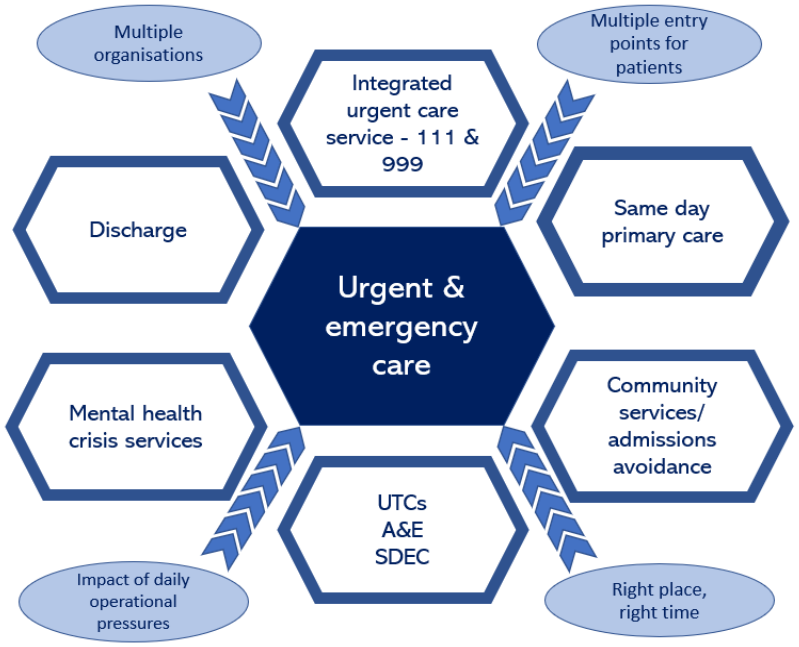
Urgent and Emergency Care (1)

Overview of our current system

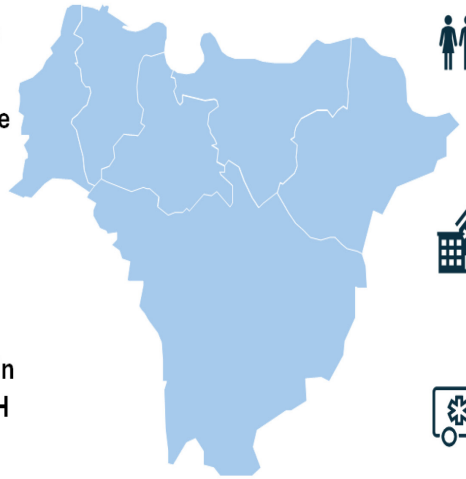
Overview of UEC system



Health inequalities:

- We have inequalities in our current pattern of utilisation of hospital based urgent and emergency care services and think inks too to corresponding inequalities in access to other services:
  - Analysis shows that Black people and those living in the most deprived areas of south east London when compared to White people and those living in less deprived areas (even once adjusted for differences in average age) are over-represented in activity and spend in hospitals' A&E and non-elective hospital activity.
  - Better, earlier prevention and management of ill-health would lead to less use of emergency hospital care demand and lower re-admission rates.
  - Achieving significantly better improvements in quality of life for residents of south east London would further, in the long term, reduce the resource required to deliver emergency care which has limited ability to impact people's long-term health outcomes.

Urgent and emergency care snapshot – 2022/23



17% of ED attendances across SEL are for over 65s

633,782 ED attendances

3.1% ED attendances in SEL are for MH complaints

257,909 Emergency admissions

104,623 Ambulance conveyances

24.7% increase in total number of patients waiting 4-12 hours to be admitted.

What we've heard from the public

Access to urgent care and long waits is a key issue for local people. Local people have previously reported that difficulty accessing primary care appointments led to them seeking help and care at Emergency Department (ED) and other urgent services, and whilst many people were aware of and had used urgent care alternatives to A&E (such as urgent care centres) there is a need for increased publicity, information and signposting on different urgent care and out of hours services and where to access them (Our Healthier South East London engagement on the NHS Long Term Plan, September 2019). Inclusive and accessible environments in EDs including good triage and clear signposting has been raised. Including clear signposting and triage. Our Friends and Family Test Results for SEL Emergency Departments in October showed feedback that was a Positive 70% Negative 20% (National comparison Positive 74% Negative 17%).

