

Item No. 8.	Classification: Open	Date: 4 October 2016	Meeting Name: Health and Wellbeing Board
Report title:		Urgent Care Resilience	
Ward(s) or groups affected:		All	
From:		Andrew Bland – Chief Officer, Southwark CCG Caroline Gilmartin – Director of Integrated Commissioning, Southwark CCG David Smith – Head of System Performance, Southwark CCG	

RECOMMENDATION(S)

1. The board is requested to:
 - Note the work being undertaken across commissioners and providers on winter preparedness
 - Note and approve the messaging to local residents on the use of local services to help ensure that people are informed over which services are available to support them, whatever their health and care needs
 - Note that winter planning, performance and assurance will be overseen by the newly formed Lambeth and Southwark A&E Delivery Board.

BACKGROUND INFORMATION

2. Winter preparedness is a crucial part of the annual planning cycle. Although attendances at Emergency Departments (EDs) are often lower than during the spring or summer, admissions and levels of acuity tend to be higher. This can lead to bed occupancy levels at acute hospitals rising to at, or near, 100% which can consequently lead to overcrowding of EDs as patients wait for beds to become available prior to being admitted.
3. In addition, winter can often see outbreaks of flu and of norovirus, which causes diarrhea and vomiting. Whilst both viruses can occur at any time of year, they are most common in winter, with special precautions needed to help prevent spread amongst vulnerable groups such as pregnant women and the frail elderly.
4. It is also noted that performance against the 4 hour standard for patients to be assessed, treated, admitted or discharged from EDs has not been consistently met at either St Thomas' or King's College Hospital (Denmark Hill) during 16/17. This indicates that the health and care system as a whole is running 'hot' and is under sustained pressure. As such, there is an even greater focus than usual on winter preparedness to ensure that corrective measures and performance improvement plans continue to be driven at pace to avoid any further deterioration in quality and performance.

KEY ISSUES FOR CONSIDERATION

5. The below outlines some of the key steps that are being taken to prepare for winter:
6. **Introduction of A&E Delivery Boards** - In line with the national guidance issued by NHS England and NHS Improvement in July to help strengthen financial performance and accountability, partners across SE London are in the process of setting up A&E Delivery Boards. These groups are successors to System Resilience Groups, and bring together senior representatives from across health and social care to help deliver improvement across the urgent and emergency care pathway. In line with our Sustainability and Transformation Plans, there will be a SE London wide group providing overarching strategic oversight, supported by a Lambeth and Southwark A&E Delivery Board which will focus on local delivery. The Lambeth and Southwark A&E Delivery Board will also oversee the disbursement of £4.234m of winter resilience funding to support all system partners (including social care and the voluntary sector) implement a range of winter pressure schemes.
7. **Re-specified Urgent Care Centre at Denmark Hill** – The Urgent Care Centre (UCC) at Denmark Hill provides treatment for patients with minor illnesses and injuries. Whilst there is general agreement across the local health economy that the UCC has supported more effective management of minors demand, the CCG has sought to revise the specification in order to further ease pressure on the ED and reduce the level of minors' breaches. Minors' breaches can number in excess of 100 per week, with particularly high levels in the overnight period, which is considerably higher than other UCCs in London.

As such the CCG has revised the specification to extend the opening hours of the UCC to 24 hours a day from the current 16 hour a day model, increase staffing levels, and agreed revised key performance indicators to support the delivery of A&E performance targets and ensure compliance with London Quality Standards. Crucially, the UCC will be given its own dedicated space to ensure there is sufficient physical capacity to manage patient volumes, and reduce the risk that majors needs to 'overspill' into the minors area. The UCC development will also see the creation of 3 mental health suites to ensure that patients attending the ED at times of crisis will benefit from purpose built facilities appropriate to their needs.

The re-specified UCC is scheduled to be operational from February 2017, and is expected to have a significant impact on wait times, and reduce the risk of risk of overcrowding within the ED department reduce, leading to improved quality of care and better outcomes and experience for patients.

8. **Additional bed capacity at Denmark Hill** – An additional 24 inpatient beds are due to open at Denmark Hill in January 2017. This additional capacity will help ensure that flow from ED to wards is maintained, whilst also seeking to avoid the need to cancel elective work to free capacity for emergency admissions. In addition, 40 beds are being opened at Orpington hospital to allow work to be transferred from the Princess Royal site. This will, in turn allow some elective work undertaken at Denmark Hill to be repatriated to the Princess Royal, thus releasing a further 20 beds at Denmark Hill. As a consequence, a total of 44 additional beds are expected to be available at Denmark Hill from January onwards. Work also progresses on internal efficiencies regarding bed utilization. This has been the main focus of the SAFER week which ran from 14th September, and helps support better

discharge planning, and criteria led discharge at weekends.

9. **Implementation of ED Action Plan at St Thomas'** – The Health and Wellbeing Board will be aware that the ED department at St Thomas' hospital is currently in the process of being rebuilt. This redevelopment will see an 'emergency floor' created which will co-locate all key emergency services and provide additional physical space and capacity. However, this work is not due to be completed until late in 2017, and so mitigation plans are in place to provide resilience in the interim. Steps include:
 - A review of the medical staffing model and rotas to deliver increased responsiveness to manage surges in demand
 - An expansion in the capacity within the Urgent Care Centre through the use of an additional nurse and ED doctor within the UCC
 - Dedicated vascular ambulatory care beds to improve patient pathways and reduce unplanned admissions
 - A review of @home services to maximize impact on ED performance and to alleviate bed pressures

10. **Review of Mental Health Pathways** - There have been 16 breaches of 12 hours or more for patients attending the emergency department at Denmark Hill who require onward placement to a mental health bed. Due to lack of capacity at mental health providers, patients are experiencing very long delays particularly if they are voluntary admissions (as opposed to those admitted under the Mental Health Act). These can lead to poor patient experience, as well as significant disruption for the ED. Similar issues are also occurring at St Thomas', though GSTT have a policy to admit patients to the acute medical unit, thus only 1 breach in excess of 12 hours has occurred. It should be noted that whilst the majority of these patients would fall under SLaM, similar issues occur with non-local mental health providers across both the adults and children's pathways. A joint workshop between SLaM, GSTT and KCH is planned for the 4th October to agree an action plan. CAMHS commissioners from NHSE will also be in attendance.

