

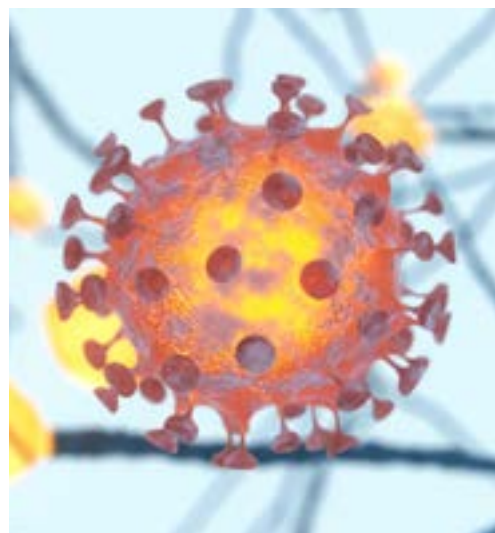


DIOGELU CYMRU
KEEP WALES SAFE



Llywodraeth Cymru
Welsh Government

Health and Social Care Winter Plan 2021 to 2022



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FOREWORD

This year has continued to present us with unrelenting challenges related to the COVID-19 pandemic. The health and social care system has experienced ongoing pressure from the direct and indirect impacts of the pandemic along with a range of other factors resulting in high levels of escalation in our services.

Winter is always a challenging time for organisations working to deliver our health and social care services to meet the needs of patients, service users and their carers, and we are expecting this winter to be a particularly difficult one in the face of the ongoing pandemic impacts plus the impact of respiratory and other viruses.

The balance between maintaining planned care and managing elevated urgent and emergency care demand is a challenge every winter and this year, the fluctuations in COVID-19 cases make planning services more complex and we need to remain ready to respond to rapidly changing circumstances. This means that the health and social care system will be constantly rebalancing and re-prioritising this winter to use its resources to treat the sickest and most urgent patients.

More than ever, the demands on our health and social care system to meet the needs of our population require organisations to work collaboratively to remove barriers and deliver safe and effective services. This plan sets out the priority areas for winter 2021-22.

Our focus is on keeping people safe and well. We will deliver this through preventive activities to avoid illness, action to deliver services close to home where possible, and to reduce the risk of illnesses getting to the point that hospital treatment is needed. When hospital treatment is required, our focus is to ensure the safe delivery of care, minimising time spent in hospital and supporting people to return home.

I would like to take this opportunity to express my gratitude to our health and social care staff across Wales who have worked tirelessly during the pandemic. They have and continue to work with commitment and compassion to deliver care and support to patients, service users and their carers. I recognise the impact of maintaining this superb effort over a protracted time and another key priority this winter is to safeguard the health and wellbeing of our workforce.

The people of Wales have made their own important contribution to keeping us safe through supporting measures designed to control the spread of the virus and reduce its impact. Almost 2.4 million people in Wales aged over 12 years have received a first dose of the COVID19 vaccination, and almost 2.2 million people have received a second dose.



Eluned Morgan MS, Minister for Health and Social Services

PURPOSE

A Healthier Wales remains our vision for health and social care in Wales, and we have updated the actions in A Healthier Wales to reflect the priorities brought to the forefront during the pandemic.

Planning for winter is not a one-off event. Rather, it is a process that sits within the context of the services provided by health and social care organisations daily and throughout the year. It also sits alongside organisational plans for the development and enhancement of services, which are intended to keep pace with changes in demand for services and advances in treatments and supporting technology.

This winter plan must be considered alongside a number of other key documents. Our Coronavirus Control Plan sets out our wider response to Coronavirus and provides the wider context to this health and social care plan. The Public Health Response to Respiratory Illness Winter 2021 sets out the detailed response to both COVID-19 and seasonal influenza. Expectations are shared with health boards in relation to planning, including for seasonal variation in demand for services, in the NHS Planning Framework and health boards and trusts have been preparing intensively for winter for several months through these processes.

The purpose of our winter plan is to ensure patient safety and the provision of social care for people in most need. The plan describes what we are doing to support health and social care organisations to plan for the forthcoming winter period. It also sets out priorities for regional partnership boards, local authorities, health boards and NHS trusts to ensure they maintain key services for the people of Wales during the winter, and to keep Wales safe.

Regional partnership boards will bring together local authorities, health boards, NHS trusts, the third sector and service providers across the health and social care sector to co-ordinate and lead the development of high level local integrated plans that will describe how partners are working together to deliver on agreed priorities for winter as part of ongoing activity to maintain services and address system pressures. National clinical, professional and programme leads will also support and enable delivery of the priorities where appropriate.

Health and social care partners are expected to co-ordinate their services and pool or align resources in order to ensure that the regional integrated plan has maximum impact for people living in those communities.

CONTEXT

Winter is historically a time of pressure for the health and social care system when demand increases from communicable illnesses such as seasonal influenza and Norovirus. The typical cold weather and fluctuations in temperature also result in more people needing emergency treatment, for example as a result of slips and falls resulting in injury, which is why it is important that all parts of government centrally and at local government level play their role in reducing the opportunities for

accidents to occur. The increased urgent and emergency care demand and complexity can result, at times, in delays in access to essential services for individuals and this can impact on their experiences and outcomes.

Winter viruses

This year, modelling suggests that we can anticipate significantly higher numbers of people to become unwell with winter viruses. This increased demand will place a significant burden on our already-stretched health services. The Technical Advisory Group (TAG) *Winter modelling update - Modelling other viruses* notes that modelling shared with the Joint Committee for Vaccination and Immunisation has suggested that the 2021-22 flu season could be between 50%-100% higher than a typical season and could peak at a different time¹ than ordinarily expected. The report also highlights that modelling by The University of Warwick indicates that case numbers, hospital cases and deaths are “almost certain to be higher in a flu season following a suppressed flu season (e.g. winter 2020/21), with counts up to two times a normal flu season plausible.” The uncertainty about the likely timing of the flu season makes planning more complex and the implication is that it is highly likely that we will see major increases in need for urgent care across primary, community and acute services for people with flu. However, it is still possible that we may see another quiet flu season.

