



# Frimley Health and Care ICS

## Urgent & Emergency Care Strategy

**ICB Board**

**September 2022**

# Background & Context



Our work to date in this area

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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...

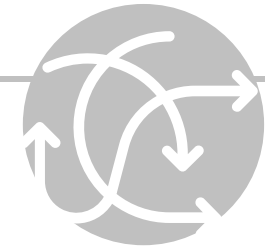


Delivering patient-centred care, with ongoing close collaboration with the community



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

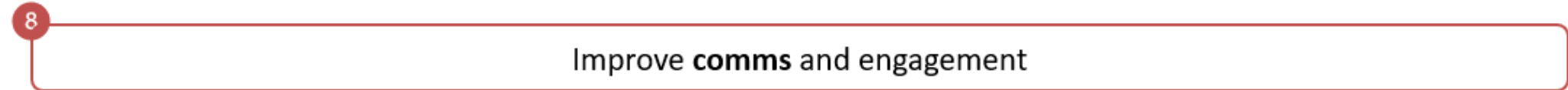
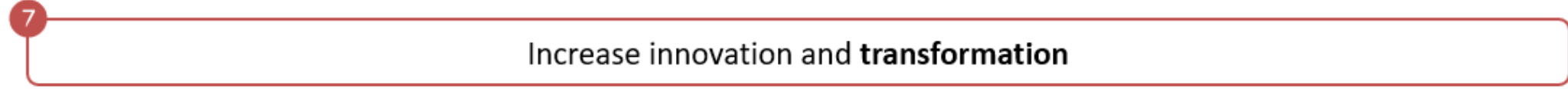
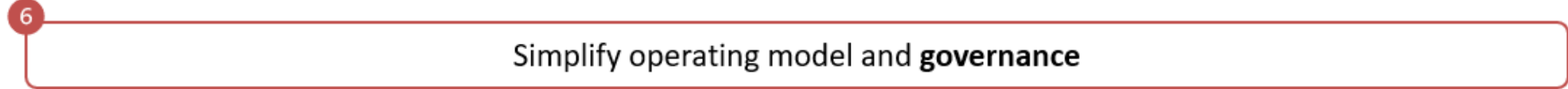
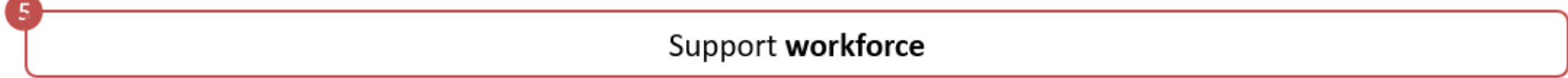
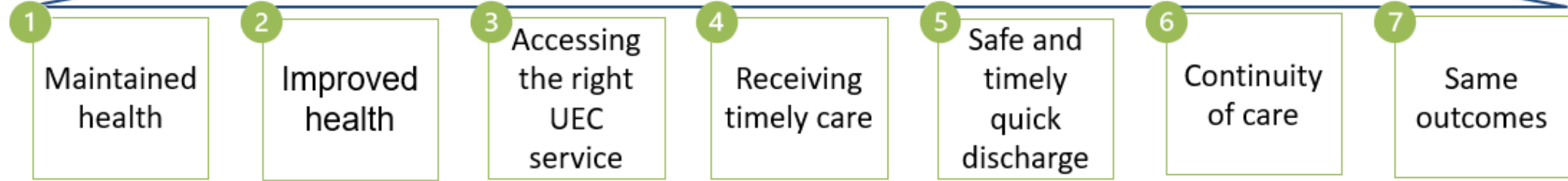


