


# Urgent & Emergency Care: South West London Preparations for Winter

2024/2025

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# Contents

	Page
Executive Summary.....	3
What is new this year.....	4
Introduction.....	5
Urgent and Emergency Care In Context.....	6
• UEC in Context.....	7
• Current UEC Performance .....	8
• Ambulance Handover & Response Times.....	9
Key Objectives for this Winter.....	10
• Key Objectives for SWL.....	11
SWL Winter Preparations.....	12
• Same Day Emergency Care (SDEC) .....	13
• Increase Access to Frailty Pathways.....	14
• Improve patient flow and reduce length of stay.....	15
• Adult Critical Care.....	16
• Reablement & Intermediate care.....	17
• Hospital @ Home/Virtual Wards.....	18

	Page
SWL Winter Preparations cont...	
• Urgent Community Response.....	19
• Enhanced Health in Care Homes.....	20
• End of Life Care.....	21
• Increase Primary Care Capacity.....	22
• Ensure sufficient capacity in 111 Services.....	23
• Covid and Flu Immunisation.....	24
• Mental Health .....	25
• SWL System Coordination Centre.....	26
• Workforce.....	27
Communications and Engagement .....	28
Winter Funds.....	34
• UEC Winter Funds.....	35
• Adult Social Care Discharge Fund... ..	36
• Appendix A: Deployment of UEC Winter Funds.....	37

- **This Winter Plan represents the outputs of a whole-system approach to considering what needs to be in place to support our services, patients and staff through what is going to be another challenging Winter period.** It describes in some detail the plans for each part of the pathway. It is designed to provide the Board with assurance that there has been a **comprehensive and considered examination of what we are already doing, what is different this year and what more we need to do.** It is a live plan and will continue to be iterated as new guidance and challenges appear.
- Many of these interventions form part of existing programmes of work, such as those described in the community sector; some are specific to this time of year, for instance the flu vaccination programme and in some cases, we have described further steps we need to take to build resilience over the coming months. **We have drawn them into this document to represent the full scope of activities underway to support capacity building and transformation that better supports demand management and alternatives to acute hospital care, where appropriate.**
- The scale of the challenge within SWL this Winter is clear throughout this document. Patients, with both physical and/or mental health needs, continue to present with increasing acuity, often resulting in longer stays in hospital and greater needs on discharge. We have begun to see early signs of progress in reducing length of stay in some of our Trusts, which is of benefit to patients and staff, as well as being more efficient but there is so much more to do to secure universal progress.
- The potential for industrial and/or other collective action such as that currently taking place in primary care may also be impacting adversely on service provision, further impacting workforce morale and with implications for elective care as well as urgent care. We also go into the Winter period with a number of unknowns that may have a negative impact on the system such as the level of Covid infections alongside possible flu outbreaks.
- **The plan has been developed in the Spring and completed in the Summer, allowing more time to mobilise additional activities and where necessary recruit effectively into short term Winter roles.** Early notification of the funds available to the system has been welcomed with the UEC Board running a process to ensure that the £13.8m received has been allocated fairly across the system and spending prioritised against approaches with tangible benefits. In addition, the Adult Social Care Discharge Funding has also been distributed between NHS providers and local authorities to improve discharge capacity and processes.

# What is new this year?



South West London

- **A real, intensive focus on Length of Stay** through the reduction programme to facilitate patients to go home as soon as they are well enough to do so
- **Single point of access to Mental Health support** via 111
- **A more resilient 111 provider** with improved performance so patients receive a timely service
- **Respiratory Syncytial Virus (RSV) vaccination** for those over 75 years old and women over 28 weeks pregnant
- A key initiative to **stop ambulance crews waiting more than 45 minutes to handover to hospitals** is now business as usual
- **New challenges**, such as GP collective action and the national focus on 72 hour Mental Health waits
- Roll-out of draft plans to introduce the **OPEL (Operational Pressures Escalation Levels) framework to primary care, community partners and Mental Health trusts**
- **A new situational awareness dashboard** in the System Co-ordination Centre (SCC) with close to real-time information on pressures in the system that facilitate and support conversations with our partners across the system which continues to be developed
- Learning from previous years, **prioritisation of winter funding into primary care and community** for primary care hubs, as well as End of Life and Urgent Care Response pilots
- Learning from last year, **investment in our hospitals such as through supporting nurses at the front door to help the timely handover of ambulance patients and expanding frailty services**

- Preparing for the coming Winter Period has involved all parts of the Integrated Care System in a period of reflection and action planning to ensure that the services we provide are in the best possible shape for the expected increase in demand.
- It should be noted that this is a SWL-level plan and local Winter plans have been developed to meet local needs in partnership with local services and agencies such as with Local Authorities and the VCSE sector.
- Urgent and Emergency Care Services are at the centre of this planning and in this paper we look in detail at the arrangements that have been made to date.
- We started our planning in the Spring with final financial notifications being shared with providers in June and July. In order to make the most of these allocations, we have aligned our plans with Local Authorities to ensure we maximise the money and resources available. We have also worked to carefully triangulate our Length of Stay reduction plans with these Winter Plans and with the Adult Social Care Discharge Fund plans. We have also reflected on the learning from last Winter, for example, we have decided to systematically invest in primary care capacity over the festive period now, rather than responding when pressures spike in the days before the holiday season begins.
- With that in mind, local systems developed plans for the year with maintaining bedded capacity and improved ambulance response times as a priority. These plans were reviewed at ICB level to confirm that they aligned with the national priorities and 2024/25 operating plan guidance, and the SWL priorities for reducing Length of Stay.
- Planning how to spend the funds earlier in the year has meant we can prepare sooner, recruiting staff earlier to avoid spending more on agency and bank staff.



# UEC in Context

# Urgent and Emergency Care in Context



South West London

(Activity numbers are an average per month Aug 23- July 24)



2589

General and Acute & Equivalent (G&A) Beds



12%

Patients not meeting Criteria to Reside



95%+

G&A Bed occupancy



76.9%

achieved March 24

ED 4 hour Waits



59,000

per month

People Attending ED



35000

111 calls



97,000

last 12 months (LAS)

