Recovery Plan overview

August 2020 to March 2021

Southampton and South West Hampshire System

Restoration and Recovery at the Integrated Care System (Hampshire and Isle of Wight) level

The Access to Services Restoration Programme has been set up in the recognition that the focus of restoration activity and decisions are rightly taken by individual organisations and local systems. The focus of the pan-HIOW programme is therefore proposed to be:

- ensure consistency of decisions, including a set of principles that all partners own and apply;
- provide the modelling capability to support decision making;
- share learning regarding best practice and identify unwarranted variation that could be addressed to improve outcomes for local people;
- manage the prioritisation and allocation of locally / nationally / regionally available capital and revenue to support restoration and track impact;
- support collaboration and mutual aid to address collective challenges;
- ensure consistency of plans against the long term transformation ambitions for Hampshire and Isle of Wight;
- ensure the NHS in Hampshire and Isle of Wight can account for its progress in restoring access to services;
- to create a clear and coherent plan for restoration, and to use this as a means of strong communications to patients, carers, staff, partners, stakeholders and local citizens.

HIOW 7 principles for Restoration (Renewal and Recovery) are:

1. **Safe**: Patient and staff safety is paramount. Our restoration plans will be founded on the identification and mitigation of risks;
2. **Forward Looking**: We will lock-in beneficial changes and not restore by default to pre-Covid service models
3. **Outcome-focused**: Our purpose is to maximise outcomes for local people. This means ensuring we identify and care for patients requiring time-critical treatment which, if not provided immediately, will lead to patient harm
4. **Subsidiarity**: Individual organisations and local systems will lead the development and delivery of plans for restoring services guided by a common co-produced set of principles and approaches;
5. **Strategic**: We will ensure, where possible, our approaches are in line with our strategic ambitions as set out in the Hampshire and Isle of Wight Strategic Delivery Plan
6. **Prepared**: We will at all times retain sufficient aggregate capacity across HIOW to respond to demand.
7. **Aligned**: All partners in HIOW are committed to ensuring a common approach to planning restoration

Key Workstreams

Workstream

1. **Urgent and Emergency Care**
2. **Critical Services**
3. **Community Services: Home First**
4. **Planned Care**
5. **Mental Health Services**
6. **Primary Care**
7. **Children and Family Services**

1) Urgent and emergency care (UHS)

Where we are now

- A&E attendances dropped to below 50% during the first covid peak.
- Demand has been rising and likely to be back to pre-covid levels by the end of September 2020.
- Positively, major attendances have returned to previous levels and minors remains low due to this work being diverted to Urgent Treatment Centres (in Southampton this is run by Care UK and located in Royal South Hants Hospital) – work is ongoing to try and sustain this trend.

Rate limiting factors

- **Workforce** – Staff fatigue and potential shortages owing to build up of leave and social isolating.
- **Estates –** Physical space within the department has always been a constraint. Also required to consider social distancing requirements and infection control measures.
- **Time –** Need for urgent decisions on capital in order to complete in a timely way. The department would struggle to implement estate changes during periods of peak demand.
- **Affordability –** Funding of additional capacity is required, as well as needing to eliminate the growth in backlog since covid.

Proposal - Increasing capacity and flow (current and future state post restoration)

- Continue the streaming of patients into covid and non-covid pathways.
- £9m funding approved to start to re-develop the Emergency Department and move towards the concept of an Emergency Care Village
- Need for further funding to complete concept
- Independent sector capacity to support the elective programme is essential as non-elective activity will require all the available bed capacity within the acute hospital.

The ask

- **Investment/re-configuration** needed to support the building and staffing of additional beds.
- **Capital costs identified**, need to identify revenue
- **System support to reduce demand on acute services** by:
  - Delivering positive schemes to reduce ED attendances
  - Driving forward on admission avoidance schemes.
  - Maximising the out of hospital response (i.e. by increasing flow into discharge pathways.
  - Supporting mental health (both children and adults) patients in the community to avoid ED attendance.

2) Critical services (UHS)

Where we are now

- Hampshire and Isle of Wight has a lower per capita number of critical care beds than most other regions in UK.
- Currently have a **deficit of 30%** for adult critical care beds in the region.
- Learning from the first wave means there is much better understanding of which patients are most likely to benefit from critical care treatment.
- Need to create further permanent and surge beds, as well as potential need to support specialised commissioning in the South West.

