

REPORT TO: Joint Health Overview Scrutiny Committee
22 October 2020

Item Number:	Agenda Item:
	Shropshire, Telford & Wrekin CCGs Urgent & Emergency Care Improvements and Winter Preparedness

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

History of the Report (where has the paper been presented):		
Committee	Date	Purpose (A,R,S,D,I)
N/A	15 November 21	I

Executive Summary (key points in the report):
<p>The NHS is currently experiencing unprecedented levels of demand and as we begin to move into the winter phase it is anticipated that these pressures will continue. This paper sets out work that is already underway to develop our approach to the delivery of urgent and emergency care (UEC), to progress improvements where they are needed and implement service transformation where it will benefit our patients. Alongside this, this paper sets out the particular work we have undertaken in relation to winter preparedness</p>

Recommendations/Actions Required:
<p>JHOSC is asked to:</p> <ol style="list-style-type: none"> 1. Note and support the contents of the report.

Urgent and Emergency Care Improvements and Winter Preparedness

Sam Tilley, Director of Planning, Shropshire, Telford & Wrekin CCGs

1.1 Context

The Shropshire, Telford & Wrekin system has experienced a number of challenges over a period of time in relation to the delivery of Urgent and Emergency Care (UEC). This has been exacerbated recently by unprecedented levels of demand, not only in UEC but across the health and care sector. As we move into the winter phase it is anticipated that these pressures will continue. It is important to note that this year we are facing a unique set of challenges across health and social care and the Shropshire, Telford and Wrekin (STW) system is no exception. This includes a set of distinct but interdependent issues including: The ongoing impact of Covid19, the expected resurgence of other infectious diseases, the ongoing recovery of services, significant workforce capacity pressures and an already emergent increase in demand on all services

This report focuses on two specific areas, firstly our ongoing UEC improvement work and secondly our preparations for winter

1.2 UEC Improvements

As part of our aspiration to make improvements to the delivery of UEC in STW, the system came together in early 21/22 to develop a set of focused work streams to do this. The vision for urgent and emergency care in STW is to transform our services into an improved, simplified and financially sustainable 24 hour/7 day model; delivering the right care, in the right place, at the right time for all of our population. Much of our local approach is modelled on the national UEC policies and guidance. In particular, in September 21 NHS England (NHSE) published its UEC Recovery 10 Point Action Plan (attached) to which the system has aligned its work streams

In undertaking this improvement work we are guided by a set of principles

- To provide better signposting to all the urgent care services available, such as walk-in services, pharmacy care and A&E departments
- To make sure that we're using technology to help us to offer the most up to date services and treatments
- To work as a network so that care is given at the right time by the right staff in the right place with the right equipment
- To reshape services where necessary to provide the best patient care and experience
- To ensure the appropriate links between Urgent and Emergency Care Transformation and Community Service Transformation, working closely with primary care colleagues and community teams to meet the needs of patients close to their home/where they live to make sure that only the people most in need will go to hospital.

In particular the STW UEC Improvement work focuses on:

- Pre-Hospital Improvements and Alternatives to Admission
- Ambulance Handovers and NHS 111
- Discharge
- Mental Health
- Primary Care
- Communications

Pre-Hospital Improvement and Alternatives to Admission (mapped to NHSE action point 2, 3, 4, 7)

The STW system recognises the important role that pre-hospital services play in managing demand in Urgent and Emergency Care. The system is therefore working on a number of schemes to support improvements and develop capacity in this area.

The CCG has funded additional same day capacity in Primary Care which will result in over 22,000 additional GP and allied health professional appointments between October and March. We are about to commence a detailed review of a range of services including our GP out of Hours Service, Care Co-ordination Centre, Minor Injuries Units and Urgent Treatment Centres to determine the best configuration of these services to meet the needs of patients in the future. The aim of this work is to ensure that these service elements work seamlessly together without overlap or duplication in a way that offers the best outcomes for patients and appropriately relieves pressure from our Emergency Departments

The system is part way into a 5 year plan to transform community service that will include a focus on proactive prevention, development of the community respiratory model to include greater virtual support options and intravenous therapy in the community. A review of the "Positive Lives" Service is underway (previously the High Intensity Service User Service) to provide equity of access and one consistent service across the county

The implementation of Alternative to Hospital Admission schemes includes the roll out of the 2 hour rapid response service across the county with recruitment underway to support this. The expanded model (7 days a week 8am-8pm) will ensure a 2 hour response service is available across the whole county to all patients requiring urgent care by March 22. The service is delivered by multi-agency Multi Disciplinary Team ensuring access to a range of expertise is available to support community based alternatives