Urgent and Emergency Care (2)

Strengths / opportunities

Collaboration
SEL has a well-established and effective system approach to operational pressures providing real-time mutual aid across the system (e.g. daily surge calls). The system-wide Acute Flow Improvement Group and the Discharge Solutions Improvement Group enable engagement of local system leaders in the longer-term and most systematic and consistent improvement of UEC pathways.

Community and integrated urgent care
As early adopters of Urgent Community Response (UCR) provision, we have developed an effective UCR service across all of SEL. SEL is also the lead commissioner for NHS 111 for London and plays a pivotal role in developing integrated urgent care.

Governance
Established Place-based UEC Boards are in place to support local development and delivery working alongside the SEL Board to secure agreed common standards and approaches delivered locally. Board include representation from the wide range of stakeholders involved in planning and delivering UEC.

Communication & Engagement
There is strong engagement and communication in Boroughs with the opportunity of achieving more consistency by way of a SEL UEC communication strategy that aligns with the recommendations in the Fuller Report. Whilst there is some good local engagement, for example in local UTC procurement, more work is required to engage with our residents on UEC service design and in communicating what services are on offer.

Service Redesign
There is a wealth of service improvement expertise across the system and a huge opportunity to funnel this expertise into spreading existing pockets of good practice and fulfilling national requirements. Using UEC/health/111 data sets together will help us to understand the way the population uses UEC services, the changes in acuity seen across the UEC pathway and highlight areas for opportunity. We will maximise the opportunity of innovative digital solutions as well as improving consistency and alignment across the system where this is beneficial for the population.

Challenges

Collaboration
Emerging collaborations and partnership are in their infancy with individual partners often having to concentrate on their own pressures and constraints, resulting in variation across systems. There is also scope to better join up work across UEC and other key programmes (primary care, pharmacy, community services, CYP, etc.).

Demand, capacity and flow
We need to better understand and address demand, capacity and flow constraints including considering how we better tackle challenges related to demand and capacity together and improve transfers of care across the UEC care pathway.

Balancing operational pressure and long term improvement
System solutions for UEC often require behaviour and culture change which can take a long time and a sustained effort; this can be challenging when immediate operational pressures often take focus away from more medium-term sustainable change.

Service design
We need to be better at evaluating improvement initiatives and stopping initiatives that cannot evidence positive outcomes. As a system we also need to agree an approach to resourcing initiatives that have shown positive outcomes where these often have short-term/pilot funding arrangements in place.

Communication & Engagement
We need to improve our meaningful patient and front-line staff engagement in UEC service transformation. Again, the short-term interactions with patients and operational pressures on front line teams make this challenging to overcome.

Inequalities
We know that there are a number of factors driving behaviours that increase pressure on UEC services, such as increasing patient expectation of immediacy of care, damaged trust between the public and health care provision, and other factors such as the cost of living crisis. Social factors such as deprivation rates may also indicate more complex home and care needs which impact on discharge requirements and flow through our acute hospital sites. We need to prioritise patients with the greatest need to better influence health outcomes and ensure we are shifting the curve for those population groups that are over reliant on urgent and emergency care services for their care.

UEC - Our vision and objectives

Our vision

To deliver an integrated safe and responsive Urgent and Emergency Care model that meets population needs and enables people to access the care they need, in the least intensive setting, when they need it and minimising the time spent in hospital through a resilient and sustainable service offer.

Our key objectives – what we want to achieve over the next five years

The top things that we want to achieve over the next five years

1. To **reduce the inequalities** gap and current over representation of our CORE20 (most deprived) population in our UEC system
2. To ensure the delivery of **high quality, safe care** including improving the **timeliness of UEC responses** and the sustainable delivery of UEC related performance standards
3. To ensure nobody spends one more day in hospital than is necessary with supportive and effective **transfers of care** and the sustainable delivery of **discharge** standards
4. To secure an accessible, responsive, timely and **joined up same day urgent care** offer secured through our integrated neighbourhood teams.
5. To demonstrably **harness opportunities** to optimise our UEC care pathways to ensure they are **innovative, effective, efficient and productive** and meet best practice guidance
6. Teams that are providing front-line care **feel supported to deliver safe and effective care** as demonstrated in recruitment and retention rates and staff survey results.

