

**REPORT TO: Joint Health Overview Scrutiny Committee
July 2022**

Item Number:	Agenda Item:
	Shropshire, Telford & Wrekin CCGs Urgent & Emergency Care Improvements and Winter Preparedness

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Action Required (please select):				
A=Approval	R=Ratification	S=Assurance	D=Discussion	I=Information X

History of the Report (where has the paper been presented):		
Committee	Date	Purpose (A,R,S,D,I)
Previous report provided to JHOSC	November 21	I

Executive Summary (key points in the report):
Further to the report provided to Joint Health Overview Scrutiny Committee (JHOSC) in November 2021, this report provides an update on Urgent and Emergency Care Improvements and approach to winter planning, taking into account the learning from winter 2021/22.

Recommendations/Actions Required:
The Joint Health Overview and Scrutiny Committee is asked to: <ol style="list-style-type: none"> 1. Note the contents of the report. 2. Support the implementation of the UEC Improvement Plan and Winter Planning process

Urgent and Emergency Care Improvements and Winter Preparedness

**Sam Tilley, Director of UEC and Emergency Planning,
Shropshire, Telford and Wrekin Integrated Care System**

1.1 Context

The Shropshire, Telford & Wrekin system has experienced a number of challenges over a period of time in relation to the delivery of Urgent and Emergency Care (UEC). This has been exacerbated recently by unprecedented levels of demand, not only in UEC but across the health and care sector. The winter of 2021/22 has seen an increase in the acuity of presentations at our Emergency Departments along side the most demanding position that we have encountered in relation to Covid19. This has manifested in the highest numbers of Covid19 positive patients admitted to our hospitals and the highest levels of Covid19 related staff sickness that we have seen throughout the pandemic. Alongside this we have experienced almost 50% of our care homes closed due to Covid19 outbreaks and staff sickness, similarly the Domiciliary Care market has been impacted. In addition there has continued to be a fine balance to manage between the focus on delivery of urgent care services and the restoration of elective services

The interconnectedness of all elements of the UEC pathway means that pressures and blockages in any part of the pathway will inevitably cause an impact throughout and this often manifests in long ambulance handover delays. It is for this reason that a focused approach to improvement across the whole pathway is likely to give us the best outcomes

We are aware that workforce challenges locally play a significant role in our service delivery challenges, and whilst this is not a topic for detailed exploration here, it is an important part of the improvement agenda. In summary, the system is taking forward the implementation of a system workforce plan focused on recruitment and retention and supporting staff health and wellbeing as they recover from the challenges of service delivery through the pandemic into the challenges that service recovery presents. Nevertheless, we are seeing the additional impact that cost of living rises, particularly fuels costs, are having on choices staff are making about remaining in or entering the health and social care profession

Estates constraint are also an important factor in our ability to improve services. The requirement to provide ongoing segregated pathways for Covid19 and non-Covid19 patients adds to this further. Whilst plans are in train for longer term solutions to this issue there is also a need to for shorter term solutions and this features in our plans.

Notwithstanding this challenging context the focus and aspiration remains the same: To improve performance across the UEC pathway, in particular in the area of Ambulance handover delays and to improve UEC outcomes for our patients.

This paper sets out the preparations for Winter 2022/23 and how the learning from winter 2021/22 has been used to inform that and then provides the detail of the development of the UEC Improvement Plan to date.

1.2 Winter Preparedness

Winter 2021/22 saw an unprecedented set of challenge across the NHS and the Shropshire, Telford and Wrekin (STW) system was no exception, a flavour of this is set out within the context section above. The Winter Planning process aims to place the system in the best place to address the additional pressures over the winter period by putting a range of mitigations in place. The overall approach to planning for 2022/23 is based on managing a similar set of circumstances as occurred in winter 2021/22

The aims of the 2021/22 Winter Plan are:

- To set out the key challenges the STW system will face during winter
- To identify priority areas for focus during the winter period to mitigate the identified challenges
- To increase resilience through the winter period
- To set out how we will provide safe, effective and sustainable care for the population
- To enhance system capacity where it is needed
- To promote prevention and support for self-care
- To support flow out of hospital care
- To increase capacity in primary and community care
- To reduce demand within the health and social care system
- To clarify the system escalation process for the winter period

The winter plan will contribute to the delivery of key priorities within the system Urgent and Emergency Care Plan with a particular focus on the following priorities:

- Prevent inappropriate A&E attendances
- Improve timely admission to hospital from A&E
- Reduce length of stay in hospital
- Ensuring the use of 111 as the primary route to access urgent care
- Improving discharge procedures

In order to prepare for winter 2022/23 a winter planning process has commenced. This process follows the timetable set out below with the initial focus being a system workshop focused on what the data is telling us about areas of challenge, the outcome of the evaluation of last winter's schemes and the learning from the previous winter.

