

Health & Social Care Committee Evidence Paper

Health and Social Care Winter Plan 2021-22

1. Purpose

1.1 The Minister for Health & Social Services and the Director General for Health & Social Services and NHS Wales Chief Executive have agreed to attend the Health & Social Care Committee on Thursday 10th February 2022, to provide evidence for the [inquiry into the impact of waiting times backlog on people who are waiting for diagnosis or treatment](#) and to be scrutinised on the Welsh Government's Health and Social Care Winter Plan 2021-22.

1.2 The purpose of this briefing is to provide a summary of the winter planning processes for 2021-22 and an assessment of the assurance provided by the integrated health and social care regional plans undertaken through regional partnership boards.

2. Introduction

2.1 The health and social care system has historically experienced pressure during specific periods of the year, resulting in delays to access that may result in risk of harm, poor experience and quality of care to people accessing services. The winter period, Easter and bank holidays generally present additional challenges to the system when compared with the rest of the year.

2.2 Historically, winter plans have focused on NHS services and have been issued in November, with a requirement for formal submission of plans by health boards and trusts.

2.3 While seasonal planning is not a one-off event and forms part of the requirement of health and social care organisations' operational plans, in view of anticipated heightened pressure resulting from the impacts of the COVID-19 pandemic, a Winter Protection Plan (2020 - 2021) was published by Welsh Government in October 2020. The purpose of this plan was to describe the actions progressed at a national level to enable the health and social care system to deliver safe and effective services throughout the winter period.

2.4 The concern for winter 2021-22 was the impact of multiple risks on an already fragile system. The challenges caused by the pandemic to health and social care staffing capacity; limitations on physical estate capacity associated with streaming of patients and social distancing requirements; increasing activity across urgent and emergency care services; and added complexity of 'new' and latent demand were anticipated as planning commenced for winter preparedness.

2.5 Consequently, a Health and Social Services Group (HSSG) Seasonal Planning Task Group was instituted, chaired by the Deputy Chief Medical Officer for Wales. The group undertook an assessment of the key risks and current mechanisms for providing support to and receiving assurance from health and social care organisations, and identified priority areas for winter resilience.

3. Strategic context

3.1 The Covid-19 pandemic continued to have a significant impact on the ability of the health and social care system to deliver timely and quality care throughout 2021 and urgent and emergency care services came under increasing pressure as the year progressed, due to a number of factors.

- Easing of restrictions on life and increase in transient populations (e.g. tourists) resulting in an increase in presentations to General Medical Services, 111, 999 and Emergency Departments for minor complaints;

- Latent demand caused by initial reluctance amongst the public to seek advice during the first wave of the pandemic, and increasing prevalence of frailty resulting in more people accessing care with complex needs;
- Ongoing infection control requirements reducing physical capacity in Emergency Departments and hospital wards;
- Test Trace and Protect requirements reducing available staff capacity across the system causing delays to access;
- Ongoing primary and community care support for the vaccination programme limiting capacity to manage demand in the community resulting in reliance on 111, 999 and Emergency Departments; and
- Increase in planned care procedures to address the backlog and depleted social care capacity further limiting available bed capacity, causing longer stays and consequences for patients awaiting admission from a hospital bed.
- Impact on the urgent and emergency care system resulting from poor patient flow through the hospital system and out into the community (with long delays for patients awaiting admission to a bed from the Emergency Department, and delays in transferring patients from ambulance vehicles to the care of Emergency Department staff because of a lack of space). This is partially caused by hospital processes and partially by challenges in the domiciliary care and care home sectors.
- Ongoing high demand for domiciliary care for patients in the hospital system, which was forecast by Delivery Unit modelling to extend into autumn 2021.
- Limitations in domiciliary care capacity, which were expected to continue into winter despite concerted efforts to increase recruitment and improve retention in the domiciliary care sector.
- Workforce pressures across the health and social care sector caused by sickness, shielding, staff turnover and fatigue of staff who have worked through a protracted period of heightened pressure.

4. Health and Social Care winter plan intent/purpose

4.1 The Health and Social Care Winter Plan 2021-22 was developed to address the composite risks to patient safety, with the primary aims of keeping the population safe from COVID-19 and safeguarding health and social care services for people most in need.

4.2 The purpose of the Health and Social Care Winter Plan was to describe the actions being taken nationally to support health and social care organisations to plan for the winter period, and to set out priorities for regional partnership boards, local authorities, health boards and NHS trusts. Assurance was required from organisations that their plans were sufficiently robust to ensure they maintain key services for the people of Wales during the winter, and to keep Wales safe.

4.3 The expectation of the plan was for health and social care organisations to strengthen their winter plans through collaboration. Regional Partnership Boards were asked to lead the development of high level local integrated plans that described how partners were working together to deliver on agreed priorities for winter, as part of ongoing activity to maintain services and address system pressures.

