

Supplementary Papers for Health and Adult Social Care Overview and Scrutiny Committee

Date: Monday, 25 July 2022



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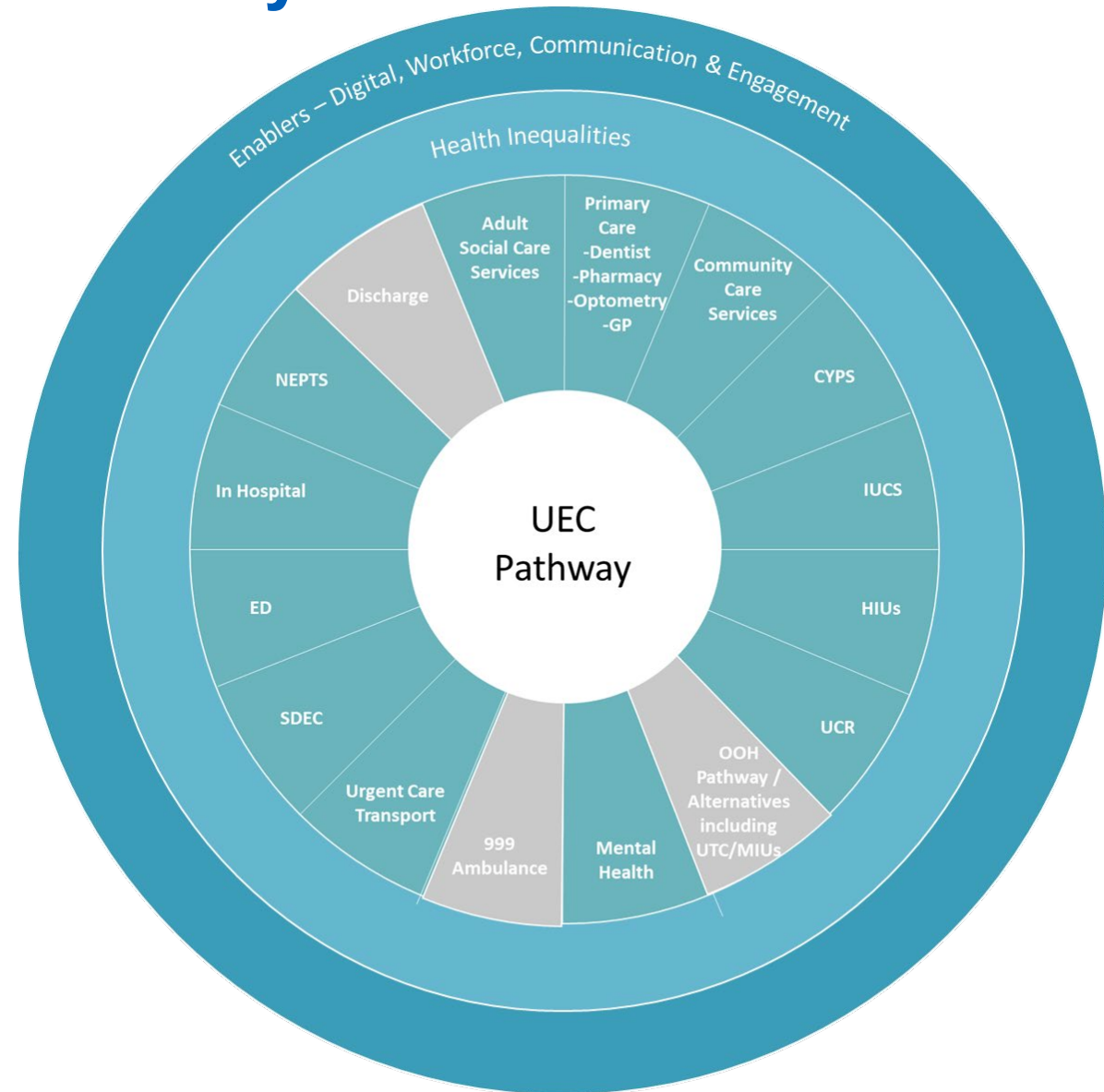
BCP Health and Adult Social Care Overview and Scrutiny Committee

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NHS Dorset

Urgent and Emergency Care Pathway

The UEC Delivery Plan describes the whole UEC pathway, as you can see the Integrated Urgent Care Service is just one element of the pathway, it is imperative the system works together to ensure all elements of the pathway align to ensure the individuals needs are met.