UEC - Our priority actions

Our priority actions – what we will do

1. **Develop and deliver an effective population health approach** to improve outcomes and reduce health inequalities, by improving engagement with our population and partner agencies to drive improved communication, service design, understanding of patient expectation and behaviour.

2. **Implement a system approach to quality and safety** with risk based management and action that will support whole system ownership of risk, safety and quality across all UEC services (e.g. Integrated urgent care (111/999), ambulance handover, acute, MH etc), including for front line teams so that staff, patients and services remain safe.

3. **Further enhance our integrated out of hospital offer** which delivers a consistent model of care including population health management, community MDT care, 111 IUC, enhanced rapid response, high frequency user service and care home support along with integrated UEC services for children and young people and those with urgent mental health needs.

4. **Stream people to the most appropriate place to receive urgent and emergency care** (including mental health and children and young people*) from point of contact (e.g. 111, primary care, ED) and appropriately align resources to deliver capacity to meet demand to ease pressure on services and secure better and safer patient experience.

5. **Prioritise a number of focused initiatives to strengthen in hospital flow & discharge for both physical and mental health, all ages* -** minimising time in hospital through embedding the SAFER flow bundle (senior review of patients, all patients with expected discharge date and clinical discharge criteria, flow from assessment to admission to discharge, early discharge (before midday and over weekends) and regular review (multi-disciplinary team reviews with therapy and social work teams), plus the provision of enhanced out of hospital service to support discharge, with particular attention on vulnerable populations and complex cases.

6. **Cultivate a future-focused approach** by facilitating the SEL UEC System Leadership [Board] to focus on longer term aspirations and outcomes to support action 1-5, alongside operational performance and pressures.

* Priority UEC actions are also included within the SEL Babies, Children & Young People and Mental Health Programmes and therefore detailed UEC actions are not included in this section.

South East London Integrated Care System

Our progress to date

NHS South East London

Key Successes in Delivery in 2023/2024

- Invested in discharge improvement, providing system funding to our Transfer of Care (TOC) hubs
- Continued focus on increasing weekend discharges at a local level with some incremental improvements
- Violence and Aggression reduction network continued, linking into the ICS Quality Group, providing a system-wide forum for sharing information and supporting risk management
- Started the procurement process for a new 111 IUC service, working with system partners to develop local integrated neighbourhood care teams, including surveying patients on their experiences
- Launched Mental Health 111 #2 offer for residents of SEL
- Developed a SEL front door streaming and redirection strategy and completed initial baseline audits
- Completed good practice review of delirium pathways with a view to implementing a pilot in 24/25
- Supported sites in working towards national requirements for SDEC
- Convened a productive system-wide winter workshop that enabled identification and prioritisation of interventions well ahead of the winter period
- SEL Surge team are now a System Coordination Centre (SCC) and meet the specification published in 2023 to become accredited by the national IUEC team.
- SEL SCC launched twice daily Mental Health flow meetings bringing together providers to move patients to appropriate locations for ongoing care.
- Procuring a smart system (RAIDR) to gather operational data from system partners in a single system.
- Established UEC clinical leadership network to increase collaboration across professional boundaries (e.g. medical/surgical, GP)
- Investment in increasing G&A bed capacity across our acute providers to improve bed occupancy rates thereby improving flow and enabling improved waiting times in ED

Key Challenges Delivery in 2023/2024

- Significant operational pressure, including impact of industrial action, impacted on our ability to achieve improved performance and create space for longer term improvement goals. Competing priorities for recovery (e.g. cancer, elective etc.) also impacted on UEC delivery.
- System working as an ICS is still in its infancy and understanding different roles presents challenges to working across place and system. Collaborative working is also more challenging during times of both operational and financial pressure across health and social care with limited capacity to focus on longer term system improvements
- Prioritising the important over the urgent (e.g. population health)
- Large scale transformation in line with the Fuller recommendations has been challenging in joining up different system teams/partners to delivery plans for integrated UEC.

