

# System pressures and winter planning

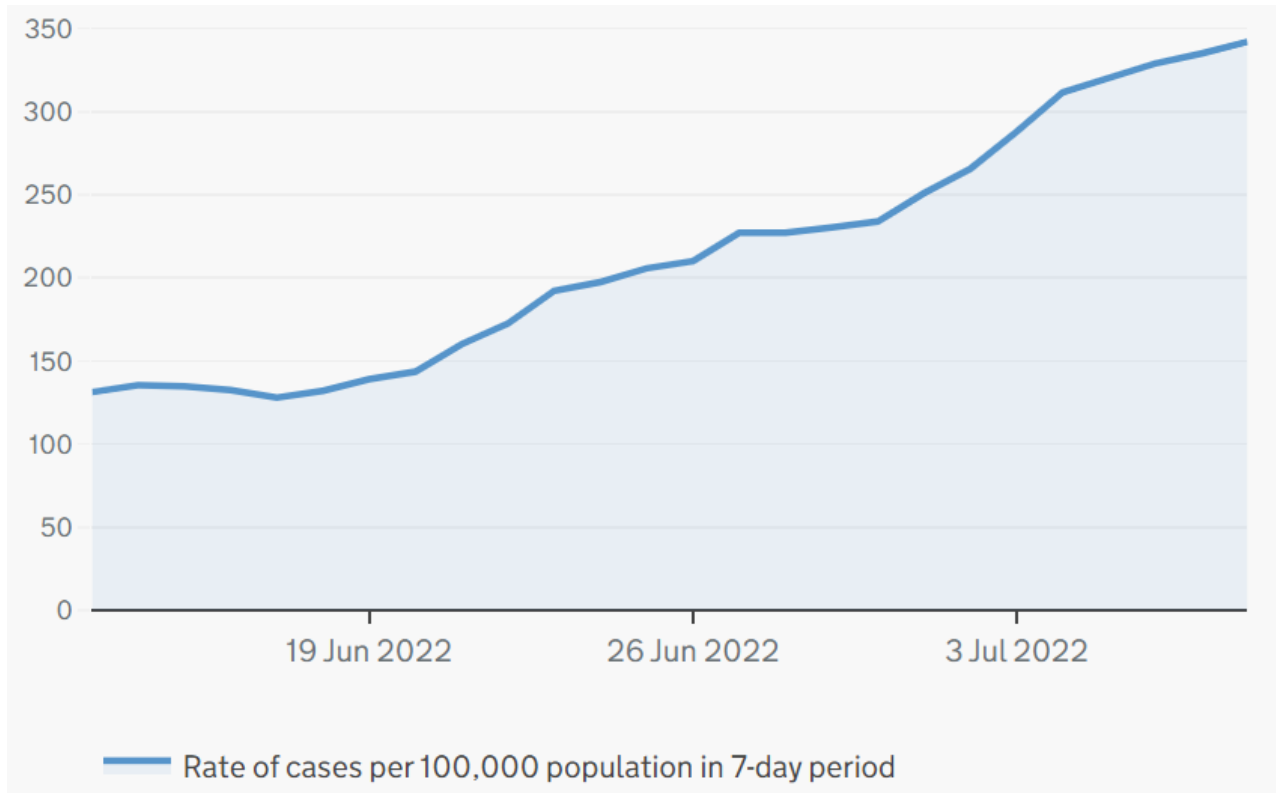
Lisa Henschen, Managing Director, Harrow Borough Based Partnership & system partnership leads

# Overview

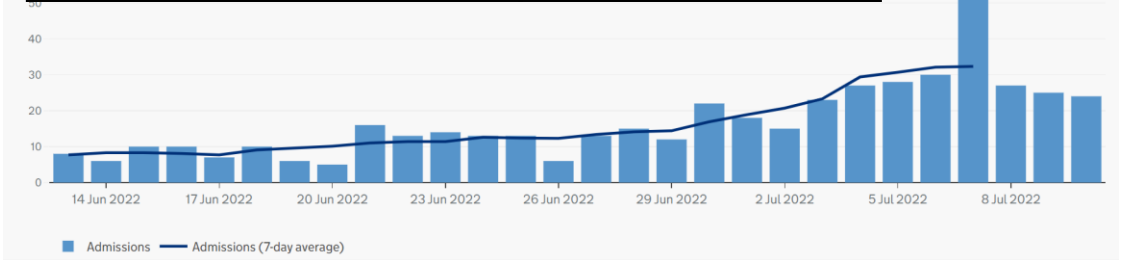
- The purpose of this presentation is to provide the Harrow Health and Wellbeing Board with an overview of the COVID recovery programme, management of system pressures in Harrow and planning for winter.
- The presentation includes information from organisations who form the Harrow Health and Care Partnership and details where system pressures are faced and how recovery is being managed.
- The Harrow Health and Care Executive meet weekly and come together to both collaboratively plan recovery efforts and work to manage system pressures, with the health, wellbeing and experience of Harrow residents at the fore.

