NHS
Leicester, Leicestershire and Rutland

LLR winter preparedness

March 2022

A proud partner in the:

Leicester, Leicestershire and Rutland
Health and Wellbeing Partnership

Winter plan – Oct 2022 to Feb 2023

Implement COVID and Flu vaccs programme	Implement respiratory hubs across LLR	Redesign the GP > acute care pathway	Increase availability of urgent care centre appts	Increase LPT capacity
Maximise discharge opportunities	Implement the Unscheduled care hub	Implement 300 virtual ward beds	Increase UHL capacity	Increase handover space
Implement the 'push' model from ED	Maximise use of Same day emergency care	Increase opening hours of MIAMI	Implement actions from the 100 day discharge challenge	Implement fuel poverty plan
	Increase 111/999 call handlers	Increase mental health support	Agree risk management strategy for system	

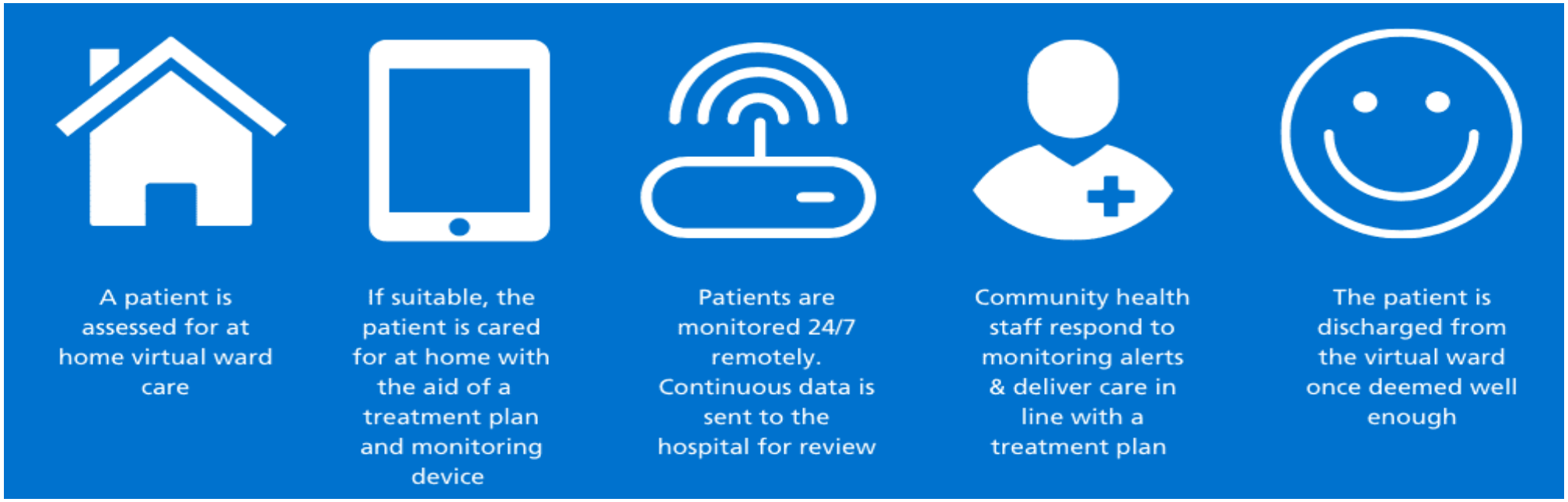
Winter Plan v2 – Jan to March 2023

Standardise online, digital & f2f primary care offer	Implement step up pathway for key LTC i.e. respiratory	Maximise streaming from EMAS stack safely	Maximise streaming opportunities from ED front door safely
Standardise multi-disciplinary management of the ED bed stack	Implement plans for Integrated Discharge function	Maximise capacity in all providers	Implement plans to equalise risk across the system safely

Integrated crisis response services

- The Urgent community response service for Leicester City has a 100% response rate within 2 hours, with the vast majority of people kept safely in their place of residence, using a holistic checklist of care
- Patients can access these services through any health and care professional
- This model has been used to develop the UCR model for LLR and forms the basis of the national specification

Virtual wards



- About 100 patients per week being supported in their place of residence through a ‘virtual ward’
- Very positive patient feedback, with pathways live for cardiac and respiratory illness
- Further development of pathways to support frailty and intermediate care
- Opportunity to work with LA monitoring services such as pendant alarm services etc

LLR unscheduled care hub

- A full partnership approach between all agencies across LLR to get our patients to the right care in the right place at the right time
- Team covers physical and mental health, care and therapy etc
- The team will assess calls on the ambulance queuing system and re-route patients so that they can access the right service at the right time

- About 30-40 patients per day are assessed by the team and supported in their place of residence, rather than by ambulance services or the Emergency Department
- Being rolled out across the country

Supporting discharge from UHL

- Short term government funding released in Dec 2022 to support discharge
- Partnership approach between City council and health to assess how best to get our patients the right care at the right time, based on local insights and knowledge
- Gap identified in recruitment and retention around domiciliary care
- Launch of ‘Inspire to care’ programme across the City, with a focus on recruiting new staff into care careers, retaining current staff and ensuring that new colleagues have a known career pathway across health and care

Supporting discharge from LPT

- Recent evidence that hoarding and other housing related factors impacting on ability to discharge patients from mental health wards
- Opportunity to expand the Housing Enablement Team (HET) to cover MH Services Older People inpatients wards
- Up to 25 patients supported with early discharge - housing cases can have complex circumstances and result in long delays in discharges, impacting further on physical and mental health
- Resulting in a reduced Housing related DTOC level and a reduced average length of stay on these wards

Conclusions

- It is extraordinarily difficult in every area of health and care at the moment – mix of demand, COVID/Flu, staff absence, capacity plus impact of industrial action
- The system has managed the ambulance service industrial action / critical incident called at Leicester Hospitals as a partnership but recognise that the surges in activity are causing a poorer patient experience across the pathway, with long waits across the pathway. Staff are also under increasing pressure
- We have continually strengthened the winter plan and we will apply learning from what we know has worked through difficult periods through the year
- However, what is clear is that our partnerships across health and care have held firm and these case studies demonstrate the art of the possible when we continually work together