

System recovery and resilience

ONEL JHOSC

Key national recovery plans

1. Elective recovery plan: National Plan developed in 2022, focus on reducing the waiting lists for people waiting for elective care
2. Urgent and emergency care recovery plan: National Plan developed in 2023 a blueprint to help recover urgent and emergency care services, reduce waiting times, and improve patient experience
3. Primary care access recovery plan: National Plan developed to support primary care to address access and make it easier and quicker for patients to get the help they need from primary care

Focus today is on urgent and emergency care (including winter) and primary care



North East London

North East London Urgent and Emergency Care (UEC)

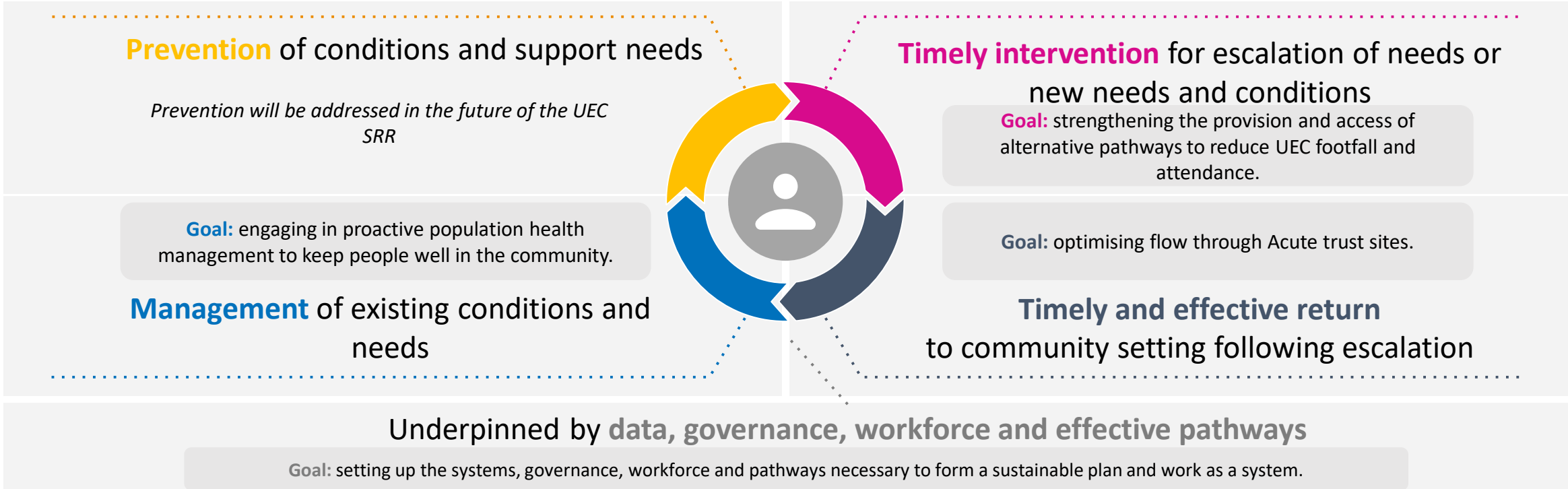
Our system ambition for UEC

Improved access to urgent and emergency care for local people that meets their needs and is aligned with the UEC national plan.

We have defined what resilience looks like for the short and long-term:

Winter 23/24: Stabilisation of the provision of safe, accessible care.

Long-Term: Sustaining a UEC System that is focused on keeping people well, meeting the health needs of the population, ensuring easy access to care where required in the community, with efficient flow through acute care when required, supported by a workforce that operates without being overwhelmed.



Summary of BHR Locality Improvement Plan



Keeping people well

Enhanced offer to Care home residents

Implementation of Falls and Catheter care services

Urgent Community Response – 2 hr response, cars, trusted assessor, therapy in Emergency Department

Alternative pathways – Physician Response Unit, Remote Emergency Access Coordination Hub (REACH)

Improving Hospital Flow

Discharge Hub

Delivery of BHRUT CQC Action Plan

Same Day Emergency Care

Avoidable admissions – same day

GP access hubs

Delivery of PELC CQC action plan

Virtual wards – Frailty & Acute Respiratory Infection

Management and Support of High Intensity Users

Discharge

Improve Pathways - Integrated Discharge Hub, Rehabilitation, Discharge to Assess, Homelessness

Welfare checks and reducing readmission

Capacity of Community Rehabilitation beds

Demand for reablement

- The impact that extended ambulance handover times has on the ability of the ambulance services (London Ambulance Service and East of England) to respond in a timely manner to emergency calls within the community is recognised within NEL. Acute Trusts are participating in a workstream as part of the Acute Provider Collaborative (APC) UEC Programme.