# COVID rates in Harrow (data accessed 19/7/22)

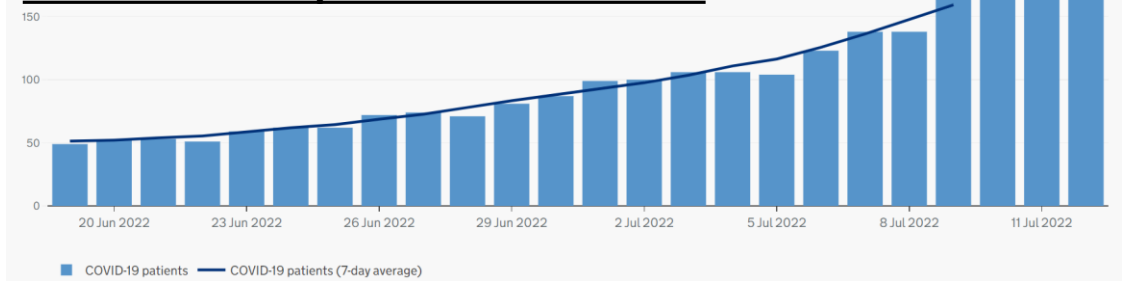
**Rate of cases per 100,000 people in the rolling 7-day period ending on the dates shown**



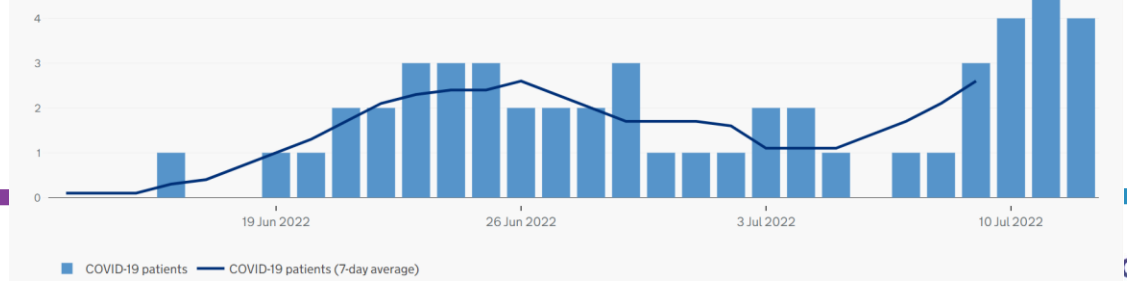
**Patients admitted to hospital due to COVID**



