

Frimley Health and Care



Frimley

## Frimley Integrated Care Board

# Urgent & Emergency Care Strategy 21<sup>st</sup> February 2023



ASCOT • BRACKNELL • FARNHAM • MAIDENHEAD • NORTH EAST HAMPSHIRE • SLOUGH • SURREY HEATH • WINDSOR



# 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.



Vision

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



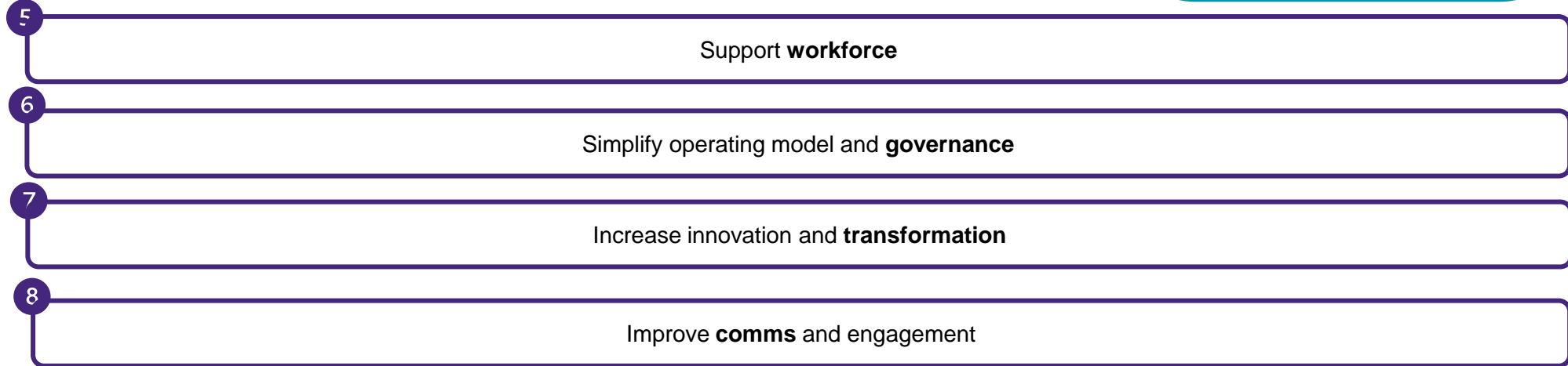
Outcomes



Core objectives



Enabling objectives



Interventions detailed on further slides



# Core Objectives

## 1) Population Health

Use population health management and risk stratification to understand and design initiatives tailored to our populations.

