

Health and Wellbeing Board			
Title	Emergency Services Review: Progress Update		
Contributors	Lewisham CCG Commissioning Director, Director of Public Health, Head of Service for Strategy, Performance and Partnerships	Item No.	7
Class	Part 1	Date	25 November 2014

1. Summary

- 1.1 In March 2013, the Health and Wellbeing Board (HWB) considered a review of emergency services in Lewisham completed by the Council's Overview and Scrutiny Committee. The recommendation agreed by the Board was that a review of performance against the relevant recommendations in the emergency services review be included in the HWB work programme. This report updates the Board on progress relating to this area.

2. Recommendation

- 2.1 The Health and Wellbeing Board is recommended to:
- Note the progress in relation to relevant recommendations of the Emergency Services Review.
 - Note that where possible, relevant recommendations have been incorporated in the Health and Wellbeing performance dashboard and agree that future updates will be presented as part of the performance dashboard.
 - Note that where relevant recommendations fall outside of the Health and Wellbeing performance dashboard, appropriate assurance processes are in place for the performance to be managed by the CCG and consider how these recommendations should be reviewed in future.

3. Policy Context

- 3.1 The activity of the Health and Wellbeing Board is focused on delivering the strategic vision for Lewisham as established in Shaping our Future – Lewisham's Sustainable Community Strategy and in Lewisham's Health and Wellbeing Strategy.
- 3.2 The work of the Board directly contributes to Shaping our Future's priority outcome that communities in Lewisham should be Healthy, active and enjoyable - where people can actively participate in maintaining and improving their health and wellbeing.
- 3.3 The Health and Social Care Act 2012 requires the Health and Wellbeing Board to encourage persons who arrange for the provision of any health or social services in the area to work in an integrated manner, for the purpose of advancing the health and wellbeing of the area.

4. Background

- 4.1 At Council on 23 January 2013, members resolved that the Overview and Scrutiny Committee be asked to undertake an urgent investigation into emergency service provision across the borough. The review was scoped and agreed in February 2013 and evidence sessions were held at Housing, Sustainable Development, Children and Young People, Healthier Communities and Safer Stronger Communities Select Committees between May and September 2013.

5. The Emergency Review Recommendations - Overview

- 5.1 The report, attached as a background paper, presents the written and verbal evidence received by Select Committees and includes the 35 recommendations agreed by Overview and Scrutiny.

- 5.2 Recommendation 34 states that:

“The Mayor and Cabinet, the Safer Lewisham Partnership, the Health and Wellbeing Board should regularly review performance against the recommendations made within this report, in their role as local strategic leadership bodies.”

- 5.3 A number of the recommendations, specifically those relating to prevention and partnership, are already aligned to priorities within the Health and Wellbeing Strategy and the Adult Integrated Care Programme.

- 5.4 The relevant Emergency Review recommendations are as follows:

Recommendation 13 states that:

“Capacity and activity at neighbouring A&E departments, as well as Lewisham, should be closely monitored by Lewisham CCG before any changes to accident and emergency provision are proposed or implemented at Lewisham hospital.”

Recommendation 14 states that:

“More public information on the Norovirus is needed to support people to self-manage the illness where appropriate and to help prevent the spread of the disease and the closure of hospital wards.”

Recommendation 27 states that:

“National campaigns, such as the recent “Choose well” campaign, need to be supported and reinforced locally. Clear, appropriate guidance should be given to people locally, about the most appropriate local service to access if they have an urgent medical need outside of GP hours, when they are making routine contact with health services.”

Recommendation 28 states that:

“Out of Hours care and urgent care both need to be comprehensive, easily accessible and well publicised to enable the public to choose the most appropriate care setting for their needs.”

Recommendation 30 states that:

“The CCG has a key role in ensuring that appropriate urgent care and out of hours services are available. The Council and CCG need to work closely together to ensure that all the necessary care pathways are in place, and appropriately utilised, to ensure undue and inappropriate pressure is not placed on Accident and Emergency units.”

Recommendation 31 states that:

“The Council should continue to work closely with Lewisham Healthcare NHS Trust to ensure appropriate and timely discharge from hospital takes place where patients have social care needs.”