Rate limiting factors

- **Workforce** – staff fatigue and potential shortages owing to build up of leave and social isolating.
- **Equipment –** Potential challenges in procuring the equipment needed because of national shortages. Access to PPE remains challenging.
- **Time –** Need for decisions on capital in order to complete in a timely way. Backlog of elective surgery and limited Independent sector capacity for critical care could impact recovery timescales.
- **Affordability –** Ongoing revenue costs for the system.

Proposal - Increasing capacity and flow
(current and future state post restoration)

- Proposal to create an additional 20 permanent critical care beds at UHS.
- Proposal to create 50 additional surge beds at UHS.
- Potential ask to create a further 25-35 beds to support excess demand in Hampshire and the Isle of Wight and specialist commissioning from the South West.
- Robust plans in place to deliver by the end of the financial year. However, no funding identified

The ask

- **Investment/re-configuration** needed to support the building and staffing of additional beds
- Capital costs of **£36m** identified, plus recurrent revenue costs.

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3) Community Services: Home First (Solent NHS Trust)

Where we are now?

In 2019/20, 32,378 patients aged 65+ are admitted for a non-elective admission; the top five reasons for admission include unspecified chest pain or abdominal pain, chest pain, precordial pain, syncope and collapse

At the start of the pandemic we actively strengthened our admissions avoidance / early supported discharge teams to support the patient flow in the city and to care for people in their own homes in order to free up capacity in the hospital.

Sembal house Hub brought together a range of partners across the city to meet daily and work collaboratively to ensure support for proactive, preventative care to meet the needs of the population outside of the hospital.

Rate limiting factors

- Historic barriers between organisations, including funding allocation.
- Capacity within the system.
- Providers individual resilience to COVID and the impact on their businesses.
- Workforce and specialist skills / training required.

Proposal - Increasing capacity and flow (current and future state post restoration)

- 'One Team - a shared identified resource across each Primary Care Network - working collaboratively to provide integrated, proactive care.'
- 'Home First' – rapid response, where ever possible Admission Avoidance /Reduction in Length of Stay
- Growing out of hospital capability and reducing bedded capacity in the hospital to support reshaping of services in the city and allow the provision of more care to individuals at home , including care homes
- Increasing people's independence will reduce reliance on long term social care and therefore free up resource to reinvest in preventative services and activities

The ask

- 'Home First' the first consideration when clinically appropriate.
- Strengthened community resource to ensure robust services in place to avoid admissions and to ensure timely discharge.
- Capacity to meet increased demand.
- Integrated proactive and reactive care, meeting the objectives of the NHS Long Term Plan.

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4) Planned care (UHS and independent sector)

Where we are now

- Covid has significantly impacted the amount of acute activity delivered in Q1 (compared to 19/20):
  - 24,000 fewer outpatient first appointments
  - 3,000 fewer elective inpatients and 9,000 less day cases
- Secondary care providers have remained open to referrals and activity has been rising every week since the initial drop in late March/April.
- The overall waiting list has reduced, however, the number of long waiters is increasing and >52 week waiters have risen from 40 in March to 368 in May and > 1,000 in July
- 2ww cancer referrals dropped by up to 60% during the first covid peak. Cancer services have recovered well and there is a full work programme in place.

Rate limiting factors

- With measures theatres will return to c. 80% productivity and clinics to c.85%.
- 'Do not attend' rates have surprisingly reduced over the COVID peak
- People, space and funding are all rate limiting factors for the elective re-start

Proposal - Increasing capacity and flow (current and future state post restoration)

- Plan to review 5 specialities - Orthopaedics, Urology, ENT, Dermatology, Ophthalmology and Endoscopy - and make recommendations for change, which will inform local workstreams. Working across Hampshire and Isle of Wight to build an expanded capacity model.
- There is robust clinical prioritisation in place
- Maximise pathways in the outpatient setting by focussing on; 1) universal triage (including advice and guidance and consultant to consultant referrals), 2) digital transformation (increasing non face to face), and 3) pathway transformation (focussing on key pathways working with clinical teams to improve productivity and outcomes for patients).
- Fully utilise available independent sector capacity to support the elective programme.
- Detailed and robust plans for the recovery of Diagnostics and Cancer.