Ambulance arrivals



700,000 +

per month

GP appointments



Social care 36,000

NHS 34,000

Workforce



415

Virtual Ward Beds available by March '24



340

Urgent Community Response call outs



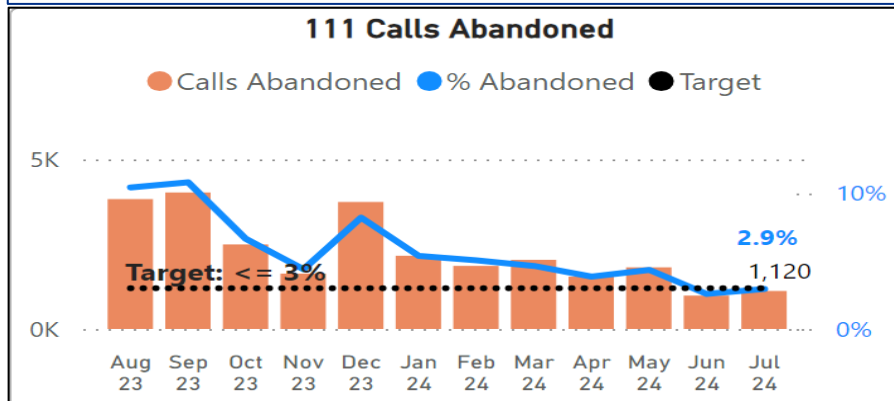
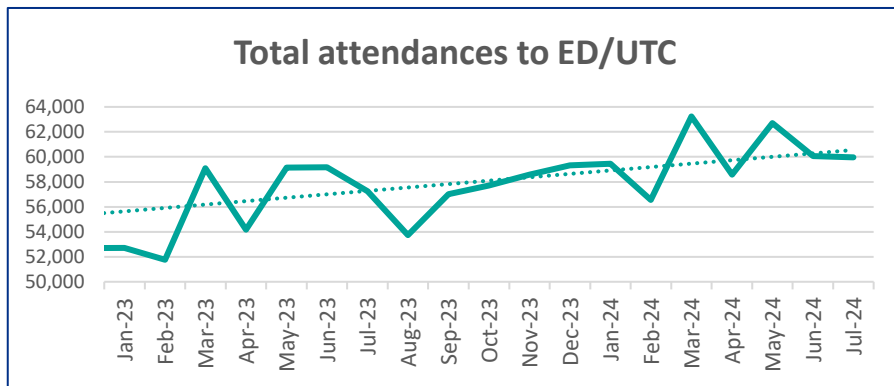
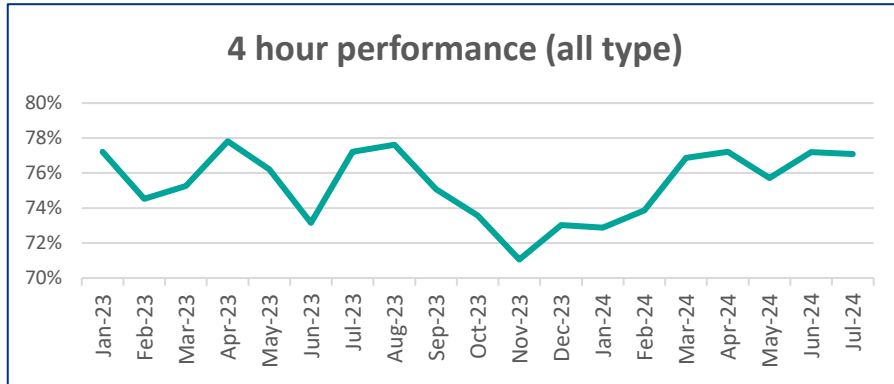
7,900

Non-Elective Admissions from ED

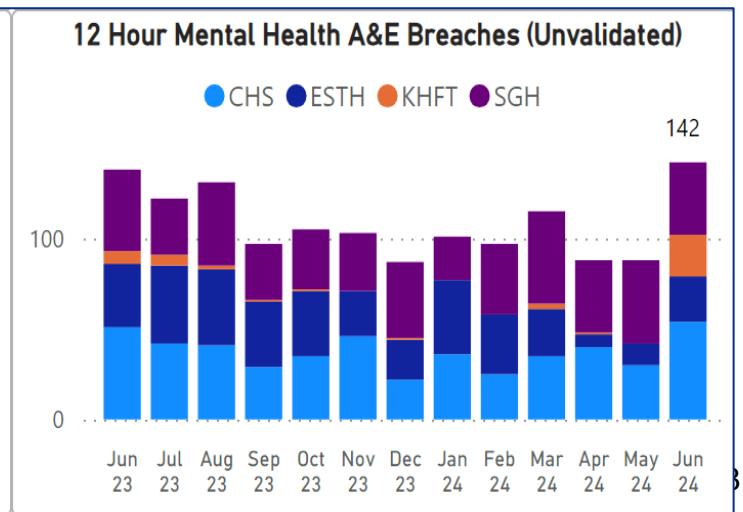
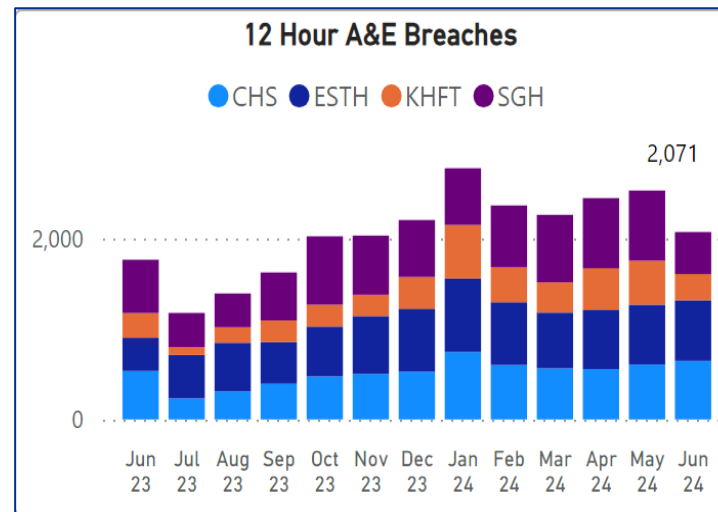
# Current UEC Performance



## South West London

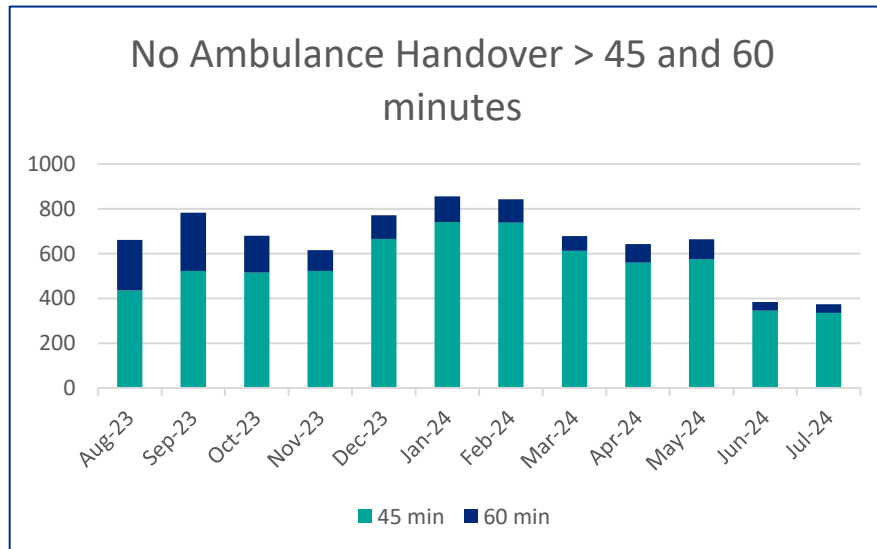
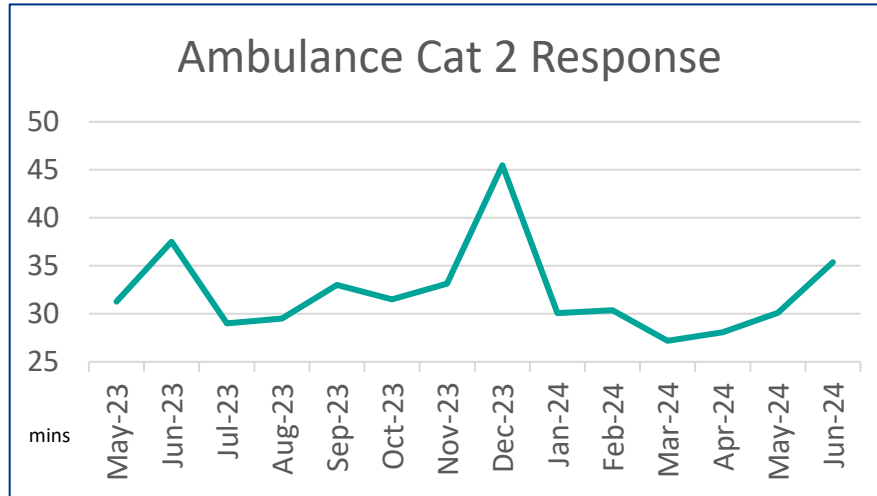