Respiratory syncytial virus (RSV) is a concern this autumn and winter. Following a season with reduced incidence in 2020, due to social distancing and lockdown measures, the concern is that there will be a surge in cases this year in particular among young children who were not exposed to the illness last year. Australia and New Zealand have observed higher than usual case numbers and planning for this winter must take into account the need for additional acute and critical care capacity for children. Data shows that the RSV season has commenced much earlier than usual and hospitals are under pressure with paediatric bronchiolitis cases caused by RSV. The TAG modelling provides four scenarios to support health boards in undertaking local capacity planning.

Since the pandemic, to ensure the safety of the public, much of our focus has been on building capacity into our health and social care system to be able to provide care for people with Coronavirus and seeking to maintain the resilience of our essential services.

Rapid innovation, including a significant number of digital developments, for example national roll-out of video consultations for primary, secondary and community care, has enabled services to be able to be provided differently. However, there have also been difficult decisions about the range of services able to be provided during times of significant additional demand from patients suffering with COVID-19.

¹ [Jvci Interim Advice on COVID-19 Booster Vaccine Programme 2021-22](#)

In a typical year, planning for winter respiratory viruses includes the need to adjust service capacity for other services, including stepping down planned hospital treatments to ensure services can safely respond to urgent and emergency care needs of patients with these viruses. This year, services are preparing for the potential of peaks of COVID-19 demand alongside other winter respiratory viruses.

Workforce challenges

At a time of increased demand for services our health and social care workforce has been put under considerable strain and as a result we continue to experience challenges with recruiting and retaining key workers across the health and social care system. This places further strain on services; this has had enormous impact on the domiciliary care sector and delays in being able to provide reablement services and care packages for people to return home from hospital is having a significant impact on people. It also places further pressure on the flow through hospitals.

Pressure has been rising during recent months and the priorities described in this plan are a mixture of those intended to mitigate against the current and forecast pressures felt across health and social care systems over winter; and others that will have medium or longer term value, achieving more sustainable services for the future. This will provide a foundation on which to further develop recovery plans into the coming year.

Supporting our NHS through the pandemic and into recovery

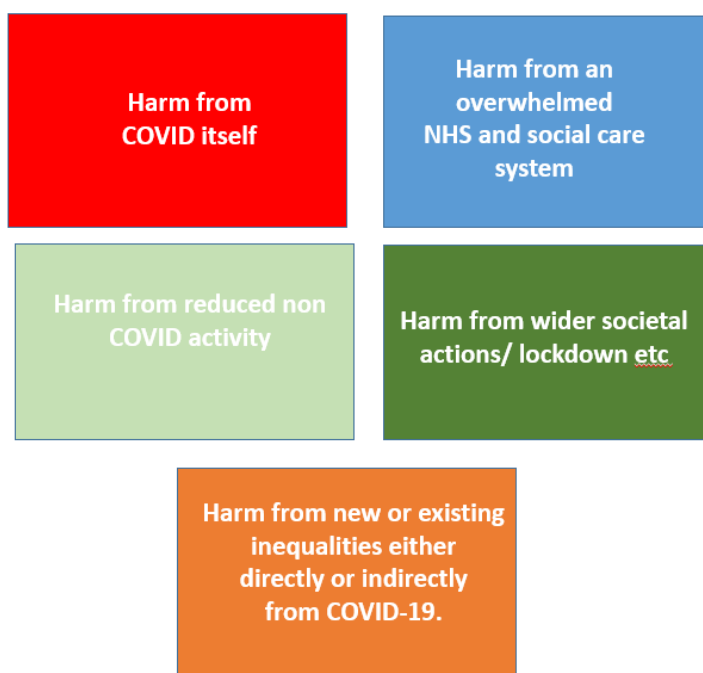
As a government we have sought to protect and support our NHS with additional investment to deliver rapid change in service models to maintain access to essential services and to increase available service capacity to manage COVID-19.

Welsh Government has confirmed £1.1 billion additional funding in 2021-22 to support the NHS response to COVID-19 and to start the process of recovery of routine care. This includes £200m revenue funding and £48m capital funding that has been allocated non-recurrently towards recovery plans. Over £300m has been allocated to organisations to continue delivery of their local response plans through to the end of the financial year.

Funding is also being made available separately on an actual basis to meet the costs of national programmes, including Test, Trace and Protect, PPE supply, COVID-19 vaccination programme and enhanced cleaning standards. £140m funding has been provided non-recurrently in recognition of the impact that the pandemic has had on underlying financial positions due to the limited ability to implement normal levels of efficiency improvements.

These allocations are based on organisations' own cost projections, and so confirm the funding that the NHS has forecast it needs to maintain its response through the autumn and winter period.

Our focus has been on managing and mitigating against the five harms associated with Coronavirus, both direct and indirect.



We know the pandemic has had implications for people who need to access care in a range of different settings and for different purposes. People waiting for planned treatments have been impacted in particular, and as noted above, we have allocated £240million of the additional funding this year to support and accelerate the recovery of these services. This should start to ensure people have their assessment and treatment as quickly as possible.

Investment of £25million on a recurrent basis is supporting improvement in urgent and emergency care services. Our focus is on delivering the right care in the right place, first time through 'six goals' for the health and care system. This funding is being targeted at expansion of same day emergency care services and innovative service developments such as urgent primary care centres. These developments will allow people with urgent or emergency care needs to be seen and treated rapidly, reducing the need for emergency hospital stays.

Maintaining social care resilience

A suite of financial support has been provided to the social care sector including over £185m to date to the adult social care sector to meet general pandemic costs and to help offset the additional pressures arising from unfunded voids in residential care through the Local Government Hardship Fund.