What is the Dorset Integrated Urgent Care Service?

The Dorset Integrated Urgent Care Service launched on the 1 April 2019.

The following elements are included in the service:

- 111 call answering (non-clinical health advisors).
- 111 online cases requiring clinical input.
- Clinical Assessment Service (clinical support) including Single Point of Access.
- Primary Care Out of Hours (8pm – 8am 7 days a week).
- Improved Access to General Practitioners (blended model throughout the service). This service will be transferred over to Primary Care Networks (PCNs) from October 2022.
- Night nursing (8pm – 8am Monday – Friday, 24-hour cover for weekends and Bank Holidays).
- Prison Health (Onsite GP coverage 0900-12noon on Saturday and Sunday at HMP Verne and 0900-12noon on Saturday at HMP Guys Marsh plus face-to-face medical intervention outside these times where needed post clinical triage by the Clinical Assessment Service).

What is NHS 111 First?



NHS 111 First was nationally mandated in July 2020, and driven by the following principles:-

- Influence public behaviour so people, who would otherwise have walked into urgent and emergency care settings, contact 111 First.
- Create sufficient capacity in 111 and the Clinical Assessment Service to ensure that people contacting get timely and effective resolution to their presenting question or complaint – ideally without the need for onward referral (increase of ‘consult and complete’ model within the Integrated Urgent Care Service).
- Reduce face-to-face contact; Maximise the number of alternative options to face-to-face urgent care and ensure they are all available on the Directory of Services.
- Getting people to the right place first time – maximising value, reducing duplication for patients and waste of clinical resource.
- Ensure that receiving units are pre-alerted to expected patients, advice and care already provided and the reason for the onward referral.
- Avoid overcrowding in all urgent care walk in settings to prevent spread of nosocomial infection (Royal College of Emergency Medicine, May 2020).
- Patients feel they get timely and effective resolution to their presenting question or complaint.
- Ensure there is no negative unintended impact on safety or for other parts of the system.

It was agreed the system would deliver these principles under the following 4 NHS 111 First project groups:-

1. Increased NHS 111 capacity.
2. ED direct booking (including Urgent Treatment Centres and Minor Injury Units).
3. Primary Care direct booking.
4. Same Day Emergency Care (SDEC) direct booking.

These are supported by 2 functions which run throughout all groups which are communication and engagement and monitoring and evaluation.

The system has the responsibility to meet these principles and report the activity through the Urgent Care Key Performance Indicators.