- Following intensive work, this Summer the ICS is seeing year on year progress on the **proportion of attendances being treated within 4 hours**, which is encouraging after the trend in recent years.
- **However, Emergency Department attendances have been rising steadily**, and coupled with flow pressures within hospitals and with timely discharged from hospital, the pressure continues to rise in the UEC pathway.
- **The number of patients waiting in the Emergency Department for more than 12 hours** after a decision to admit remains high and continues to be an area of focus for the whole system for both physical and mental health.
- As noted previously, we continue to support handover of patients from ambulance crews to allow them to be released back to the community and **have seen significant reductions in very long ambulance delays**.
- **Improved 111 performance with faster response times** and fewer abandoned calls.





# Ambulance Handover and Response Times



- In SWL, we recognise that very sick people waiting in the community for an ambulance are amongst our most vulnerable cohort of patients. We support the national ambition to reduce those waiting times and so ambulance handover to release crews back into the community remains a core priority for SWL. Considerable daily operational focus is spent on reducing delays at the front doors of our hospitals.
- Improving these waiting times has meant balancing risk at times and making difficult decisions when hospital flow is under pressure. We have continued to enact triggers including boarding and cohorting of patients waiting to be handed over by crews to help facilitate patients leave the hospital sites sooner.
- In Autumn last year, our hospitals started to work with LAS on 45-minute handover which is essence means that no patient should be kept waiting more than 45 minutes to be handed over from ambulance crews to the hospital. Whilst this has put additional pressure and risk on the hospitals, we continue to support the principle. Our hospitals have committed an amount of Winter funding for nursing staff to manage and care for patients in these cohorts.
- Importantly, we continue to see waiting times in the community for the sickest patients generally lower than the 30-minute target and usually the best in London, however, this is still a long way from the 18-minute national standard.

A photograph of a hospital hallway. In the foreground, a nurse in a blue uniform is assisting an elderly patient in a wheelchair. The patient is wearing light blue hospital pajamas and looking up at the nurse. In the background, a doctor in a white coat and a receptionist in a white shirt are visible. There are signs for 'Fire exit' and 'Pathology' on the wall.

# Key objectives for this Winter

# Key objectives for SWL this Winter



South West London

Historically, NHSE Winter letters have been published in the Autumn so there may be additional national expectations as the year progresses. For now, we are focussing on the **NHSE UEC 2 year Recovery Plan, and the letter *Urgent and Emergency Care Recovery Plan Year 2 - Building on learning from 2023-24 published in May 2024***. The level of ambition for 2024/25 was also set out in the NHS priorities and operational planning guidance with a specific focus on:

- improving A&E performance with 78% of patients being admitted, transferred or discharged within 4 hours by March 2025
- improving Category 2 ambulance response times relative to 2023/24, to an average of 30 minutes across 2024/25

This operational planning guidance asked systems to focus on three areas to deliver these ambitions:

1. Maintaining the capacity expansion delivered through 2023/24
2. Increasing the productivity of acute and non-acute services across bedded and non-bedded capacity, improving flow and length of stay, and clinical outcomes
3. Continuing to develop services that shift activity from acute hospital settings to settings outside an acute hospital for patients with unplanned urgent needs, supporting proactive care, admissions avoidance and hospital discharge.

In addition, and supporting the national ambitions, we have agreed an **overall 1.5 day Length of Stay Reduction** across SWL in 2024/25. Achieving this ambition is dependent on our partners and stakeholders across the UEC pathway, building on and accelerating existing work. This is ambitious given the movement in recent years has been to ever increasing average lengths of stay, but we are seeing real commitment across the system and some early signs of good progress in some organisations.



# SWL Winter Preparations

# Same Day Emergency Care



## South West London

Progress on Same Day Emergency Care (SDEC) continues to be made with further opportunities for learning across the system. SWL is currently the only London ICB with all its hospitals receiving patients directly from LAS without a clinician having to call the service first through the Trusted Assessor model. Until recently, we were the only ICB in London meeting the standard to have SDEC services available 12 hours a day, 7 days a week, but that has slipped slightly due to the pressure on beds and space. SDEC has seen continual expansion and growth in SWL and we know there is still potential to do more to increase care on the day for patients who can then go. We are looking at maximising links between other services such as with Urgent Community Response and Virtual Wards. The SWL SDEC Group is working together on this, sharing learning as well as providing a focus for regional and national priorities.

### Increasing Capacity and Resilience

- As SDEC has become embedded, sites have been reporting the need to review casemix as capacity becomes strained and the need to ensure the right patients are being treated in the department. This has resulted in recommendations such as running hot clinics for certain specialties.
- Expansion of services, particularly Surgical SDEC, is underway at several hospitals.
- The 111 service is actively promoting and supporting SDEC within their service including bringing in clinicians to explain to advisors what the service is about to encourage utilisation and work with services to make improvements, such as on the quality of referrals.
- Two sites have Trusted Assessor in place with 111 so patients can be referred without a clinician-to-clinician call.

### Risks, Challenges and Support

- Bedding of some SDEC units has increased over the last year due to pressures on flow and physical capacity with significant implications for flow.
- Increased use of ambulance cohorting has put further pressure on SDEC space.
- SDEC services increasingly being used for patients who need treatments such as infusions.
- There are ongoing issues with consistent data reporting across SWL because of technical issues with the hospital IT systems.