## 2) Prevention

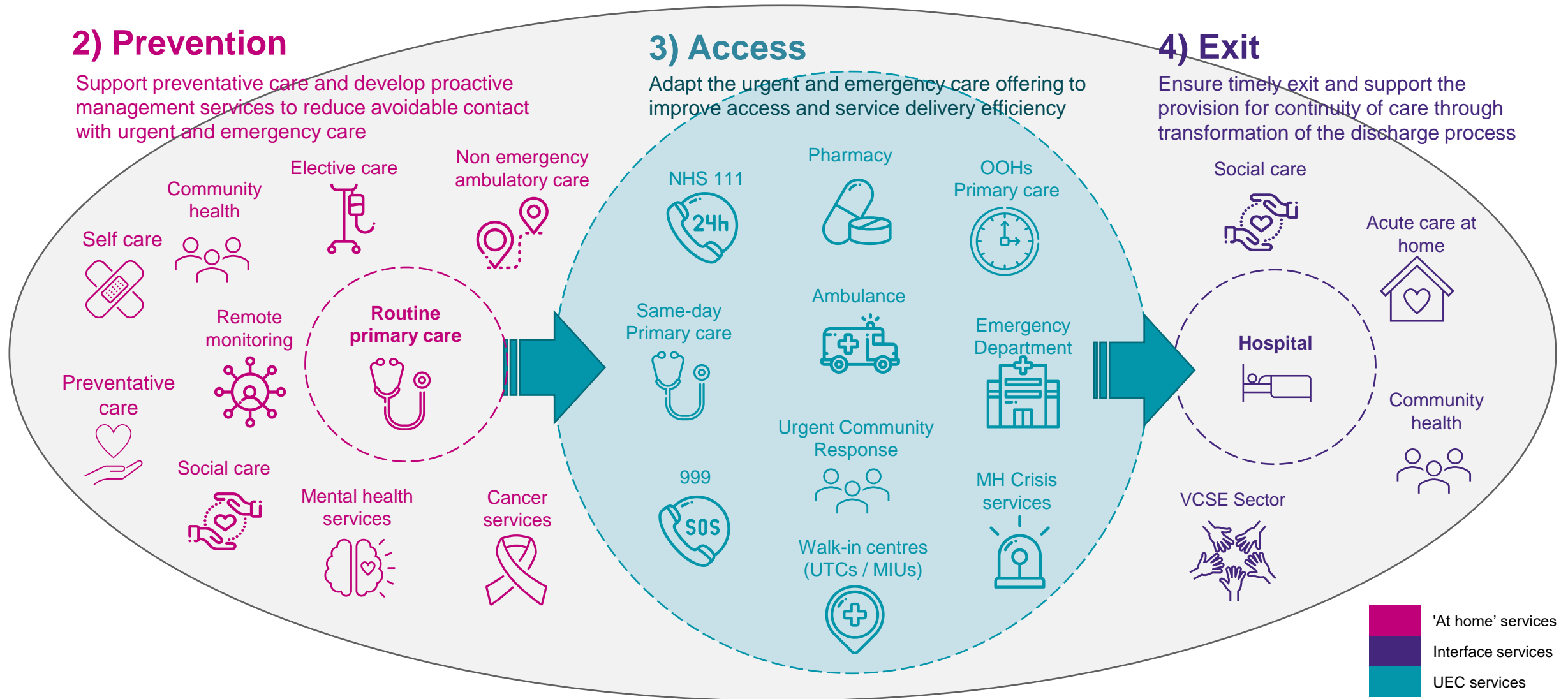
Support preventative care and develop proactive management services to reduce avoidable contact with urgent and emergency care

## 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





# Enabling Objectives

## 1) Population Health

Use population health management and risk stratification to understand and design initiatives tailored to our populations.

### 2) Prevention

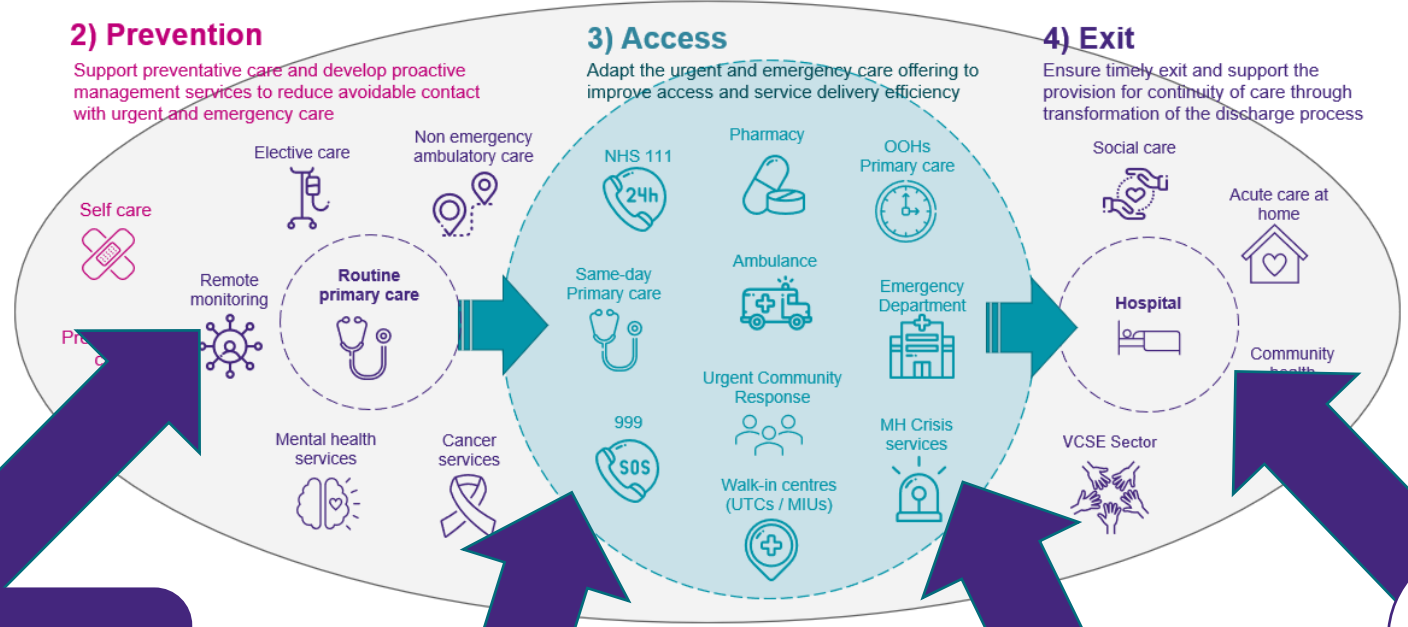
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## 5) Workforce