Additionally, the Deputy Minister for Social Services published the Social Care Recovery Framework in July 2021. This set out the Welsh Government's priorities for social care recovery in Wales with a clear focus on the immediate recovery priorities

that needed to be addressed with urgency. To support implementation of the Framework, the Deputy Minister for Social Services further announced a £40m recovery fund for social care. The purpose of the grant is to support appropriate recovery of social care services in local authority areas across Wales, aligning with the priority areas set out in the Social Care Recovery Framework, and with any wider recovery plans developed by the local authority and relevant Regional Partnership Boards. Initial spending plans are due from local authorities in October and a recovery plan by the end of December.

In order to minimise the risk of harm to our care home residents and to ensure the stability of the sector, we have provided financial support for care homes alongside the development of a range of guidance with Public Health Wales to protect these settings in which some of our most vulnerable people live. Guidance has included infection prevention and control measures in care homes and guidance on safe discharge from hospital services.

Promoting recovery, independence and getting people safely home are key priorities and we have allocated funding to support the implementation of discharge to recover and assess pathways through Regional Partnership Boards.

Increased demand for domiciliary care has been observed in recent months and this is projected to continue into spring 2022. We continue to support our domiciliary care sector through financial measures and support for the development of training to attract new staff to work in home care.

Our commitment to our health and social care workforce and services is embedded in our Programme for Government and our immediate focus is on the key priorities to help us move safely through winter and into spring 2022 in a more resilient state.

Through the Integrated Care Fund and the Transformation Fund, we continue to invest in a range of services that seek to reduce the need for hospital admissions for frail older people and to support people to live independently. This includes rehabilitation and reablement services, rapid discharge support, dementia care, falls prevention, amongst others.

Through regular weekly meetings between the Minister for Health and Social Services and local authorities and health boards we will be delivering a package of support to attempt to stem the numbers of people entering hospital and speed up the discharge of patients from hospital freeing up spaces so that we can see a better flow through our hospital systems.

PRINCIPLES

The core principles underlying this plan are to focus on safety first, prioritising care for people with the greatest need and ensuring the balance of risk across all of the five harms is considered.

Harm from COVID itself:

- Maintain infection prevention and control measures to keep you safe
- Protect the public through delivery of COVID booster, and Test Trace Protect

Harm from an overwhelmed health and social care system:

- Protect the public through flu vaccination
- Utilise hospital care only for those in need of hospital care
- Ensure urgent and emergency care services are there for those who need them
- Ensuring social care has the resources to support care delivery

Harm from reduced non-COVID activity:

- Maintain essential services across primary, community and secondary care
- Protect cancer services to maintain lifesaving diagnosis and treatment
- Maintain planned care where it is safe to do so
- Protect children's services maintaining them throughout winter

Harm from wider societal actions/ lockdown:

- Ensure mental health crisis services are available
- Maximise the available mental and emotional wellbeing support services
- Keep people informed through a Winter Communications Plan

Harm from new or existing inequalities:

- Ensure vulnerable groups are prioritised for COVID-19 and flu vaccination

OUR PRIORITIES FOR WINTER 2021-22

1 Protecting us from COVID-19

The success of the COVID-19 vaccination programme has provided vital protection which has allowed our society much-needed freedoms and supported the re-opening of our economy but the shadow of the pandemic remains over us as we move into winter. We have seen rising infections rates and increased hospitalisations associated with the Coronavirus. Thankfully, this is not to the extent we experienced earlier this year, however this continues to impact on our NHS service capacity and we remain vigilant in our monitoring. The Coronavirus Control Plan and the Public Health Response to Respiratory Illness Winter 2021 set out the approach to managing COVID-19 during the winter and should be read alongside this plan.

1.1 Monitoring and Modelling

Through ongoing monitoring and modelling of the rates of infection and hospitalisations and tracking the risks related to the emergence of new variants plus active infection prevention and control measures in our health and social care settings, we will continue to manage the risks related to Coronavirus. Modelling is an essential activity at both a national and local level that enables decisions to be made about service capacity and the best use of staff.

1.2 COVID-19 Vaccination Programme

The vaccination programme is ongoing and remains one of the most effective ways to protect people from Coronavirus. Delivery of the vaccination is in line with the advice of the Joint Committee on Vaccines and Immunisation and Chief Medical Officers. The current priority groups for vaccination are:

- Individuals who are severely immunosuppressed and require a third primary dose of the vaccination to mount the best defence possible;
- Children and young people over 12 years old who have specified underlying health conditions who are offered a two-dose primary vaccination schedule;
- All other children and young people over 12 years with no underlying health conditions will be offered a one-dose primary vaccination schedule.
- Vulnerable Individuals, those over 50 years old and front line health and social care workers who received vaccination in Phase 1 of the Covid-19 vaccination programme (priority groups 1-9) will be offered a Covid-19 booster vaccine, no earlier than six months after their second primary dose.

Individuals who have not yet taken up the offer of vaccination will continue to be offered the vaccine to protect themselves and others and there will be a continued focus on ensuring the vaccine is offered to pregnant women.

1.3 Test Trace and Protect

Our Test Trace Protect (TTP) service has played an essential role in helping to control the spread of coronavirus. Modelling undertaken for our Technical Advisory Group (TAG) indicated that TTP has been effective in limiting transmission and is more effective the lower the levels of the virus circulating (as more people can be contacted and traced).

Testing has merits in its own right as it supports the isolation of positive cases. Isolating as many positive cases as possible remains an important and proportionate response to the pandemic.

TTP is a crucial mitigation, which is why we have retained a legal duty for people to self-isolate if they test positive for COVID-19 or if they are unvaccinated and notified as a close contact. TTP has evolved during the pandemic and will need to evolve further to reflect the changed balance of harms as a result of the vaccination roll out, and the reduction in hospitalisations and adverse outcomes. Isolation on symptoms and maintaining isolation following a positive lateral flow or PCR test continues to be an important means of reducing case rates and the spread of the virus, which in turn helps to reduce the harms associated with Covid-19 and pressure on the NHS.