# Increase access to frailty pathways

Levels of frailty and complexity are growing in all SWL boroughs putting pressure on emergency services and hospital beds. Of the SWL population, 21% are deemed at risk of frailty using the electronic frailty index (eFI). For those with frailty risk score of Moderate or Severe there were 213,070 A&E attendances in the last 12 months representing 36% of all A&E attendances in SWL. Data highlights that two key opportunity areas are the prevention of increasing frailty in the mild to moderately frail group and optimising care for those already at higher risk. Our data also shows that the most deprived 20% of the population have increased rates of frailty and a higher utilisation of services, making this cohort a key focus. Frailty has been agreed as a priority by the SWL UEC Board because there is a significant opportunity to improve the prevention of frailty, reduce avoidable admissions through more proactive care (1 in 5 admissions are deemed avoidable), reduce wait times, and deliver a more holistic, coordinated and personalised response.

## Capacity and resilience over Winter:

- To help support the emerging needs of our frail population, a model of care has been developed for implementation across SWL. The model comprises four main inter-related zones: Promoting independence and wellbeing, Proactive Care Plus, Integrated intermediate care and Frailty-attuned hospital care.
- Proactive care programmes operate in each of the SWL Places and via primary care routinely focus on early identification of patients using standardised frailty tools and action plans co-produced to manage risk, deterioration, escalation and avoid reactive and acute episodes. Community assets such as social prescribers, voluntary sector groups and pharmacists have been engaged and will work with local teams to help coordinate care.

## Challenges and Risks

- There is variation in the service offer across SWL, with most having limited frailty services due to estate restrictions and costs of implementing or expanding dedicated services in the right place.

# Improve Inpatient flow and reduce Length of Stay

We know that patients staying in hospital beds longer than they need to is detrimental to their health. It also impacts severely on hospital flow with sick patients in Emergency Departments waiting for a hospital bed and we have seen our 12 hour breaches at levels we have never seen before. Reducing Length of Stay (LoS) is therefore a key priority for SWL this year, with a system wide commitment to reduce overall LoS by 1.5 days over the course of 24/25. This will be achieved through improvement work in the areas of In-Patient flow, Frailty and Out of Hospital including community services, mental health and links with local authority services. A senior LoS Working Group was established to agree a delivery plan to achieve the target reduction and a scorecard has been developed to provide clear oversight by the SWL UEC Board of progress against the plan.

## Capacity and resilience over Winter:

- All SWL Acute Trusts have work programmes dedicated to improving continuous flow with specific projects aimed at reducing length of stay. Much of this work is established and on-going and there is a drive now to make the mechanisms to support flow more robust and sustainable, such as increasing review meetings, encouraging patients and families to participate in discharge planning, improving data quality and regular reporting, clear escalation triggers and processes. This includes reducing patients with a length of stay over 14 and 21 days.
- Internal standards and processes have been reviewed in order to highlight improvements in in-hospital efficiencies with a particular focus on improved MDT working and discharge planning.
- All local systems have set out clear plans to deliver the 1.5 day LoS reduction which have been reviewed and agreed by the SWL UEC Board.
- All Trusts are maintaining bedded capacity, supported by Winter Funds.

## Challenges and Risks:

- The 1.5 day reduction is challenging and is dependent on all partners across the UEC pathway to contribute and work together.
- Data quality is very variable across SWL and requires improvement. There is significant inconsistency in how data is recorded and reported.
- Much of this work is ongoing and requires additional focus and momentum to make sustainable progress.

The strategy is to optimise our capacity for those who need it most through initiatives such as enhanced care beds, timely discharges from critical care and supporting patients on wards. The focus is to maintain business as usual through efficient use of current bed base, reducing length of stay, early escalation of capacity concerns, minimizing delayed discharges and following the SWLACCN escalation process when required. There is a strong emphasis on preserving elective activity and flexing additional critical care capacity intermittently. SWLACCN has a baseline of 124 critical care beds.

**Capacity and resilience planning over the Winter period has the following components:**

- 1. Review past Winter data to identify trends in critical care demand**
- 2. Capacity planning**
  - Identify potential areas for surge expansion across SWLACCN (as per SWL critical care surge plan)
  - Work with individual Trusts and the wider SWL ICB to plan for Winter surge and identify any concerns
  - Minimise delayed discharges and non-clinical transfers
  - Robust planning to predict and manage elective activity
- 3. Equipment and supplies** - early engagement with medical physics to ensure an adequate supply of critical care equipment
- 4. Workforce Management**
  - Each Trust will look at training, development / upskilling and competencies of staff to support the delivery of this plan
  - Plan for staffing needs including recruitment of staff to fulfil medical and nursing needs if surge/escalation areas open
  - Consider modifying staff to patient ratio with risk assessments where appropriate
- 5. Challenges and Risks**
  - Patient flow and available General & Acute bed capacity
  - Workforce and staffing of critical care units (staff sickness; workforce resilience)
  - Delayed discharges or repatriation from critical care
  - Avoiding cancellation of elective surgery requiring critical care
  - Delays in access to specialist services due to lack of critical care beds in specialist centres



## Reablement and intermediate care services

There has been work ongoing across SWL to review services and identify what is needed to support flow and discharge including modelling of demand, consideration of single points of triage, service specifications and workforce requirements to enable proposed changes. The service offer is variable across SWL and the offer, particularly where there are planned improvements, is tailored to local needs and how this works with partner organisations and services.

### **Capacity and resilience :**

- For this year, Kingston has purchased additional intermediate care capacity to support packages of care for health provision in Kingston and also to provide for social care needs of those requiring bridging from the Virtual Ward step-down capacity.
- In Richmond there is additional intensive short-team bedded rehabilitation delivered by a Multi-disciplinary Team to support discharge.
- In Merton and Wandsworth, there is work ongoing to review Pathway 2 and Pathway 3 patients to support commissioning and service re-provision and to re-establish the “step-up” pathway for admissions to Queen Mary’s rehabilitation ward from the community.
- In Sutton, work continues to maximise flow and throughput of the new Reablement Unit led by Sutton Health & Care.
- Croydon, as part of the development of the frontrunner programme that include new/improved reablement service, earlier identification in discharge planning and support around step-down beds and step-down for social care issues.
- Further consideration to be undertaken for the potential extension of the proactive care programme across all localities, using existing opportunities and use additional funding where this becomes available.

### **Challenges and Risks: .**

- Data access to support discharges is progressing within the SWL system but there is more to do to standardise the quality of data capture and quality of recording. All NHS-commissioned community bed providers being registered and submitting regular data to the Community Discharge SitRep will provide better visibility to the wider system to support discharge and flow.
- Ongoing staffing issues which are variable across the boroughs

## Hospital at Home/Virtual Wards

Hospital at home/Virtual Wards provide a safe alternative to a hospital stay, with SWL services providing the equivalent of 415 beds capacity over the Winter period, working towards 425 by March 2025. This capacity provides admission avoidance and early supported discharge pathways for high-acuity patients, with a focus on supporting heart failure, respiratory and frail patients. Care is delivered within patients' own homes, supported by technology and face to face interventions to ensure they can safely stay at home. The whole of SWL is covered by four local virtual wards: Croydon University Hospital covers Croydon (community led), Sutton Health & Care delivers the virtual ward in Sutton (community led), Central London Community Healthcare delivers the virtual ward in Merton and Wandsworth, and in Kingston and Richmond hospital at home is delivered by Kingston Hospital (acute led).

