight of these priorities is co-ordinated by the NENC ICB Mental Health, Learning Disabilities and Autism sub-committee which is responsible for providing leadership and direction in relation to the delivery and commissioning of all NHS mental health and learning disability services across the life course, including Young People, Adults and Older adults across North East and North Cumbria.

The Mental Health / Learning Disabilities and Autism Executive sub-committee ensures strong place-based partnership arrangements in each area to ensure that the NENC system is:

- Guided by a clear and coherent strategy, that is evidence based, informed by national priorities and drivers whilst driven and anchored at place
- Builds on system connectivity from neighbourhood and place to the NENC Region.
- Reduces complexity, duplication and unwarranted variation
- Strengthens representation and co-production with people with lived experience and their carers
- Continually strengthens and improves service delivery
- Make the best use of financial resources, to ensure that they are used efficiently and targeted at the areas of the greatest need.

The priorities are overseen and driven through place-based partnerships and NENC ICB MHLDA transformation workstreams:

- Urgent and Emergency Care
- Inpatient Quality Transformation
- Community Mental Health Transformation
- Building the Right Support

There is recognition that committees at place and mental health, learning disability and autism place-based programme boards will also deliver functions on the roles and responsibilities that NHSE have identified these include.

- Ensure there are clear escalation processes for A&E where there is considerable delay in receiving specialist support.
- Ensuring community services are mobilised to support the physical health and wellbeing of those with Mental health, learning disability and/ or autism.
- Ensure access to emergency housing funds to enable discharge of patients with no fixed abode (NFA) to ensure that they can be supported with follow up crisis / community care and support in partnership with local authorities.
- Work with acute providers to ensure the new integration framework for systems to support children and young people with mental health needs within acute paediatric settings is delivered.

## **7. Accelerated Autumn Vaccination Programme**

The vaccination programme is an integral part of the prevention agenda and UEC planning and delivery. The headlines for 2023/24 are:

- Protecting those at highest risk as soon as possible to reduce severe disease and minimise hospital admission; and with a focus on inequalities by targeting areas of lower uptake beyond October 2023
- Programme starts on 11 September 2023 with care homes, the housebound and home care independent sector; and opening to all of those eligible from 18 September 2023; ending on 31 October 2023
- The programme is in response to the new Covid variant BA.2.86 also known as 'Pirola'
- Co-administration with flu and covid will be the default method.

In terms of the delivery model, this will be a network of vaccine providers across NENC ICS and a combination of general practice, community pharmacy and hospital settings. Current confirmed sites across the NENC ICS footprint provides good geographical coverage and additional capacity in the form of roving models, pop up clinics and offsite providers.

## **Recommendation**

The ICB Board is asked to take significant assurance from the robust and comprehensive co-designed planning process undertaken in preparation for Winter 2023/2024 by the North East and North Cumbria Integrated Care Board and with partners across the Integrated Care System and its approach to agreeing and delivering the top three system Winter Priorities for 2023/24.

The plan is not without risk and the ICB Board is asked to note that the whole system is working to manage workforce pressures through flexible working models and more integrated delivery, for example across urgent community response and virtual wards; that the system will be ready for any opportunities for extra funding that may become available and that it will share risk collectively as a system to manage what is likely to be a very challenging winter.