Mental health flow and length of stay



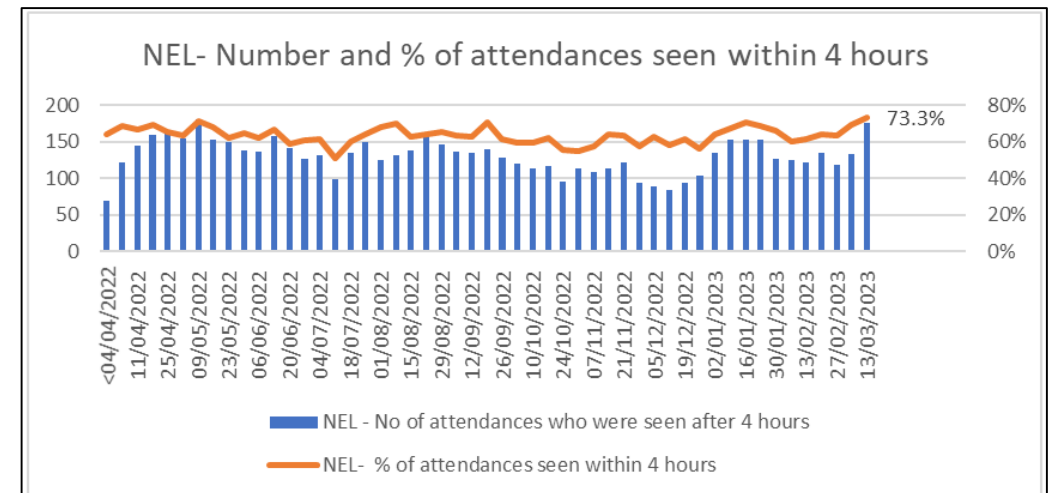
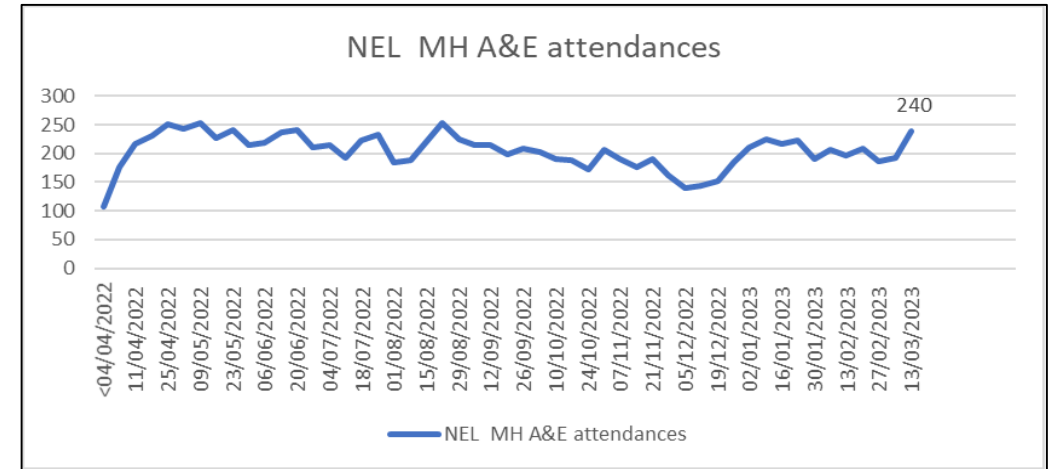
We have a programme of improvement work being delivered through our Mental Health (MH) Crisis / Urgent and Emergency Care (UEC) Improvement Network. Some high-impact schemes aiming to improve flow are:

An expansion of our acute MH bed base by opening an additional 12-bedded acute MH inpatient ward	A demand and capacity review of our Psychiatric Liaison Services, and an audit to explore underlying themes in cases of 12hr breaches
Improvement work to our Health-Based Place of Safety estate, with additional staffing to ensure timely handover	An additional Clinical Decision Unit opened demonstrating a much reduced length of stay

We know that for both ELFT and NELFT, the average **Length of Stay has increased over recent years**, and staff are reporting **higher acuity and complexity of needs** in those admitted.