Learning and Implications for Future Delivery Plans

Significant operational pressure including resulting from IA is likely to continue and impacts on our ability to focus on longer term improvement. We will need to find a way of balancing these two requirements and enable space to focus on longer term planning whilst maintaining the required focus on operational recovery and performance.

Large scale transformation programmes need support in coordination and development to enable effective work cross-boundary.

UEC priority action 1 – population health approach

Population health approach

Develop and deliver an effective population health approach to improve outcomes and reduce health inequalities, by improving engagement with our population and partner agencies to drive improved communication, service design, understanding of patient expectation and behaviour.

How we will secure delivery

Actions for 24/25

- Co-design (place and SEL) of services to meet 2024/25 operating plan requirements
- Co-design our approach to patient engagement for UEC services
- Understand the needs of the patients within our Core20 from a UEC perspective
- Use data to support targeted population approaches to support reduction in inequalities
- Needs analysis of education and training for UEC health professionals in relation to health inequalities (working alongside place and providers)
- Continue with and develop the Clinical and Professional forum and use this to engage front line team in service design
- Identify measures and a means of gathering data to enable reporting on health inequalities outcomes and variation

Actions for 25/26

- Implementing patient engagement plans including sustainable ways of building in patient involvement in service design
- Implement processes to ensure early risk identification, detection and intervention and proactive planned care support particularly where these are identified as part of Core20
- Provide education resources and training for health professionals in SEL
- Working with partners to support health education of the local population to support their health and family's wellbeing to reduce the likelihood of need from UEC
- Implement data gathering to support reporting on health inequalities measures

Intended outcomes in 5 years time

- Reduction of unwarranted variation in population access to UEC (using existing data in Understanding and addressing the impact of inequalities across south east London - Findings to-date and proposed model of change May 2022 as baseline)
- Established reporting will demonstrate improvement in outcomes against health inequalities measures
- Closer working between Place Based and SEL partners to understand how patients access UEC services (maturity of system working as ICB)
- Wider understand in UEC services of the impact and opportunity to influence health equality as part of UEC care provision (audit).

UEC priority action 2 – system approach to quality and safety

System approach to quality and safety

Implement a system approach to quality and safety with risk based management and action that will support whole system ownership of risk, safety and quality across all UEC services including children and young people (e.g. Integrated urgent care (111/999), acute, MH etc), including for front line teams so that staff, patients and services remain safe.

How we will secure delivery

Actions for 24/25

- Continue to provide and develop our System Control Centre functions including live data feeds and further develop collaboration among system partners to provide support and mutual aid and system resilience
- Contribute to SEL violence and abuse reduction strategy
- Identify quality measures that can be used alongside performance measures and levers for data collection and reporting
- Working with regional and national colleagues where identified projects impact on quality and safety (e.g. to improve flow, ambulance handovers)
- Work with partners to improve streaming and triage, signposting and communicating with patients (e.g. waiting times) including for those with disabilities (seen and unseen)
- Continue work on improved ambulance handover times to support patient safety.
- SCC aims are improving the use and scope of the RAIDR system with automated data feeds and seek to improve and build on current repatriation process with providers across SEL.

Actions for 25/26

- Building on actions identified in 24/25 including system agreement and implementation of risk based management for UEC
- Embed quality and safety measures within improvement work

Intended outcomes in 5 years time

- Same standard of care across all providers reducing unwarranted variation for key parts of the service
- Real-time mutual aid to system partners
- Improved performance delivery so SEL is sustainably meeting core standards (4 and 12 hours, ambulance handover times, and Category 2 response times)
- Reduction in serious incidents
- Identified quality outcomes measures to sit alongside existing performance measures
- Improved experience for those with disabilities (visible and unseen) when accessing UEC services

UEC priority action 3 – integrated out of hospital offer

Integrated out of hospital offer

Further enhance our integrated out of hospital offer which delivers a consistent model of care including population health management, community MDT care, 111 IUC, enhanced rapid response, high frequency user service and care home support along with integrated UEC services for children and young people and those with urgent mental health needs

