



Frimley Health and Care ICS

Winter Planning 2022/23



Winter Planning 2022/23

- Urgent & Emergency Care Strategy
- Urgent & Emergency Care Priorities
- National Winter Planning Process

Urgent & Emergency Care Strategy



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- In common with all parts of the country right now, there is significant pressure on the delivery of Urgent & Emergency Care ("UEC") services. This is not just about acute hospital services or Emergency Departments; it is an impact being felt in all parts of the Health and Social Care sector.
 - Many of these issues have arisen as a result of the COVID-19 pandemic and are novel challenges for our partnership to overcome. Other issues are exacerbations of existing challenges within our system.
 - To improve this position we have been working as a system partnership over the Summer of 2022 to develop a new Urgent & Emergency Care Strategy for the Frimley Health and Care System.
 - Working with our Clinical & Professional leaders (over 120 stakeholder interviews, in addition to cross-system & cross-sector working groups) we have now completed a proposed Urgent & Emergency Care Strategy for the Frimley system.
 - This strategy contains the objectives and guiding principles for the future decisions we will have to take around service design and delivery, working with our population and local professionals to evolve a delivery system which meets their needs.
 - Today's presentation to the Board provides an overview of:
 - The proposed Core Objectives
 - The proposed Enabling Objectives
 - How this translates into immediate action for Winter 2022
 - Future focus areas for 2023 and beyond



Our UEC vision

Why?

Patients and communities are central, they are the reason we exist. We recognise and address the differences that exist across our system.

How?

We are part of a high performing ICS with mature 'best in practice' services that patients trust.

Our local residents receive safe, connected and reliable care to support them when they need it most

How?

Patients move through our services without realising different providers are involved as they receive full continuity of care. They know that they will receive the care they need, when they need it.

What?

Our patients need rapid care at the most critical times in their lives - speed is of the essence.

The Frimley ICS UEC system will be known as...

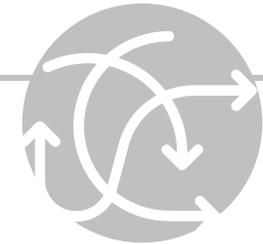


Delivering patient-centred care, with ongoing close collaboration with the community



Fast adopters and implementers of the latest technology to reduce demand, increase flow and improve discharge

Flexible and agile when needed, to effectively manage demand and capacity pressures across the system



Thought leaders with a reputation for continuous innovation to improve UEC delivery



Fully integrated, with shared workforces, resources and goals





Vision



Outcomes

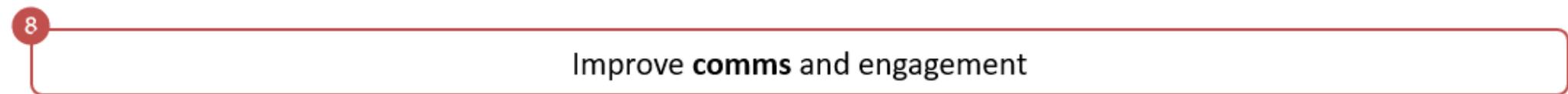
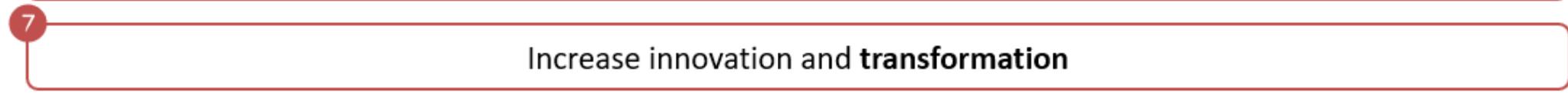
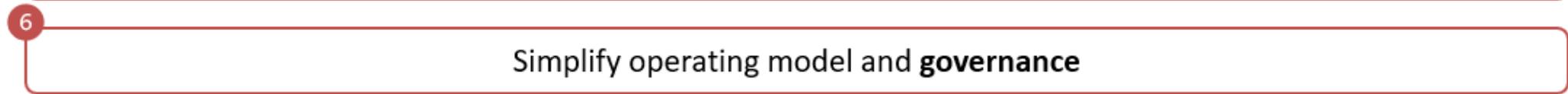
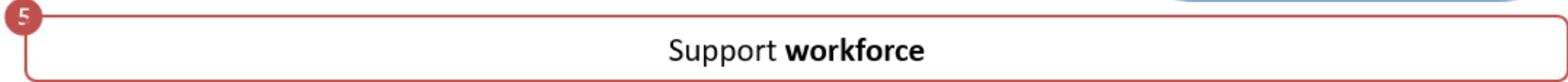
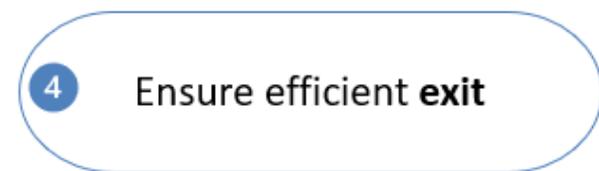
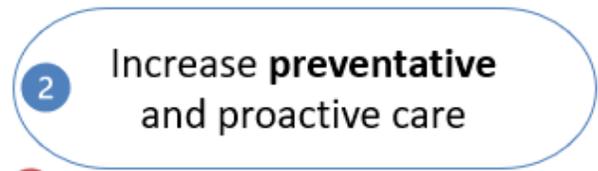
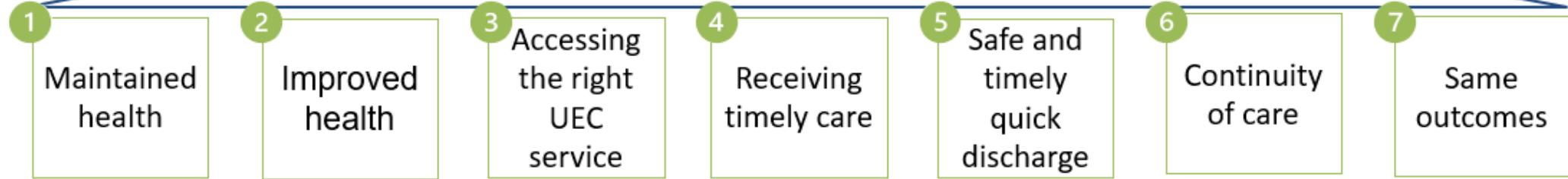