We have around 2,000 people working in our TTP system who have recently been contacting around 20,000 people per week. As rates remain high, and the system may become overwhelmed, we may need to focus our TTP measures on those who are most vulnerable if they are to contract the virus.

1.4 Infection Prevention and Control

Bespoke infection prevention and control guidance was developed during the first phase of the pandemic for both health and care environments and this continues to be reviewed as the situation evolves. Safety is at the heart of all our work and our health and social care settings need to maintain practices to prevent the spread of infection, including segregation of services for COVID, suspected COVID and non-COVID patients and social distancing. This continues to impact on service capacity in our health and social care settings and also affects the balance of remote and face-to-face consultations. However, when people need a face-to-face consultation this continues to be provided.

2 Keeping people well

The risks and impact of respiratory illnesses in winter are well known. This winter health and social care organisations will need to prepare for potentially higher levels of influenza circulating, along with other seasonal causes of respiratory infections, given the low levels recorded throughout 2020-21 which impact on our population's natural immunity levels.

Modelling carried out for the Academy of Medical Sciences and for the Joint Committee on Vaccinations and Immunisations has suggested that this winter's flu and respiratory syncytial virus (RSV) season may lead to pressures that are greater than would be expected if there had been a normal RSV/flu season last winter, and possibly at a different time of year than usual. So far flu activity has been very low but the RSV season has started earlier than usual and is causing pressure in terms of children being admitted to hospital with bronchiolitis. There is some evidence around the impact of being infected with flu and COVID-19 at the same time that hospital lengths of stay are longer and the risk of death is greater.

2.1 Self-care

There are things we can all do to improve our general health and wellbeing, and these are especially important during the winter months. Keeping active, eating healthily, limiting our alcohol intake and quitting smoking are all ways in which we can improve our health as a nation and keep the pressure off NHS services.

Taking up the offer of vaccination is another step people can take to look after themselves and others along with keeping a supply of medication at home and accessing support from local pharmacies through the Common Ailments Scheme. Using the most appropriate service means our emergency care services have more capacity to treat patients with life threatening conditions.

It is also important to look after our mental wellbeing. There is help and support available for those wanting to live a healthier lifestyle, and no better time to make these changes. [111 NHS Wales - Live Well](#)

2.2 Seasonal influenza

Alongside the COVID-19 vaccination programme our healthcare teams are delivering the seasonal influenza (flu) vaccination programme as a preventive measure for at risk groups (e.g. people with clinical conditions) and for our health and social care workforce. The JCVI has advised that co-administration of flu and COVID-19 vaccines is safe and should be considered where this would lead to increased efficiency. All groups eligible for the flu vaccination are able to get their vaccination at any time during the flu vaccination programme whereas the COVID-19 booster is phased to be provided to people considered to be most vulnerable first. Where practicable, delivering both vaccines simultaneously will be considered. Last winter, uptake of influenza vaccination was the highest ever recorded in Wales and we want

to ensure an even greater uptake this year with the focus on priority groups who are most at risk of catching flu and suffering severe outcomes, or who are at higher risk of infecting other people. This is essential to protect the health of our population and to minimise the need for hospitalisation at a time when services will be seeing higher demand.

The priority groups for 2021-22 are as follows:

- children aged two or three years on 31 August 2021
- children in primary school from reception class to Year 6 (inclusive)
- children in secondary school Year 7 to Year 11 (inclusive)
- people aged 50 years and older (age on 31 March 2022)
- people aged six months to less than 50 years in clinical risk groups. This year we are extending the offer to those aged 16 years on 31 August who are morbidly obese, in line with guidance on the COVID vaccination programme
- pregnant women
- carers
- people of all ages with any level of learning disability
- all adults resident in Welsh prisons
- healthcare workers (including healthcare students) with direct patient contact
- staff in nursing homes and care homes with regular client contact
- staff providing domiciliary care.

2.3 Respiratory conditions

Alongside vaccination, services that support people with respiratory conditions to remain well, play a vital role in our winter programme. Our primary and community care teams play an important role in the identification and management of respiratory conditions and primary care teams are working hard to provide patients with reviews and advice to help them to manage their condition. Our services must also be able to respond when people find their condition worsening and to provide people with support as close to home as possible and reduce the need for people to attend at hospital to receive care.

2.4 Long-term conditions

We will strengthen and increase the capacity of our multi-professional health and carer community services to support people to stay well at home and return home from hospital to continue their rehabilitation and recovery at home.

£1m funding has been allocated for the provision of community health checks for people with long-term health conditions this winter. These health checks are an important safety mechanism for identifying change in people's conditions and ensuring that people receive the care and support required to keep them well.

3 Maintaining safe health services

Patient safety must be at the forefront of all healthcare planning and at times of pressure this may mean having to make difficult choices to prioritise services to ensure that services are delivered to those in greatest need and at the greatest risk of harm, if not treated.

The *Local Options Framework* which was issued in December 2020 to support health organisations in Wales in making decisions during periods of peak COVID-19 demand has been revised and re-issued during October 2021 to provide an updated framework for winter 2021-22. This framework recognises that at times of peak pressure resulting from the ongoing pandemic impacts alongside winter demand for services there may need to be difficult decisions to pause some planned services to maintain the safety of services for those patients who have the most urgent need for care.

Given the nature and the scale of challenges we expect to experience this winter, we anticipate that NHS organisations will constantly be reprioritising over the period to maximise the use of available resources, whether that be the workforce or hospital beds, to respond to the pressures and to care for those in greatest need. Our focus on patient and system safety will be critical, and with the need to respond quickly to any escalation, taking clinical advice on action and response priorities.