## 6) Governance



## 7) Digital / Transformation



## 8) Comms & Engagement



### Prevention

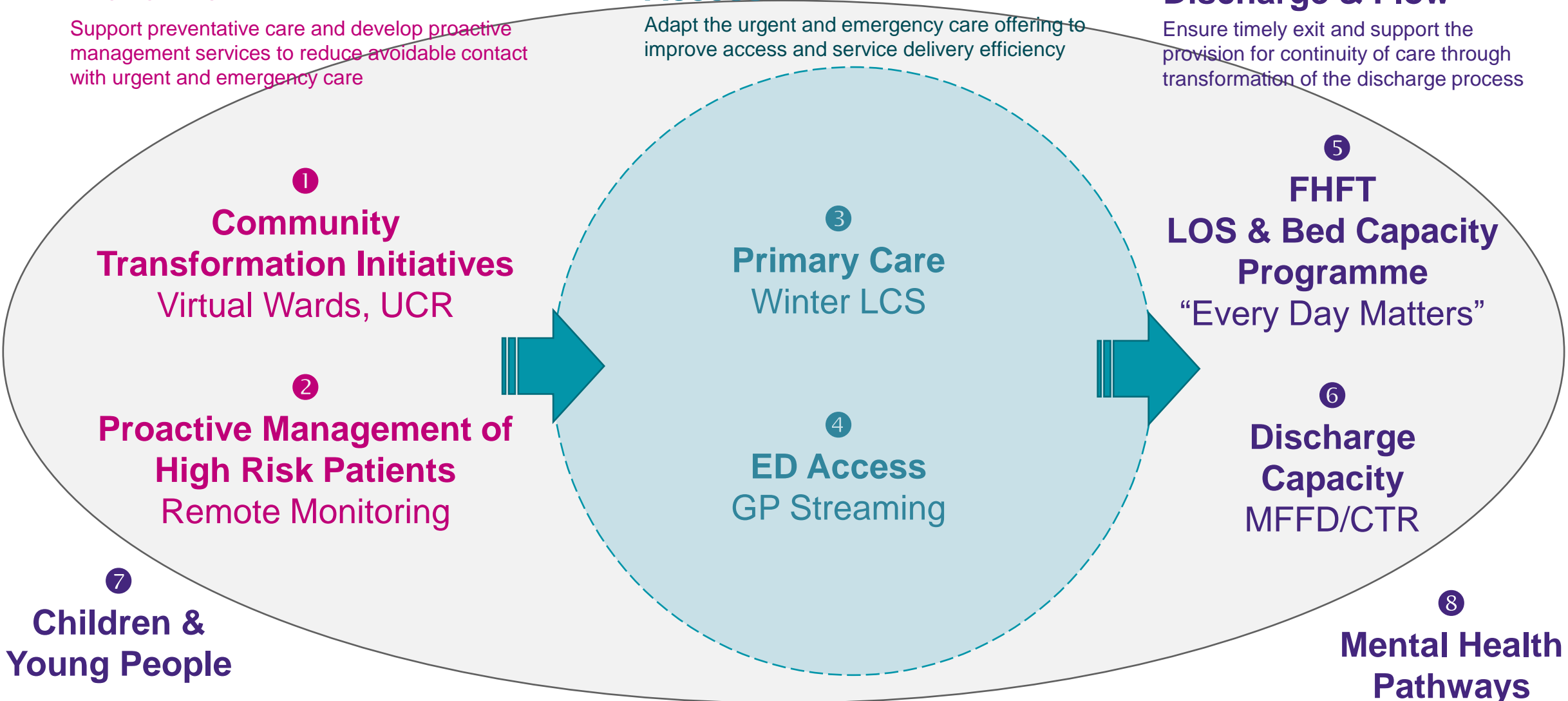
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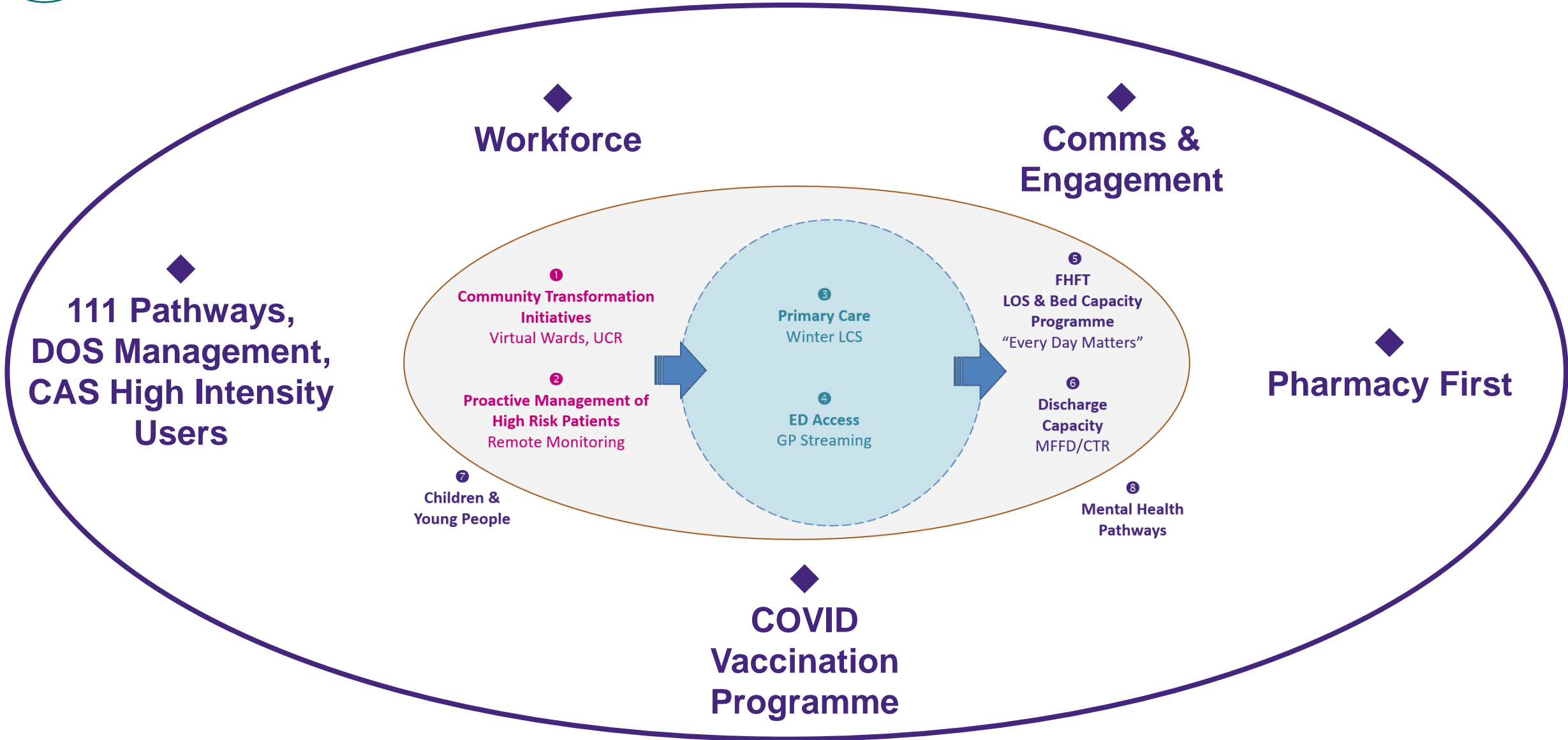
### Access

Adapt the urgent and emergency care offering to improve access and service delivery efficiency

### Discharge & Flow

Ensure timely exit and support the provision for continuity of care through transformation of the discharge process







# Core Interventions



Interventions are tangible initiatives that enable the delivery of each core objective.