In addition, the CCG has funded additional support over the winter for patients with respiratory conditions to assist them in managing their own conditions at home and reducing the impact of potential exacerbations

Ambulance Handovers and NHS 111 (mapped to NHSE action point 1)

STW, along with many other areas nationally, is experiencing increasing delays in ambulances being able to handover their patients when they arrive at an acute Trust. Our system sentiment is that the occurrence of ambulances having to wait outside Emergency Departments is not acceptable and we are committed to doing all we can to improve this situation. The causes of ambulance handover delays are multi-factorial and as such all elements of our UEC improvement work will help to improve this position. However, there are a number of specific programmes of work, set out below, aimed at addressing this particular issue.

West Midlands Ambulance Service (WMAS) are increasing their capability to manage greater proportions of 999 calls without the dispatch of a paramedic with an increasing number of calls not resulting in a conveyance to hospital. WMAS continue to maximise the use of 'Hear and Treat' and 'See and Treat' Pathways for 999 demand.

We continue to work with WMAS to develop attendance avoidance initiatives. In particular in early October 21 we activated direct access for paramedics to our Medical Same Day Emergency Care (SDEC) facility. The take up of this has been good and as a result we will now go live with direct access to our surgical SDEC in late November. In late October 21 we initiated a single point of access for paramedics to our four Minor Injury Units (MIUs) hosted by Bridgnorth MIU.

For patients arriving at hospital by Ambulance we continue to make good use of the Hospital Ambulance Liaison Officer (HALOs) provided by WMAS and we use intelligent conveyancing between sites and across boundaries to manage pressures as they develop.

Via the CCG's Winter Scheme funding we have initiated an attendance avoidance intervention for elderly patients with dementia utilising the expertise of Midlands Partnership Foundation Trust (MPFT)

We are keen to continue to increase the utilisation of 111 bookable appointments and we are working with WMAS to increase the numbers of patients booked directly into appointments in A&E, Urgent Treatment Centres (UTC), Minor Injury Units (MIU) and Primary Care via this route. Locally, utilisation of NHS111 bookable appointment has been lower that we would like and we are working with WMAS to understand the reasons for this and to develop mitigations.

In partnership with Healthwatch we are currently undertaking a survey with the local public regarding their experiences of using NHS111 and why they may choose to walk in to A&E when other services are available. The survey is currently live and will run until the end of November. The outputs will then be used to inform further service improvement work. (The survey can be accessed via the following link: <https://www.healthwatchshropshire.co.uk/urgent-medical-care-survey>)

Although staffing has proved to be a challenge in previous attempts, work is ongoing to review the operating hours of our UTC and to map this against utilisation data with a view to operating for extended hours if possible.

With support from NHSE we are working on the implementation of a Screening and Redirection tool in our Emergency Departments. This will commence with the screening element going live in January 2022. This tool will be in situ as walk in patients arrive at the Emergency Department and will assist in determining if that is the most suitable venue for their care or if they would be served better accessing care elsewhere.

We have now received confirmation of NHSE funding to support a system Urgent Care Single Point of Access which will support all referring clinicians with one point of contact in relation to urgent care pathways. We have commenced the work on implementation which we will endeavour to do at pace and anticipate this being in place by mid December

Via the GP Winter Access fund we have also submitted a bid to support GP Streaming at the Emergency Department front door as another way of ensuring only those who need assessment and treatment in that setting access it there and that others are redirected to more appropriate services, therefore ensuring patients get the right support in the most timely way, avoiding demand bottlenecks and long waits.

Discharge (mapped to NHSE action point 6)

In order to support improved hospital discharge we are not only focusing on specific discharge related activity but also on improvements that can be made to the flow of patients through the hospital once they have been admitted.

To complement our Discharge Lounge at Princess Royal Hospital (PRH), after some recruitment challenges, we have now been able to recruit sufficient staff to permanently open our Discharge Lounge facility at Royal Shrewsbury Hospital. This will greatly assist with managing the preparation for discharge and flow out of the hospital for patients identified as discharge ready.

Shrewsbury and Telford Hospital NHS Trust (SaTH) have recently carried out a "Flow Fortnight" discharge improvement initiative with its wards. This has identified refinements that can be made to internal processes and we are beginning to see tangible benefits as a result of this initiative.

