

# Surrey Heartlands ICS -

*Managing UEC Surge*



# The Fuller Stocktake – *the future of primary and urgent care*

National review based on the engagement of over 1000 people, roundtables & face-to-face meetings (incl. 12,000 + visits to an engagement platform).

From this consensus emerged what the NHS and Partners can do differently.

## Neighbourhood 'teams of teams'

- Integrated teams (to evolve from PCNs) work collaboratively together as Neighbourhoods to improve the health and wellbeing of the local population.

## Urgent & same-day care

- Provision of care and advice from an expanded multi-disciplinary team
- Utilising data and digital technology to quickly find the right support.

## Long term conditions

- Access to more proactive, personalised support from a named clinician.

## Healthy communities

- Creating healthy communities and prevention by working with communities
- Greater and more effective use of data
- Closer working relationships with the Local Authorities and the voluntary sector.

Surrey Heartlands and partners will re shape our focus' to meet the Fuller Stocktake.





# Primary Care - *better health for everyone, better care for all patients and efficient use of NHS resources*

Primary Care have delivered under the continuing pressure of increasing demand.

We have successfully delivered (through primary care) one of the highest COVID vaccination rates in the country.

We have increased the number of face to face appointments.



**7.7 M appointments** and online contacts this year. 18% increase from 20/21.



**2.5m online** contacts/requests made during 2021/22.



**Planned winter** includes practice level additional appointment capacity, an 'at scale' back office function and cloud based telephony which will increase the number of telephone lines available for incoming / outgoing calls.



**Opportunity** to grow and integrate our services, which now includes Pharmacy, Optometry & Dentistry (POD).



**Joined up care**, increased focus on prevention, early intervention.





# Community services – *moving healthcare closer to home*

Single access point to support joint clinical decision for Frailty pathways - Right Care, Right Place, First Time

**2-hour Urgent** Community Response services 8am to 8pm every day.

**172 “virtual” beds** mobilised by December.

**40-50 “virtual” beds per 100k** population by March 2024.

Community transformation to offer fully co-ordinated community care to our patients.

A “virtual ward” allows clinicians to provide acute monitoring and care in a patients own home using available technology.

Virtual wards coupled with Urgent Community Response aims to have one access point into community healthcare.

In advance of winter this will support more of our patients to remain in their own homes, proven to reduce deterioration & increase recovery.





# Ambulance Handover – a challenged position

Ambulance handover delays have increased from the previous year, this leaves our patients in acutes and waiting in the community at greater risk.

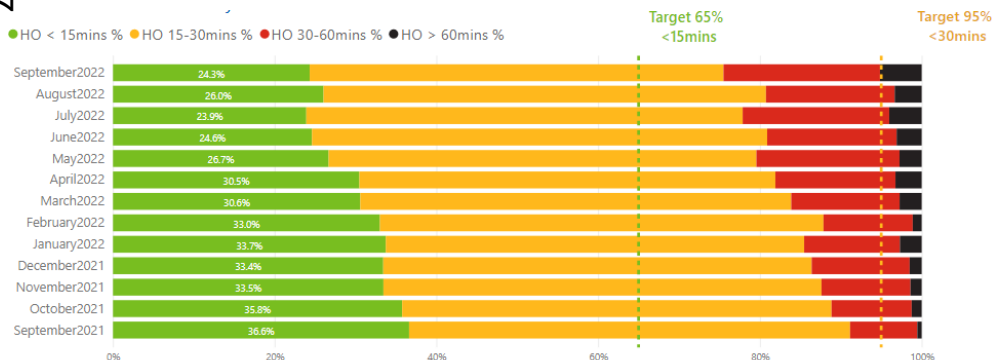
Surrey Heartlands recognises how essential swift ambulance handover is and has conducted a deep dive to understand the challenges and have identified long and short term actions to rectify this challenge.

Support initiatives include enhanced acute and community appropriate pathways to reduce emergency conveyances.

Delays in ambulance handover is a system issue.

Causal factors include inappropriate community activity, increased emergency department walkin activity, and higher acuity presentation, alongside high acute occupancy and challenged acute flow.