11. **Surge Management Planning** - Surge Management is the response to rapid and sustained increases in demand. As part of winter planning a full escalation plan has been developed. This plan details what actions need to be taken by all parties (commissioners, acute, community, social care, mental health) as pressure builds in the system. This will ensure that escalation procedures and responses are uniform across the sector and that each partner organisation is clear on their role and responsibilities. Examples of escalation procedures include the cancellation of non-urgent meetings to increase front-line provision, flexing of admission criteria, and increasing capacity of discharge teams to promote improved patient flow. The SE London Surge Management team oversee the implementation of actions at a system level, and ensure that communications are clearly disseminated.

12. **Review of Intermediate Care Capacity** – Ahead of winter, a review is being undertaken to assess intermediate care capacity. Whilst community services are able to provide a wide-range of hospital at home services, it is recognised that there may be a further cohort of patients who have to remain in hospital for longer than is optimal. For this group of patients, they may no longer need acute hospital-based care, but neither are they yet ready to return home, even with a significant package of care. However, were an increased number of intermediate

care beds available, there would be a suitable bridging point between hospital and home, where intense rehabilitation and reablement support could be offered. This environment may be more conducive to recovery than a hospital ward, as well as reducing hospital occupancy levels, and potentially reducing system wide costs. In addition, a similar offering could be available so that patients are admitted directly to an intermediate care facility where appropriate. Again, this would reduce admissions to hospitals, whilst ensuring that people are cared for in the most appropriate environment in relation to their needs. A project manager has been engaged who is working closely with social care, community services, and hospital to make clear, evidence based recommendations as to whether additional step-up/step-down beds are required to reduce demand on hospital based services, and reduce the need for care home placements.

13. **System Wide Communications Plan** – In previous years, the health and care economy have run successful communications campaigns to help support local residents in making informed choices as to where to seek medical attention and advice. In 2015/16 CCGs were asked not to commission their own bespoke campaigns in order to cross promote the national ‘Stay Well’ campaign. ‘Stay Well’ focused its attention on those at highest risk of illness, such as the frail elderly, pregnant women, and young children. However, whilst the CCG will continue to be supportive of this campaign, action is also needed to reduce the levels of minors attendances in ED, which have increased by around 10% over the last year. A recent survey at Denmark Hill indicated that 42% of patients attending ED expected to be seen and treated within an hour, indicating that expectations on the responsiveness of ED services may be greater than what is possible to be delivered. This is further supported by the conclusions of the ‘Enter and View’ reports conducted at both St Thomas’ and Denmark Hill EDs which suggested that many patients with minor conditions utilise ED as a first point of call, and are unaware of alternative options in the community

Work is therefore underway to develop a local communications plan, built around the ‘Health Help Now’ app and website which aims to help people find the right service for their health needs, especially when they need medical help fast but it is not a life-threatening emergency. Health Help Now lists common symptoms and offers suggestions for treatment. It then links through to local services, and shows whether they are open or closed, their location and directions. In order to ensure that there is system wide ownership of the campaign, and that all local organisations promote its messages, we are seeking to ensure that the campaign be developed and delivered as a joint endeavour between providers, commissioners and patient groups such as Healthwatch.

It is important to recognize that efforts to reduce minors attendances at EDs are principally being done to safeguard quality and safety. Overcrowding in ED departments can lead to long waits for patients with the most serious conditions, and thus, all possible steps need to be taken to avoid this eventuality. As such it is important that materials stress that re-direction protocols are in place from EDs to primary care services, and therefore if patients attend with non-urgent conditions they may well not be seen within the ED, but instead be offered an appointment at the Extended Primary Care Service (EPCS) which would offer a more appropriate service requisite to the patient’s need. Whilst a difficult message to convey, it is vital that emergency services are protected and action is taken to reduce the levels of non-urgent A&E attendances. Due to our investments in primary care, over 100,000 extra GP appointments are available across Lambeth and Southwark, meaning that all patients should be able to

access primary care when they need to.

Policy implications

14. The Health and Wellbeing Board is asked to note the steps that are being taken to safeguard system resilience, and are particularly requested to note and support the key messages that the communications campaign will contain. Whilst we will always uphold the right of all residents to receive timely access to medical care and treatment, we are mindful of the need to support local residents to make appropriate choices in where they seek medical attention and the need to protect emergency services.

Community impact statement

15. The range of measures described seek to ensure that all local residents will benefit from effective services that can respond to increased pressure and demand. The A&E Delivery Board will oversee system wide performance and implement corrective actions as needed to ensure system resilience is maintained.

Resource and finance implications

16. As noted, £4.234m of system resilience funds (£1.971 for Southwark and £2.263 for Lambeth) will be distributed to providers. All providers have been developing proposals for use of funding during the course of the year, with final decisions on allocation to be agreed in late September.

BACKGROUND PAPERS

Background papers	Held at	Contact
None		

APPENDICES

No.	Title
None	

AUDIT TRAIL

Lead Officer	Andrew Bland – Chief Officer, Southwark CCG	
Report Author	David Smith – Head of System Performance, Southwark CCG	
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CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
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