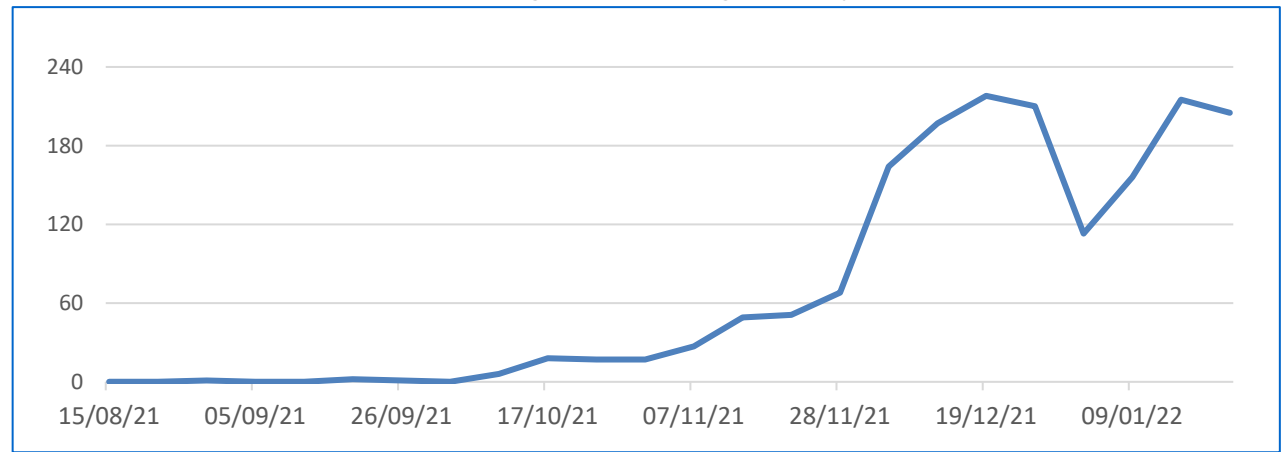
Positive outcomes from NHS 111 First

- ED Direct Booking – to prevent overcrowding in ED patients are booked into a slot to arrive, in some cases these are booked by Health Advisors. Should a clinical opinion be needed patients are clinically assessed by the Clinical Assessment Service and then booked into a slot.
- Same Day Emergency Care Direct Booking – the first pathways were opened to allow patients to be taken straight to a speciality SDEC rather than waiting in ED - a work in progress.
- General Practice In-Hours Direct Booking – patients are booked by a Health Advisor into an appointment for a call back by the appropriate member of the multi-disciplinary practice staff.

ED Direct Booking – 70% target achieved

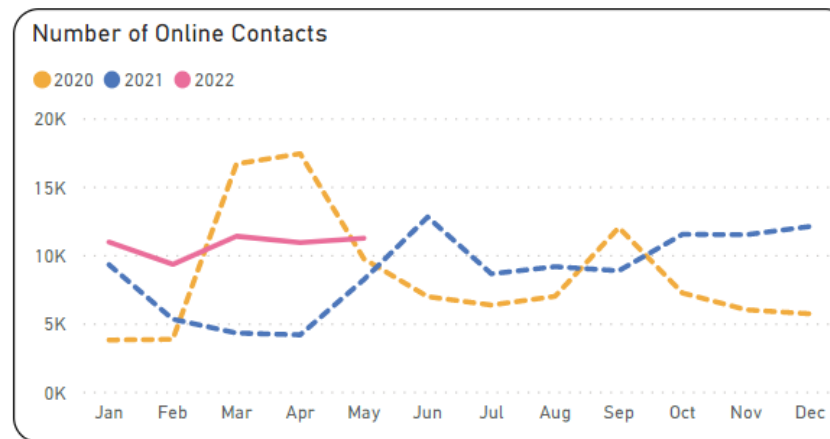


General Practice Direct Booking – 75% target not yet achieved



NHS 111 Online

- NHS 111 Online was launched in 2018 and uses the same triage system as 111 telephony, NHS Pathways, both of these elements are managed nationally.
- In cases where users request a call back a message is sent into the Clinical Assessment Service who will then medically assess the patient to see if they require an appointment to be seen face-to-face or can be closed with care advice.
- In February 2022 Emergency Department outcomes were offered a call back option, the same option was expanded out to include category 3 and 4 outcomes, which commenced in May 2022.
- January – May 2022 there were 53,761 visits to NHS 111 Online by Dorset citizens.



Current Performance in NHS 111

- Since 2019, there has been a significant increase in calls coming into NHS 111 services Nationally.
- Within Dorset call demand has increased by 64% since 2019 and has impacted on the ability to meet the NHS 111 Call Answering and Abandonment Rate Key Performance Indicators.
- Following a review of the demand in 2020 and recurrent and non-recurrent funding was agreed to increase the call answering and clinical workforce within 111 and Clinical Assessment Service (CAS).
- Demand continues to increase, and workforce modelling is on-going to map demand and capacity.
- Although demand has increased Dorset 111 services continue to support the Urgent and Emergency Care services and exceed the validation targets for ED and Ambulance Category 3 and 4 cases.