Virtual Wards all have step up (admission avoidance) and step down (supported discharge) pathways capacity, working closely with other admission avoidance services, most notably through Urgent Community Response. Through significant work, progress has been made over the last year in making optimal use of this capacity.

The hospital at home services run 7 days a week 8am – 6pm, and is supported 24/7 by the Central Remote Monitoring Hub.

### **Capacity and resilience over Winter:**

Expanding on both scale and utilisation from last Winter, 415 beds are available for acute and community services to refer into. There are admission avoidance and step-down pathways working closely with Urgent Community Response, Same Day Emergency Care services and Emergency Department and acute speciality wards to enable earlier discharge home.

### **Challenges and Risks**

Optimising bed utilisation for this Winter across the system remains an area of considerable focus. Financial constraints and the future service options into the future need careful consideration.

# Urgent Community Response

SWL has one of London's best performing 2-hour Urgent Community Response (UCR) services. Since April 22/23, UCR services have been fully operational across all six SWL boroughs, provided by five organisations. These services run seven days a week from 8 am to 8 pm, with Sutton offering 24/7 coverage. Referrals come from diverse sources, including self-referrals, Care Homes, GPs, Community Health Services, 111, London Ambulance Service and more. The primary goals of these services are to enhance the volume and consistency of referrals, improve patient care, alleviate pressure on ambulance services and avoid hospital admissions. UCR services address nine nationally prescribed clinical areas such as falls, frailty, palliative/end-of-life crisis support, confusion/delirium, and urgent catheter care.

## **Capacity and resilience over Winter:**

- Winter funds will be utilised to extend UCR services so that all boroughs have an extended minimum service running 7 days a week, 8am-8pm (last referrals 6pm) as a minimum.
- Although the UCR service is well-utilised, ongoing efforts aim to streamline referral processes and improve direct pathways from various sources, including 111 and ambulance services.
- Collaboration with the Directory of Services (DOS and MIDOS) is vital to enhance the visibility of UCR services and work directly with providers, including primary care and eligible patient cohorts to raise awareness.
- The objective for the Winter period is to increase the overall number of referrals accepted into UCR services. A significant focus will be on more successful collaboration with LAS and 111 services as well as encouraging self-referrals, ensuring people to remain in their place of residence rather than relying on ambulance services.

## **Challenges and Risks**

Securing sufficient UCR Workforce - Potential capacity issues due to an inadequate number of UCR staff.

Navigation Difficulties - Referrers may struggle to navigate the UCR service because pathways are not yet fully standardised across SWL, with each service having slightly different protocols.

Ensuring good communication across services to keep patients in the community wherever possible.

# Enhanced Health in Care Homes

There are approximately 340 Care Homes in SWL for Older People's Nursing and Residential Care, People with Learning Disability and People with Mental Health conditions. A work programme is in place to further improve SWL compliance with the national Enhanced Health in Care Homes framework, with a particular focus on digital integration, hospital flow and training.

## **Increasing Capacity and Resilience**

- From previous winter funding, a Falls Prevention training programme is continuing along with dementia training.
- Support to improve capability for detecting and managing signs of early deterioration in conjunction with Remote Monitoring.
- Support to the London Shared Care Record which is showing promising results to improve discharge along with further embedding the Red Bag pathway.
- Work has also been undertaken to improve referral pathways between Care Homes and Urgent Community Response, with SWL being one of the highest referring areas from Care Homes.
- The Intensive Support Service (ISS) is planned to run for a third winter, helping to facilitate the placement of patients with challenging behaviours.

## **Challenges and Risks:**

- Not all Care Homes have been able to take up training offers due to limited funding.
- The programme has largely been funded by Ageing Well and Digital non-recurrent funding programmes.
- The Red Bag pathway is dependent on Acute and LAS involvement.
- Scope to expand MDT meetings in Care Homes to reduce pressure on Urgent & Emergency Care pathways.

# End of Life Care

End of Life Care (EOLC) is delivered collaboratively by Primary Care, Community Services, Acute Hospitals and four Hospices with support from the voluntary sector. While SWL has high levels of use of the Urgent Care Plan (UCP), there is scope for this to increase. SWL is focused on: developing the interagency collaboration; improving identification of people at EOL; bereavement mapping and services; increasing UCP use, particularly in Care Homes and addressing medication issues. An EOLC winter project is being supported by winter funds this year.

## **Increasing Capacity and Resilience**

- Winter project funding to improve primary care's level of identification and coding, rapid primary care access, improving UCP use and community medication delivery.
- Work has been initiated with the Hospices to agree models of care based on the national service specification.
- In collaboration with the Enhanced Health in Care Homes programme, a project is underway to increase Care Home use of the UCPs through clinical training and support alongside digital support.
- SWL roll out of the Bereavement pilot undertaken in Kingston & Richmond.

## **Challenges and Risks**

- The programme has largely been funded by Ageing Well and Digital non-recurrent funding.
- Financial fragility of Hospices is recognised and may impact on service delivery.
- Limited capacity to support EOLC pathways.

## Increase Primary Care capacity

The majority of urgent care encounters over the Winter period happen in primary care and pressure on primary care services in terms of access or capacity has a direct impact on other parts of the UEC system, particularly Emergency Departments, Urgent Treatment Centres and ambulance services. This will particularly be the case in the event of a significant flu or covid outbreak, or a sustained period of very cold weather. Primary Care have secured additional Winter funds this year to provide additional capacity across each Place over Winter. Plans are being developed based on previous learning and in agreement with local UEC Delivery Boards. Approval has been sought earlier this year to allow Place teams time to mobilise plans sooner to alleviate challenges such as filling rotas.

### **Capacity and resilience over Winter:**

- GP Practices open 5 days per week during core hours (8am-6.30pm) and Primary Care Network services open as a minimum Mon-Fri 6.30-8pm and Sat 9am-5pm.
- Plans are currently being developed to cover the period of mid-December to early January via hub sites in each borough, along with additional surge capacity for w/c 23 and 30 December in-line with local need.
- Pharmacy First services will be actively promoted as a key component of Winter communications plan.

Arrangements are in place to dynamically monitor demand and provide resilience, including through the delivery of the Primary Care Recovery Plan e.g. supporting practices to move to a Modern General Practice Model, increasing support for self-directed care, expanding pharmacy first services, improving the primary-secondary care interface.

### **Challenges and Risks**

- GP Collective Action means there is uncertainty as to the extent of the impact of this action on patient care and the knock-on to UEC services.
- Funding – limited funding to provide services, though dedicated funds have been made available early for the first time.
- Workforce – being able to fulfil rotas due to competing services ramped up for Winter.
- Information flow – capacity to support booking into the service and review patient needs proactively.