Recommendation 32 states that:

“The CCG should work with the Lewisham and Greenwich NHS Trust to understand the high number of patients attending A&E who require specialist referral to the mental health team. The CCG should then review the appropriate care pathways, particularly the out of hours availability of services, to ensure that there is an appropriate level of service provided.”

Recommendation 33 states that:

“Projected future population growth should be factored into service planning.”

6. Updates in Relation to Relevant Recommendations

6.1 System Resilience:

The System Resilience Group (SRG) for Bexley, Greenwich and Lewisham Clinical Commissioning Groups (as outlined to the Health and Wellbeing Board on 23 September 2014) provides the vehicle, governance, management and monitoring by which capacity and demand for emergency services are addressed across the system. Consequently, Lewisham CCG is appropriately addressing the recommendations made by the Healthier Communities Select Committee's Emergency Services Review in September 2013, which are being delivered and managed through the SRG.

It is important to note that the recommendations made by the Healthier Communities Select Committee in September 2013 were prior to the formation of the new trust Lewisham and Greenwich Trust in October 2013 – more so that the 3 Clinical Commissioning Groups have adopted a collaborative approach underpinned by the System Resilience Group. However, the messages taken from the recommendations remain pertinent.

The recommendations in summary centred on; managing demand and capacity across the system and ensuring effective service planning; providing access to appropriate out of hours and urgent care services; enabling timely discharging planning recognising the interfaces with adult social care; and developing effective messages to the public in accessing A&E and emergency services.

The 2014/15 System Resilience Plans and Winter Schemes will address and support the recommendations made by the committee. System Resilience by its very nature and as outlined earlier adopts a 'system-wide approach' to planning, managing demand and public engagement.

Clinical Commissioning Groups received confirmation from the NHS England that the first tranche of funding for Winter Schemes will be released. Details of the schemes and expected benefits that relate specifically to the University Hospital Lewisham site can be found at Appendix 1.

For example the scheme submitted by the South London and Maudsley NHS FT (SLaM) in partnership with the joint (Lewisham Council and Lewisham CCG) commissioning mental health team for an '*Enhanced Mental Health Liaison Team & Specialist Registrar cover at weekends*' supports recommendation 32. There is a 24 hour psychiatric liaison service at the University Hospital Lewisham site A&E providing assessment for referred mental health patients that are in crisis. Their function is to assess and where necessary admit patients to mental health inpatient services.

Lewisham CCG, SLaM and Lewisham & Greenwich Trust meet on a monthly basis to review performance and patient outcomes. Additional capacity during out of office hours has been identified as an issue for the effective management of the pathway. As result Lewisham CCG and SLaM successfully bid for winter pressure funding to increase the capacity of the team to provide additional twilight and weekend cover. A second tranche of funding has been agreed and will provide additional nursing cover and dual diagnosis support for patient with co-morbid mental health and drug and alcohol issues.

6.2 Capacity and Demand:

South East London CCGs (Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark) have undertaken demand and capacity modelling for all acute trusts, which focused on electives and emergency capacity. Where deficits in capacity were identified all SRGs are actively taking steps to bridge these gaps. This programme is being supported by a newly appointed Head of System Resilience for SEL. This role will support with ensuring that plans across South East London are complementary and not contradictory.

6.3 Local Campaigns:

The *Not Always A&E* campaign was first launched across south east London at the end of October 2013. The campaign was developed in partnership with all the south east London Clinical Commissioning Groups and aimed to;

- Reduce the number of people attending A&E
- Better public understanding of A&E use and other primary and urgent care facilities available
- Encouraging self-management
- Targeting specific groups to help reduce health inequalities.

The *Not Always A&E* campaign used the Yellow Men: a family of sculptures, painted bright yellow and measuring seven feet tall, with each figure suffering from a different ailment – from an upset stomach to unstoppable bleeding. These figures were installed in busy public spaces across south London with an accompanying launch event in each borough, creative advertising campaign and supporting multimedia (E.g. placement advertising on Buses and shelters, LBL JCD billboards) content. The independent evaluation of the SEL campaign found that; 40% of responders 'unprompted' recalled the campaign; 57% recalled the message that A&E is for emergencies only; and 58% of responders stated that they would change their behaviour because of the campaign.