Core objectives



Enabling objectives

Our local residents receive **safe, connected and reliable** care to support them **when they need it most**



Interventions detailed on further slides



Core Objectives

These core objectives help to drive one or more outcomes and are underpinned by multiple interventions



1. Understand the needs of our population to deliver equitable clinical outcomes system-wide and reduce health inequalities

Use population health management and risk stratification to understand and design initiatives tailored to our populations and reduce UEC service variation across the ICS so that patients receive the same care and same clinical outcomes regardless of where they live.

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2. Support preventative care and develop proactive management services to reduce avoidable contact with urgent and emergency care

Support our population to proactively manage conditions by developing interface services and technology to reduce risk of deterioration and management outside of acute hospital settings aligned to Ageing Well and Living Well strategic ambitions.



3. Adapt the urgent and emergency care offering to improve access and service delivery efficiency

Identify and optimise services within the ICS to provide alternate pathways to ED in order to address operational capacity and demand challenges and support our population to access appropriate care closer to home.



4. Ensure timely exit and support the provision for continuity of care through transformation of the discharge process

Work with community/social care and secondary care to support a more effective exit from ED through a positive governance and risk approach and increased data visibility in order to allow the ICS to design services that better meet need and demand.



Enabling Objectives

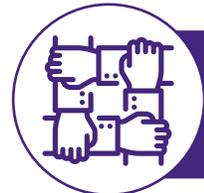


These enabling objectives support the core objectives to deliver on the outcomes



5. Adopt alternate workforce solutions that develop and support the UEC workforce to provide the right care for patients

Support our UEC workforce by using alternate workforce models and providing attractive and flexible career opportunities to increase attraction and retention.



6. Implement a system wide UEC operating model to share risk, reduce complexity and support a more resilient, sustainable system

Reduce complexity and increase visibility by integrating UEC across the system, strengthening collaboration and governance, and supporting a positive risk sharing culture.



7. Continue to transform how care is delivered by embracing opportunities to innovate and lead on best practice care

Embed transformation in the health and care system by piloting, testing and rolling-out new opportunities to improve patient outcomes and apply learnings from best practice, partners and initiatives.



8. Improve patient awareness and understanding of how to access the right care

Empower our population through targeted and meaningful communications, address perceptions of care and increase availability of information to support them to make the choice that is clinically right for them.

Core Objectives

1) Population Health

Use population health management and risk stratification to understand and design initiatives tailored to our populations.