Core Objective	Interventions
<p><b>1. Understand the needs of our population to deliver equitable clinical outcomes system-wide and reduce health inequalities</b></p>	<p>1.1 Use a population health based management approach to identify and act on opportunities to increase preventative care and reduce risk of health deterioration</p> <p>1.2 Support our at risk population to better manage their conditions through risk stratification and development of targeted personalised initiatives</p> <p>1.3 Reduce variation of knowledge and use of services across the system through better understanding and alignment, supported by an enhanced Directory of Services</p> <p>1.4 Reduce unwarranted variation in UEC service use and clinical outcomes linked to geographical differences</p>
<p><b>2. Support preventative care and develop proactive management services to reduce avoidable contact with urgent and emergency care</b></p>	<p>2.1 Expand and roll-out remote monitoring initiatives that support the management of people in the community/ at home</p> <p>2.2 Expand and roll-out digital tools that support proactive care and self care</p> <p>2.3 Increase outreach of specialist care to support MDT working within integrated models of community care</p>
<p><b>3. Adapt the urgent and emergency care offering to improve access and service delivery efficiency</b></p>	<p>3.1 Increase same-day urgent care capacity outside of the acute and routine primary care via a same-day access hub model</p> <p>3.2 Increase and optimise use of community services such as pharmacies, urgent community response teams and point of care testing to support primary care demand</p> <p>3.3 Maximise use of alternate pathways that are available to ambulance services to limit avoidable ED conveyance</p> <p>3.4 Reassess and refresh the implementation of the 111 service locally to maximise its capacity within CAS and support the service to direct patients to the right service at the right time</p> <p>3.5 Improve access to moderate and low grade acuity CYP mental health services through IAPT, to reduce occurrence of escalation to UEC mental health services</p> <p>3.6 Strengthen and enhance standardised pathways for cohorts with specific needs</p>
<p><b>4. Ensure timely exit and support the provision for continuity of care through transformation of the discharge process</b></p>	<p>4.1 Support the management of discharge through timely patient care data sharing and fully visibility of capacity and demand data between acute and community/social care providers</p> <p>4.2 Use demand, capacity and activity data in order to undertake strategic commissioning tailored to local communities</p> <p>4.3 Realign the system wide discharge function through improved governance, alignment of risk approach and provision of a neutral decision making to coordinate discharge between providers</p> <p>4.4 Use UEC resources to increase social care capacity to support efficient and safe discharge of patients</p>



# Enabling Interventions



Interventions are tangible initiatives that enable the delivery of each core objective.

Enabling Objective	Interventions
<p><b>5. Adopt alternate workforce solutions that develop and support the UEC workforce to provide the right care for patients</b></p>	<p>5.1 Diversify workforce to take advantage of non-traditional roles and ensure skillsets match service delivery                      5.2 Increase career progression and development pathways to provide opportunities for our local communities                      5.3 Create a UEC system wide workforce model and mature resource sharing models across health and care</p>
<p><b>6. Implement a system wide UEC operating model to share risk, reduce complexity and support a more resilient, sustainable system</b></p>	<p>6.1 Reconfigure the UEC board to maintain focus on high priority challenges, ensure efficient commissioning, create clear delineation of shared responsibility and strengthen individual accountability                      6.2 Define shared KPIs and SLAs and consider collective funding models to drive towards common outcomes                      6.3 Develop a UEC demand and capacity model that is visible across the system                      6.4 Define and apply clinical risk thresholds across the system in order to share risk appropriately and ensure efficient operational flow occurs                      6.5 Pursue a UEC system wide simplification programme                      6.6 Undertake an internal culture change initiative to improve interactions with patients around UEC</p>
<p><b>7. Continue to transform how care is delivered by embracing opportunities to innovate and lead on best practice care</b></p>	<p>7.1 Establish mechanisms, funding and infrastructure to support innovation and implement successful pilots across the system                      7.2 Support better management of patients by using advances in predictive analysis, AI and NLP including implementation decision making support tools through the UEC pathway                      7.3 Ensure partnerships with the private sector are delivered effectively through rigorous partnering frameworks and evaluation criteria</p>
<p><b>8. Improve patient awareness and understanding of how to access the right care</b></p>	<p>8.1 Target high intensity UEC users through delivering specific and relevant initiatives and communications                      8.2 Address language and cultural barriers for patients to effectively engage with UEC                      8.3 Undertake a culture change initiative to change perceptions and expectations of UEC</p>

