

## ADULTS AND HEALTH SELECT COMMITTEE

Wednesday, 5 October 2022

**Surrey Heartlands ICS - Managing UEC Surge****Purpose of report:**

This report is to inform the committee of the impact of UEC Surge 2022/23 on the Surrey Heartlands system, including reference to previous winter pressures; and to describe the whole system measures being put in place to promote resilience throughout the upcoming winter period.

**1. Introduction**

- 1.1 With the introduction of the Health and Care Act 2022, the formal NHS and Social Care landscape has changed with the establishment of 42 ICSs across England. Each Integrated Care System has two statutory elements, an Integrated Care Partnership (sometimes known as an ICP) and an NHS Integrated Care Board (sometimes referred to as an ICB) – in Surrey Heartlands our ICB is known as NHS Surrey Heartlands.
- 1.2 The outstanding dedication, skill and commitment of all our Surrey Heartlands health and care workers, going above and beyond to rapidly respond to the flexing needs of the pandemic has in turn help to strengthen our ICS partnership as teams and partners come together to create one system.
- 1.3 During this period of recovery and moving back into 'business as usual' for both Elective and Emergency care (whilst maintaining a very strong focus on wait times for our patients), both Ashford and St Peter's and Royal Surrey NHS Foundation Trusts launched, on 16<sup>th</sup> May 2022, a new electronic patient record system – known as Surrey Safe Care, setting the scene for joined up care across the county, with SaSH upgrading their system in September. The system consists of a series of software applications that bring together and digitalise clinical and administrative data to replace paper-based records. The system, provided by Cerner Corporation UK, will improve processes and increase safety, efficiency and experience for patients.

## 2. Report Summary

Please refer to the attached full report: Surrey Heartlands – Managing UEC Surge.

- 2.1 As the attached report demonstrates, not only was the winter of 2021/22 very challenging, with these pressures continuing throughout the 2022 spring and summer periods.
- 2.2 **Primary Care:** the total for the last full financial year (2021/22) of combined appointments and online contacts is **7.7m**. The previous year (2020/21) is at **6.6m** which is an increase of 18% (These numbers doesn't take into account the delivery of the Covid-19 vaccinations). Surrey Heartlands has one of the highest online utilisation rates across England resulting in **2.5m** online contacts/requests made during 2021/22. Our face-to-face consultations, whilst they dropped significantly during the first wave of Covid, have since recovered, and are higher than pre-pandemic levels.
- 2.3 **Primary Care Winter preparedness** - Primary Care has planned its approach on any announcement of Winter Access funding to mitigate against winter pressures as set out below:
- Practice Level Additional Appointment Capacity
  - Fuller Stocktake implementation of urgent care demand hubs
  - At scale back office
  - Cloud Based Telephony
  - General Practice Community Pharmacy Consultation Services
  - OPEL – absence reporting
- 2.4 Primary Care also has new duties from April 2022, Surrey Heartlands became the delegated authority for Pharmacy, Optometry & Dentistry (POD). With the triple aim in mind of better health for everyone, better care for all patients and efficient use of NHS resources, the opportunities offered to locally commissioning these services include the following include:
- Patient benefits: Joined up care, increased focus on prevention, early intervention, right care, right time, right place, holistic, multi-disciplinary approach to care and better step down care
  - Equity: directly tackling health inequalities, reducing and removing organisational constraints and barriers and tackling variation
  - Better value: improved management of patient demand, protecting and building workforce resilience, improved budgetary management