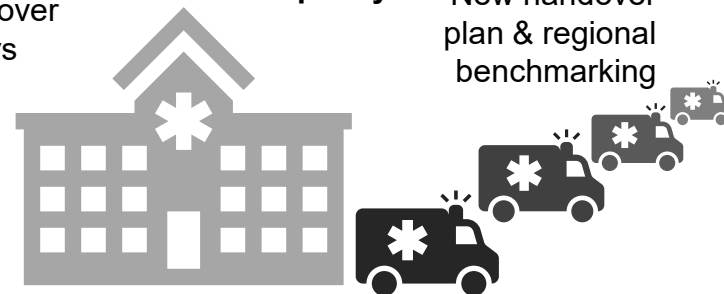
Page 207



Increasing ambulance handover delays

Acutes 95-100% occupancy

New handover plan & regional benchmarking

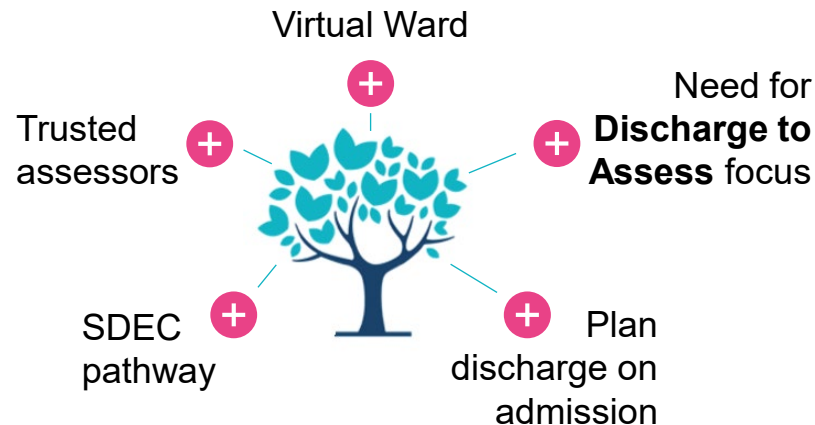




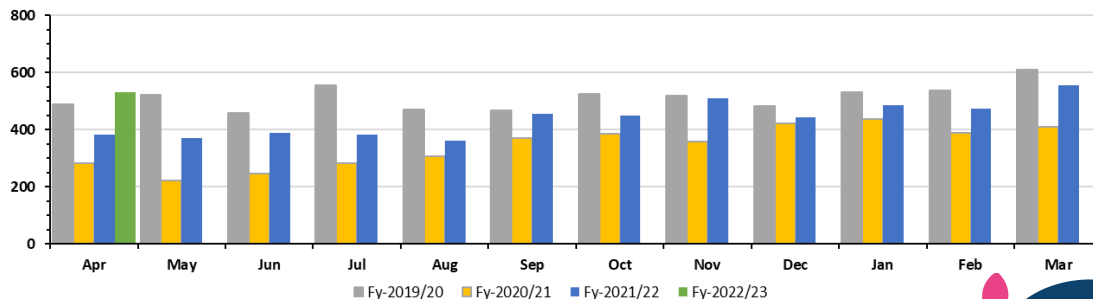
# Hospital Flow – aiming to receive timely care and be discharge home as soon as possible

Through forward planning and active management of the NHS discharge pathways capacity, the primary aim is to support our patients in returning home as soon as possible.

Patients with a Length of Stay of 21 days + decreased during the first year of the pandemic, this number has risen recently as the ability to discharge patients home is impacted by shortages and challenges within the wider care services.