Our health and social care services have been under prolonged pressure since the beginning of the Coronavirus pandemic. However, during this time there has been swift and significant transformation in our services which continue to evolve to meet the challenges we face. We expect organisations to continue to adopt digital ways of working at scale to support health care processes.

The resilience of our services to be able to deliver safe and high quality patient care this winter is our key priority. However, to achieve this it is vital that our services continue their work towards sustainable service models alongside immediate actions for the winter period.

Keeping our population safe by delivering high-quality, timely, safe services is our priority. Our services need to respond to the needs of patients for urgent and emergency care and this can place our planned care services under pressure.

Equally, being able to access planned care, from appointments with our primary care teams through direct access to assessment, diagnosis and treatment by our community and hospital-based services is fundamental to maintaining and restoring health and contributes to maintaining the ability of our services to meet the needs of patients who need urgent or emergency treatment.

This year, alongside ongoing COVID-19 we are planning for potentially higher levels of other respiratory conditions and thanks to modelling our NHS is preparing to optimise capacity to meet these needs.

Our priorities for our health services for winter 2021-22 are set out below.

3.1 Health inequalities and vulnerable groups

As a Government we are committed to reducing health inequalities and to achieve a fairer Wales in every aspect of our society. We have underpinned this by landmark legislation such as the Wellbeing of Future Generations (Wales) Act.

COVID-19 has brought this focus further to the fore as we know that people from Black, Asian and Minority Ethnic backgrounds, vulnerable groups and poorer communities have been disproportionately affected by Coronavirus. We have focused our efforts on recovery of planned services on the basis of risk of harm and benefit of treatment and need to ensure that vulnerable groups are supported to access the treatment that they require. Ethical considerations are a fundamental part of our decision making to ensure fairness and equity.

As part of our winter response, we are developing a Cold Weather Resilience Plan to support vulnerable and low income householders at risk of avoidable ill health caused by living in a cold home.

3.2 Mental health and wellbeing

It is important to ensure parity between physical and mental health conditions, and mental health services – for children, adults and older adults – must remain accessible to those in need of support. We are also working with the NHS and wider partners to increase service capacity so that we can meet current and expected increases in mental health demand.

Our response to the mental health impact of the pandemic will continue to be focused on three key areas:

- Maintaining mental health services as ‘essential’ services and responding to immediate mental health needs;
- Strengthening protective factors and reducing the socioeconomic impacts of the pandemic on mental health and wellbeing, recognising that many of the levers for mental health protection and prevention sit outside of the health system.
- Supporting the NHS to meet the changing mental health needs in their areas and ensuring mental health services can stabilise and recover for the long term.

In addition to more than £727m that is invested annually in mental health we invested a further £42m for mental health services in 2021/22. This has been allocated to support the delivery of the priorities set out in the Mental Health Delivery Plan 2019-22 which was refreshed in response to COVID-19 and published in October 2020. Our priorities in this plan include: children and young people’s mental health, improving all age crisis services, perinatal mental health, eating disorders, improvements to open access/tier 0 support and access to psychological therapies.

Key actions are:

- Health board plans need to demonstrate how resources will support these areas and – in line with the Ministerial Priorities for NHS Wales letter of 9 July

- how there is a greater focus on prevention and earlier intervention in mental health services for adults and children.
- Regional Partnership Boards should continue to focus on the implementation of the NEST/NYTH² planning framework by 31 March 2022. The framework will support Regional Partnership Boards to focus their plans for local services and ensure a 'whole system' approach for developing mental health, well-being and support services for children, young people and their wider families across Wales.
- The extension and evaluation of support services provided by St John's Ambulance Cymru. A trial of support vehicles for people who have experienced mental health crisis and need rapid transport to the right setting for further assessment or care has delivered 400 journeys since implementation in February 2021 without the need for an emergency ambulance. This project has been expanded from south West Wales to the rest of Wales from September 2021. This service will be evaluated and if it improves patient experience and outcomes then this, or a similar service, will be procured and placed on a sustainable footing from 2022.
- Each health board should have in place a 24/7 mental health single point of contact. This will offer triage, assessment, support and signposting those with an emotional or mental health need. The service will be staffed by trained and compassionate mental health professionals. Although this service will focus on promoting self-resilience and health coaching it will also offer brief interventions and, if necessary, access to secondary mental health services.

3.3 Primary and Community Care Services

Primary and community care services provided by local general practices, pharmacists, dentists and optometrists and the wider community team such as district nurses, health visitors and physiotherapists that support patients locally are a vital part of our response this winter. These services enable people to stay well, to undertake self-care both for minor ailments and for long-term conditions and provide direct care. £1m has been targeted at increasing capacity to provide routine reviews for people living with long-term conditions.

It is essential to support the resilience of primary and community services that are under pressure as well as to use these services to best effect to ensure that people are able to access the advice and care they need, as quickly as possible and in the right place.

Key actions are:

- Providing support to patients with respiratory illness, including routine reviews and actions to support self-care.
- Ensuring the availability of primary and community care services for patients with long-term conditions and people who require immediate assessment, including routine reviews for patients with long-term health conditions.

² Nurturing Empowering Safe Trusted/ NYTH: Rhoi Nerth Ymddiried Tyfu'n Ddiogel Hybu

- Ensuring that patients are able to access primary care when they need it. This may be through a virtual appointment or face-to-face, according to need.
- Introduction of an escalation framework to support general practice to consistently report and monitor pressures within the system and mitigating actions to address the risks
- Through the autumn and winter period maintain a range of contractual relaxations intended to alleviate the increased demand on community pharmacies that were introduced during the COVID-19 pandemic.
- Ensuring the robust use of community teams that provide both planned and urgent care:
 - Progressing the roll out of e-scheduling for community nursing teams.
 - Ensuring the 'virtual wards' and community resource teams have appropriate range and number of allied health professionals embedded.
 - Integrating community reablement and rehabilitation, falls teams, children's and older people's mental health and mental health and learning disabilities teams.
- Continuing work undertaken by the Locum Hub and GP Wales work to support recruitment.
- We will continue to incentivise GP practices to improve access for patients, and encouraging alternatives to booking appointments via an 8am telephone appointment rush. We will also promote training for practice receptionists to triage effectively, and encourage use of alternatives to GP practices which are already experiencing a significant increase in demand, currently seeing more patients than ever seen before.

