

REPORT TO: Telford and Wrekin Health & Wellbeing Board
3rd December 2020

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

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

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

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	3 rd December 2020	D, I

Executive Summary (key points in the report):

As reported previously in September, our usual planning arrangements have not applied the same way this year for a number of reasons, in the main related to the impact of the covid19 pandemic. The challenges of Restoration and Recovery, of which winter planning forms an important part, are significant this year. However, there are also benefits to be realised as there is much covid19 specific learning which we have taken with us into the next phase.

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

There are 30 winter capacity schemes in the winter plan across a range of system partners including Shrewsbury and Telford Hospitals NHS Trust, Shropshire Community Health NHS Trust, Midlands Partnership Foundation Trust and both Local Authorities. They have been through a process of clinical and financial scrutiny.

The winter capacity schemes started to come 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.

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 Emergency Department (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 West Midlands Ambulance 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

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 has had 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.