


<p>Non-Executive Report of the:  <b>Health and Wellbeing Board</b></p> <p><b>Tuesday 20<sup>th</sup> September 2022</b></p>	
<p><b>Report of:</b> Kathriona Davison - The Royal London and Mile-End Hospitals Winter Planning 2022/23</p>	<p><b>Classification:</b> Unrestricted</p>

<b>Originating Officer(s)</b>	<b>Kathriona Davison - Barts Health NHS Trust</b>
<b>Wards affected</b>	All wards

### Executive Summary

As we approach Autumn and Winter, we want to share the planning already underway for this winter. There are a range of risks and uncertainties with increasing demands across health and social care. Issues such as cost of living increases and rising energy costs are placing pressures on households and individuals, impacting on their health and ability to cope. Seasonal infections are also on the increase such as respiratory viruses, flu and new covid variants which may place additional pressure on our services, and the need to vaccinate for these as well as unexpected viruses such as monkeypox and polio are affecting our vaccination capacity and resource.

The system is already under considerable strain and working through a backlog in elective care, as well as increased demand.

We are developing plans to manage these competing pressures as we approach winter alongside our health and social care partners. The work underway is underpinned by clear governance and decision making as well as effective communication and escalation channels across the partnership from place and providers and we want to ensure that as a system everyone is aware of the work underway and has an opportunity to shape it further. We are also focused on regular and effective communications to local residents.

### Recommendations:

The Health and Wellbeing Board is recommended to:

1. To review the Royal London and Mile-End Hospitals initial winter planning and approve the continued development of plans.

### 1. ALTERNATIVE OPTIONS

- 1.1 Not applicable.

## 2. DETAILS OF THE REPORT

- **Managing new Covid variants and respiratory challenges:** there have been national changes to infection, prevention and control guidance affecting our ability to optimise bed capacity and delivery of an integrated covid and flu vaccination programme so we are working through how best to prepare for and manage this.
- **Appropriate plans in place to increase capacity and manage demand:** We're working with our community, mental health and primary care services to ensure sufficient urgent care capacity is in place for NHS 999 and 111 services. The aim is to minimise patient presentation at emergency departments.
- **Robust oversight of urgent and emergency care (UEC) performance:** There is a focus on initiatives to improve ambulance service performance including 111. This work includes a detailed focus on discharge processes from our hospitals working with all local authorities across north east London and looks at addressing challenges for out of area discharges and admissions avoidance schemes. A UEC Programme Executive is being established to ensure mutual accountability for delivery of UEC standards and the winter plan using a nationally developed assurance framework approach. The UEC programme executive aims to also provide strategic direction and use data driven insights to identify and drive system wide solutions.
- **Supporting our workforce:** The health and wellbeing of the workforce is crucial and interventions targeting recruitment and retention will be a focus in managing additional demand this winter. We are working on initiatives to bolster recruitment and retention plans including sharing staff and bank arrangements.
- **Driving our delivery via place based partnerships** - we will work through places to understand local pressures and how we effectively work together through winter. For example, we held a Royal London and Mile-End Hospitals winter planning cabinet meeting on the 12<sup>th</sup> September with partners to look at how the system can adopt an intensive and joined up approach to support people to stay at home and in the community this winter. We are reviewing how we can build in all parts of the system from carers' support to enable people to stay at home ,to how the hospital processes work to make sure we support people who do have to come into hospital to return home rather than long term care.
- **Working collectively as a system to manage the impact of the rising cost of living** – we are working through what value we can add as a system to support the challenges emerging from this, with a focus on workforce, patient pathways and sharing good practice already underway across north east London.

## 3. EQUALITIES IMPLICATIONS

- 3.1 There are no implications for equalities.
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## **Linked Reports, Appendices and Background Documents**

### **Linked Report**

- None

### **Appendices**

- None

#### **Local Government Act, 1972 Section 100D (As amended)**

#### **List of “Background Papers” used in the preparation of this report**

List any background documents not already in the public domain including officer contact information.

- These must be sent to Democratic Services with the report
- State NONE if none.

#### **Officer contact details for documents:**