Via the CCG's Winter Schemes funding we have initiated a number of specific schemes which will run over the winter period to support discharge including:

- Enhancements to voluntary sector support,
- increased pulmonary rehabilitation capacity,
- increased therapy support to Care Homes,
- increased capacity in the Integrated Discharge Team and
- additional beds in the community

In addition we have secured a further cohort of Designated Care Home beds to specifically assist with flow of Covid19 positive patients out of our acute and community settings. These will come into effect from 22 November

The CCG has this week approved a further package of funding to support further discharge specific enhancements including:

- An expansion to Domiciliary Care capacity including block purchasing care for specific runs
- Increased social work and administrative support to the Integrated Discharge Team to further enhance capacity
- Social work support to our newly commissioned Designated Care Home beds
- Shropshire Trusted Assessors Pilot – focused on working with community partners to undertake low level prevention work supporting at pace discharges in the community specifically for pathways zero and two

We continue to work at pace on enhancing our Virtual Ward capabilities and have been working with NHS colleagues and drawing in clinical input from across the region and utilising this expertise to further develop our model.

Mental Health (mapped to NHSE action point 7)

The system recognises the interdependency between mental health service provision and Urgent and Emergency Care. We maintain good channels of communication with our MPFT colleagues who are engaged operationally in supporting with the provision of appropriate assessment support in A&E and the facilitation of onward movement where more specialist interventions are required.

As part of the winter planning a proposal was supported for the system to fund a limited time winter scheme for enhanced community focused admission avoidance for frail older people with mental health problems and older people with dementia. Isolation and underlying health conditions impact on older people with mental health problems particularly during winter. Older people with functional mental health issues (i.e. anxiety/ depression) often go undiagnosed and issues manifest in physical health conditions often further exacerbating mental ill health. The scheme will support this group as an alternative to hospital admission/ A&E attendance and to support earlier discharge from acute without the need for an acute mental health bed, supporting the system by increasing bed capacity. The scheme will provide additional staff to support the current hospital avoidance service operating 08:00-20:00 providing assessment and treatment to older people with mental health problems following referral. Interventions will focus on maintaining people in their own home or usual place of residence and on facilitating early discharge from hospital.

Primary Care (mapped to NHSE action point 2)

As noted above the CCG has funded additional capacity in primary care over the winter period and we continue to work with practices to support increasing the use of 111 bookable appointments in primary care as well as working with GP practices whose patient groups have high levels of Emergency Department attendance to understand how these patients can be better supported to access care in different settings

Again to reiterate information provided earlier, via the GP Winter Access fund we have also submitted a bid to support GP Streaming at the Emergency Department front door as another way of ensuring only those who need assessment and treatment in that setting access it there and that

others are redirected to more appropriate services therefore ensuring patients get the right support in the most timely way, avoiding demand bottlenecks and long waits.

Communications with the public and patients (mapped to NHSE action point 5)

The system has acknowledged the important role that communication with our public, patients and staff plays in the management of Urgent and Emergency care demand. We have seen the significant role that communications has played during the pandemic in relaying important public service and public health information and we are committed to working as a system to use the communications tools at our disposal to inform and advise our population during this time of high UEC demand and as we navigate our way through winter

System partners have local communication plans in place and are delivering key messages as part of their business as usual. However, we will also utilise our resources as a collective in the acknowledgement that consistent messages are vital to make sure that service users and communities understand what is happening, how to access appropriate services and how to look after themselves and those that they care for. We have a system communications infrastructure in place to ensure that all partners work together to a common goal, can access shared resources and are able to alert one another to local system pressures and escalation situations.

At system level, we will be focusing particularly on the following areas:

1. **Prevention**

- Reducing avoidable hospital admissions by promoting health and wellbeing with a focus on people with respiratory illnesses, especially those who have recovered from COVID-19.
- This includes the **Covid booster campaign, flu vaccination programme** and Public Health's - **Better Health Campaign**

2. **Signposting**

- Reducing inappropriate attendances by helping people choose self-care and the right service, linking to the national "Help Us Help You" campaign across pharmacies, extended GP access, voluntary and community services and **NHS 111** alongside appropriate use of ambulatory services.
- NHSE are launching an integrated campaign communicating the importance of both vaccines '**Boost your immunity this winter**'. There will be activity to bust myths, overcome barriers and promote the benefits of the vaccines.
- Flu vaccination and Covid-19 boosters will be critical to protecting lives, livelihoods and the NHS.