Non Elective 21+ LOS Spells: Surrey Heartlands ICB





# Discharge

– 100 day discharge and flow challenge: a call to action

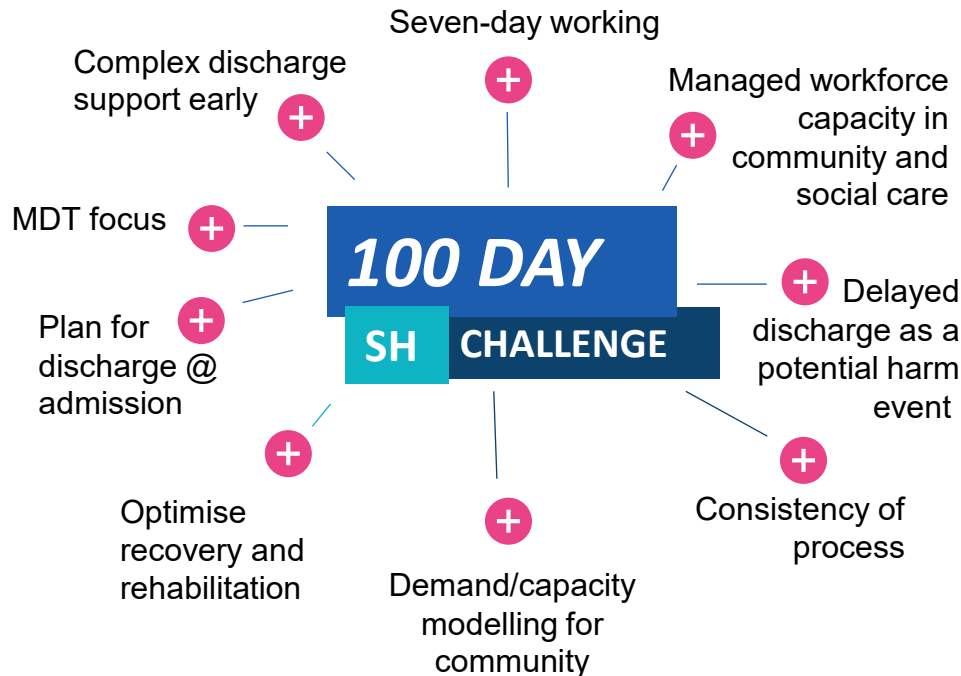


Building on the discharge process from hospitals during COVID-19 & D2A processes; a new 100 - Day Discharge and Flow Challenge was launched in June 2022.

Aimed at ensuring bed availability for patients needing to be admitted into hospital.

Through winter our focus is;

- Discharge to recover and assess
- Improving patients independence
- Plan discharges early
- Links with virtual wards





# Adult Social Care – Joint Discharge to Assess Arrangements

- New operating model successfully implemented from 1 July 2022. Key aspect is to have services ring fenced for hospital discharge to enable people to return home as soon as safe to do so. People assessed for any on going support needs whilst recovering, ideally in their own homes, or as close to home as possible.
- Early indications are this is leading to a significant reduction in D2A spend compared to the previous model baseline
- Local ICPs have taken considerable steps to source dedicated D2A services to secure capacity to meet the demand for residents leaving hospital and returning home
- CHC D2A pathway in place
- Clear consistent support for people able to fund their own care arrangements

## Next Steps

- Progress commissioning activity to secure D2A services at best value to meet more complex needs – will involve purchasing more block services in some areas and greater price consistency across the county
- Confirm enhanced discharge offer to respond when Acute Hospitals under intense pressure
- Menu of services with associated costs for NHS to purchase to increase flow as required
- Produce monthly D2A finance and activity report for ICB Exec to complement the helpful and more detailed dashboard already produced by ICB Finance
- Continue work to identify sufficient funding for 2023/24 and sustainability thereafter
- Wait confirmation of national announcement of £500m for D2A funding