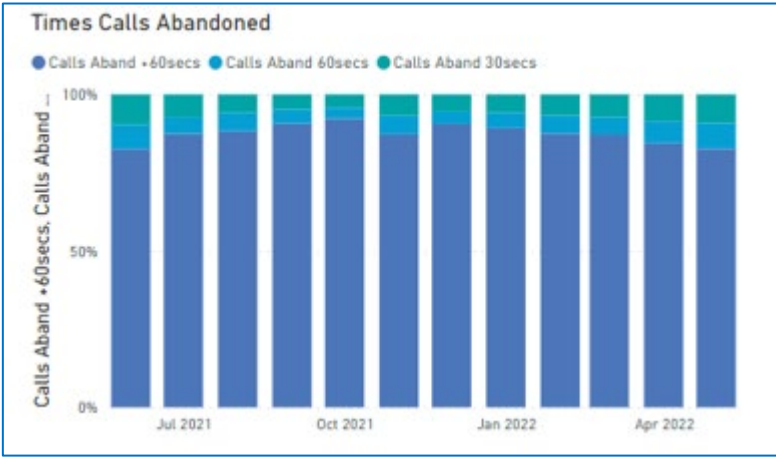
Validation is where a clinician looks in detail at a case to see if the original clinical outcome was correct. NHS Pathways cannot ask every single question that may be necessary to ensure the patient is directed to the right service.

Current Performance in NHS 111

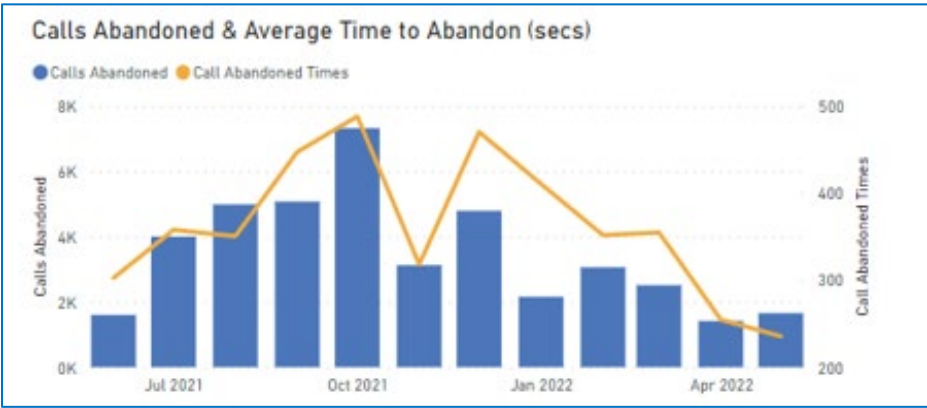
In May 2022:

- Average speed to answer calls 107.3 seconds (1.7 minutes).
- Average speed for a caller to abandon call 235.4 seconds (3.9 minutes).