The ask

- Working across Hampshire and Isle of Wight to build an expanded capacity model; with capital we could create new theatres and wards in current shell of building within 2020/21.
- Investment in community capacity to ensure we do not have the normal 'winter' slow-down in elective care.
- Investment in acute capacity, such as theatre space and ophthalmology capability.
- Maximising the use of the independent sector is vital.

5) Mental Health (Southern Health - adults, Solent - children, Steps to Wellbeing - IAPT)

Where we are now

Secondary Care Mental Health Provision (provided by Southern Health NHS Foundation Trust):

- 24/7 MH Triage arrangements in place (NHS111) and psychiatric liaison within University Hospital Southampton NHS Foundation Trust . Mental health patients with only high risk and urgent referrals seen through April and early May. Patients supported remotely through digital platforms.
- The Lighthouse mobilised to be virtual, maintaining access 4pm-midnight 7 days per week. Supported 202 virtual visits during April. Supported over 600 virtual visits during April-June with 130 unique contacts.
- Reduction in mental health related ED attendances at UHS by 40% during Apr – now increasing and at 80% of usual expected levels
- Initial Reduction in referrals to community mental health teams resulting in a reduction in community caseload, this has now been replaced by high demand for urgent referrals
- Greater use of digital technology for assessment, psychological treatments and patient care
- Pilots to try virtual GP referral meetings
- Increase in presentations from people not previously known to services or who haven't accessed secondary care support for a number of years

IAPT (known in Southampton as 'Steps to Wellbeing', provided by Dorset Healthcare NHS Foundation Trust):

- Increased use of digital technologies based on national guidance during lockdown
- Reduction in referral by 50% during April – now increasing and at 85% of usual levels in Southampton, awaiting June data for West Hampshire
- Working towards restoring face to face appointments, and will identify those who cannot access telephone or online treatment options

Primary care:

- General Practice has seen an initial reduction in contact from people presentencing with emotional wellbeing and mental health needs, anecdotally across all sectors there appears to be a recovery of presentations to pre-Covid levels

Proposal - Increasing capacity and flow (current and future state post restoration)

- Delivery of NHS Long Term Plan for Mental Health to improve local services and meet national targets and to transform services to provide quality and timely mental health care, and tackle inequalities in access, experience and outcome
- Explore opportunities for accelerated integration through Primary Care Network development bringing together primary care, IAPT, secondary care mental health services and voluntary sector

Rate limiting factors

- **Demand –** surge in referrals relating to emotional and mental health – anxiety, depression, trauma – anecdotally this is already impacting on capacity in primary care and secondary care
- **Workforce** – staff fatigue and potential shortages owing to build up of leave and social isolating
- **Digital solutions evaluation -** understand patient and carer experience and impact on recovery
- **Estate suitability** – for delivering face to face contact and interventions whilst maintaining required social distancing
- **Primary care -** ability to resume and confidence in people accessing secondary care for emotional and mental health needs

The ask

- **Investment needed to support crisis capacity (psychiatric liaison, crisis resolution home treatment) and additional core community mental health capacity** at primary care and secondary care to tackle assessment and treatment waiting lists
- **Investment needed to substantially improve IAPT access** in West Hampshire
- **Whole system approach to early intervention** and promotion of mental heal**th –** use of trauma informed approaches
- **Real time surveillance** metrics to assess mental health surge/increase in demand to respond to changing presentation/demand profile

6) Primary care (GP services)

Where we are now

- As of May 2020, GP appointments were 37% lower than May 2019.
- Remote appointments (e.g. telephone / eConsult) equated to 20% of activity in Feb 2020, increasing to 51% in May 2020.
- 100% of general practices are open and operating a total triage model to support the management of patients remotely where possible. All practices operating telephone, online and video consultations.
- Restoration of primary care activity is in line with infection control guidance and suggested prioritisation (see next slide). Continued provision of essential Face-to-Face services (including home visits) through designation of hot and cold sites (or zoning) and teams to minimise the spread of infection. Ability to flex and consolidate in response to changes in capacity and demand.