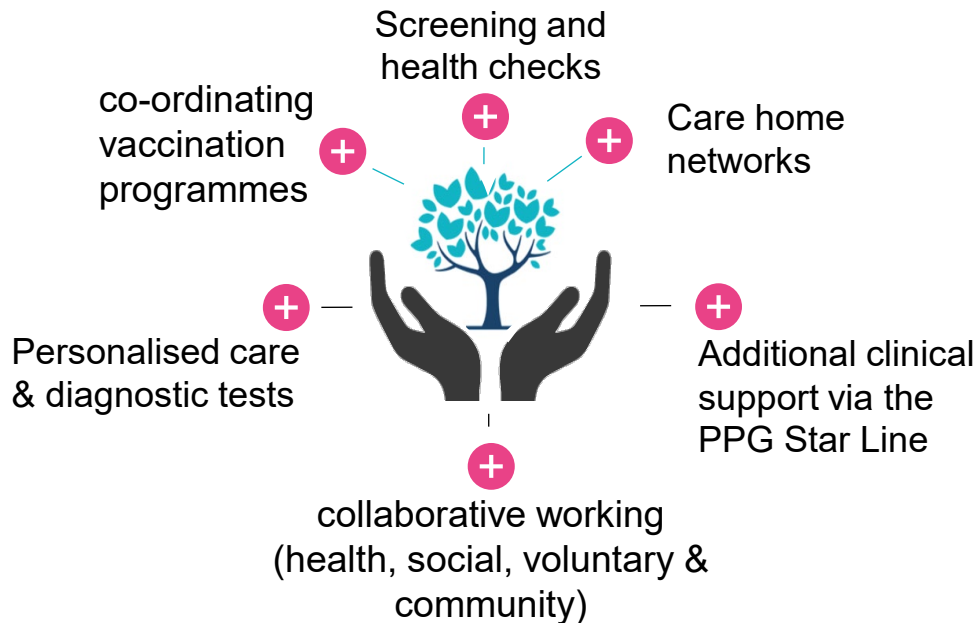


# Care home – *supporting our care partners*

Surrey Heartlands are committed to collaborative working to enhance the health and well-being of residents.

Surrey Heartlands has a shared work programme across all Surrey Heartlands Places and Surrey County Council to ensure people maintain their independence as far as possible by reducing, delaying or preventing the need for additional health and social care service.

Provision of support and training to care homes in identifying mental health related problems in their resident population and managing people with complex mental health needs.





# Mental Health –

*Providing wrap around care to all our patients*

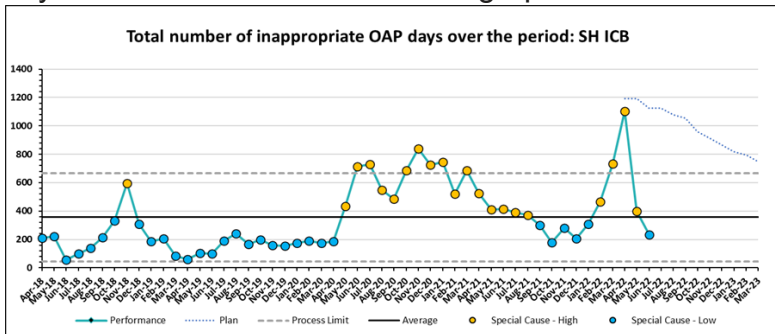


**Supporting acute hospital flow** - 24/7 Hospital Psychiatric Liaison Services, responding to approximately 900 referrals per month.

**Integrated with Primary Care** - The GP Integrated Mental Health service (GPimhs) provides an integrated mental health team working within Primary Care. Currently live in 15 PCNs, with roll out across all sites by December 2022

**Helping People to Find or Remain in Employment** - Richmond Fellowship employment advisors are already embedded within CMHRs.

**Finding Crisis Support Closer to Home** - Reduction of Out of Area placements following system flow events as shown in graph below.



Tackling patients waiting time to be discharged by an early focus on MFFDs

Piloting a 'Recovery & Connect' service over winter

'One Team' approach delivering collaborative & innovative working

System recovery workshops planned for October / November

Additional beds will be available this winter from a number of other local Mental Health hospitals to support flow.

Creation of a Crisis House (in partnership with Home Treatment Team services)