3. **Managing expectations**

- We will communicate with staff and the public about how the system is preparing for winter and what public and stakeholders can expect from services during this period.
- There will be messages in relation to changes in the way services are accessed as a consequence of the COVID-19 virus, but also due to flu, norovirus and the service pressures.
- A clear message will also be that services are working differently and to assist in managing patient expectations these will include; access to GPs and voluntary/community services, planned care, outpatients, referrals to acute care, access to A&E, out of hours services, and changes to how patient discharges are managed .

We are keen to secure the support of our public and patients in assisting us to manage the increasing demand on services by making the right choices in accessing support should they need it.

Winter Preparedness

Winter 2021/22 will see an unprecedented set of challenge across the NHS and the Shropshire, Telford and Wrekin (STW) system will be no exception. The impact of Covid-19 including the national requirements to continue to rollout the vaccination programme will be ongoing. This will be

alongside the circulation of other infections and viruses that were not prevalent last winter where we are expected to experience a resurgence, e.g. influenza and pneumonia. The NHS continues to work at pace on the recovery of services following the height of the pandemic and the system continues to balance the requirements of service recovery with the pressures winter brings to Urgent and Emergency Care.

The system has been challenged in relation to workforce for a number of years and continues to work to address issues around recruitment and retention. The availability of workforce that meets the needs of the system will continue to create pressure over the winter period for a combination of reasons including; annual leave, sickness absence, Covid19 isolation and recruitment and retention challenges. The expected impact of high Covid19 infection rates will also affect availability of healthcare staff across the system.

The modelling the system has undertaken to date indicates that demand for services will remain very high over the winter period and against the context set out above, this presents a unique and unprecedented challenge over this period.

In order to ensure the right preparations are carried out for the increase in service demands over the winter it is customary that the system assesses its preparedness and takes steps to put arrangements in place to meet additional service demands winter brings. We have endeavoured as a system to bring the process forward this year in recognition that this planning is often completed quite late in the summer/ winter cycle and also in recognition of the likely scale and complexity of the challenges we will face this winter. This work has included all system partners and has focused on all elements of service provision including primary care, community care, urgent and emergency care and elective care.

Existing Arrangements that will be relied upon at times of extreme pressure

Our preparedness work has included reviews of current policies, procedures, protocols and actions that are not winter specific but would be enacted or enhanced over the winter period to provide support to the system if the situation renders them necessary. This would include the Protocol for the Management of Emergency Pressures and a Hospital Full Protocol which are designed to support safety and quality across all areas when a hospital is under pressure.

All NHS Hospitals have been asked during the pandemic to support each other in relation to Critical Care Capacity and as such SaTH is part of an Adult Critical Care network that provides mutual aid where hospitals are experiencing Critical Care pressures. These arrangements will continue to be utilised throughout winter.

Within our local system we have, across our partnership, agreed arrangements for mutual support, including arrangements to share staff flexibly where one part of the system finds itself with escalating demand. We have built on the successful arrangements that we deployed at the height of the Covid19 pandemic to support our arrangements for meeting winter demand if necessary.

The earlier part of this report sets out a number of work streams focused on improving the provision of local Urgent and Emergency Care. We will continue to work to implement these improvements during winter and whilst this work will continue to provide benefits to patients regardless of the level of service pressure, they will become particularly important in assisting us to manage additional pressures.

Winter Specific Programmes

Our winter specific approach has centered around:

- assessing the specific challenges we believe we will face this winter
- assessing our previous approaches to winter and what has worked well
- allocating funding to schemes that will have the maximum impact for winter

Assessing the specific challenges we believe we will face this winter

As noted earlier in this report, we anticipate a unique set of inter-related challenges this winter including

- Ongoing impact and management of Covid19
- resurgence of winter illnesses such as flu, norovirus and Respiratory Viral Infections
- Ongoing delivery of the Covid19 vaccination programme and an enhanced flu vaccination programme
- Staffing shortages
- Escalating demand for all services
- Ongoing recovery of services following the eight of the pandemic

The work we are undertaking regarding winter preparedness continues to focus on addressing and working in the context of the above.

The first part of this paper sets out several areas of work aimed at relieving pressure in our system and ensuring people are accessing care in the right place. We continue to focus on Covid19, particularly working to ensure that we maintain good infection Prevention and Control arrangements within all of our health and care setting and are able to offer advice and support across the sector when issues arise. We have maintained an ongoing system Covid19 Management Group to ensure we continue to bring together expertise and best practice to enable us to manage Covid19 in the best way possible, maintaining appropriate patient pathways and delivering Covid19 specific services and flexing current services to meet need as required.