How we will secure delivery

Actions for 24/25

- Develop a clear communications plan across SEL that informs residents how to access the right care for their health needs.
- Continue to develop appropriate care pathways for 999 to reduce the pressure on Emergency Departments and further expand services to increase capacity.
- Review the existing High Intensity User services to establish a baseline and compare with high frequency users of other urgency care services (e.g. primary care, 999) and complete gap analysis.
- Redesign the 111 IUC offer with SEL partners to better integrate with local systems and improve patient care. Understand the Fuller Review vision and local neighbourhood models to build and integrated system that works better for patients.
- Procure and start the mobilisation of a new 111 service.
- Further develop the Mental Health 111 #2 offer to better integrate crisis services together.
- Increase numbers on all referral pathways to UCR services, UCR car pilot and review progress of the integrated VW/UCR pathways across SEL

Actions for 25/26

- Continue to develop system working across SEL to fully deliver an integrated out of hospital offer.
- Develop high frequency user services that are adaptable to the changing needs of the population and how people access services, and that support to reduce health inequalities as part of Core20plus
- Launch the new 111 IUC service for SEL with local Integrated Delivery Units.
- Review 999/111 demand for UCR services and assess feasibility of pulling from the LAS stack model

Intended outcomes in 5 years time

- System-wide approach to managing integrated urgent care to guarantee same-day care for patients clinically assessed as requiring urgent care, where continuity from the same team is not a priority.
- Redesigned 111 so it is integrated with local systems and allows for patients to get the care they need.
- Improved digital offer to patients to better manage their care.
- Patients have a clear understanding of how and when to access urgent and emergency care across SEL and trust the service they receive.
- A fully integrated out of hospital offer that delivers quality care to the population of SEL.
- To demonstrate effectiveness of high frequency user services by reducing unwarranted multiple UEC attendances/contacts (reduction in high frequency users).
- People accessing UEC services are clear on the options available to them, can easily identify which option is the most appropriate for their need (even when in crisis) and how to access that care.

UEC priority action 4 – streaming to direct patients to the right place first time

Streaming

Stream people to the most appropriate place to receive urgent and emergency care (including mental health and children and young people) from point of contact (e.g. 111, 999, primary care, ED) and appropriately align resources to deliver capacity to meet demand to ease pressure on services and secure better and safer patient experience and deliver performance targets.

How we will secure delivery

Actions for 24/25

- Improve and enhance hospital front door streaming to most appropriate setting including Urgent Treatment Centres, Same Day Emergency Care, Emergency Departments, frailty and out of hospital services such as primary care, community services including admission avoidance services and mental health crisis care through effective redirection and onward sign posting:
  - Learning from baseline streaming audits completed in 23/24 and supporting sites to establish alternative pathways where appropriate
  - Increase collaboration across professional boundaries (e.g. surgical, GP)
  - Patient surveys to support redesigning of front door pathways
- Continued focus on SEL SDEC improvements via the SEL SDEC working group and support sites to meet national requirements where necessary
- Develop relationship with local partners (pharmacies, GP practices, health services, etc.) to support redirection of patients that do not need UEC care.
- Using data sources to assess alignment of resource to deliver demand.
- Support system partnership working with LAS to deliver ambulance targets (e.g. use of ACPs, increase ambulance capacity, handover delays etc.)

Actions for 25/26

- Continue work identified in 2024/25
- Use evidence base to identify optimal alignment of resources to meet demand
- Undergo evaluation of any implemented solutions to inform future decisions
- Involve patients in the design of our streaming and direction options and how to make these easily understandable for our population

Intended outcomes in 5 years time

- Deliver A&E and wider UEC targets
- Further improvement towards pre-pandemic levels around key metrics
- Evidence that 25% of opportunities identified in previous missed opportunities audits have now been met
- Each UEC contact is appropriate to level of patient acuity (audit)
- Improved patient experience when accessing UEC services in SEL (audit)
- People accessing UEC services can make decisions based on their need, existing wait times and what is available to improve their outcomes

UEC priority action 5 – hospital flow and discharge

Hospital flow and discharge

Prioritise a number of focused initiatives to strengthen in hospital flow & discharge for both physical and mental health for all ages including children and young people - minimising time in hospital with SAFER flow bundle, weekend discharge, MDT reviews with therapy and social work teams, enhanced out of hospital service to support discharge, with particular attention on vulnerable populations and complex cases.