Mental Health services digital support tools

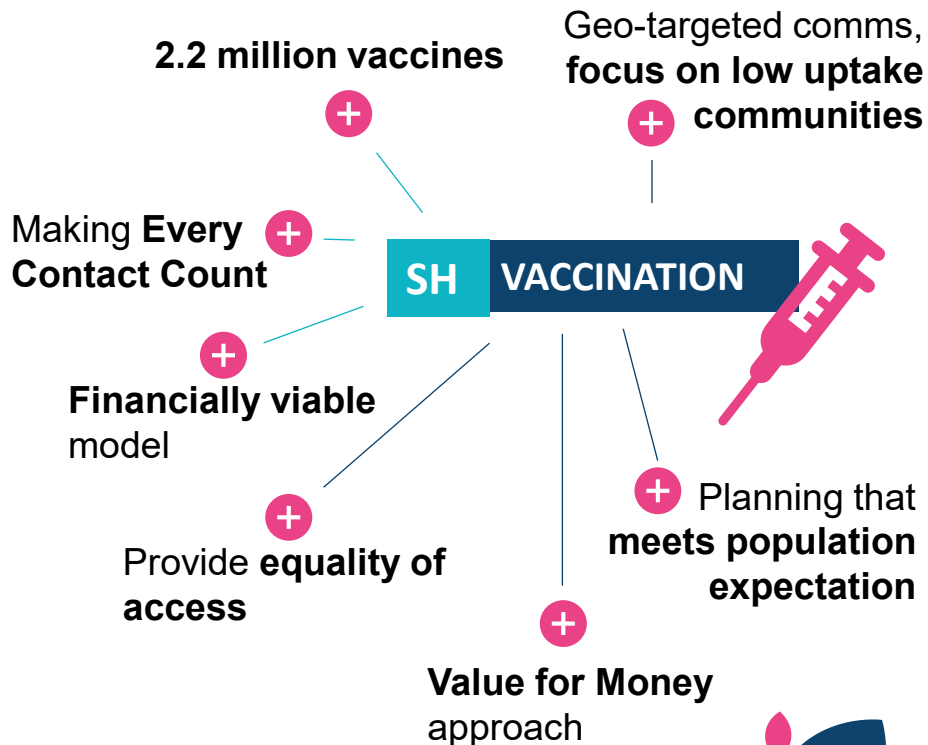


# COVID Vaccinations – *a story of success*

Surrey Heartlands have, and continue to run a successful COVID vaccination programme that is being refined and further developed as we know more.

We have delivered over 2.2 million vaccines working with all our system partners in the successful delivery.

We are focused on ensuring all communities have access to the vaccine in order to protect themselves, our services and our population.





# Elective – a challenged recovery with critical commitments

Surrey Heartlands continues to maintain a very strong emphasis on wait times for our patients; however recovery of elective procedures has slowed from the end of 2021. This is due to the high levels of emergency activity, high hospital occupancy and workforce challenges.

Surrey Heartlands has a programme of work in place to redesign pathways across the system, reduce inefficiencies and direct patients to services based on their waiting time within the system rather than their specific local hospital.

Surrey Heartlands is performing better in cancer waits than the England average & ranks 2<sup>nd</sup> out of the 6 ICS's in the South East region for the lowest number of 63+ day waits.

## ELECTIVE CARE

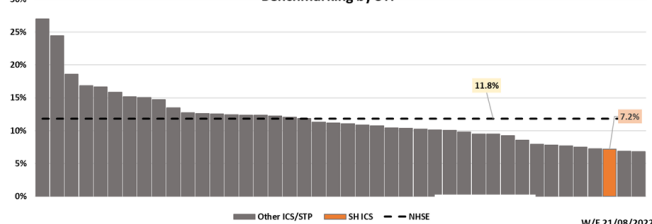
### COMMITMENTS

Patients are **allocated a clinical priority** based on past medical history and procedure.

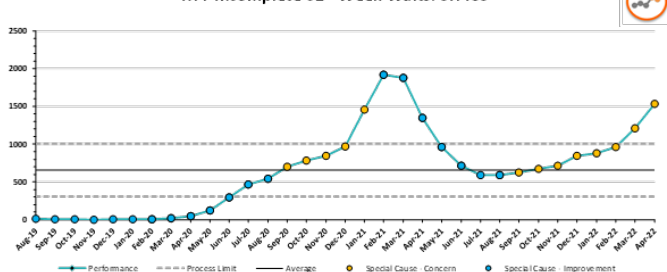
**Surrey Heartlands currently has no-one waiting over 2 years** (104 week) and that we are committed to reducing our long waits down to no one waiting over 78 weeks by the end of March 23.

**Prioritise longer waits** which can lead to higher clinical risk or poorer outcomes

Cancer PTL - 63+ Day Waits as a % of the Total Waiting List - National Benchmarking by STP



RTT Incomplete 52+ Week Waits: SH ICS



# Thank You

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