- 2.5 **NHS 111:** Patient activity has been consistently above planned levels nationally across the majority of the 2021/22 period, peaking at times in Surrey specifically, to around 30% above usual levels. Call arrival patterns at times have been sporadic and do not align to the usual historic trends, making resource profiling difficult to predict. Since 2022, activity appears to be making a return to normal levels although as we approach the winter months, it is uncertain if this will continue.
- 2.6 **NHS 111 winter preparedness:** in order to mitigate against the performance and operational issues, an action plan has been drawn up which aims to address the wider issues such as workforce and recruitment; with work continuing in relation to strengthening existing capacity across Health Advisor / Clinical advisors / Clinical Assessment Service staffing; along with plans put in place to mitigate against any forecasted shortfall. The operational ability to create daily flex to meet demand is being developed.
- 2.7 **Community Services** have developed a transformation programme to build the infrastructure will bring together the 'sum of the parts' to offer coordinated and comprehensive community urgent care. The Urgent Community Response (UCR) service aims to support people within their home environment, reducing conveyance to ED. The Surrey Heartlands' Urgent Community Response (UCR) service which is committed to maintaining geographical coverage and delivering 2-hour response services from 8am-8pm every day.
- 2.8 **Community Service winter preparedness:** in supporting the system to deliver Urgent Care out of the acute environment; key workstreams are focusing on streamlining ambulance referrals into UCR, aligning the service provision with NHS 111 pathways and responding to people who experience a fall in a community setting and do not require Acute intervention.
- 2.9 **Virtual Wards** support patients, who would otherwise be in hospital, to receive the acute care, remote monitoring and treatment they need in their own home or usual place of residence. Surrey Heartlands is mobilising 172 'beds' by the end of December 2022, increasing towards a national ambition of 40–50 virtual beds per 100,000 population by March 2024.
- 2.10 **Virtual Wards winter preparedness** – the deployment of these wards is increasing ahead of winter and pathways into the virtual wards are being simplified and communicated across partners organisations. Access to the virtual wards will be via UCR in the community and part of the step-down provision available following an acute admission.
- 2.11 **Ambulance attendances to ED** - when focusing on the winter months (November to March), the overall attendance figures (all types) have decreased by 5.4% when comparing 2021/22 with 2019/20. Whilst the combined winter month figures show a decrease in ambulance attendances; there was an

increase of 4.2% increase in March 2022. This trend of increased activity has continued into the summer months 2022.

- 2.12 **Ambulance Handovers:** the number of handovers within 15 minutes have decreased; with the corresponding number of over 15 and over 60-minute handovers increasing, particularly since April 2022, again this is due to increased pressures within the system. The main reasons for the delay in handovers are availability of staffing; ambulances arriving in ‘batches’ for example 4 or 5 ambulances arriving at once and high occupancy within each of the Acutes.
- 2.13 **ED attendances** of Surrey Heartlands residents attending the acute hospitals experienced a +7.0% growth when comparing 2019/20 to 2021/22; this is significantly higher than the national growth of -0.0%.
- 2.14 **ED 4-hour performance:** all four Acute hospitals had more challenged performance when comparing 2019/20 winter months to 2021/22. The NHSE national average from November 2019 to March 2020, when compared to November 2021 to March 2022, has significantly fallen from 72% to 61%. However, whilst work continues to improve ED wait times, it is noted that Surrey Heartlands is generally performing better than the NHSE national average.

A&E 4 Hour Performance (Type 1)						
Provider	Nov-19 to Mar-20		Nov-20 to Mar-21		Nov-21 to Mar-22	
	Performance	Variance to NHSE	Performance	Variance to NHSE	Performance	Variance to NHSE
ASPH	75%	+3%	74%	-2%	66%	+5%
ESTH	80%	+8%	86%	+10%	79%	+18%
RSFT	81%	+10%	88%	+13%	69%	+8%
SASH	84%	+13%	91%	+16%	74%	+13%
<b>NHSE</b>	<b>72%</b>		<b>75%</b>		<b>61%</b>	

- 2.15 **ED winter preparedness** – provision of a streaming and re-direction service; people attending the EDs will be supported by a healthcare professional in answering questions in relation to their health and from the information given, the patients will be ‘streamed’ to the right service within the hospital or re-directed to more appropriate primary and community services.
- 2.16 **Non-elective admissions and length of stay over 21 days** - Surrey Heartlands experienced an overall increase in Non-elective (NEL) admissions, with maximum numbers experienced from April 2019 to February 2020; since lockdowns eased the number of admissions steadily increased and are now predominantly over 8,000 per month across Surrey Heartlands ICS. With regard to length of stay over 21 days, during the period from April 2019 to April 2022, numbers were at the highest in March 2020; however, numbers fell dramatically in April and May 2020. Since September 2021 numbers of patients staying hospital over 21 days has again increased.