**Patients in hospital with COVID-19**

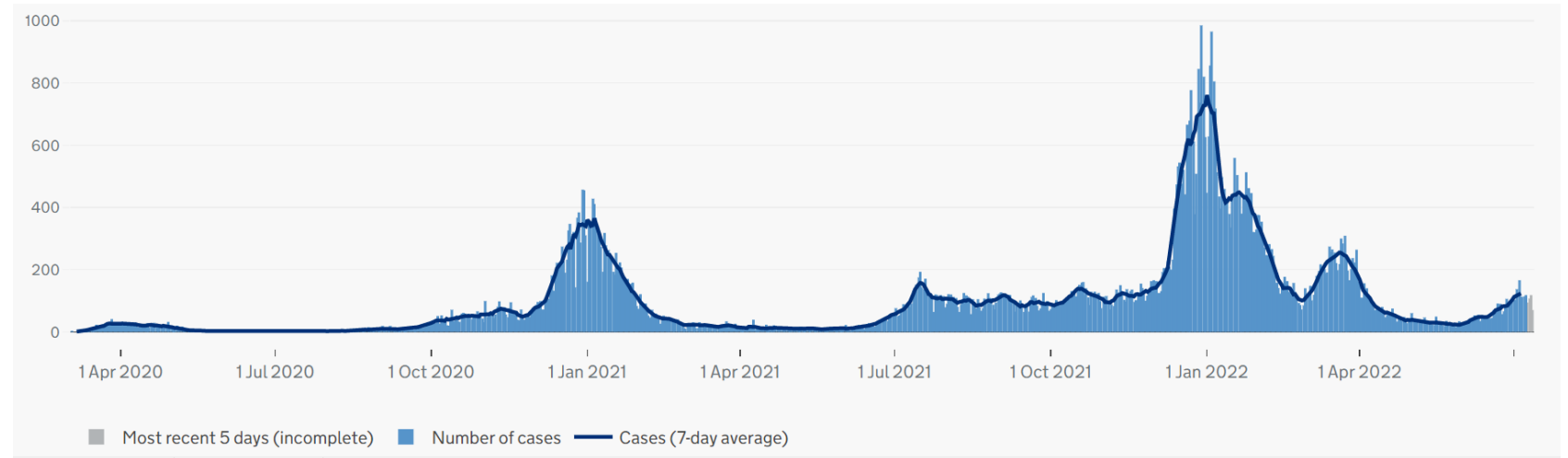


**Patients in mechanical ventilation beds**

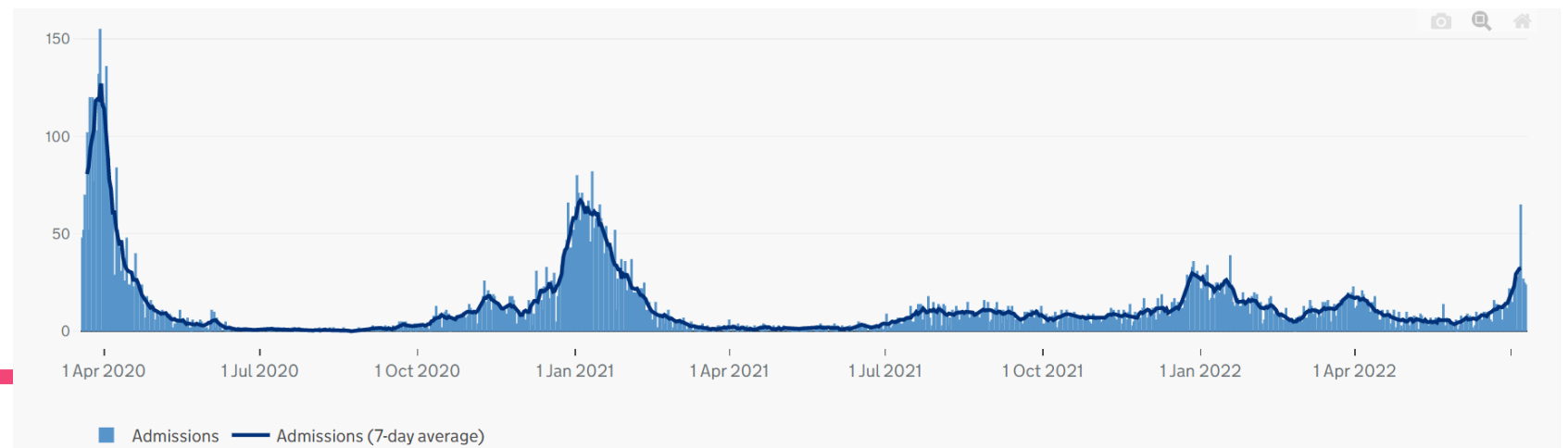


# Trend data

**Rate of cases per 100,000 people; rolling 7-day average – trend since March 2020**

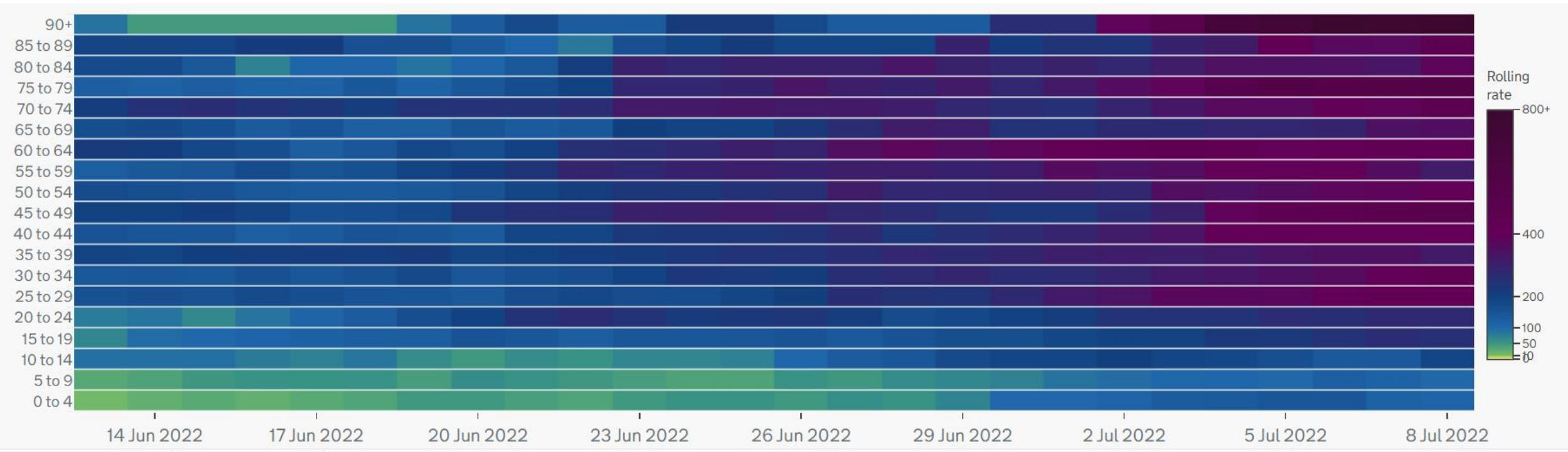


**Patients admitted to hospital with COVID-19-trend since March 2020**



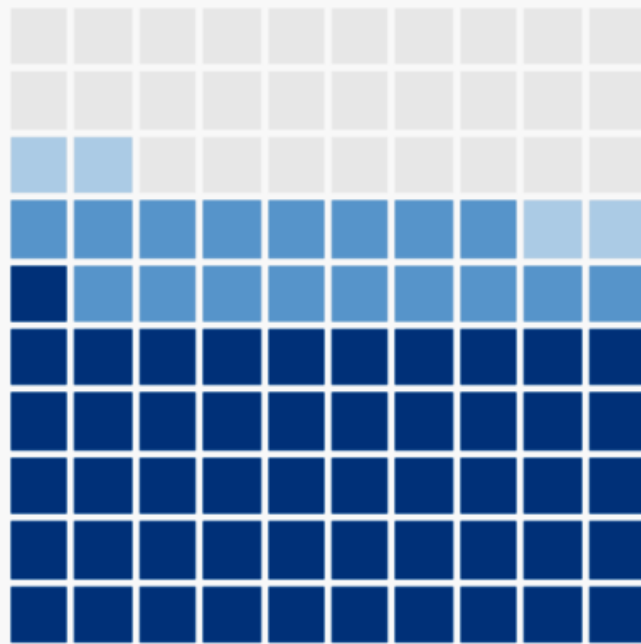
# COVID rates in Harrow (data accessed 19/7/22)