Fully integrated, with shared workforces, resources and goals



 Vision  
 Outcomes  
 Core objectives  
 Enabling objectives

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





# 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.



## 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

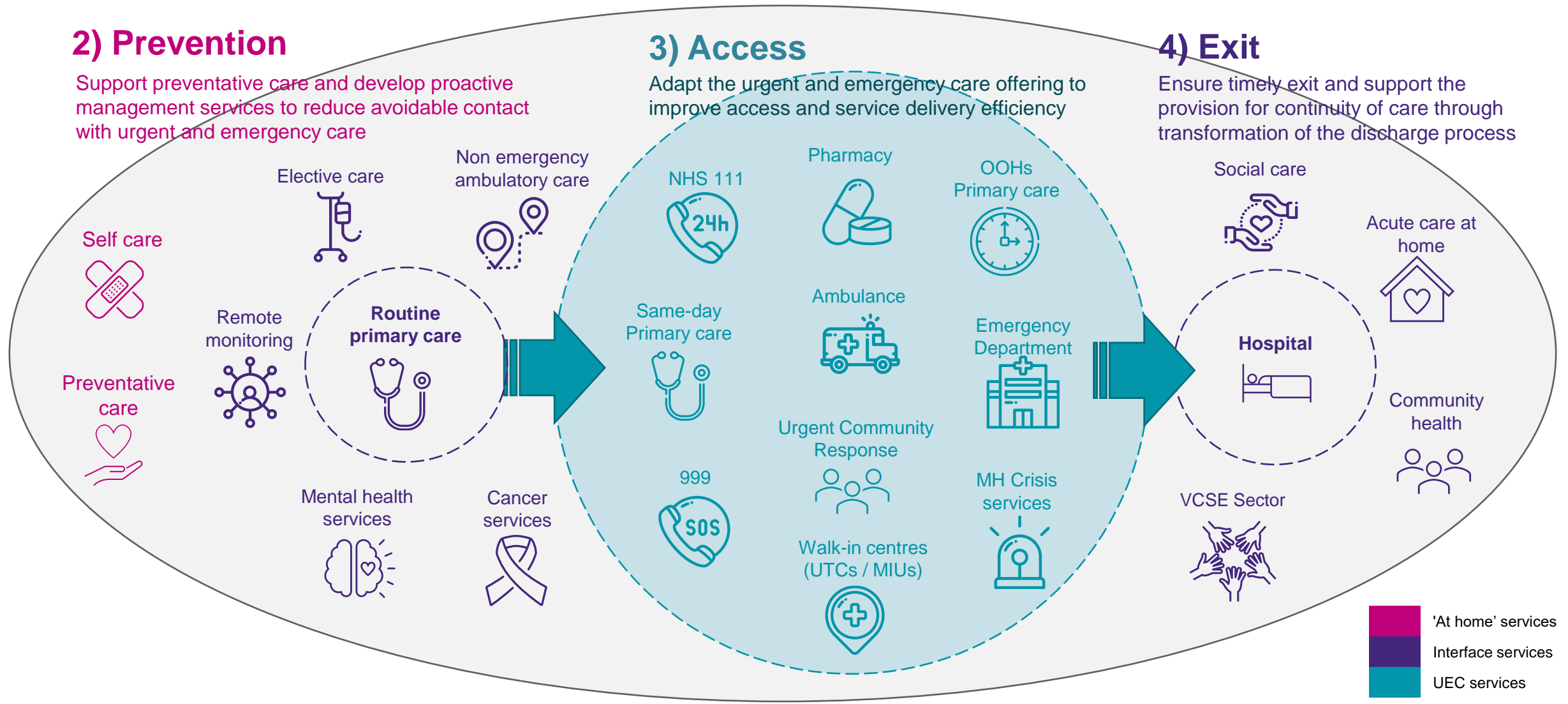
Support preventative care and develop proactive management services to reduce avoidable contact with urgent and emergency care

## 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





## UEC Priorities – Phase 1 - Organising ourselves for improvement:

September 2022

	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 16/09
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	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 16/09 Due 23/09	
10	Minor Injuries Pilot (Pathway Proposal)	3	CF	JMc	Due 23/09	



# Phase 1 Priorities Alignment to Strategy Objectives



## 2 Prevention



## 1 Population Health



## 4 Flow & Exit



## 3 Access

6) Demand & Capacity Bids



## 5 Workforce

- 7) SCAS Winter Arrangements
- 9) UEC Contracts
- 10) Minor Injuries Pilot



## 8 Comms & Engagement



## 6 Governance

- 1) UEC Escalation Arrangements
- 2) ICB On Call Arrangements
- 3) UEC Governance
- 4) UEC Resources
- 5) Winter Planning
- 8) Performance Reporting



## 7 Digital & Transformation



## UEC Priorities – Phase 2 – Service transformation focus:

Winter 2022

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



# Phase 2 Priorities Alignment to Strategy Objectives



## 2 Prevention

- 1) Community Transformation Initiatives
- 2) High Risk Patient Management
- 5) Respiratory Hubs
- 11) Seven Day Services



## 1 Population Health

- 10) Mental Health Pathways



## 4 Flow & Exit

- 6) D&C Bid Additional Capacity
- 7) FHFT LOS
- 8) Local Authority Discharge Capacity
- 9) Pan-ICS



## 3 Access

- 3) 111 Pathways
- 4) Same Day Demand



## 5 Workforce



## 8 Comms & Engagement



## 6 Governance



## 7 Digital & Transformation



# Phase 3 Priorities Alignment to Strategy Objectives



## 2 Prevention

- 1) Remote monitoring
- 2) Digital tools
- 3) MDT working



## 1 Population Health

- 1) Population Health Management approach
- 2) Risk stratification
- 3) Enhanced use of DOS
- 4) Reduce geographical variation



## 4 Flow & Exit

- 1) Patient Care Data Sharing
- 2) Data-driven Strategic Commissioning
- 3) System Discharge Risk Governance
- 4) Social Care Capacity



## 5 Workforce

- 1) Diversify workforce
- 2) Career development pathways
- 3) Resource sharing



## 3 Access

- 1) Same Day Urgent Care in Primary Care
- 2) Pharmacies, UCR, POC testing
- 3) Ambulance pathways away from ED
- 4) 111 pathways
- 5) IAPT for CYP Mental Health
- 6) Specific needs pathways



## 8 Comms & Engagement

- 1) High Intensity Users
- 2) Language & Cultural Barriers
- 3) Culture Change initiative



## 6 Governance

- 1) Reconfigure UEC Board
- 2) Define system shared KPIs
- 3) System-visible Demand & Capacity model
- 4) Define clinical risk model
- 5) Simplification programme
- 6) Patient culture change initiative



## 7 Digital & Transformation

- 1) Pilots
- 2) Predictive analysis (inc AI/NLP)
- 3) Private sector partnerships