NHS Shropshire CCG
NHS Telford and Wrekin CCG

REPORT TO: **Joint Health Overview Scrutiny Committee**
22 October 2020

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

Executive Lead (s):	Author(s):
Sam Tilley - Director of Planning Sam.tilley2@nhs.net	Sam Tilley - Director of Planning Sam.tilley2@nhs.net

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)**
This paper as presented to System Gold Command	2 October 2020	I

Executive Summary (key points in the report):

In line with the usual NHS planning cycle CCGs, with wider system partners, have been developing their winter planning arrangements. This year, however, the context of this planning is different as a result of the preceding 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 covid19 response, not least the collaborative working arrangements that will assist us greatly in managing winter pressures.

<u>Local Winter planning arrangements:</u>
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 has been 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 was 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 and prioritise this down to a Short List of High Impact winter schemes.
This Short List of schemes has been through a process of clinical and financial scrutiny as well as further impact verification before a final short list of schemes was presented to and approved by GOLD Command

on 2 October 2020

There are 30 winter capacity schemes in the winter plan across a range of system partners including SATH, SCHT, MPFT and both Local Authorities. Some examples of schemes are set out below.

Attendance/Admission Avoidance

- Expansion of the nursing and therapy workforce in the current Telford & Wrekin Rapid Response service
- Introduction of a Rapid Response service for the Shrewsbury and Atcham locality
- Expansion of the nursing workforce in the Mental Health Admission Avoidance Service for Older People
- Expansion of the therapy workforce and working hours in the ED Front Door with a focus on frail older people including swallow assessments and discharge visits direct from ED
- NHS111 First – implementation of the national programme to get patients to the right place to meet their needs first time (subject to national approval)

Admission Avoidance and Discharge

- Expansion of the specialist community respiratory service to in reach at RSH to support earlier discharge and a duty nurse to take calls from GPs and WMAS to provide specialist support to avoid conveyance to hospital
- Live in Carers service in both Shropshire and T&W

Discharge

- Carers in a Car service in Shropshire rural areas and T&W
- Dedicated therapists for End of Life discharges
- Enhanced stroke early supported discharge
- 36 additional care home beds (16 T&W, 20 Shropshire)
- MPFT CYP Safe Place reducing pressure on A&E and s136 suite and providing better experience for CYP and their families
- Expansion of the operating hours of the mental health liaison service in PRH to 2am

The winter capacity schemes will start coming on stream from November. Close oversight of the implementation of these schemes and their impact is essential and the winter plan will be an iterative process to ensure that the forecast acute bed requirements is refreshed regularly to reflect the actual monthly position, including the prevalence of COVID, so that the system can respond quickly where changes to forecast and therefore required capacity are identified. Implementation and oversight of these schemes will be carried out through the Urgent and Emergency Care Delivery Group and Board and GOLD Command.

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? *(If yes, outline who has the potential conflict of interest, what it is and recommendation of how this might be mitigated).*	No
2.	Is there a financial or additional staffing resource implication? *(If yes, please provide details of additional resources required).* There are schemes that require further clinical and financial resources.	Yes
3.	Is there a risk to financial and clinical sustainability? *(If yes, how will this be mitigated).*	No
4.	Is there a legal impact to the organisation? *(If yes, how will this be mitigated).*	No
5.	Are there human rights, equality and diversity requirements? *(If yes, please provide details of the effect upon these requirements).*	No
6.	Is there a clinical engagement requirement? *(If yes, please provide details of the clinical engagement).* The plan has been subject to system wide senior clinical involvement in the development of the shortlist of schemes and their prioritisation.	Yes
7.	Is there a patient and public engagement requirement? *(If yes, please provide details of the patient and public engagement).* There will be a need to keep the public informed of both the challenges faced by the	Yes

	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	

Recommendations/Actions Required:
JHOSC is asked to: 1. Note and support the contents of the report.