Our flu and Covid19 vaccination programmes continue at pace. For those yet to receive a Covid19 vaccine our “Evergreen” offer remains available. We are actively encouraging eligible members of the public to get both the flu and Covid19 vaccinations to give themselves, their families, friends and colleagues the best protection this winter. Community Covid19 prevalence rates remain high across Shropshire Telford and Wrekin and we encourage people to adhere to the “Hands, Face, Space” guidance and to wear a mask where they are able.

In addition, we have seen Covid19 positive admissions to hospital increase in recent weeks. This presents particular challenges for SaTH in maintaining the necessary distinct pathways for Covid19 and non-Covid19 patients and balancing creating the necessary space for Covid19 positive admissions whilst maintaining other service provision. The system has worked together to mitigate these risks and whilst Covid19 admissions are now starting to reduce this remains an ever present challenge

Modelling from other part of the world, particularly Australia, has shown the potential for an increase in Respiratory Viral Infections in young children over winter. In light of this we have reviewed our service provision and made adjustments and contingency plans should cases escalate beyond seasonal norms. Although we have seen a small number of cases presenting earlier in the season than usual, we have not yet seen a rise in cases beyond what we would usually expect. Our plans are in place however, should we need to rely on them

We continue to work collectively across partner organisations to manage significant workforce challenges. These challenges are a combination of issue relating to general staff illness, Covid19 related sickness and isolation, annual leave and other absence, exacerbated by legacy workforce recruitment challenges. Our system workforce infrastructure continues to work innovatively to look at solutions including agile and flexible working, how we use our staff and utilise skills sets creatively whilst maintaining safety and quality, sharing staff flexibly across the system where appropriate, building on the Bring Back Staff scheme initiated during the height of the pandemic and continuing to work at pace on our international recruitment programmes.

The issues of escalating demand for all of our services across health and care have been set out in the earlier part of this paper along with a range of mitigations that we are implementing. Alongside addressing these pressures we continue to balance this with the recovery of service provision following the height of the pandemic.

Assessing our previous approaches to winter and what has worked well

In early 2021 the STW system commenced a piece of work to improve our approach to winter planning, utilising independent expertise (via Prism Improvement) supported by NHSE. This work focused on a range of areas including: our use of data within the urgent care arena, our governance and decision making processes, our escalation processes and our approach to developing winter schemes in order to maximise their impact and clarify the outcomes we wanted to achieve.

As part of the process of developing our approach to winter schemes, we undertook a review of system member's experiences of previous winters within Shropshire, Telford and Wrekin and the success of previous arrangements to identify what lessons the system could learn to improve this year's winter preparedness. Using clinical expertise we identified a clear set of objectives by which we could evaluate winter schemes and established that the system was keen to ensure our winter planning was done earlier in the year. Alongside this we reviewed what winter looks like for our system, utilising data to understand the activity that we might see.

The outcomes of this process coupled with what the data was telling us indicated that we should focus on:

1. Respiratory conditions for both adults and children
2. Supporting families of children and young people to avoid A&E attendances and admissions
3. Providing alternatives for keeping patients away from A&E
4. Increasing capacity in primary care to prevent patients accessing A&E

On this basis the CCG invited bids from system partners for the delivery of schemes across the winter months that would deliver an impact in the areas set out above.

Allocating funding to schemes that will have the maximum impact for winter

As a result of this process the CCG approved £1.4m of spend to support winter specific schemes as follows:

- Implementation of a Hospital avoidance scheme for Older people with dementia
- Enhancing capacity for voluntary sector support
- Creating additional capacity for Children and Young People's Early intervention
- Creating additional capacity in Pulmonary Rehabilitation provision
- Increased therapy support to care homes
- In reach capacity to support the acute Interdisciplinary Team
- Increased community bed capacity via our two Local Authorities
- Additional same day capacity in Primary Care

We were keen to support schemes that were well developed and could be mobilised quickly. The above schemes will be/ have been implemented between October and November 21 and will run until March/ April 22. They are all subject to ongoing monitoring throughout their operational period to ensure we can maximise impact and understand what works well

In Q1 2022/23 we will begin the process of a full evaluation of these schemes to inform our approach to winter 2022/23

Conclusion

As you will see from the detail of this report there is a significant amount of work currently being undertaken to both prepare for winter in the shorter term and to improve the delivery of UEC in both the shorter and longer term. This process is iterative and will continue to develop. This report provides a point in time position regarding the work in hand to address immediate issues and pressures as well as our aspirations for the future