4.4 In seeking to respond to the five harms associated with the pandemic¹, the plan set out eight priority areas to keep people safe and reduce risk of harm. The eight priority areas were:

- Protecting us from COVID-19
- Keeping people well
- Maintaining safe health services (planned and urgent and emergency care)
- Maintaining our social care services
- Supporting our health and social care workforce
- Supporting unpaid carers
- Keeping everyone informed
- Working together across Wales

5. Financial support

5.1 During 2021, alongside an ongoing package of financial support for NHS response to COVID-19, more than £200million revenue and £48m capital was invested in supporting and accelerating the recovery of planned care services across Wales to ensure that people have their assessment and treatment as quickly as possible.

5.2 £25million recurrent funding was allocated to support the delivery of the Six Goals for Urgent and Emergency Care, focusing on four priority areas:

- Implementation of urgent primary care centres across Wales to better manage demand in the community.
- Roll out of 111 nationally and an increase in the number of clinicians to provide remote advice / assessment and signposting.
- Establishment of robust same day emergency care services to help avoid admissions to hospital.
- Implementation of discharge to assess pathways intended to avoid admission and speed up discharge to a person's usual place of residence.

5.3 A further £2.26million was invested in non-urgent patient transport, in an effort to ease pressure on ambulance services and ensure patients can continue having access to planned care.

5.4 £40million was allocated to support recovery of social care services aligned with the Social Care Recovery Framework.

5.5 In addition to these investments, a further £9.8million was allocated to regional partnership boards (RPBs) on 26th October 2021, to support delivery against the priorities set out in the winter plan, alongside a further £32.92million for social care pressures.

6. Associated guidance documents

¹ The Five Harms: Harm from COVID-19, harm from an overwhelmed health and social care system, harm from reduced non-COVID activity, harm from wider societal actions (lockdowns, etc.), harm from new or existing inequalities either directly or indirectly from COVID-19

6.1 The winter plan was issued within the context of a number of other key guidance documents with a specific focus on address key factors impacting on seasonal pressures.

6.2 A Local Choices Framework, issued in December 2020, provides NHS organisations with permission to make local choices, in a local context and informed by local engagement to flex service provision and to redeploy staff to respond to exceptional demand. This has been reviewed and was re-issued to Health Boards on 1st October 2021.

6.3 The Coronavirus Control Plan sets out Welsh Government's wider response to Coronavirus and provides the wider context to this health and social care plan. The Coronavirus Control Plan: autumn and winter update was issued on 8th October 2021.

6.4 The Public Health Response to Respiratory Illness Winter 2021 sets out the detailed response to both COVID-19 and seasonal influenza and was published on 21st October 2021.

7. Winter planning and delivery assurance mechanisms / governance

7.1 All RPB statements of assurance/ winter plan documents were submitted by the end of November 2021 and were reviewed by policy leads across the Health and Social Services Group. Initial feedback was provided verbally on 7th December to RPB leads. This was followed by written feedback from Welsh Government officials on 13th December, which identified supplementary areas requiring assurance. The plans and associated risks/issues are also subject to regular discussion at meetings, supplemented by written feedback. Further formal written feedback was issued to RPBs and their constituent partners on 18th January 2022.

7.2 In addition to the processes for the plans themselves, there are a number of other mechanisms for providing support and seeking assurance on delivery of winter plans to maintain safe delivery of health and social care services.

7.2.1 Winter planning and resilience is a standing agenda item on the Integrated Quality Planning and Delivery meetings between Welsh Government officials and health boards and trusts. These are held on a bi-monthly basis.

7.2.2 System resilience meetings have been put in place for health boards and NHS trusts. Meetings were held in October and December 2021 each health board and NHS trust, and subsequently weekly reports are submitted to Welsh Government which set out risks and action in mitigation, including the deployment of action within the Local Choices Framework.

7.2.3 The COVID-19 Planning and Response Cell continues to meet weekly with representation of Welsh Government and health and social care organisation representatives. Operational pressures and system resilience is a standing agenda item.

7.2.4 During November and December Welsh NHS organisations were asked to supply further assurance on their operational plans to maintain patient safety and key services for the two-week festive period including Christmas and the New Year. Submissions were mapped against nine priority areas and RAG rated in a summary document, which was retained as a live document with further updates until the commencement of the festive period.

8. Evaluation and learning of winter planning and delivery

8.1 Formal review of the action funded by expenditure of the allocations to RPBs from the £9.8m winter funding is being undertaken through expansion of existing reporting processes designed for activity supported by the Integrated Care Fund.

8.2 A wider review and evaluation of winter arrangements will be undertaken, drawing on these formal monitoring processes and regular feedback mechanisms and will seek to identify and learn from areas of notable practice in addition to the challenges experienced by RPBs in implementing plans.