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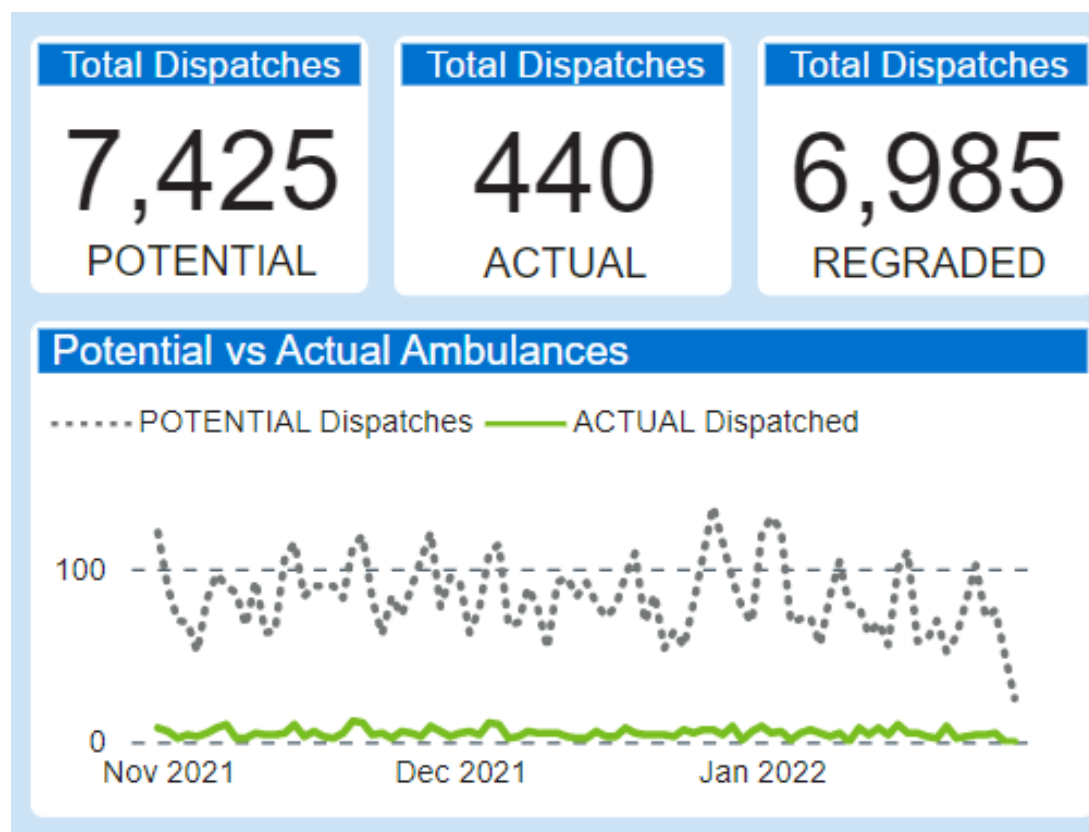
CalendarMonthYearShortName	Calls Abandoned	Call Abandoned Times	Call Abandoned TimeMins
Jun 2021	1,599	302.33	5.04
Jul 2021	3,997	357.55	5.96
Aug 2021	4,980	350.28	5.84
Sep 2021	5,069	447.07	7.45
Oct 2021	7,316	487.81	8.13
Nov 2021	3,121	317.93	5.30
Dec 2021	4,784	470.00	7.83
Jan 2022	2,155	410.30	6.84
Feb 2022	3,059	351.51	5.86
Mar 2022	2,510	354.61	5.91
Apr 2022	1,411	254.44	4.24
May 2022	1,654	235.45	3.92



Ambulance Validation NHS 111 Telephony

The Clinical Assessment Service has played a vital role in supporting whole system flow through validation, positively impacting 999 demand, ambulance handover delays, and ED Demand.

By a clinician looking at cases in detail between November 2021 and January 2022 out of 7,425 potential ambulances only 440 were dispatched.



Current Challenges

- Due to demand increasing across the country there are other providers calling on National Contingency, which means Dorset take a proportion of calls out of area which can then have a knock-on effect to performance. The percentage of calls depends on each individual situation but can be up to 100% of calls at one time divided up amongst the providers who are performing well.
- When other parts of the system are challenged to provide a service, this has a significant negative impact on the 111 and Clinical Assessment Service.
- Staff sickness due to Covid-19 outbreaks and in general has also had an impact both Nationally and Locally.
- Recruitment into clinical roles is a challenge and with increase demand on the Clinical Assessment Service this workforce is vital.
- The system across Dorset has been in OPEL 4 (Operational Pressures Escalation Level) due to current pressures. Dorset Integrated Urgent Care Services have been in OPEL 3 and 4 for most of April and May 2022.

Future Developments

- A National mandate has been released requesting that all areas implement a new telephony platform to enable calls to be switched across providers within a regional footprint. This will also allow for any future movement of borders within regional areas and would allow for further collaboration with other regions to share calls.
- Out of Hospital Offer: The project ambition is to provide high quality joined up primary and community based urgent care services that meet the needs of the population and contribute to reducing health inequalities. It will contribute to the delivery of a sustainable reduction in people attending the Emergency Department with minor acuity, but it will not deliver the totality of this improvement on its own.
- Urgent and Emergency Care Delivery Plan agreed by Urgent and Emergency Board. Implementation has commenced via the Urgent and Emergency Care Delivery Group.

