

REPORT TO: Telford and Wrekin Health & Wellbeing Board
10 September 2020

Item Number:	Agenda Item:
	Shropshire, Telford & Wrekin CCGs Winter Planning

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

History of the Report (where has the paper been presented:		
Committee	Date	Purpose (A,R,S,D,I)
This paper is for the purposes of updating the Telford & Wrekin Health & Wellbeing Board on the Shropshire, Telford & Wrekin CCGs Winter Planning arrangements	2 nd September 2020	D, I

Executive Summary (key points in the report):

In line with the usual NHS planning cycle CCGs are currently working on their winter planning arrangements. This year, however, the context of this planning is different as a result of the proceeding and enduring covid19 pandemic and the impacts this has had on the NHS and its wider partners.

Wider context:

For the 20/21 cycle winter planning forms part of a wider Restoration and Recovery programme for the NHS. NHS England/Improvement (NHSE/I) have set out the parameters of this Restoration and Recovery phase and in its most recent "Phase 3 letter" (12 August 2020) this was articulated as the requirement to:

- Accelerate our return to near normal levels of non-covid19 health services
- Prepare for winter demand pressures alongside vigilance for covid19 spikes locally
- Lock in beneficial changes of different ways of working and take account of lessons learnt.
- Provide ongoing support for our people
- Focus on prevention and tackle our system health inequalities

20/21 considerations:

Our usual planning arrangements will not apply in the same way this year for a number of reasons in the main related to the impact of the covid19 pandemic:

- There will be a reduction in service delivery capacity due to social distancing requirements, PPE use, swabbing requirements etc
- Staff resilience
- Maintaining covid19 response infrastructure whilst balancing restoration of services and a growing backlog
- Workforce capacity challenges
- Estates capacity challenges
- Funding allocations (move from tariff to block)
- Use of Independent Sector
- Escalation of Flu vaccination requirements
- Potential and planning for a covid19 vaccination programme
- Uncertainty regarding how covid19 will behave in winter, interrelationship with Flu and a second wave
- The system is changing, we are moving towards an Integrated Care System (ICS) model, Primary

Care Networks (PCNs) are forming and we have developed a strong platform of system working during the covid19 response that we are committed to continue

- We have less planning time this year as the system has been focused on managing covid19

The challenges of Restoration and Recovery, of which winter planning forms an important part, are therefore significant this year.

However, there are also benefits to be realised. There has been much covid19 specific learning which we are currently processing as a system and that we need to take with us into the next phase

- The system is not just about health partners
- The prevention agenda will be key and there is renewed attention on how we support good lifestyle choices
- Addressing Health Inequalities will be a key in assisting our population access the healthcare they need
- Population Health Management and a shared understanding and approach to business intelligence and surveillance information will be a fundamental building block in developing our plans

A system New Ways of Working forum has been established to help us maintain some of the system benefits realised during the covid response, not least the collaborative working arrangements that will assist us greatly in managing winter pressures.

Local Winter planning arrangements:

In this context the local system has agreed that winter planning should be undertaken on the basis of the following principles:

- System as default
- Re-organisation of the system around key priorities that system support winter response – i.e. directing resource at delivering key priorities and stopping doing those things that do not deliver these priorities (understand risks and impact)
- Maintain pan-organisational governance and ensure it continues to support solution focused, rapid decision making
- Deployment of staff to support priorities – matching skills with tasks and working across traditional boundaries
- There will be a series of challenging decisions to be made and we need to recognise that and be brave about working through it
- Embrace change – the system cannot stay the same and nothing is off the table
- Combine efforts of system restore, prioritised services and winter plan response

Our planning for 20/21 has and continues to utilise Lessons Learned intelligence including:

- What has worked well in previous years:
 - Robust capacity and demand modelling
 - Discharge planning/Use of discharge lounge/hub
 - Reducing Length of Stay
 - Purchase of additional community bed capacity
 - Extended practice in the community i.e. IVs
 - Care Home MDTs
- What has not worked well previously but must this year:
 - Admission avoidance schemes
 - Ambulance handovers
 - Staffing issues across services
 - Lack of flexibility across organisational boundaries – requirement for more joined up pathways (e.g. Staff's model)

Planning is being undertaken on the basis of five key themes: Discharge, Hospital Front Door, Community, Primary Care and Acute Services with the overall focus very much on demand management.

A Long List of potential High Impact Winter Schemes has been compiled with input from system partners. Following this a multiagency System Winter Planning Workshop was undertaken on 2 September to review these schemes and refine this down to a Short List of High Impact winter schemes. The output from this workshop is being collated at the time of writing this report.

This Short List of schemes will then go through a process of clinical and financial scrutiny as well as further impact verification before a final Short list of schemes is presented to the ICS Shadow Board later in September.

Implementation and oversight of these schemes will be carried out via the System Silver Command forum with ongoing monitoring arrangements in place.

Implications – does this report and its recommendations have implications and impact with regard to the following:

1.	Is there a potential/actual conflict of interest? <i>(If yes, outline who has the potential conflict of interest, what it is and recommendation of how this might be mitigated).</i>	No
2.	Is there a financial or additional staffing resource implication? <i>(If yes, please provide details of additional resources required).</i> There are potential areas that may require further clinical and financial prioritisation.	Yes
3.	Is there a risk to financial and clinical sustainability? <i>(If yes, how will this be mitigated).</i>	No
4.	Is there a legal impact to the organisation? <i>(If yes, how will this be mitigated).</i>	No
5.	Are there human rights, equality and diversity requirements? <i>(If yes, please provide details of the effect upon these requirements).</i>	No
6.	Is there a clinical engagement requirement? <i>(If yes, please provide details of the clinical engagement).</i> The plan requires full and active clinical involvement	Yes
7.	Is there a patient and public engagement requirement? <i>(If yes, please provide details of the patient and public engagement).</i> There will be a need to keep the public informed of both the challenges faced by the system during winter, the plans in place to address this and the best way to access health and care support during this time. There will be an active communications programme to support winter planning	Yes

Recommendations/Actions Required:

The Board is asked to:

1. Note and support the contents of the report.