Rate limiting factors

- **Workforce** – Staff fatigue and potential shortages owing to build up of leave and social isolating.
- **Equipment –** Potential challenges in procuring the equipment needed because of national shortages. Access to PPE remains challenging.
- **Complexity –** Many urgent patients have avoided accessing healthcare for many months, meaning when they present they are often more complex and take longer to treat. Post covid patients are also more time intensive with increasing needs such as oxygen saturation monitoring.
- **Affordability –** Ongoing revenue costs for the system of delivering additional support to care homes, and additional costs incurred to meet new infection control measures etc. Need for non-recurrent investment to enhance resilience over the winter period

Proposal - Increasing capacity and flow (current and future state post restoration)

- Restoration of primary care activity with more people accessing primary care, including those at highest risk of harm. Supported by clear messaging to the public on how to access care.
- Continued focus on prevention and self-management – empowering people to take control of their own health and well-being. Delivery of immunisation and screening programmes.
- Virtual triage and care delivery: Retain and expand digital technology support in line with digital road map. Ensure optimised use by primary care through deployment of training and support packages (national and local).
- Enhanced shared decision making through strengthened collaborative working (including referral support / A&G) ensuring right place, first time

The ask

- Delivery of the 2020/21 flu immunisation programme in collaboration with local partners
- Continued development of PCNs, PCN leadership and the implementation of the DES specifications including recruitment to additional roles in collaboration with system partners
- Further development of Integrated Care Teams and ‘one team approach’
- Non-recurrent funding to increase resilience over winter

7) Children & Family Services (UHS - acute care; Solent NHS Trust – community)

Where we are now

Secondary Care provision (UHS):

- Reduction in under 18 yr old non-elective admissions by 67% during Apr-20 compared to Apr-19
- Reduction in UHS ED under 18 yr old attendances by 50% during Apr-20 – now increasing
- Reduction in UHS under 18 yr old elective inpatient admissions by 75% during Apr-20
- Reduction in Southampton Children and Adolescent Mental Health Service (CAMHS; provided by Solent NHS Trust) routine referrals by 72% in Apr-20 compared to Feb-20 – now increasing and in June at 60% of expected levels
- Increase in young people presenting at UHS ED in crisis – 51 in June compared to previous peak of 28 in January this year

Community provision (Solent NHS Trust):

- Reduced community provision based on national guidance during lockdown, although business critical provision maintained
- Pause in routine CAMHS referrals and diversion of resource to 7 day a week crisis response – now stepping down crisis response to 5 days a week and routine referrals restored
- 24/7 children and young people triage arrangements in place (NHS111) and No Limits supporting in ED, working with NHS 111
- Increased children's community nursing service to 7 days a week and COAST (children's outreach and support team) rapid home nursing support via NHS 111 for suspected COVID cases
- Greater use of digital technology for assessment and patient care
- Cessation of school provision has impacted on opportunities for face to face contact and school immunisation programmes
- Reduced opportunities for face to face contact during lockdown have raised safeguarding concerns Primary Care

Proposal - Increasing capacity and flow (current and future state post restoration)

- Development of Integrated Urgent Care (ICU) pathways with acute and community providers
- Increase early intervention for emotional and mental health adopting system wide approach
- Development of Paediatric psychiatric liaison and multiagency crisis support provision to respond to increasing numbers of young people presenting at ED in crisis
- Explore alternative models for care of children with long term conditions

Rate limiting factors

- **Demand –** surge in referrals relating to children and young people's emotional and mental health – anxiety, depression, trauma – already impacting on capacity – if not addressed will result in significant waiting lists and waiting times over coming months
- **Workforce** – staff fatigue and potential shortages owing to build up of leave and social isolating
- **Schools –** if not all children return to school in September, this will impact on ability for services to work with children in schools, e.g. special school nursing, therapies, school immunisation programme
- **Lack of end-to-end IT** infrastructure for medical records reduces speed of decision making and treatment plans between acute, community and primary care
- Access to the appropriate **PPE** for parents, carers and non-NHS staff

The ask

- **Investment/re-configuration** needed to support the development of IUC
- **Investment needed to deliver psychiatric liaison, community crisis capacity and additional core CAMHS capacity** to tackle assessment and treatment waiting lists
- **Whole system approach to early intervention and promotion of mental health –** use of trauma informed approaches
- **Support to create end-to-end IT connectivity solution**
- **Live data** to support realistic trajectories for restoration and whole system solutions (increased waiting lists and times)