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Carers Services Review and Strategy

Emma Senior: Commissioning Manager for Prevention and Wellbeing



Who is a carer?

A carer is anyone who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid, (but does include people in receipt of Carers Allowance).



Background and Context

- **39,525** carers in Bournemouth, Christchurch and Poole are carers (2011 Census)
- **5665** carers known to CRISP – **14%**

Carers UK, Carers Week 2022 Report:

- Value of care provided by unpaid carers was estimated at **£530 million** per day during the Covid-19 pandemic - **£193 billion** per year
- **42%** increase in unpaid carers providing significantly more care per week since October 2020
- **4.87** million unpaid carers are worrying about the impact of caring on their physical and mental health

Carers Services Review

Survey

- **742** Survey Responses (**411** paper, **331** online)
- **179** Carers volunteered to be in focus groups

Focus Groups

- **30** Focus Groups held with carers virtually and over the phone
- **4** Home visits, **1** group meeting in person
- **10** Focus Groups held with ASC professionals and external organisations

BCP Carers Service Review Report

- See Appendix 1

Carers Services Review

- **5** Priorities identified for the strategy

Shared and discussed with:

- Pan Dorset Carers Steering Group
 - BCP Carers Reference Group
 - Dorset Carers Partnership Group
-
- Detailed comments received from **26** carers so far

BCP Carers Strategy – 5 Priorities

- **Identification, Recognition and Involvement**
- **Information and Advice**
- **Supporting Carers' physical, mental and emotional wellbeing**
- **A life alongside caring**
- **Collaborative working across Dorset**

Identification, Recognition and Involvement

- **Identify Carers as early as possible in their caring journey**
- **Support Carers to self-identify**
- **Recognise the full diversity of Carers**
- **Recognise the contribution that Carers make to society**
- **Involve Carers in planning, commissioning decisions and service design**

Identification, Recognition and Involvement – How?

- **Rebrand CRISP and increase promotion through all media channels**
- **Graphics and photos to represent the diversity of carers**
- **Work with GP Surgeries and Healthcare e.g., ICS Leaflet**
- **Provide events/activities that suit all preferences**
- **Increase number of carers at the BCP Carers Reference Group**

Information and Advice

- **Ensure information and advice is accessible to all Carers**
- **Involve Carers in the planning and development of information and advice**
- **Invest in training for Carers and professionals**

Information and Advice – How?

- **Website redesign – involving carers**
- **Present information in a variety of ways – social media, videos, podcasts, printed material**
- **Co-design documents with carers**
- **Develop training in house and enable access to free training already available**

Supporting Carers Physical, Mental and Emotional Wellbeing

- **Enable carers to take a break from their caring role**
- **Support carers to look after their own physical and mental health**

Supporting Carers Physical, Mental and Emotional Wellbeing – How?

- **Increase DP uptake by increasing awareness and developing training**
- **Review services to ensure they meet the diverse range of carers needs including 'Take a Break', Counselling, Befriending and Mentoring and Advocacy services**
- **Increase options for respite and short breaks**
- **Review CRISP staffing levels to ensure support groups, events and activities can be accessed by all**

A Life Alongside Caring

- **Enable carers to have time for themselves**
- **Enable carers to have access to education and employment**
- **Support carers to access activities they enjoy**

A Life Alongside Caring – How?

- **Improve access to and understanding of carers assessments – both for practitioners and carers**
- **Remove barriers to support e.g., more accessible events/support groups and activities**
- **Improve access to home-based support including by Direct Payment**
- **Work with Carers UK – Employers for Carers**

Collaborative Working Across Dorset

- **Working with partners to ensure equity of service across Dorset**
- **Engaging with all organisations across Dorset that support carers to promote, value and recognise carers services**

Collaborative Working Across Dorset – How?