2.17 **Length of stay – winter preparedness:** The main areas of focus throughout the winter 2022/23 and spring 2023 will be:

- To 'discharge to recover and assess' patients for longer term support.
- For patients whose needs are too great to return to their own home suitable alternative arrangements will be provided
- To discharge plan early - all Surrey Heartlands patients in hospital are receiving a daily clinically led review.
- Community hospital discharges are expected to increase which will help with acute discharge flow.
- Trusted Assessments – This is an area Surrey Heartlands providers will be focusing on. The approach once in place and working well, will support care homes with timelier assessments.
- Virtual wards provision as described above.

2.18 **Care Homes: winter preparedness.** A number of initiatives have been put in Place to support care homes this winter, these include:

- Surrey County Council and health partners are now agreeing a discharge model and funding arrangements for September 2022 onwards in line with the Hospital discharge and community support guidance published in March 2022.
- Surrey Heartlands promotes collaborative working between health, social care, the voluntary and community sector, and care home partners to enhance the health and wellbeing of residents living in a care home and to support care home staff and providers.
- There are supportive meetings and networks in situ that has developed a shared work programme across all Surrey Heartlands. Individual Places have set their strategic priorities which all include reducing unplanned hospital admissions and enhancing training for staff.
- Practice Plus Group run a Star line which is a telephony menu option for providing rapid access to additional clinical support for Care Homes and Paramedics.

- By enabling Primary Care Networks, Surrey Heartlands will have designated teams co - located within neighbourhoods, to extend models of personalised care, embed enhanced health in care homes and develop a consistent set of diagnostic tests.
- Provision of co-ordinating vaccination programmes, screening and health checks in accordance with national standards.
- Surrey Heartlands ICB have agreed with PPG the delivery of an additional 'On Call' GP to support outbreaks of flu within care homes from 26th November 2022 to 31st March 2023. The provision will be in place for the out of hours' arrangements for the administration of anti-viral medication should there be an outbreak of influenza within a Care Home.

2.19 **Mental Health:** All Acute Trusts in Surrey Heartlands are supported by 24/7 Psychiatric Liaison Services. These services work efficiently and effectively to have consistently responded to approximately 900 referrals per month. This service is complemented by the Crisis Support Services for Children and Young People.

2.20 **Mental Health winter preparedness:** The following areas of delivery will support patients this winter:-

- All Community Services will operate as normal over the winter period and attention is always paid to ensuring that leave is managed to ensure sufficient staff for any working day. The Safe Havens (operated in partnership between voluntary sector partners and SABP) are open every day of the year and Home Treatment Teams operate 24/7 365 days a year, along with the Single Point of Access.
- SABP and Community Connections are piloting a 'Recovery & Connect' service within Elmbridge, Guildford and Tandridge CMHRs over the Autumn and Winter 2022.
- Richmond Fellowship employment advisors are already embedded within CMHRs to support people with mental health needs into employment and/or to help them remain in employment.
- The GP Integrated Mental Health service (GPimhs) provides an integrated mental health team working within Primary Care. It is currently live in 15 PCNs across Surrey Heartlands and due to be rolled out across all sites by December 2022, giving extra resilience for the winter period.