2) Prevention

Support preventative care and develop proactive management services to reduce avoidable contact with urgent and emergency care

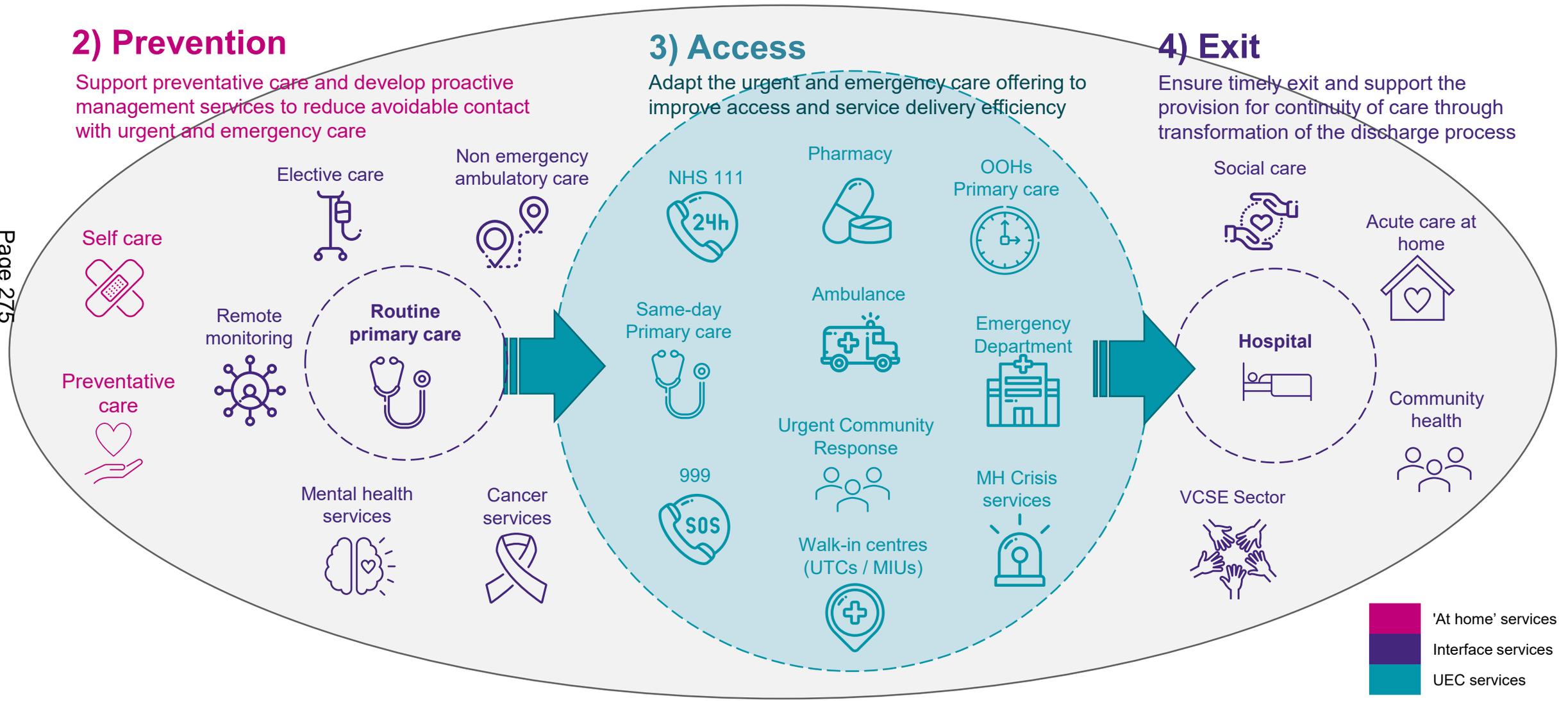
3) Access

Adapt the urgent and emergency care offering to improve access and service delivery efficiency

4) Exit

Ensure timely exit and support the provision for continuity of care through transformation of the discharge process

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	STRATEGY	LEAD	SUPPORT	CLINICAL LEAD	STATUS	
1	UEC Escalation Arrangements (BCI)	6	DG	GK	n/a	Complete
2	ICB On-Call Arrangements	6	DG	GK	n/a	Complete (starts 1/10)
3	UEC Governance	6	SD	SB	n/a	Due 30/09
4	UEC Resources (Staffing)	6	SD	PK	n/a	Due 30/09
5	Winter Planning (NHSE returns)	6	NA	NW	n/a	Due 30/09
6	Demand & Capacity Bids (additional capacity) - FHFT - Out of Hospital	4	DB DG	RW RW	n/a n/a	£2.7m bid complete 1,000 Beds ongoing
7	SCAS (Working arrangements and delivery of Winter Plan)	3	RW	ShB	n/a	Ongoing
8	Performance Reporting - EPIC reporting issues - Weekly report - Board reports - "SHREWD"	6	SD	OW	n/a	Due 30/09
9	UEC Contracts - WPH GP Streaming - Out of Hospital Services	3	PK RW	JMc JMc		Due 30/09 Due 30/09
10	Minor Injuries Pilot (Pathway Proposal)	3	CF	JMc		Due 30/09