3.4 Post-COVID syndrome (Long COVID)

Every health board has in place a range of services in line with the NICE guidance and the All Wales pathway, which provide personalised assessment and treatment as close to home as possible. These services ensure timely access to assessment, rehabilitation, diagnostics and specialist care to meet the needs of people experiencing the longer term impacts of covid-19 and must be maintained during winter 2021-22.

We are evaluating and reviewing our ADFERIAD programme for post-COVID syndrome and ongoing symptomatic COVID-19. This review will complete early in 2022 and will take account of new information available to us.

3.5 Children and young people's services

We know that that the wider effects of COVID-19 have had a significant impact on children and young people's lives and their well-being. Nationally, there has been significant work to understand this impact and the actions we need to take to protect and safeguard the rights of children and young people. We know that we need to take action to ensure services are available to meet the wider health and care needs of children and young people.

This year we are expecting higher than usual numbers of young children to be affected by respiratory syncytial virus (RSV) as seen in other parts of the world and our services need to be able to respond to this increased demand. This includes paediatric critical care and acute hospital services.

Key actions are:

- Continuing to ensure community children's nursing services (e.g. health visiting and school health nursing) provide vital services to children and young people.
- Ensuring there is capacity in our paediatric services in hospital to provide care for children with RSV during forecast peaks in demand.
- Continuing to work with social services colleagues so that children and young people in care are properly supported and that children's rights and best interests are at the core of our work.

3.6 Essential services

Essential services must be maintained throughout the pandemic and these requirements have been set out at: [Health in Wales | COVID-19 Essential Services Guidance](#). This framework is designed to support clinical decision-making in relation to the assessment and treatment of individual patients. The ultimate aim is to ensure harm is minimised from any short-term reduction in non-COVID activity. It includes the management of emergency health conditions and acute presentations that require time-sensitive intervention, such as cancer investigation and treatment, as well as cardiac and stroke services. Organisations should seek to maintain these services during the winter and any suspension of services should be made in line with the Choices Framework. In particular, health boards and trusts will need to continue to respond to the planning assumption set in the Quality Statement for Cancer to recover the pre-pandemic waiting list volume.

Key actions are:

- Continuing to maintain a focus on delivering essential services including cancer diagnosis and treatment, stroke and cardiac services;
- Continuing our diagnostic and screening programmes.

3.7 Planned care

The impact of the pandemic on planned care has been significant, resulting in a backlog of patients waiting for planned treatments. Because of the increased waiting time for treatment, there is a risk of conditions/illnesses getting worse and people may be seeking additional support from urgent or emergency care services. We are acutely aware of the pain that many are suffering as they wait for their treatment.

We have made investment of £240m to accelerate planned care recovery during 2021. As a result of this investment, activity levels (treatment by operations and outpatient appointments) have increased over recent months and in September

2021, elective activity was around 77% of what it was in September 2019 but 150% of the level of activity in September 2020.

There has been a significant increase in the number of people waiting for planned care, and it is important to manage expectations. The Welsh Government has been clear that it will take the whole Senedd term to clear the backlog. It will also be difficult to start eating into the backlog during the winter period and therefore we are likely to see record numbers of people waiting for treatment month after month until the winter pressures recede.

Recognising the challenge of delivering essential services, including emergency and urgent care alongside planned care, in a constrained environment with the infection prevention and control processes needed to keep patients safe, delivery of planned treatments based on risk assessed prioritisation will be required. This will ensure that people at the greatest risk of harm receive their treatment first.

Because the constraints in our system mean that people are waiting longer than we would like for their planned treatment, it is important that there are services available to actively support people while they wait for specific planned treatment.

Through a national clinical programme, Welsh Government and the NHS have been exploring and implementing new ways of working to deliver services. This work accelerated during the early waves of the pandemic and includes:

- Supporting primary care teams to provide care locally through specialist advice, meaning that people do not have to wait for a review in outpatient clinics.
- Services moving into primary care/ community settings, for example ongoing eye care provided by optometrists in the high street.
- Implementing phone and video consultation for patients who don't need a consultation in-person to have their outpatient review.
- NHS organisations have been working with patients to empower them to manage their condition and to seek support when they need it rather than wait for a review appointment to be scheduled. This system call "see on symptom" has shown that 90-95% of patients don't need to have a review.

Key actions are:

- Maintenance of planned care services throughout winter;
- Work to increase levels of activity in planned care;
- Targeted action in cancer, eye care, and dermatology services and;
- Keeping in touch with patients who are waiting for planned treatments and ensuring delivery of pain relief support and advice on public health so that when they are called for their treatment they can be more confident of a better outcome.. There is national guidance on how people can be supported to keep well on NHS 111 website [111 NHS Wales - Live Well.](#)

- Local health boards must maintain contact with patients who are waiting for planned treatments to ensure that any changes in condition are identified and managed.

We will be setting out our longer term strategies for tackling the backlog at the planned care summit in November 2021 including the development of COVID light regional hubs for some settings.

3.8 Urgent and emergency care

The six goals for urgent and emergency care set out actions for health and social care systems to implement to ensure patients are able to access the right care in the right place, first time.

While the six goals set out a longer-term ambition there are many actions which will deliver improvements that will support the resilience of services to meet patients' needs during winter.