UEC Winter Priorities		SRO*	Moorhouse Strategy Interventions							
			Core Objectives				Enabling Objectives			
			Population Health	Prevention	Access	Discharge	Workforce	Governance	Transformation	Comms & Engagement
1	Community Transformation	NA		2.3	3.2					
2	Proactive Mgmt of High Risk Pts	SBU	1.1, 1.2 1.4	2.1, 2.2	3.6				7.2	8.1
3	Primary Care	CF			3.1					
4	ED Access	SD								
5	Length of Stay	CH								
6	Discharge & Flow	SD				4.1, 4.2 4.3, 4.4				
7	Children & Young People	TFD			3.5					
8	Mental Health	HR								
<b>Additional Winter Priorities</b>										
◆	Workforce	CC					5.1, 5.2, 5.3			
◆	Comms & Engagement	EB						6.6		8.2, 8.3
◆	COVID Vaccination Programme	SBe								
◆	DOS/111/CAS	SD	1.3		3.3, 3.4					
◆	Pharmacy First	SBe								
	To Be Allocated	TBA						<b>6.1, 6.2, 6.3 6.4, 6.5</b>	<b>7.1, 7.3</b>	



# Core Objectives



These core objectives help to drive one or more outcomes and are underpinned by multiple interventions



## 1. Population Health

### Interventions

UEC Priority Programme

Senior Responsible Officer

- 1.1 Use a population health based management approach to identify and act on opportunities to increase preventative care and reduce risk of health deterioration
- 1.2 Support our at risk population to better manage their conditions through risk stratification and development of targeted personalised initiatives
- 1.4 Reduce unwarranted variation in UEC service use and clinical outcomes linked to geographical differences

Proactive Management of High Risk Patients

SBu

1.3 Reduce variation of knowledge and use of services across the system through better understanding and alignment, supported by an enhanced Directory of Services

DOS / 111 / CAS

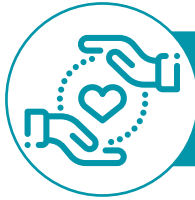
SD



# Core Objectives



These core objectives help to drive one or more outcomes and are underpinned by multiple interventions



## 2. Prevention

### Interventions

UEC Priority Programme

Senior Responsible Officer

2.1 Expand and roll-out remote monitoring initiatives that support the management of people in the community/ at home

2.2 Expand and roll-out digital tools that support proactive care and self care

3.6 *Strengthen and enhance standardised pathways for cohorts with specific needs*

2.3 Increase outreach of specialist care to support MDT working within integrated models of community care

Proactive Management of High Risk Patients

Community Transformation Initiatives

SBu

NA



# Core Objectives



These core objectives help to drive one or more outcomes and are underpinned by multiple interventions



## 3. Access (1)

### Interventions

UEC Priority Programme

Senior Responsible Officer

3.1 Increase same-day urgent care capacity outside of the acute and routine primary care via a same-day access hub model

3.2 Increase and optimise use of community services such as pharmacies, urgent community response teams and point of care testing to support primary care demand

Primary Care / ED Access

Community Transformation Initiatives

CF / SD

NA



# Core Objectives



These core objectives help to drive one or more outcomes and are underpinned by multiple interventions