## Ensure sufficient capacity in the 111 Service

The 111 service, provided by Practice Plus Group (PPG) with support from London Ambulance Service, is a first port of call for patients to get the right advice or treatment they need, for their physical or mental health. Patients are assessed and can be directly booked into a face-to-face service such as to GP practices, Urgent Treatment Centres, SDEC, urgent community response services and mental health crisis services. It is vital that this service works well to ensure patients' access the right care and to minimise the number of patients visiting Emergency Departments when other services would better support their needs. Our 111 service has made significant progress in the last year in meeting the timely needs of patients.

### **Capacity and resilience over Winter:**

- Ensuring the right level of staffing is the most significant area of focus to ensure patients receive a fast and appropriate response to their call. Recruitment and training is on constant offer to achieve sufficient rota fill for clinicians and non-clinicians and Staff Advocates are being appointed to support staff during recruitment and their first three months in the role to improve retention. New roles that specifically target hard to fill shifts at weekends and overnight are being trialled. The service is increasing the number of Mental Health First Aiders to support call handling staff. Over the Winter period, enhanced rates of pay will be offered to target hard to fill shifts such as week.
- Over the next period, a review of existing systems and processes is being undertaken to ensure that they are fit for purpose this Winter. For instance, amongst other initiatives, SWL is leading a London-wide review of Emergency Department validation pathways during September to ensure pathways and reporting are consistent across all 111 providers as well as working to ensure that pathways and reporting of Ambulance Category 3 and 4 validations are consistent across all 111 providers.
- In the event of a surge of calls in South West London, PPG is able to call on 111 National Resilience Arrangements which balance call pressures across the country.

### **Challenges and Risks:**

- The key risk is maintaining the workforce needed to achieve service levels, particularly for quick call answering times. SWL commissioners meet with PPG weekly to ensure issues are addressed and plans for improvements are delivering the expected outcomes.

# Covid & Flu Immunisations

Maintaining high levels of vaccination rates amongst our population remains a key priority for the system. Preventing both staff and our most vulnerable patients from becoming unwell is a cost-effective intervention that the ICS can make to reduce demand on services over the Winter.

## **Capacity and resilience over Winter:**

Covid-19 vaccinations was open to expressions of interest and 160 sites signed up to deliver, an increase of around 40 on last winter. The Programme is confident that it can deliver to ambulatory patients and respond to surge requirements. Housebound and care home patients will be vaccinated primarily through Practices/Primary Care Networks. We will also utilise a hybrid model which will include selected pharmacies, community services and our SWL Roving Team. A new national deployment model was introduced to supply Covid vaccine to all sites. It is automated with a front loading of vaccine according to geographical demand and past uptake. Deliveries can now be made multiple times per week for any site.

Every opportunity is being made to increase co-administration with the flu vaccination and encourage eligible cohorts to receive both. There will be an emphasis on the 2-3 year olds in early September to reduce the spread of flu .

Front line staff across SW London Trusts will be offered both Flu and Covid boosters early within the programme.

Alongside Covid and flu, Respiratory Syncytial Virus (RSV) Vaccination will be offered from 1 September 2024 for those over 75. RSV will also be provided to pregnant women from 28 weeks and maternity units in London have been commissioned to provide the vaccine from 1 September.

## **Challenges and Risks**

- There may be a lower, slower uptake from the public due to vaccine fatigue. Our communications plans will mitigate against this.
- Work has continued to mitigate against potential measles and pertussis outbreaks in London.
- Provision of RSV vaccinations will place additional pressure on practices, as it is not recommended to given at the same time as flu or Covid-19.



# Mental Health

There are a growing number of people with complex mental health needs accessing emergency services when they need support and care in a crisis and sustained increases in demand for mental health services. In most cases, emergency care is not the best environment for people to receive mental health support. Rightly, there is a national focus on addressing long waits for patients presenting at acute hospitals with significant mental health needs. There are a number of different mental health crisis services and there is work with all Trusts to look at what else can be done to support patients and staff.

## **Capacity and Resilience**

### **Patient Response**

- The 111 “Press 2 for Mental Health” service is live, alongside existing Crisis Lines all running 24/7; a further phase of work is planned to streamline and optimise the service for patients
- Rapid Access Clinics and Mental Health front-door triage services are being trialled at St George’s and Kingston Hospitals and have the potential to support the 72 hour position.

## **Changes to S136 Pathway**

- The Right Care Right Person programme and S136 advice hub are working to improve patient experience and appropriateness of care on the S136 pathway. Further work is planned to consider Health Based Place of Safety capacity and alternative services for people in Mental Health crisis.

## **Reducing Length of Stay to improve flow:**

- Hostel beds purchased to support people in crisis as an alternative to admission, as well as stepdown from inpatient care.
- The Interface Team is working with partners to deliver proactive planning for timely discharges for our more complex patients.
- Work continues to review housing and supported accommodation options for Mental Health patients through collaboration with Local Authority partners; patient complexity remains high and support for people with the right levels of care, particularly as a bridging solution, is limited.

## **Challenges and Risks:**

- Demand for mental health inpatient beds continues to be high, impacting on patient waiting times in crisis and particularly for those waiting to be admitted from Emergency Departments. Complexities in the discharge process continue to extend length of stay.

# SWL System Coordination Centre



South West London

**The SWL System Coordination Centre (SCC) provides a 24/7 system oversight function and dedicated Incident Response Team covering across 365 days a year.** The SCC is responsible for supporting interventions across the ICS on key systemic issues that influence patient flow, quality and safety. This includes a concurrent focus on both UEC and the system's wider capacity from health and social care providers across our SWL ICS footprint, and the wider London region. The SCC also contains the SWL ICBs Emergency Preparedness, Resilience and Response (EPRR) and Business Continuity functions, alongside a Single Point of Contact (SPoC) for correspondence and queries into the ICB.

## SCC role

- The service maintains **near live oversight** of the system's UEC position, working in partnership with a variety of health and social care organisations to support real time mitigation of system pressures.
- **Supports the UEC system** with daily system calls and escalating barriers to patient flow, including repatriation of patients and admission to specialty & Mental Health organisations.
- Works in **conjunction with the UEC programme** developing the operational response as UEC reforms are implemented.
- **Represents the SWL ICB** to NHS England's Regional Operations Centre (ROC)
- Acts as a **first line of escalation** and facilitation for system wide issues
- Provides the **strategic oversight, planning functions, preparation and response coordination for our EPRR** response
- The EPRR team lead the planning for Industrial action across the ICS, and represent the ICB to Region and National leads.
- Acts as a **knowledge repository** for the system.
- The team **coordinates incident debriefs for SWL ICS after involvements in incident management**, liaising with the NHSE Emergency Planning team as required.
- The SCC acts as a **Single, First, Point of Contact for a range of organisations**, including, NHS England, individual ICS organisations, Local Authorities/ Local Resilience Forums and neighbouring ICBs.

SWL ICS's plans for workforce management are critical to ensuring capacity and resilience this Winter. These plans are set against a challenging backdrop, with the expectation to reduce the workforce this financial year due to the financial challenges of the system and the ongoing need to improve productivity. Despite these challenges, the ICS is committed to securing high standards of care and operational efficiency through strategic recruitment, advanced training and innovative support mechanisms.