Key actions are:

- National roll out of NHS 111 Wales and implementation of Health board 'second point of access' services to ensure patients are signposted to the right service, first time.
- A robust and updated directory of services at Health board level.
- Action by the Emergency Ambulance Services Committee and Welsh Ambulance Services NHS Trust (WAST) along with additional support from the military to increase capacity to respond to patients who are seriously ill or injured.
- Health boards to work with WAST to achieve a safe reduction in conveyance of people by ambulance to Emergency Departments. This should include an increased focus on management of patients through specialty advice and guidance lines and through review of 999 patients by Health board clinicians with intent to safely reduce transport to hospital or to bypass the Emergency Department.
- An increased focus on safe and timely ambulance patient handover and the triage of patients in Emergency Departments.
- Accelerate delivery of services that provide safe alternatives to admission to hospital. This will include:
 - Increasing the numbers of paramedics in ambulance clinical contact centres;
 - Providing direct access and early intervention Allied Health Professional services to pre-empt crises and maximise place-based care and rehabilitation
 - Establishing and expanding robust same day emergency care services so that patients are assessed, receive diagnosis and start treatment on the same day, resulting in improved patient experience and outcomes and reducing unplanned hospital admissions.
 - Implementing multi-professional urgent primary care centres/services across Wales to deliver urgent care services as close to home as possible.

- Implementing single points of contact for mental health referrals via 111 for adults and children and explore alternatives to admission for young people in crisis.
- Ensuring we have sufficient acute hospital and critical care capacity when there are peaks in demands through creating surge capacity.
- Embedding discharge to recover then assess pathways to support patients to return home or receive support in a care home to recover following a hospital stay prior to confirming their ongoing care and accommodation needs.
- Reducing the numbers of people who spend long periods (over 21 days) in hospital beds before returning to their communities.

4 Maintaining our social care services

Social care services support people with care and support needs and their families to live and stay well, as close to home as possible. Working closely with community health and third sector partners, social care services play a key role in ensuring people are able to focus on 'what matters to them' and live as independently as possible. Having good social care services in place to support people and their carers can help to prevent escalation of care needs and the need for hospital care.

However the social care sector is currently facing unprecedented challenges brought into sharp focus as a result of the pandemic and Brexit. At a time of increased demand for services and increasingly complex care needs, the workforce is exhausted and as a result we have seen a social care workers leave the sector and significant difficulties in recruiting new staff. Unpaid carers are also exhausted and in need of additional support to continue in their valuable caring role.

Local Authorities have particularly highlighted the increased pressures in relation to higher demand, costs and increasingly complex needs for care experienced children and young people. There is also an increase in children being admitted to hospital due to mental health issues who require ongoing, integrated support in the community and 68% of local authorities are now reporting an increase in safeguarding contacts compare to levels expected at this time of year.

Investment to support preventative action and help families stay safely together alongside resources to secure good quality, stable placements closer to home will be important measures to help ensure children and young people are supported and have their needs met.

We have recently announced the continuation of the Adult Social Care component of the Hardship Fund and commensurate funding for local health boards, to provide ongoing support to the adult social care sector as they respond to the pandemic, including collaborative working between social care, and both hospital based and community health Allied Health Professional services.

We will continue to support care homes and domiciliary care providers with updated guidance and maintain close communication with sector partners.

The third sector continue to be valuable partners in our planning and response to system pressures and building on the excellent partnership forged with the sector and communities during the pandemic it is essential we continue to nurture and grow that partnership to help us embed preventative community solutions.

Linked with this making stronger connections across community, social care and primary care services is essential to use maximising our collective resources and ensuring people have their needs met in the right place, at the right time, as early as possible.

We are providing continued support for interventions to attract and retain staff in the social care sector. We undertook an advertising and media campaign in August/September and are continuing with a blend of TV/radio advertising and a range of other promotional work to drive recruitment. We are doing this in collaboration with Social Care Wales.

We have provided additional funding to Social Care Wales to enable national availability to a 3 day introductory training programme for social care. This introduces people to the basics of social care and provides wrap around support to encourage people into employment in the sector. Our additional investment also provides considerable more resource for Social Care Wales to work with employability partners and through new and existing networks to undertake targeted recruitment exercises and have available resource to support local and regional initiatives. The Social Care Fair Work Forum will make recommendations to ministers in October about the government's commitment to paying the Real Living Wage for social care workers. A package of well-being services is also available through Social Care Wales's website. Access to an employee assistance service is also in place.

While some of the solutions for securing a sustainable and effective social care system are longer term, there are some key actions that we will prioritise this winter.

To support delivery of this winter plan Ministers have committed a financial package of an additional £42.72 million to ensure swift action across the sector.

Key actions for winter 2021-22 include:

- Supporting our social care workforce and keeping them safe, including continuing to provide free PPE to the social care workforce
- Supporting the resilience of our care homes and to facilitate people being discharged safely from hospital.
- Supporting the resilience of the domiciliary care sector.
- Continuing an advertising and promotional campaign to support recruitment of social care workers (£350,000)
- Providing additional finance and support to unpaid carers to help support them in their important role and avoid carer breakdown (£5.77m)

- Providing additional investment in third sector early intervention and prevention services to help build community capacity and recreate some of the critical support provided by this sector during the earlier stages of the pandemic. (£3.8m)
- Working through Regional Partnership Boards to create integrated, community-based health and social care responses for people with care and support needs. (£9.8m).
- In line with the Primary Care Model for Wales work across organisational boundaries to develop pathways and frameworks of opportunities that will impact on the current operational pressures, build resilience for winter and maximise all the assets in a community across cluster or pan cluster footprints (£2m).
- Provide additional resources to Children services to support preventative action that will help families stay safely together and where necessary secure good quality, stable placements for those children with more complex needs, closer to home. (£21m)

5 Supporting our health and social Care workforce

Our health and social care workforce have worked tirelessly to deliver services throughout the pandemic and we are grateful for their huge efforts during this time. Following such a protracted period of significant pressure, and the critical contribution the workforce will play in responding to our winter plans, we recognise that we must maintain a strong focus on supporting our workforce and keeping them safe and well.