## 3. Access (2)

### Interventions

UEC Priority Programme

Senior Responsible Officer

3.3 Maximise use of alternate pathways that are available to ambulance services to limit avoidable ED conveyance

3.4 Reassess and refresh the implementation of the 111 service locally to maximise its capacity within CAS and support the service to direct patients to the right service at the right time

3.5 Improve access to moderate and low grade acuity CYP mental health services through IAPT, to reduce occurrence of escalation to UEC mental health services

DOS / 111 / CAS

Children & Young People

SD

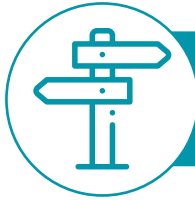
TFD



# Core Objectives



These core objectives help to drive one or more outcomes and are underpinned by multiple interventions



## 4. Discharge & Flow

### Interventions

UEC Priority Programme

Senior Responsible Officer

- 4.1 Support the management of discharge through timely patient care data sharing and fully visibility of capacity and demand data between acute and community/social care providers
- 4.2 Use demand, capacity and activity data in order to undertake strategic commissioning tailored to local communities
- 4.3 Realign the system wide discharge function through improved governance, alignment of risk approach and provision of a neutral decision making to coordinate discharge between providers
- 4.4 Use UEC resources to increase social care capacity to support efficient and safe discharge of patients

### Discharge & Flow

SD



# Enabling Objectives



These enabling objectives support the core objectives to deliver on the outcomes



## 5. Workforce

### Interventions

UEC Priority Programme

Senior Responsible Officer

- 5.1 Diversify workforce to take advantage of non-traditional roles and ensure skillsets match service delivery
- 5.2 Increase career progression and development pathways to provide opportunities for our local communities
- 5.3 Create a UEC system wide workforce model and mature resource sharing models across health and care

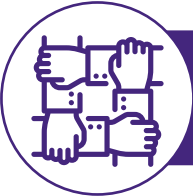
Workforce

CC



# Enabling Objectives

These enabling objectives support the core objectives to deliver on the outcomes



## 6. Governance

**Interventions**

- 6.1 Reconfigure the UEC board to maintain focus on high priority challenges, ensure efficient commissioning, create clear delineation of shared responsibility and strengthen individual accountability
- 6.2 Define shared KPIs and SLAs and consider collective funding models to drive towards common outcomes
- 6.3 Develop a UEC demand and capacity model that is visible across the system
- 6.4 Define and apply clinical risk thresholds across the system in order to share risk appropriately and ensure efficient operational flow occurs
- 6.5 Pursue a UEC system wide simplification programme

**UEC Priority Programme**

N/A

**Senior Responsible Officer**

SD



# Enabling Objectives

These enabling objectives support the core objectives to deliver on the outcomes



## 7. Transformation

### Interventions

UEC Priority Programme

Senior Responsible Officer

7.1 Establish mechanisms, funding and infrastructure to support innovation and implement successful pilots across the system

7.3 Ensure partnerships with the private sector are delivered effectively through rigorous partnering frameworks and evaluation criteria

N/A

SD

7.2 Support better management of patients by using advances in predictive analysis, AI and NLP including implementation decision making support tools through the UEC pathway

**Proactive Management of High Risk Patients**

SBu



# Enabling Objectives

These enabling objectives support the core objectives to deliver on the outcomes



## 8. Comms & Engagement

**Interventions**

**UEC Priority Programme**

**Senior Responsible Officer**

8.1 Target high intensity UEC users through delivering specific and relevant initiatives and communications

**Proactive Management of High Risk Patients**

SBu

8.2 Address language and cultural barriers for patients to effectively engage with UEC  
8.3 Undertake a culture change initiative to change perceptions and expectations of UEC  
*6.6 Undertake an internal culture change initiative to improve interactions with patients around UEC*