### Capacity and resilience over Winter:

- **Common Bank Rates:** Implementing a common approach to bank rates, rate escalation, and pay awards may help stabilise the workforce, ensuring adequate coverage without over-reliance on costly agency staff. This measure can improve capacity by making temporary staffing more affordable.
- **Proactive Hiring Campaigns:** for both clinical and non-clinical staff to counteract attrition and fill essential positions.
- **Flexible Shift Patterns:** Implementing more dynamic shift patterns to adapt to periods of high demand, ensuring a robust staff presence during critical Winter times.
- **Active Recruitment and Retention:** Ongoing efforts in international and national recruitment, along with initiatives to make SWL an inclusive and equitable employer, help fill critical vacancies and retain staff. This builds a stable and resilient workforce capable of meeting Winter demands.
- **Departmental Cross-Training:** Offering training in other departments to enhance the ability to redirect resources during crunch periods.
- **Resource Redeployment:** Agile staff redeployment from less critical areas to urgent and emergency care as needed to maintain workforce efficiency.
- **Continued Mental Health Support:** Ongoing mental health and wellbeing support through Employee Assistance programmes to reduce sick leave and burnout, maintaining a resilient workforce.
- **Ongoing Training and Performance Monitoring:** Providing training and using performance monitoring tools to address productivity bottlenecks.

### Challenges and Risks

- **Low Morale and Burn-out:** impacting the physical and mental health of staff working in these pressured services is significant.
- **Financial Constraints:** Addressing the financial constraints and ensuring strategic budget management to maintain workforce stability.
- **Improving Workforce Productivity:** A key challenge is enhancing the productivity of the workforce to effectively deliver Winter plans. This requires continuous efforts in training, process optimisation and technology adoption to ensure that staff can meet the increased demands during this period.



# Communications and Engagement

# Communicating together as a system

Communications and engagement colleagues across health and care partner organisations in SWL collaborate and meet regularly. We discuss our approach to plans together and look at where we can share materials and resources.

## Provider communications leads/NHSE



Representation from all SWL NHS providers  
Fortnightly meetings to share information, discuss plans, shared priorities and acute collaborative projects  
Weekly link to NHSE London and national comms teams



## Borough communications and engagement professional network

Place partner teams: NHS organisations, Council, local community and voluntary organisations and Healthwatch meeting to discuss shared objectives and co-ordinate activity for Place Committee



## Local authority communications leads meeting

Representation from all SW London Council communications teams.  
Meeting bi-weekly to share information and discuss shared objectives across SWL, and how we can support each other

## Winter communications and engagement activity

### 1 Behaviour & insight

#### Behaviour change campaigns and community insights to support demand management

Working with community and voluntary sector networks, with a focus on health inequalities. Integrated campaigns can encourage behaviour change in a target group - using a specific 'call to action' or providing information to support people to make an informed choice. Gathering insights to inform service design and delivery.

### 2 Workforce resilience

#### Making staff aware of support available and raising morale

During challenging periods for services, staff are working harder to care for people and can experience the same risks of winter illnesses – there are also recruitment and retention challenges. Many staff working in our health and care providers are local residents too and are influencers and trusted for advice in their neighbourhoods.

### 3 Reassurance & confidence

#### Outlining the robust health and care system response to winter pressures

People's perceptions of how the system is performing can also influence behaviour. When the NHS is under pressure nationally, we can reassure communities and stakeholders that the health and care system is working hard to prepare and respond. This can ensure people in need seek help, and can also help with staff morale.

### 4 Incident response

#### System response to incidents under EPRR framework

Providing strategic communications and engagement advice to inform the system response to incidents. Coordination across the system, ensuring C&E activities are consistent, clear and aligned with the wider system, regional and national approach.

# Community conversations

## Our winter grants programme - working with VCSE partners

- **Small Grants pots (maximum £500) for VCSE led activities** - organisations design events they know local people will be interested in to maximise engagement and attendance
- **Two-way information flow** – organisations gather insights on identified topics and share information about services and prevention

How the Grants programme works:

1. **Invite organisations to bid for funding** – the process has been honed over two previous years
2. **Collaborate with VCSE Alliance** – a key partner for promoting the fund and supporting smaller organisations, receiving applications and distributing funds
3. **Sharing information** – questions for discussion to gather community insights and materials to inform good conversations about services and prevention
4. **Support and reporting** - offer information sessions and materials to support VCSE-led conversations in the community, and reporting templates
5. **Analyse, theme and report on insights gathered** – present to programme teams and decision-making meetings

### Impacts of last year's Winter Grant programme 2023/24

Over **7,000** conversations

**90**

community and voluntary organisations funded

**42%**

were new connections for the NHS

**37%**

engaged with parents of children under 12

**68%**

engaged with people over the age of 65

**84**

We engaged with people from 84 ethnicities



**74**

shared leaflets

**59**

had one-to-one conversations

**56**

had group discussions

**29**

had guest speakers

As a result of activities people said they...

- ✓ Use community pharmacies, NHS 111 and mental health services
- ✓ Feel more confident using local services
- ✓ Would go and get a vaccination



We translated information – including **Tamil, Urdu, Gujarati, Polish and Somali**

# Behaviour change - areas of focus this year

## Vaccinations & imms

Eligibility and how to book appointments  
(addressing key concerns)



In 2023/24, we bucked the trend improving uptake in all our target audiences – our most seen campaign due to highest level of investment

## NHS app

For prescriptions and online booking – in line with national messaging



Last year, logins to the app increased by 83% during the life of the campaign – our most targeted and cost-effective campaign to date

## Pharmacy First

Highlighting support available – in line with national messaging



Our previous campaign was shown to make someone 4x more likely to visit a pharmacy – and was particularly effective with core20 communities last winter



# Our SWL behaviour change approach – increasing effectiveness

## Community conversations

**Sharing materials and information – the ‘layering effect’**

**Funded communications channels including digital – with a focus on translations**

**Existing channels across all partners – including staff and stakeholder comms, newsletters and social media**

### 1. Listening - understanding our communities

Listening to our local communities by collecting rich insight to help us shape and design effective campaign materials and understanding what matters to local people, including what they are searching online. We focus on health inequalities.

### 2. Local - we take a borough-focused targeted approach

People are more interested in something that feels like it’s been created for them – from always including borough names to featuring authentic local spokespeople. We make sure people see what’s most relevant to their lives – tailoring our campaigns throughout their lifespan. Our focus on translations, based on data and local knowledge, is valued by our local communities.

### 3. Long term - SWL has invested over many years

We’ve built our approach over time and some campaigns have been running for several years – this increases impact and allows us to tackle more complex behaviour change topics. We maximise our reduced budget each year by pooling funds and working smarter. Building on previous work with the voluntary sector, we're now delivering a year-round programme.

### 4. Layering engaging content – using the EAST methodology

Our content is regularly shared by the national team – we use creativity and best-practice to reduce costs and achieve big results. Our engagement levels are higher than industry average. We focus on targeted messaging and create fresh local content, informed by the Government Communications Service EAST methodology (Easy, Attractive, Social, Timely).