Rate of cases per 100,000 people in the rolling 7-day period ending on the dates shown, by age



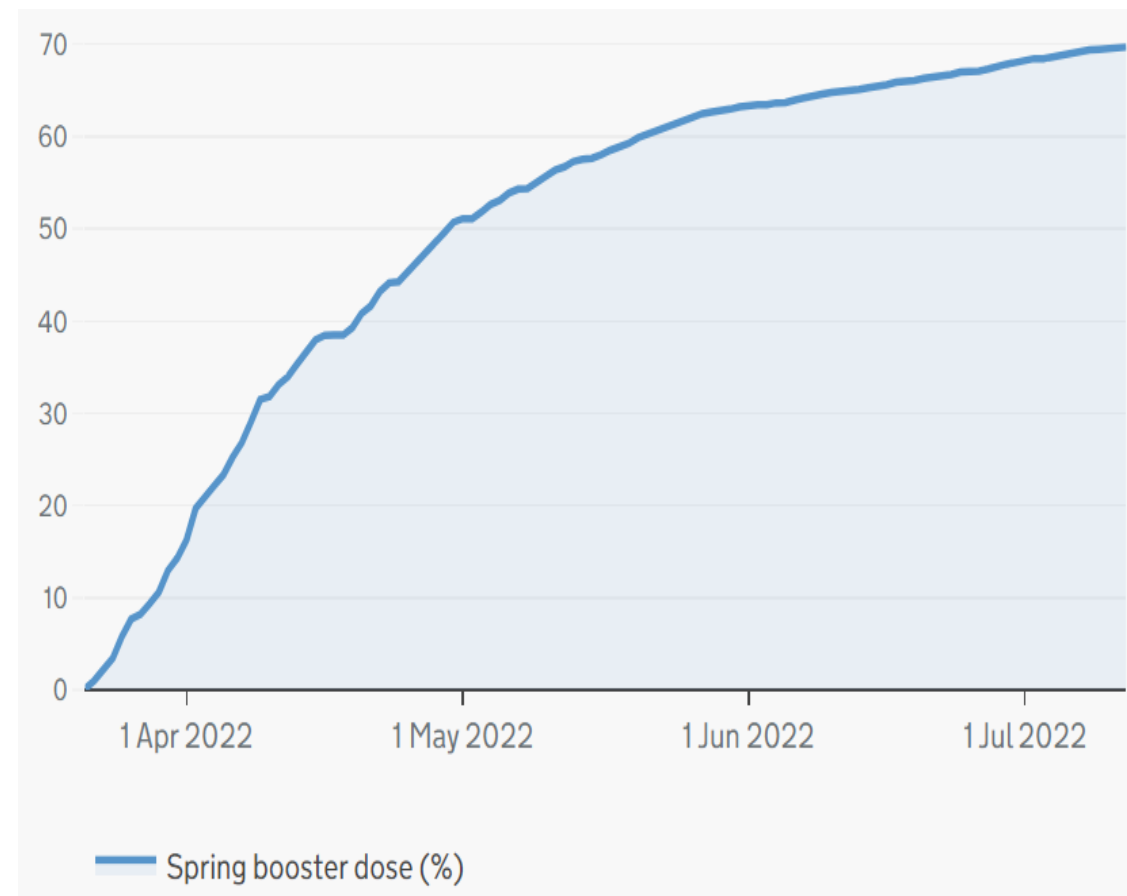
# COVID rates in Harrow (data accessed 19/7/22)

## Latest vaccination uptake (12+)



1st dose: 72%  
2nd dose: 68%  
Booster or 3rd dose: 51.5%

## Spring booster vaccination uptake (75+)



# Primary Care

## Access

- General Practice in Harrow continues to see increasing levels of demand against a backdrop of an increase in the number of COVID positive cases. GP appointments available in NW London continues to be above the April 2021 baseline with an additional 23.7% appointments in May 2022.
- We are working on ensuring adequate provision of access to meet the needs of the population in the context of the shift to the new national enhanced access specification and mitigating any impact as a result of this. This includes the right balance of face to face and digital appointments are offered

## Workforce:

- Recruitment and retention of additional roles as well as GPs and nurses
- Time to train new workforce recruited in PCNs
- Supervision of new roles including definition of what skills and expertise are required and most suitable

## Estates:

- Availability and cost of premises to accommodate the additional roles and allow co-location to foster team development and also to support the development of neighbourhood teams and at scale delivery models

## Funding

- Efficient use of existing financial resources to support the challenges identified above