The 2014/15 campaign commissioned by Lewisham CCG will be launched in November 2014. The overall campaign message will continue to be '*Not always A&E*' and will promote key messages to the public on the appropriate use of A&E, the Urgent Care Centre, utilising GP Surgeries, Pharmacies and better self-

care/management. However, the campaign will specifically emphasise the availability of and access to GP out of hour's services. This was as a direct response to public engagement events undertaken by the CCG over the past year, where members of the public demonstrated a lack of awareness and understanding of GP out of hours services. The multimedia campaign will be similar to 2013/14 but will include a double-page in *Lewisham Life* (distributed to all households) in addition to leaflets in school bags and distribution to voluntary partners/organisations, public buildings, Pharmacies and GP surgeries.

- 6.4 LBL Public health is working with key partners such as the Clinical Commissioning Group, Lewisham and Greenwich NHS Trust and NHS England to ensure that information is provided to the public on norovirus to support people to self manage where appropriate and to help prevent the spread of disease and closure of hospital wards.
- 6.5 From an Adult Social Care perspective, the relevant recommendations from the Emergency Review have been incorporated in the Health and Wellbeing performance dashboard. Projected future population growth continues to be considered routinely as part of service planning undertaken at the Council. Progress is included on the Council's management report.

7. Financial Implications

- 7.1 There are no specific financial implications arising from of this report.

8. Legal Implications

- 8.1 The overview and scrutiny committee is responsible for the overview and scrutiny of functions in accordance with the Local Government Act 2000.
- 8.2 Members of the Board are reminded that under Section 195 Health and Social Care Act 2012, health and wellbeing boards are under a duty to encourage integrated working between the persons who arrange for health and social care services in the area.

9. Crime and Disorder Implications

- 9.1 There are no specific crime and disorder implications arising from this report.

10. Equalities Implications

- 10.1 There are no specific equalities implications arising from this report.

11. Environmental Implications

- 11.1 There are no specific environmental implications arising from this report.

12. Conclusion

- 12.1 The HWB has established arrangements for reviewing performance against the Health and Wellbeing Strategy and Adult Integrated Care Programme that include some of the recommendations of the Emergency Services Review. The CCG has

ensured that appropriate arrangements for the review of recommendations not included in the dashboard are in place.

Background papers

Emergency Services Review:

<http://councilmeetings.lewisham.gov.uk/documents/s25522/Emergency%20services%20review.pdf>

If you have any queries on this report, please contact Diana Braithwaite, Commissioning Director, Lewisham CCG (0203 049 3214) or Carmel Langstaff, Strategy and Policy Service Manager (0208 314 9579).

Appendix 1 – Summary of BGL System Resilience Tranche 1: 2014/15 Winter Schemes (relating specifically to University Hospital Lewisham Site)

Scheme	Expected Benefits
Lewisham & Greenwich NHS Trust	
Weekend Discharge Consultant (Both sites)	This project increases the levels of discharges on weekends and in particular for those admissions from Thursday/Friday who may not otherwise get a consultant review over the weekend. Senior support also provided to the medical on take teams reduces avoidable delays and supports early decision making.
Dedicated Nurse and HCA for LAS arrivals (QEH)	LAS waits are a regular issue for ED at QEH and a dedicated resources to support offloading and triaging this patient group.
Dedicated Flow nurse (Both sites)	A senior nurse on a 12 hour shift during peak activity working to manage patient flow, challenge delays and ensure all members of the team are working to expedite a patients journey through ED.
Additional SPR on night shift (Both sites)	Increasing the levels of senior decision makers on shift has had a significant positive impact on performance and on reducing out of hours breaches, particularly amongst the patient group who are discharged home.
Additional porter out of hours to speed up patient flows (Both sites)	This was highly successful in winter 2013/14 in reducing the numbers of avoidable delays for ward transfer and to diagnostic services.
4 hour co-ordinator (Both sites)	This post will work alongside the flow nurse in ED to manage patient flow and ensure that referrals to specialist teams are made in a timely manner reducing the numbers of 4 hour breaches.
Additional nurse on night duty in UCC (UHL)	UCC increasingly busy overnight additional nurse on shift to support SPR and manage surges in activity.
Provision of winter escalation areas as required (Both sites)	One escalation ward per site (Foxbury/Sapphire ward UHL).
Weekend Therapy Intervention (Both sites)	Increase levels of assessment at weekends and reduce avoidable delays. Home Access visits at weekends to ensure discharges are not delayed.
Additional Vehicle to support discharges (Both sites)	On both sites late transport leads to cancelled discharges. This will provide an additional vehicle to concentrate solely on discharges at the time of peak departures from the ward reducing cancelled discharges.
Extended day working in Radiology (Both sites)	The provision of weekend MRI and CT as well as an EPAU service will ensure that vital diagnostics to support decision making and discharges are not delayed over the weekend period.
Additional Senior	Activity in paediatric ED increased in the late afternoon and