It is vital that there is co-ordination of workforce plans to avoid duplication of effort and minimise any gaps, making the best use of our valuable human resources.

Partnership working between teams and organisations will enable the best deployment of staff for the benefit of the people who need services.

Key actions are:

- Engaging clinicians in development of the winter plan and work in social partnership through local mechanisms to engage, involve and inform the wider workforce in plans
- Continuing to focus on the wellbeing of our workforce and supporting their physical and mental health. In particular, using the COVID Risk Assessment Tool implementing mitigations where necessary, encouraging the use of the [wellbeing tool – put in link] to signpost individuals to the resources available locally and nationally to support them'
- Encouraging all frontline workforce to take up both COVID booster and flu vaccines to protect their own health and those they care for.
- Ensure that workforce plans for health do not have a negative impact on the supply of workforce in social care by considering joint plans for recruitment and flexible deployment of staff across health and social care to deliver shared objectives of care closer to home and enabling 'flow' through hospitals linked to discharge to recover and assess and bolster community services.

Despite the focus on winter, we also need to maintain our focus on our more strategic approach to ensure that we take the right steps now to develop and deploy a sustainable workforce for the future. This direction is set out in our 10-year workforce strategy, 'A Healthier Wales: Our Workforce Strategy for Health and Social Care', which was developed jointly by Health Education and Improvement Wales (HEIW) and Social Care Wales and organisations should be working to operationalise the priorities set out in the strategy using the opportunities to deliver 'once for Wales' where this is the most effective approach.

6 Supporting unpaid carers

As well as the paid health and social care workforce, it is essential that we support unpaid carers in Wales who continue to provide the majority of caring in the home. Whether caring for family members, friends or neighbours who have a long term care and support need, unpaid carers may need support to look after their own health and wellbeing. Unpaid carers must also be able to access their legal right to a carers' needs assessment, and have their own eligible needs for care and support met. This helps ensure carers avoid reaching a crisis point, or becoming ill themselves.

To help unpaid carers cope during the pandemic in this financial year, Welsh Government has allocated £3million to local authorities, to provide more opportunities for carers to take a break and an additional £1million to the Carers Support Fund which targets unpaid carers experiencing financial hardship.

Welsh Government continues to fund national carers' organisations through the Third Sector Social Services Grant Scheme 2020-23, so they can provide a range of support and information services and we are providing £1m to local health boards and their carer partnerships to target and adapt projects supporting carers of all.

7 Keeping everyone informed

Throughout the pandemic, Welsh Government communications have been consistently clear and well received, with our messaging shared by partners across the country to provide consistent advice and guidance.

The Keep Wales Safe campaign will continue throughout the autumn / winter, aimed at encouraging the behaviours required to stop further spread and harm from COVID-19 and other respiratory infections. These include promotion of the vaccine programme, testing and self-isolation, and the personal behaviours required of people, as outlined in the COVID Code.

The Help Us Help You campaign will also increase activity during autumn / winter. The campaign covers access to the NHS in Wales, self-care, and wellbeing. The campaign will continue to promote appropriate ways to access NHS services, as well

as encouraging people to take action to look after their mental and physical wellbeing. Self-care will be an important focus during this campaign phase and include promotion of the common ailments scheme in community pharmacies.

Both campaigns will consist of high profile paid-for advertising and media relations, as well as amplification through trusted voices such as influencers and partners.

Stakeholders will also be supported with toolkits and resources to promote local services / support at a local level whilst supporting the national messages.

Public messaging is important so that people know which service is the right one to meet their needs, in particular when there is an urgent need. In primary care, our pharmacies, optometrists, dentists and our primary care teams all provide vital services in addition to the emergency departments and minor illness and injuries units in our hospitals. The rapid change during the early phases of the pandemic led to new service delivery models in which people can receive support from primary care through alternative mechanisms, including telephone and video call, to maintain services in a safe and efficient way.

It is also more vital than ever that everyone takes responsibility for their general health and well-being in order to stay well and reduce the pressure on the NHS.

As part of the wider Help Us Help you campaign, we will promote 'Small steps to a healthier Wales' which will offer ideas to encourage small lifestyle changes and signpost people to the support available. The campaign will include a range of channels including online advertising, print media, pharmacy bag adverts, and displays and videos at GP surgeries and vaccination centres this winter. We will use our partners to ensure these messages are also widely distributed through social media.

We will continue to keep our visiting guidance for care home providers updated in line with alert levels, to ensure people can continue to see their loved ones safely over the winter. This will include bespoke information for people living and working in care homes, and visitors.

8 Working together across Wales

Building on the excellent partnership work that underpinned our response to COVID 19, health and social care organisations will need to continue to work collaboratively to manage the pressure across the system, recognising that actions in one part of the system have impacts elsewhere on the system.

To this end we ask that regional partnership boards (RPBs) collate a single high level plan for the integrated health and social care response to seasonal pressures this year, in the context of wider partnership working on longer-term transformation and to address system pressures. This plan should bring together new and existing actions of each of the statutory partners as well as the work undertaken through the auspices of the regional partnership board into one place in order to provide a whole system overview of the health and social care response to winter pressures. It

should not duplicate existing plans and include links to these as appropriate. Similarly, monitoring should be through existing channels, with appropriate oversight of progress by the RPB.

Regional Partnership Boards should also consider the additional support available from national organisations and programmes that work across the health and social care sector. This includes Social Care Wales, the Association of Directors of Social Services Cymru, and the Strategic Programme for Primary Care, the NHS Wales Delivery Unit, Care Inspectorate Wales and Health Inspectorate Wales, and Improvement Cymru who have recently launched their five-year strategy document “Achieving Quality and Safety Improvement”.