## Patient Engagement

- Appropriate communications with the public to understand the best way to access new models of Primary Care delivery.
- Communications to incorporate voices from those who have felt poorly served by public services in the past

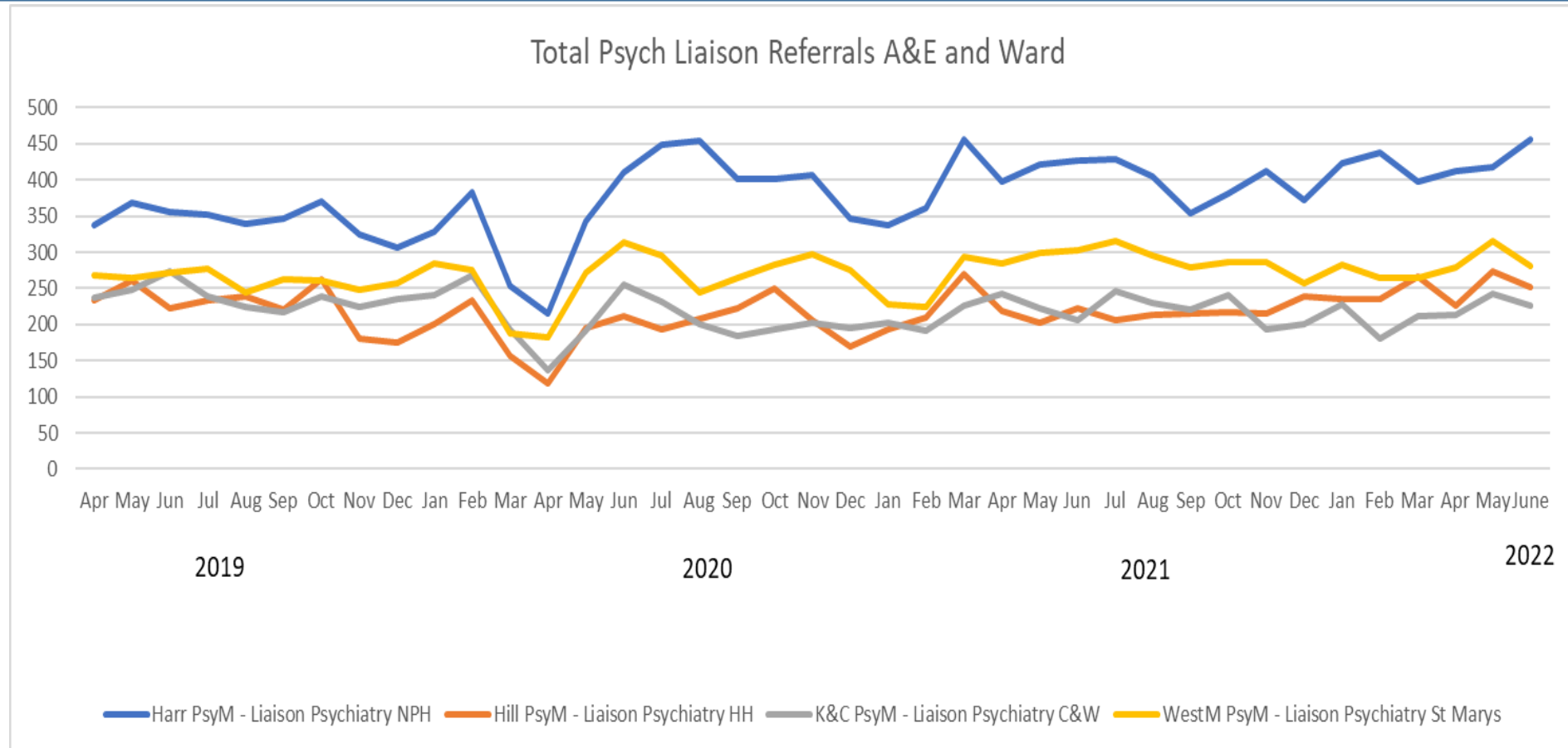
# Community Health Services (Adult)

Service	Waiting times			Recovery	Pressure
	Longest wait (weeks)	Total waiting (pts)	Waiting > 40 weeks		
Podiatry	33	1998	0	6 months with additional B6 x 2	<ul style="list-style-type: none"> <li>Domiciliary patient caseload high</li> <li>Recruitment challenges</li> </ul>
SALT	46	165	9	One year with additional staffing: B6 x 2 B7 x 2	<ul style="list-style-type: none"> <li>Large waiting list</li> <li>2wte vacancies</li> <li>Recruitment challenges</li> </ul>
Therapy	Oct 21	1202	0	One year with additional staffing:  B6 PT x 4 B7 OT x 1 B5 OT x 1 B3 RA x 4	<ul style="list-style-type: none"> <li>Large waiting list for community referrals</li> <li>Increase in Home First referrals</li> <li>10.5wte Vacancies</li> <li>Recruitment Challenges for PT and OT posts</li> </ul>
Community Nursing			0		<ul style="list-style-type: none"> <li>Daily deferrals</li> <li>20wte vacancy</li> <li>Recruitment challenges</li> <li>Staff retention</li> <li>Complaints and incidents</li> </ul>
Phlebotomy		74	0	One month with additional staffing: B2 x 2	<ul style="list-style-type: none"> <li>2wte Vacancies</li> </ul>

- *Community Health services have moved out of IPC restrictions and are now able to offer group sessions which will support waiting list recovery*
- *Services continue to offer a flexible model offering virtual support where it is clinically appropriate to do so and where the patient requests this.*
- *We are looking at new ways to attract staff to work in Harrow and have developed a video to showcase the Borough to potential staff.*
- *We continue to monitor waiting lists to ensure we are not causing anyone harm .*



# Community Health Services (Mental Health)



Harrow Psych Liaison team continues to have an increase in referrals from 418 in May to 457 in June.