How we will secure delivery

Actions for 24/25

- Closer working with Mental Health and Children and Young People's UEC priorities to support delivery of transformation goals (aligned to priorities identified in those work programmes)
- Working with local system plans to realise increased bed capacity (G&A, stepdown, and community and virtual wards) to achieve bed 92% bed occupancy)
- Take collaborative approach to delivery of local authority plan and use of BCF investment to support discharge through adult social care
- Targeted work to develop robust discharge pathways for those who are complex/difficult to discharge, for example, dementia and delirium
- Working with acute partners on learning from flow models to sustain improvements to reduce discharge delays for those who do not meet criteria to reside

Actions for 25/26

- Evaluation of approaches taken during 2024/25 to take the learning and continue a collaborative approach to flow and discharge promote parity of approach across mental and all ages including children and young people and to meet the needs of vulnerable populations and complex cases.
- Identify quality and outcomes measures that can be used alongside performance measures and levers for data collection and reporting

Intended outcomes in 5 years time

- Improve patient flow and to reduce bed occupancy to at least 92%
- Increased physical capacity in inpatient settlings to reflect changes in demographics and health demand as well as improve support for patients in the community.
- Improved discharge metrics (LOS, weekend discharge, readmission rates)
- Reduced delays to medically fit for discharge
- Able to report on quality measures that evidence flow and discharge improvements have resulted in improved patient experience and outcomes

UEC priority action 6 – continuous learning approach

Continuous learning approach

Cultivate a future-focused and continuous learning approach by facilitating the SEL UEC System Leadership [Board] to focus on longer term aspirations and outcomes to support action 1-5, alongside operational performance and pressures.

How we will secure delivery

Actions for 24/25

- SEL UEC Board to have an annual planned improvement focussed session to give assurance that population health, integration and quality objectives are influencing the approaches being taken at local UEC board level as well as through SEL workstreams
- Review key pathways involving transitions of care and shared care, and work with care teams to identify how digital capabilities and information sharing can improve the pathway
- Ensuring that our UEC assurance process is robust and revising as necessary
- Ensuring existing governance models are fit for purpose and deliver the system improvement we expect to see
- Using the SEL Clinical & Professional Forum to create a learning environment for change (working with ECIST)

Actions for 25/26

- Agree an evaluation framework that also identifies where behaviour and culture have thus far been barriers to sustained improvement
- SEL UEC Board to hold a long term planning session as part of annual objective setting process with identified collaboration with services that don't sit directly within UEC

Intended outcomes in 5 years time

- Shared strategic aims between UEC Board, providers/Provider Collaboratives and local care partnerships for the delivery of UEC services across SEL
- Aligned to priority 2 there will be clear outcomes measures sitting alongside performance measures that the UEC Board use to support decision making, these will include population health and quality measures and the development of patient reported measures.
- A proactive system that is able to anticipate the demands and the needs of the population.
- A newly designed UEC system that delivers what patients need.
- Improved evaluation of improvement that is actively used to inform planning and decision making including in investment.

UEC enabler requirements

Workforce

- Different workforce models - opportunity to resource services differently to use workforce more flexibly and to offer more flexibility to staff groups to reduce vacancy rates and improve retention rates
- Workforce engagement to understand the issues and barriers that result in people leaving their roles.
- Work with local schools and colleges to attract more local people into NHS roles or into education that will lead to NHS employment.
- Development of transformation expertise and resource to work alongside operational teams to secure integrated pathway change and innovation including how to address health inequalities when planning and developing service models

Digital

- Using digital technology to streamline services and provide a digital offer (for populations that want to use this platform) to reduce demand on other areas – to support patients and population (similar to principles in Fuller report)

Estates

- Support for sites where estate prevents expansion or relocation of services to support better hospital flow.
- Support for sites in economically deprived areas where estate is not fit for purpose and impacts on the way that services can be delivered and accessed by local populations.

Data

- Data that provides quality outcomes rather than purely performance. Improved access to GIRFT and other quality data.
- Robust demand and capacity planning to identify capacity gaps, including population health factors.
- Access to data to support targeted population approaches to support reduction in inequalities, early risk identification, detection and intervention and proactive planned care support.