- As part of the Surrey mental health transformation, work is ongoing to test and spread a 'One Team' approach in Epsom by integrating CMHRS alongside Primary Care, Social Care, and wider VCSE services.
  - Plans are in place with a care provider to create a Crisis House (in partnership with Home Treatment Team services).
- 2.21 **Paediatric emergency admissions** continue to reflect seasonal variances of respiratory illnesses and remain high. During periods of peak activity, hospitals may request mutual aid from other hospitals, although these actions are only taken in extremis.
- 2.22 **Covid / Flu Vaccinations:** Surrey Heartlands has maintained a strong position with C-19 vaccination delivery providing over 2.2 million vaccines since the C-19 pandemic started. Our operating model structure has been revisited to ensure delivery is through a financially viable model, with a sustainable workforce and optimisation of NHS/Local Authority estate. As of 3<sup>rd</sup> March 2022, Surrey Heartlands had delivered ~590k Flu vaccinations within the 2021/22 Seasonal Flu Vaccinations campaign
- 2.23 **Covid/ Flu winter preparedness:** Based on JCVI guidance, the Autumn Covid Booster Campaign commences on the 5<sup>th</sup> September 2022 with cohorts 1-9 being asked to come forward at staggered intervals. Housebound, Care Home Residents and Care Home Staff cohorts will be prioritised as per national guidance. The Flu Vaccination programme will also commence in September 2022. High vaccination levels within the community directly supports lower admissions due to complications resulting from covid and flu.
- 2.24 **Elective recovery:** Surrey Heartlands continues to maintain a very strong emphasis on wait times for our patients; services have been working on delivering the Recovery Plan; this work is now transitioning to 'business as usual' whilst remaining focused on ensuring those who are most clinically in need receive the health interventions that they require as soon as possible
- 2.25 **Surge Planning (includes winter 2021/22)** - Surrey Heartland ICS are undertaking a number of programmes of work to continue to build resilience within our urgent care services and prepare for extended periods of surge in demand, this includes the winter period.
- 2.26 **Surge Planning – winter preparedness:**
- Paediatrics Transfer service for ICS: Capacity funding bid to provide system Paediatrics transfer service for winter 22/23

- SCAS PTS additional resource for all acutes: Provider discharge resource for patient transports
- Paediatric and Care Home Virtual Facetime: Limiting requirement for face-to-face interventions to increase capacity.
- WSP Modelling: Triangulate system modelling with statistical modelling across the whole Southeast Region.
- Increase in UTC capacity: To aid in redirection and streaming away from ED and reduce admission rate
- Case Management Digital solution: To improve discharge processes - part of the Royal Surrey transformation programme.
- Transport Flow Manager: To support flow - part of the Royal Surrey transformation programme.
- Enhance Paediatric services at SASH increasing capacity: To provide additional capacity, redirection and interventions for Paediatrics due to current limited capacity
- Community Front Door Expansion/Admission Avoidance: Community front door service in reach to ED “pulling” patients out of the acute providing wrap around care in the persons place of residence. Proposal will strengthen and expand MDT - 7 days / extended hours
- Consultant support to Paramedics/ Ambulance crew: On-call Consultant input available by phone/video conferencing to aid crew decision making
- Enhance active complex case management in the community: Reducing risk of going into hospital/ supporting step down from acute linking to Virtual Ward
- Strengthening proactive care coordination across all neighbourhoods: Consultant support and in reach to PCN and Care homes for both crisis support and proactive case management

**2.27 The Surrey Heartlands Seasonal Urgent Care and Escalation Communications Plan** supports targeted messaging out to the wider community particularly in relation to how the person may seek help and support

without needing to attend ED; messages are also tailored to each areas system escalation alerting the public to how busy their local hospital is and have been reviewed in light of the pandemic to ensure consistency of messaging.

### **3. Governance**

- 3.1 As a mature Integrated Care System (ICS), Surrey Heartlands has developed strong partnerships across all areas of UEC delivery through introducing a three-year UEC strategy and forming an ICS UEC committee to oversee its delivery and monitor our performance.
- 3.2 The Urgent and Emergency Care (UEC) Committee has created four delivery groups, which report directly to the Committee, and focus on Same Day Urgent Care within both the Acute Hospitals and the Community, Integrated Urgent Care (as part of NHS 111), Focusing on Discharge; along with working with GPs in identifying those at high risk of needing urgent hospitalisation and putting in plans to prevent or reduce admissions. The actions and deliverables from these groups will together support the delivery of reduced numbers of people waiting longer than 4 hrs in ED.
- 3.3 The Surrey Heartlands ICS main vehicles responsible for the delivery of urgent care across the area are the Place based Local Accident & Emergency Delivery Boards (LAEDBs) of Northwest Surrey, East Surrey and Guildford & Waverley, along with the Surrey Downs Urgent Care Forum – which links to the Sutton and Kingston Place based LAEDB's. Through these groups each of the systems put in place their plans, with some schemes being established across Surrey Heartlands to ensure that the systems were well prepared to manage sustained surge pressures.

### **4. Recommendations:**

- 4.1 The Committee is requested to note the preparations for Surges in UEC demand during 2022/23 as set out in this paper.

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