# Community Health Services (Children)



Harrow Transformation work across the 0-19 service is underway with support from CNWL transformation team and in collaboration with Harrow Public Health and Harrow CCG.



Positive collaborations with London North West Health Care in regards to Allied Health Professionals



Plans for Paediatric Dietitian to support Children with Home Enteral Feeding is being commissioned by CNWL from LNWUH dietetics department to enhance recruitment and strengthen links with multi disciplinary team



Harrow Special School nursing service has recruited to all three school nursing positions and service on line to start in September 22.



Harrow Children services have seen an increased demand in a number of key services. The services continue to work with school staff and families to provide information and training so as to mitigate risks. Referrals are triaged and prioritised according to clinical needs.



Additional Paediatric Physiotherapy and Speech and Language Therapy service Provision commissioned from CNWL by LNWUH to support Neonatal Unit and family centred care.

# Community services (children – mental health)

- Harrow met the national targets for the number of children accessing mental health services in 2021/22.
- Investment has expanded CAMHS workforce by approximately 10%.
- Referrals however are at their highest ever level, which despite growth in workforce has resulted in average caseloads per clinician growing by 10%. This has impacted capacity to see CYP quickly & resulted in a growth in waiting lists.
- Exploring pathway improvements including work with primary care, pharmacy pathways, crisis care and transition in adults.
- Number of initiatives in place to reduce the number of children waiting are having an impact: 20% reduction in number of children waiting for assessment since April:

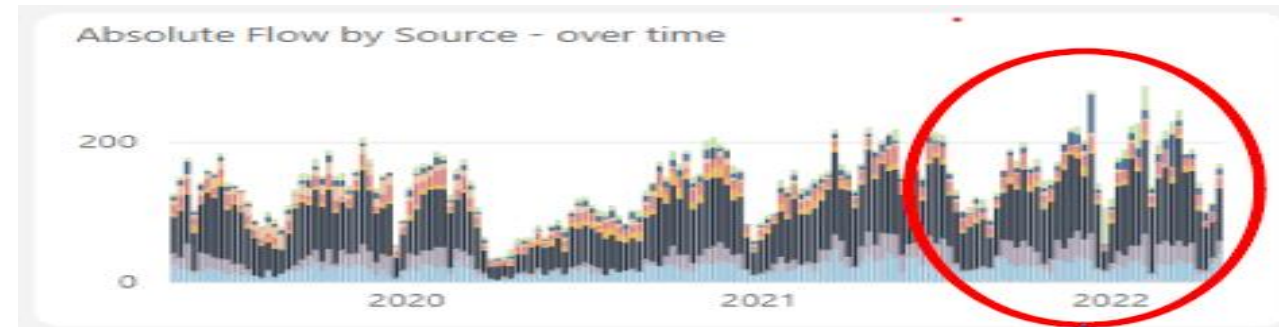
Maximising digital developments

Working with VCSE's – grant scheme

Additional capacity with 75 packages of care commissioned in Harrow

Waiting well initiatives – waiting list reviews, waiting well check;

- Focus on early intervention and support – new models for our 0-5 population, MHST's have been expanded in the borough.
- Improvements in care for young people aged 16 to 25. Harrow Young Adult Pathway Lead appointed and starts 25<sup>th</sup> July. Various initiatives going live including expansion to the care young people receive, new model for transitioning, pilot schemes with universities and colleges, and a number of schemes commissioned with the third and voluntary sector organisations.



# Local Authority and Voluntary and Community Sector

## Increase in demand:

- children's social care both in terms of numbers and in terms of complexities - adolescent mental health, contextual safeguarding – criminal and sexual exploitation, domestic violence, unexplained injuries to infants
- Increase in EHCP requests 267 in 19/20, 337 in 20/21, 275 Sept-May 21/22

## School and Education

- School readiness - starting school below expected level for communication, speech and language
- Increase assessment and resulting diagnoses with ASD
- Pressure to meet SEND needs, home educated, health needs for children not attending school, presentation challenging behaviour primary schools

## Voluntary and Community sector

- Impact of 2 years of covid
- Funding
- Waiting lists
- Emerging needs for primary schools – emotional wellbeing, social and emotional challenges, self care.