Action	Deadline
Workshop to launch winter planning process	6 Jun 22
Bidding template and process distributed	7 Jun 22
Providers to submit demand and capacity information	30 Jun 22
Winter scheme bids submitted to Deputy Director of Planning	15 Jul 22
Evaluation panel for winter scheme bids to sit	31 Jul 22
Approval of recommended schemes	August 22
Provider delivery plans for baseline winter funding to be submitted to Deputy Director of Planning	26 Aug 22
Development of System Winter Plan	9 Sept 22
Implementation phase for winter schemes	Sept – Nov 22
Approval of System Winter Plan	30 Sept 22
Schemes end date	31 Mar 23
Evaluation phase for schemes	Apr – May 23

The process ultimately results in the development of a comprehensive Winter Plan which consists of three elements:

- Specifically funded short term schemes focused on addressing particular areas of service need or demand during the winter period (October to March) such as the purchase of additional bed capacity in the community
- Specific focused activities which providers will undertake internally to manage winter pressures, such as enhancing or re-directing staff to areas of pressure and standing down certain activities

- Existing arrangements that will be relied on in periods of extreme pressure such as the Hospital Full Policy and Critical Care Surge Plan

Data

Evaluation of data sets out a picture of:

- Increased presentations related to respiratory conditions
- Increased admissions in the under 16 age group
- Increased length of stay for patients once admitted resulting in circa 5050 additional bed days

Learning from last winter

A system review of last winter has established the following key areas of focus:

- A need to focus on attendance and admission avoidance
- A need to focus on enhancing flow through the hospital
- A need to focus in enhancing discharge processes and capacity in the community to support increased and timely discharge

Evaluation of last year's winter schemes

In 2021/22 nine schemes were supported, focused on the following areas

- Alternatives to A&E or admission
- Support for discharge from acute
- Respiratory
- Frailty
- Support to primary care

All schemes were able to show good impact, however most had suffered from workforce issues and the impact of Covid19. Resilience to manage these factors and mitigations for this will form part of the evaluation for this year's schemes

For 2022/23 a budget of £1.2m has been made available for bids. As set out in the winter planning timetable above, the bidding process is now open. The process will conclude with the finalising of an overall system Winter Plan by the end of September 2022 and implementation of winter schemes from October 2022.

1.3 UEC Improvements

As part of our aspiration to make improvements to the delivery of UEC in STW, the system has continued its programme of work under the UEC Improvement Plan. Building on the 21/22 plan a refreshed plan has been developed for the 2022/23 period. Following a series of system workshops, focus groups and discussions with individual stakeholders the refreshed UEC Improvement Plan was developed to focus on three key areas:

- Pre- Hospital Improvement
- In Hospital Improvement
- Discharge Improvement

The plan is appended to this report and sets out a number of key work programmes under each of the three workstreams, each with an identified Senior Responsible Officer. The plan notes the link of the work programs to the NHS Engand 10 point UEC Action Plan and also notes the links to wider schemes of local work that, whilst not formally falling under the remit of this programme, play an important role in supporting the delivery of these improvements.

The final step in the plan is the approval of the detailed project plans for each work programme, the improvement metrics and trajectories associated with each of them and the links to the national UEC targets. These local trajectories will be finalised and approved in early July 2022. Although

implementation of the work programmes has already commenced, following approval of the improvement trajectories there will be a process of tracking and monitoring progress that will be reviewed at each UEC Operational Group and Delivery Board meeting to ensure progress and agree remedial actions if schemes are not performing as well as they should be

In developing this plan there has been excellent engagement from stakeholders and the areas agreed for inclusion were deemed to offer the best opportunity to positively impact UEC performance.

Conclusion

As you will see from the detail of this report and the attached Improvement Plan, there is a significant amount of work currently being undertaken to both prepare for winter in the shorter term and to improve the delivery of UEC in both the shorter and longer term. This process is iterative and will continue to develop. This report provides a point in time position regarding the work in hand to address immediate issues and pressures as well as our aspirations for the future

Recommendations:

The Joint Health Overview and Scrutiny Committee is asked to:

1. Note the contents of the report.
2. Support the implementation of the UEC Improvement Plan and Winter Planning process