With regards to MH in ED, there are a multitude of reports describing admissions and length of stay in A&E, but there **does not appear to be a 'single version of the truth'**. We are establishing a NEL MH in ED Data Working Group to build some shared and validated reporting, and to share the learning from BHRUT and NELFT where they have made real progress in this area.

North East London will be Tier 1 status of the UEC Recovery programme. We know this will bring additional focus on MH waits in ED, so it's more important than ever that we have a shared perspective on this.





North East London

North East London Winter Planning 2023/24

Charlotte Pomery & Fiona Ashworth

Overview: winter planning

The ICB started planning for winter early this year in recognition of the challenges of winter 2022/2023 and the continuing high demand throughout the year, particularly for urgent and emergency care services. The ICB engaged a third party to support the development of a System Resilience Plan in Spring of 2023, reporting to our system UEC Executive. The process to develop the plan was hugely collaborative, reaching out across our system including the NHS (community, mental health, ambulance, primary and secondary care), local authorities (children's and adult services, public health, community provision), the VCSE (across our geography from small to larger organisations) and local people through a process of information capture and ideas development to build on best practice and to share awareness of existing and emerging interventions.

We have been finetuning our UEC Improvement Plans at Place and Hospital Footprint in response to national improvement requirements, working with system partners to ensure we support interventions from keeping people well at home to enabling sustained discharge.

We have also developed individual Place-based winter plans through our seven Place based Partnerships working with hospital sites, which have focused on delivery of those interventions requiring more attention in specific places, again working with system partners at a local place level (primarily NHS, local authority and VCSE).

The winter plan for the NEL system is focused on the following approach:

- The ICB will lead on the following high impact interventions encompassing intermediate care demand and capacity, virtual ward occupancy, urgent community response, single point of access and the delivery of a system wide strategic coordination centre (SCC)
- Acute and specialist trusts will lead on same day emergency care, frailty, inpatient flow and length of stay, community bed productivity and flow
- There are a number of defined responsibilities and roles for partners in developing collaboratively the winter operating plan. These include: Primary care, children and young people, community trust and integrated care providers, ambulance trusts, mental health providers and local authorities/social care

Summary of NEL system Flow impact initiatives

Keeping people well

Enhanced offer to Care home residents
Implementation of Falls and Catheter care services
UCR – 2 hr response, cars, trusted assessor, therapy in ED
Specific placed-based interventions e.g. engagement with families
Vaccination & immunisation esp. COVID , flu
Alternative pathways – Physician Response Unit, REACH
Winter campaign & marketing plan

Avoidable admissions – same day

GP access hubs
Development of clinical navigator role
Virtual wards – Frailty & ARI
LAS – conveyance assessment in CAS (pilot)
Management and Support of High Intensity Users

System
Co-ordination
Centre

Improving Hospital Flow

Discharge Hub
MH improvement plan
Review of 0-1 day LOS patients at BHRUT / ward management processes
Same Day Emergency Care
Ambulance handover – 45 min maximum wait

Discharge

Improve Pathways - Integrated Discharge Hub, Rehabilitation, Discharge to Assess, Homelessness
Welfare checks and reducing readmission
Review of longer LOS patients with implications for pathways
Capacity of Community Rehabilitation beds
Demand for reablement

- 25 UEC champions
- Maturity Indices/High Impact Initiatives as part of our Improvement and Transformation

Governance and monitoring approach

Winter planning sits as part of our comprehensive UEC system programme and utilises our well established Urgent and Emergency Care governance, complemented by new supporting groups at a system and local level to ensure our system leaders are informed on progress and risks, support opportunities as required and make key and timely decisions to drive the direction of the programme. The UEC programme governance reflects the importance of Place, Collaborative, Hospital Footprint and System working seamlessly together to ensure both oversight and delivery, with a problem solving approach being adopted at all levels. Tier 1 reporting is aligned through this governance structure