## Sustainability

1. Shared challenges of workforce recruitment and retention, well-being
2. Managing parental expectations and complaints
3. System impact on children, young people and their family

# Adult Social Care: Theme one

## Pressure from New Requests at our 'front doors' - community

### Pressure Indicators

(12 month rolling average)  
*generally, lower is better*

Baseline  
(March 2020)  
pre-pandemic

Baseline  
(March 2021)  
mid-pandemic

**Latest**

31 March 2022

### COMMUNITY NEW REFERRALS

Number of **new support requests** per week  
through the community route

49

59

**64**

No. of **ongoing assessments** (Community)

222

156

**242**

Est. no. of **new long term service users** starting per week from the  
community

5.5

7.2

**5.7**

Est. **cost of week of community support** for  
new community referred clients (excl. LD and reablement)

n/a

£183

**£291**

- The volume of work coming in to the Early Intervention Team continues to rise
- Workload is the highest since we started measuring in this way
- In 2019 a new approach using 'Three Conversations' began which is holding back the number of new people needing long term services, but new services are costing more now than in the past

# Adult Social Care: Theme two

## Pressure from New Requests at our ‘front doors’ - Hospital

<b>Pressure Indicators</b> (12 month rolling average) <i>generally, lower is better</i>	<b>Baseline</b> (March 2020)	<b>Baseline</b> (March 2021)	<b>Latest</b>
<b>HOSPITAL NEW REFERRALS</b>			
Number of <b>new support requests</b> per week through the hospital route	40	25	<b>35</b>
No. of <b>ongoing assessments</b> (Hospital)	91	48	<b>51</b>
Days for <b>Community (PIT) Team to begin work</b> after discharge	n/a	n/a	<b>19</b>
Est. no. of <b>new long term service users</b> starting per week from hospital	9.5	12.5	<b>11.1</b>
Est. <b>cost of week of community support</b> for new hospital discharged clients (excl. LD and reablement)	n/a	£259	<b>£337</b>

- During the acute phase of the pandemic, the hospital discharged far fewer people into social care support, but this has now largely reversed and numbers are increasing
- Using ‘Three Conversations’ (since Sept 2021) appears to be reducing the number of new people needing long term services, despite the increased number of discharges into social care
- Crucial to this is the handover to the community (Promoting Independence) team taking place quickly – on average it takes 19 days before PIT can take on the work, and this time has been increasing
  - there is no evidence at present that waiting time affects outcomes

# Adult Social Care: Long Term Trends

LATEST

## Adult Social Care 'Demand' from New People

### No. of New Requests for Support per week (no current services)

	2017-18	2018-19	2019-20	2020-21	2021-22
<b>TOTAL</b>	137	158	148	154	177
of which, hospital (Council)	30	39	40	25	33
of which, community (Council)	52	51	49	60	67
of which, mental health (CNWL)	55	68	59	69	77

### No. of New Long Term Service Users starting (per week)\*

	2017-18	2018-19	2019-20	2020-21	2021-22
<b>TOTAL</b>	17.8	17.2	14.0	23.7	18.5
of which, hospital (Council)	6.2	8.1	8.9	11.9	10.0
of which, community (Council)	10.9	7.5	4.7	6.7	5.4
of which, mental health (CNWL)**	0.7	1.6	0.4	5.1	3.1

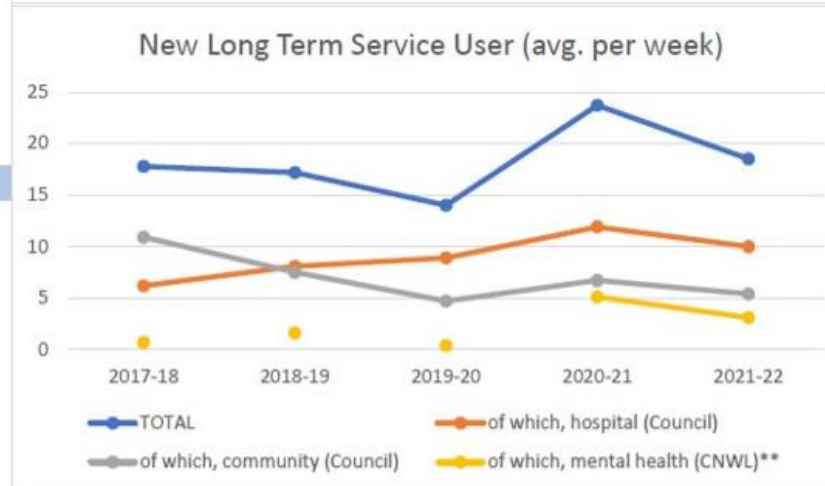
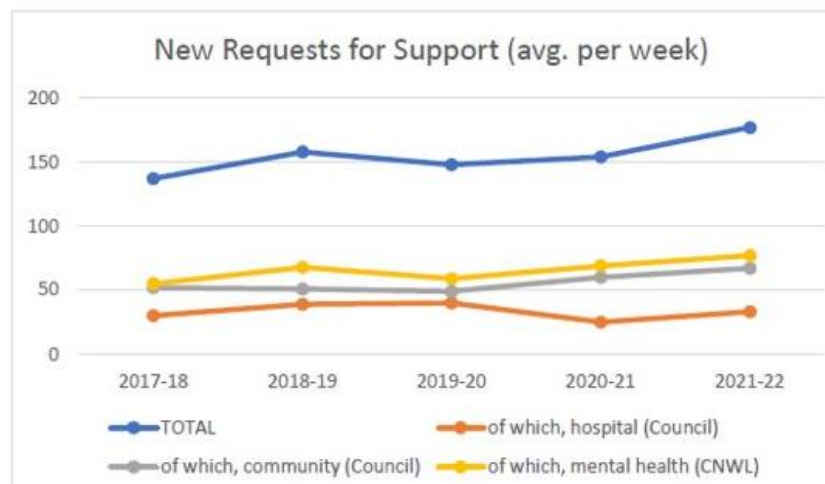
\*part or fully funded by the Council