# Winter Funds

# Winter UEC Funds



**South West London**

UEC non-recurrent funds for SWL are £13.8m for 2024/25. The SWL UEC SROs (SWL ICB Chief Operating Officer and the Chief Executive Officer and Place Lead for Croydon) have led this process through the SWL UEC Board. Each local system was assigned a proportion of funds based on population in line with arrangements for 2023/24 and a proportion of these funds was allocated to G&A beds as per 2023/24. Similarly, £1.3m has been allocated to Mental Health and £1.96m to SWL-wide schemes. There remains a small contingency (at SWL and local level) which will be reviewed in September 2024 at the SWL UEC Board to ensure that funds are appropriately utilised in-year.

Each local UEC system proposed schemes within their allocation which were subject to meeting agreed criteria including alignment with national UEC targets and cross-referencing with other available funding to ensure there is no duplication. Similarly, schemes for Mental Health and SWL-wide UEC schemes were proposed and reviewed by the UEC joint SRO and ICB UEC and Integrated Care Leads. All schemes were reviewed and agreed by the SWL UEC Board.

To prepare for Winter 2024/25, it is important that funds were made available to plan and implement schemes as soon as possible, especially where these include the recruitment of additional staff. Schemes are focussing on maintaining and improving patient flow across the UEC pathway in order to reduce waiting times in Emergency Departments, reduce pressure on beds and, in turn, improve ambulance handover and ambulance community response times which are the national priorities for UEC this year.

The detail of these schemes is in Appendix A.

# Adult Social Care Discharge Fund

The Better Care Fund (BCF) programme supports local systems to successfully deliver the integration of health and social care, in a way that supports person-centred care, sustainability and better outcomes for people and carers. Across SWL, there are a range of initiatives in place to ensure full and appropriate use of the monies to support patient flow that is managed by the Local Authority and signed off at the Health and Well-Being Board. This is submitted to NHSE for an assurance and governance process to ensure effective utilisation of funding; in 2024/25 this has gone forward without any queries from NHSE. The demand and capacity and the initiatives are monitored and considered at the SWL Discharge meeting.

## **Final Grant Conditions for the Adult Social Care Discharge Fund (ASCDF) were released 17th April 2024 for both ICBs and Local Authorities:**

Local areas were asked to use this funding to continue to support investments made in services from previous Discharge Funds (2022/2023 and 2023 /2024) but **cannot use the new discharge funding in 2024 to 2025 to replace existing expenditure** on core social care and community services. Spend must:

- Meet condition 1 of the Better Care Fund (agreed plan between ICB and Local Authority, signed off by Health & Well Being Boards (HWBB)).
- Use this funding, in conjunction with wider funding (including relevant Better Care Fund investment) to **build additional** adult social care and community-based reablement capacity to **reduce hospital discharge delays** by delivering sustainable improvements to services for individuals
- Must work with **local providers** to determine how best to **build the workforce capacity** needed for additional services.
- Deploy the funding in ways that support the principles of **'Discharge to Assess'**, to enable timely discharge from hospital with appropriate short-term support, where needed, pending assessment of long-term care needs.

A recipient HWBB **must not:**

- Use this funding to compensate for **expenditure already incurred, activities for which the local authority has already earmarked or allocated expenditure, or to fund inflationary pressures.**
- Use this funding for activities which do not support the primary purpose of this grant, such as **admissions avoidance**. Each Local Authority and Place team have been working together to review and to refresh the ASCDF plans in addition to increases related to existing schemes include proposals to use additional monies for short term residential care, neuro rehabilitation capacity and technology enabled care to fund demonstrated additional demand (as opposed to budgetary overspends, which is prohibited by the grant conditions).

# Appendix



# Appendix A: Deployment of Winter Funding (1/2)

The ICB received £13.8m to support seasonal pressures this year. Working through the UEC Board, this funding was allocated specifically to support the maintenance of General & Acute bed capacity and to support initiatives that improve flow in Emergency Departments. The ICB Finance & Planning Committee has also reviewed and supported these proposals.

Provider	Summary Schemes	Value (rounded)	Benefits
Merton & Wandsworth	<ul style="list-style-type: none"> <li>7 day ED Frailty offer</li> <li>Additional Majors Surge capacity</li> <li>Extend Transfer of Care hub</li> <li>Nursing to support cohorting</li> </ul>	£3.26m	Schemes increase capacity in ED, reduce admissions where there are community alternatives for frail people; speed up discharge processes, reducing internal delays, support patient safety.
Sutton	<ul style="list-style-type: none"> <li>Out of hours frailty hub in ED</li> <li>Primary Care Streaming at the Front Door and 4 EA Hubs in the community</li> <li>Nursing to support cohorting</li> </ul>	£2.19m	Schemes support management of the Front Door including streaming and directly bookable appointments into Primary Care, expansion of the frailty service, capacity and patient safety within ED.
Croydon	<ul style="list-style-type: none"> <li>ED frailty nursing</li> <li>Admission and Discharge Unit</li> <li>24/7 GP in hospital</li> <li>24/7 emergency surgery cover</li> <li>Nursing to support cohorting</li> </ul>	£2.68m	Schemes Improve front door flow into ED, supporting ambulance handover and maximising utilisation of alternatives such as extend hours UTC provision. Improves management of patients presenting in frail condition seeking early discharge. Additional surge beds reduce number of DTAs in ED. Finally additional surgical capacity ensures prompt assessment of surgical emergencies.

# Appendix A: Deployment of Winter Funding (2/2)

Provider	Summary Schemes	Value (rounded)	Benefits
Kingston and Richmond	<ul style="list-style-type: none"> <li>• Improved inpatient senior clinical capacity</li> <li>• Increased capacity in ED</li> <li>• Increase community therapy and rehab capacity</li> <li>• Escalation beds</li> <li>• Additional community response</li> </ul>	£2.4m	Schemes supporting ED capacity and managing patients closer to the front door, more therapy and rehabilitation support in the community to increase earlier discharges as well as transport capacity, admission avoidance through additional community response capacity.
Mental Health	<ul style="list-style-type: none"> <li>• Increase Psychiatric liaison input and coordination into EDs</li> <li>• Improve intersite transfer arrangements</li> </ul>	£1.3m	Reduces the time that patients with a predominantly Mental Health presentation spend in ED, improving outcomes
ICB	<ul style="list-style-type: none"> <li>• Winter Engagement and Communications campaign</li> <li>• Primary and Community support</li> <li>• Additional Neuro-rehab beds</li> <li>• Contingency</li> </ul>	£1.96m	Supports and engages with communities to use services wisely, promotes alternatives to ED especially Pharmacy First. Community Schemes include greater support for End of Life patients and extending the UCR service hours. The investment in neuro-rehabilitation beds will increase capacity for the most complex discharges improving outcomes and reducing Length of Stay for these patients.
<b>TOTAL</b>		<b>£13.8m</b>	