Medical staff in evenings (Both sites)	evening during winter 2013/14 – the provision of senior support at this time reduced breaches.
Additional nurse in ED (UHL)	This will support patient flows from ED onto the wards and ensure patient safety at all times.
Additional ED nursing (QEH)	This will provide an additional nurse in paediatric ED to manage patient flow and liaise with HPAU.
Pharmacy Runner (Both sites)	This was a success in 2013/14 and ensured that urgent TTOs for discharges were not delayed waiting for the main pharmacy rounds.
Rapid Response HCA team (UHL)	A team of HCA who are trained to take blood and ECG and provide care wherever needed, able to respond to surges in activity under the direction of the lead nurse and reduce avoidable delays.
London Borough of Lewisham/Lewisham CCG	
Enablement Care Services and Equipment	To support the increase in Supported Discharge and Admission Avoidance provision we need to increase the amount of Reablement/Rehabilitation care (Enablement) provided in the community to help people reach their optimum level of independence. This will increase the capacity to allow discharges to take place during weekends and increase support to admission avoidance teams in keeping people in their own homes. A mixture of hands on care, equipment and aids to daily living will be provided to people in their own homes for up to a period of 6 weeks, closely monitored and evaluated by senior staff.
Enhanced Community Admission Avoidance Services	As part of winter 2013/14 Lewisham increased capacity of social workers, nurses and therapies working across the whole service and streamlined the hours of provision to cover weekend working. This scheme dovetailed with the additional capacity funded by LBL so going forward the service will be flexed across the system. The aim of this is reducing admission and supporting discharge, reducing length of stay by providing support and an appropriate care package. The service dovetails with the development of the Appropriate Care Pathways (ACP) for Falls and the planned future development of COPD and Diabetes ACPs and the development of the 7/7 clinical specialist nurses in ED for Long-term conditions, providing a whole system approach to urgent care and the reduction of emergency admissions.
Continuing Care Assessments	We continue to see an increase in the needs of older adults particularly with dementia issues that need Continuing Care assessments completed. These assessments are complex and the quality of them needs to reflect the presenting needs. Due to the large increase in numbers in both Hospitals and Community we are seeing lengthy delays in decision making, thus people are often delayed in beds whilst the process is undertaken. In the community the process has not always been completed early enough which has led to patients not receiving appropriate Health and Social Care services that would prevent admissions to hospital. This could be prevented by completing the process faster and having the

	resources to deal with the demand.
South London and Maudsley NHS FT	
Enhanced Mental Health Liaison Team & Specialist Registrar cover at weekends	The proposed scheme involves the employment of an additional psychiatric liaison nurse working a twilight shift from 5pm - 2am, covering the busiest time in the ED for mental health presentations. This nurse would work differently from a normal PLN insofar as they would be based in the ED working alongside the ED Triage nurse, carrying out an initial assessment of the patient at the point of presentation. They would assess the patient using a specific assessment tool and decide whether the patient required to be referred on to the team for a full mental health assessment or if they could be re-directed from the ED in order to achieve help and support through an alternative service, such as referral back to GP, referral to a CMHT, Home Treatment Support, third sector agency etc.