**Comms & Engagement**

EB

# UEC Recovery Plan



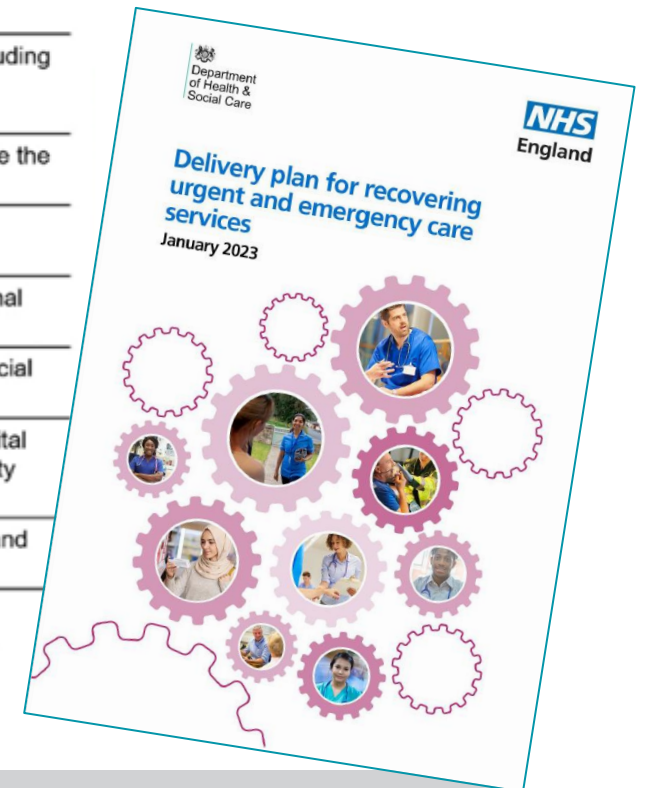
National Delivery plan for recovering urgent and emergency care services published 30 January 2023



## The Plan on a page



- |   |  |  |
|---|--|--|
| 1 | <b>Increasing urgent and emergency care capacity</b>                         | <ul style="list-style-type: none"> <li>• <b>Additional hospital bed capacity</b> – additional acute bed capacity to meet immediate pressures and reduced bed occupancy, but also to help meet demand for health and care</li> <li>• <b>Increasing ambulance capacity</b> – working with ambulance services and systems to provide additional capacity and divert patients to alternative services where appropriate, including for mental health and community care</li> <li>• <b>Improving processes and standardising care</b> – working with partners to standardise care at the ED front door including for mental health patients. Improving patient flow in and out of hospitals, including embedding fully functional bed management and system control centres (SCCs)</li> </ul> |
| 2 | <b>Increase workforce size and flexibility</b><br><b>Improving discharge</b> | <ul style="list-style-type: none"> <li>• Immediate action to improve health and well being, support retention and expand UEC workforce, as well as to ensure the workforce is in place to meet acute expansion and community service transformation</li> <li>• <b>Improving joint discharge processes</b> – support roll out of Transfer of Care Hubs with improved assessment and planning processes</li> </ul>   |
| 3 |  | <ul style="list-style-type: none"> <li>• <b>Scaling up intermediate care</b> – evaluation of the Fronrunner Programme and a new planning framework and national standard for rapid discharge into intermediate care.</li> <li>• <b>Scaling up social care services</b> – working with local government and social care providers to optimise access to social care, including through continued use of the Better Care Fund.</li> </ul>  |
| 4 | <b>Expanding care outside hospital</b>                                       | <ul style="list-style-type: none"> <li>• <b>Expanding and better joining up new types of care outside hospital</b> – standardisation and spread of out-of-hospital services, including urgent community response, falls services, enhanced nursing homes support and the High Intensity Users programme.</li> <li>• <b>Expand virtual wards</b> – Scale up capacity for frailty and acute respiratory infection through greater standardisation and utilisation. Implementation of new pathways and appropriate models of virtual wards</li> </ul>   |
| 5 | <b>Making it easier to access the right care</b>                             | <ul style="list-style-type: none"> <li>• Review NHS 111 services, including greater alignment with primary care, 111 online and trialling 111 first. Increasing access to clinical assessment in 111 in particular for paediatrics, and potential expansion of urgent treatment centres, where most effective.</li> </ul>  |



# Recommendations to the Board of the ICB



1. To note the approval of the Strategic Review and the associated work programme by the UEC Strategy Group
2. To note the approval of the Strategic Review and the associated work programme by the UEC Planned Care Board
3. To approve the proposed approach and work programme for the delivery of the UEC strategy
4. To approve the proposal to issue a formal communication, from system leaders, to keep stakeholders informed of progress and next steps