\*\* data considered unreliable for 2017-20

significant factors that year

- Introduction of Early Intervention Team
- 3 Conversations launched in community
- Covid year one, D2A in hospital
- Hospital begins 3 Conversations while D2A continues

This data comes from the statutory data returns (to DHSC). The number of new requests has been gradually increasing, although this has not always resulted in more new long term service users. The creation of an early intervention team and subsequent 3 Conversations approach had some impact before Covid started.



# Acute services

**LNWHT is currently experiencing a new Covid surge. At the time of writing this slide (11 July 2022) the Trust is expecting c200 covid positive inpatients across all sites (circa 150 at Northwick Park)**

Patient presentations are broadly split 50:50 with patients admitted for covid symptoms or covid as an incidental factor  
The majority of patient level acuity is treatable through Level 1 general & acute beds but small increases are now showing in Level 2 High Dependency and Level 3 Intensive Care beds as we continue into July  
The Trust reviews bed use daily with the Chief Nurse and Infection Prevention & Control to configure the bed base to manage patient flow and safety; creating dedicated wards or bays for patients with covid to avoid contact with non-covid patients  
The Trust has re-introduced the compulsory wearing of masks on wards and in clinical areas

## **Pressures across the Trust are exacerbated due to:**

- Continued patient presentations to the Emergency Department and subsequent hospital admissions at peak winter levels
- Northwick Park continues to receive the highest number of ambulances daily compared to any other hospital site in London
- Underlying overall staffing vacancy levels higher as a result of the pandemic
- Staff availability impacted by the seasonal holiday period and rise in covid related staff sickness (similar across NWL ICS)
- Requirement to deliver elective procedures, diagnostics and outpatients above pre-covid levels to reduce waiting lists



# Winter planning: Initial Proposals

There is, as yet, no confirmation of what additional Winter Pressures funding of community based and primary care services will be available in 22/23, or of the process for its allocation.

However, in line with a recommendation of Harrow's evaluation of last year's Winter Access Fund, the Borough Partnership has begun to collate proposals for potential schemes.

These potential schemes should therefore have been thought through and locally agreed prior to the announcement of what is usually a very short timescale for the submission of proposals.

Local providers including acute, community health and social care services, mental health services and the voluntary sector have contributed to the draft long list of proposals that follows.

Further work on the development of draft proposals during July and August will be reported to the Harrow Health and Care Executive.

# Winter planning: Initial Proposals

Harrow Partnership Winter System Pressure Proposals			
Acute Care	Community Care	Mental Health Care	Primary Care
<p><b>Additional Beds</b> 27 Additional beds across Northwick Park and Central Middlesex Hospitals</p> <p><b>Patient Flow</b> Increase assessment, diagnosis, decision making, care and discharge - improving throughput on acute medicine wards NPH</p> <p><b>Discharge</b> Expansion of STARRS team and consultants to support discharge</p> <p><b>A&amp;E Support</b> Strengthen management and decision making to improve use of capacity: additional doctors and nursing staff</p>	<p><b>Support to Discharged Patients in the community</b> Expansion of discharge support to medically fit but vulnerable discharged patients to prevent deterioration in the community, including home cleaning; support in paying bills etc Increase capacity of LA Community</p> <p><b>Prevention of Illness</b> Strengthen vaccination resource for housebound people Raise awareness of impact on individuals' health and wellbeing of fuel poverty and support income maximisation and fuel efficiency</p> <p><b>Support to People on Waiting Lists</b> Voluntary Sector to provide support to long waiters for elective and community</p>	<p><b>Avoid Admissions</b> Review of homelessness / MH pathway to provide alternative to A&amp;E / hospital admission Community Crisis Service / Beds for Adults and Older Adults</p> <p><b>Avoid A&amp;E Attendances</b> Improve speed of access to drug and alcohol provision for people in crisis.</p>	<p><b>Increase Access to Primary Care</b> Increased appointment capacity in general practice, GPs and allied healthcare professionals Increase use of online consultations and improve digital literacy amongst patients Additional first contact physiotherapist appointments Data analysis of patients attending UCC/A&amp;E to formulate plan to reduce avoidable attendances and work with frequent flyers MDT working and proactive case management of patients discharged from hospital Patient education and empowerment on self-management of minor illness Tackling vaccine hesitancy and increasing vaccination uptake, including flu/Covid, vaccines/childhood imms. to reduce infection rates and aim to reduce morbidity and GP/UCC/A&amp;E attendance</p>

# Summary and close

This presentation has demonstrated that the need for health and care services as a result of the pandemic is significant. Progress in addressing these needs is already being made and will remain a central focus of the Harrow partnership.