UEC Priorities – Phase 2 – Service transformation focus:

Winter 2022

		STRATEGY	LEAD	SUPPORT	CLINICAL LEAD	STATUS
1	Community Transformation Initiatives - Virtual ward roll-out - UCR (including Frailty) optimisation - Call Before Convey - Enhanced Care Homes Support	2	NA	YM	tba	
2	Proactive Management of High Risk Patients - Population segmentation approach - Remote monitoring & other pro-active interventions	2	SBu	NA MS SB	LI	
3	111 Pathways - DOS management - CAS - High Intensity Users	3	RW	<u>ShB</u>	JMc	
4	Same Day Demand - Primary Care - Minor Injuries Pathway	3	CF	PK	JMc	
5	Respiratory Hubs (Hampshire model)	2	tbc		GR/LI	
6	D&C Bid Additional capacity - Heathlands - Ward 18 @ WPH	4	DG	RW	JMc	
7	FHFT Length of Stay Improvements	4	DB		JS	
8	Local Authority Discharge Capacity	4	DG	DM	JMc	
9	Pan-ICS (Discharge Community, Rehab Beds)	4	DG	DM	JMc	
10	Mental Health Pathways	1	NB		KS	
11	Seven Day Services	2	SD	CC	JMc	



National Policy Position

- On 12th August, NHS England released guidance to all ICB and NHS Provider Chief Executives; ***Next steps in increasing capacity and operational resilience in urgent and emergency care ahead of winter***

The main areas of focus and objectives of the guidance included:

- Building operational resilience & increasing capacity
- The need to deliver on planned care and cancer recovery as a part of overall system improvement
- Supporting improved flow and better managed operational pressures
- Having a realistic and deliverable approach to workforce resilience
- The need to work with systems on reasonable worse case covid scenarios

To support all delivery organisations to achieve these objectives, it is proposed that:

- Partners bring a new and renewed focus on system working, including working with Local Authority organisations, and that ICBs should lead on assurance of winter performance
- *“ICBs are accountable for ensuring that their system providers and other partners deliver their agreed role in their local plans and work together effectively for the benefit of the populations they serve.”*
- NHSE has proposed performing a more supportive role – stress testing plans to “check and challenge”
- There is an expectation that systems will have mapped winter capacity and demand & identified known areas for improvement

NHS England defined Key Performance Indicators



Performance metrics:

- A national “Board Assurance Framework” has been developed for ICB Boards to track service delivery through winter.
- The standard Key Performance Indicators are as follows:
 - 111 call abandonment
 - Mean 999 call answering times
 - Category 2 ambulance response times
 - Average hours lost to ambulance handover delays per day
 - Adult general and acute type 1 bed occupancy (adjusted for void beds)
 - Percentage of beds occupied by patients who no longer meet the criteria to reside
 - To include local performance trajectories to sit alongside these measures
- Unless and until the adoption of the Clinically-led Review of Standards is agreed with the Government, current standards remain for emergency department performance and flow.
- Objectives set out in Planning Guidance, which includes reducing 12 hour waits for patients in acute hospital emergency departments remain in effect.



Delivery expectations for inclusion in the Winter Plan

Upcoming actions / deadlines in response to the ask:

- Demand and capacity assurance: Plan against demand and capacity funding (£2.735m) with regular assurance process (not yet confirmed) to enable progress to be aggregated nationally (draft plan completed & submitted). Update and refresh of plans required 22/9. with national submission 26/9
- UEC Action Plan: Template to be completed by ICBs (regional deadline 14/9, peer review process, final regional draft 22/9 & national deadline 26/9) with monthly tracker
- Good practice checklist: Return required from ICBs so regional teams can collate to ID themes/gaps to national team to ID development support (regional deadline 14/9 & 22/9 and national deadline 26/9). No recurrent reporting requirement so for ICBs just an internal assurance tool to see if using good practice/where making progress.
- Library of good practice/improvement framework: for Operational Management and Improvement and ICBs. Optional sharing with regional team

A Frimley ICS planning team comprised of colleagues from the ICB and NHS Provider organisations are currently working on the formal response to meet the deadlines stated above, liaising with relevant partners including local authorities.

Frimley Health and Care



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