- **Continue to build on the strengths of the Pan Dorset Carers Steering Group**
- **Continue working closely with Dorset Council and providing joint services such as the Carers Card and Counselling**
- **Develop the Dorset Carers Partnership Group to be a single point of access to all carers support across Dorset**

Recommendations

- **The Committee supports the 5 key priorities for the BCP Carers Strategy**
- **The Committee consider and scrutinise the contents of the report**
- **The Committee consider attendance at a future informal Carers Strategy Engagement Session before the strategy is taken to Cabinet on 28th September**

Timeline

BCP Carers Strategy to be presented at:

- **CMB: 23rd August**
- **ASC and Health O&S Committee: 19th September**
- **Cabinet: 28th September**

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Day Opportunities Strategy Project

Kevin Gillings - Commissioning Manager, Day Opportunities

Day Opportunities Definition

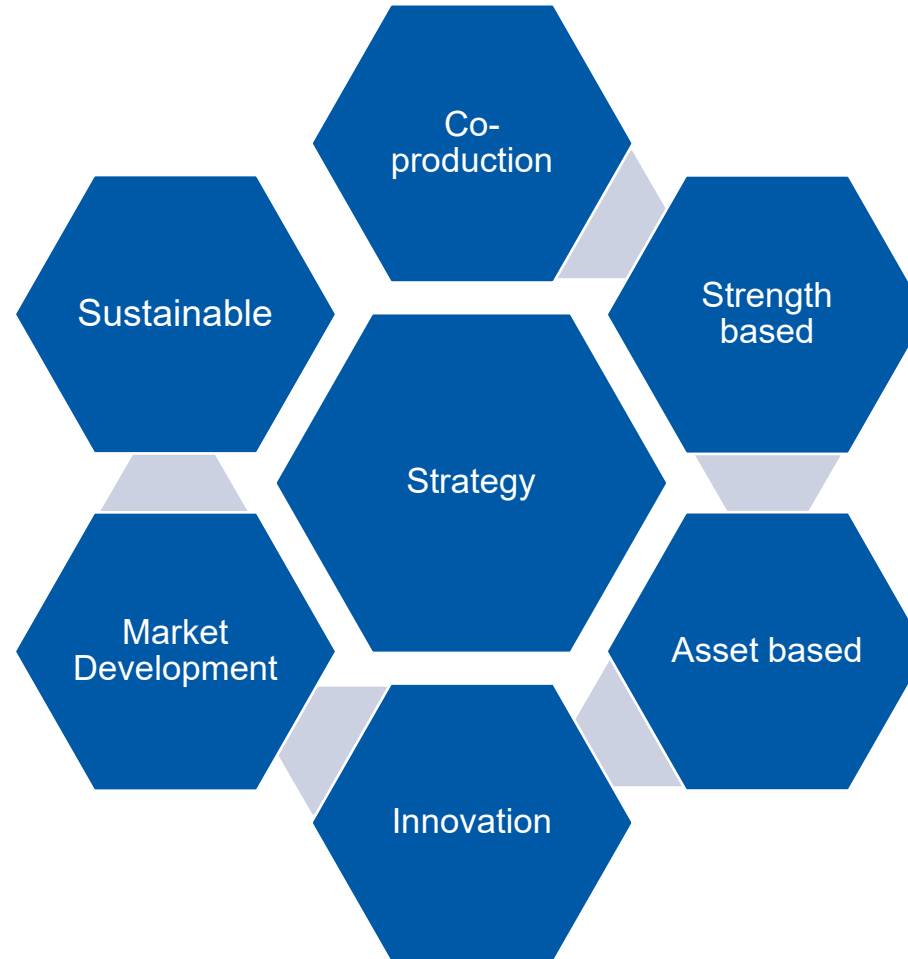
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Day opportunities can mean different things to different people. They can be about learning new skills, taking part in a wide variety of hobbies and interests, accessing the community, supported employment and volunteering opportunities and developing friendships and support networks. The term 'day opportunities' will be used when referring to all potential activities as defined above, as opposed to the terms 'day services', 'day centres' or 'day care' which have an association with the provision of building-based services. Day services/centres/care are included in the term 'day opportunities' but not vice versa for the purposes of clarity.

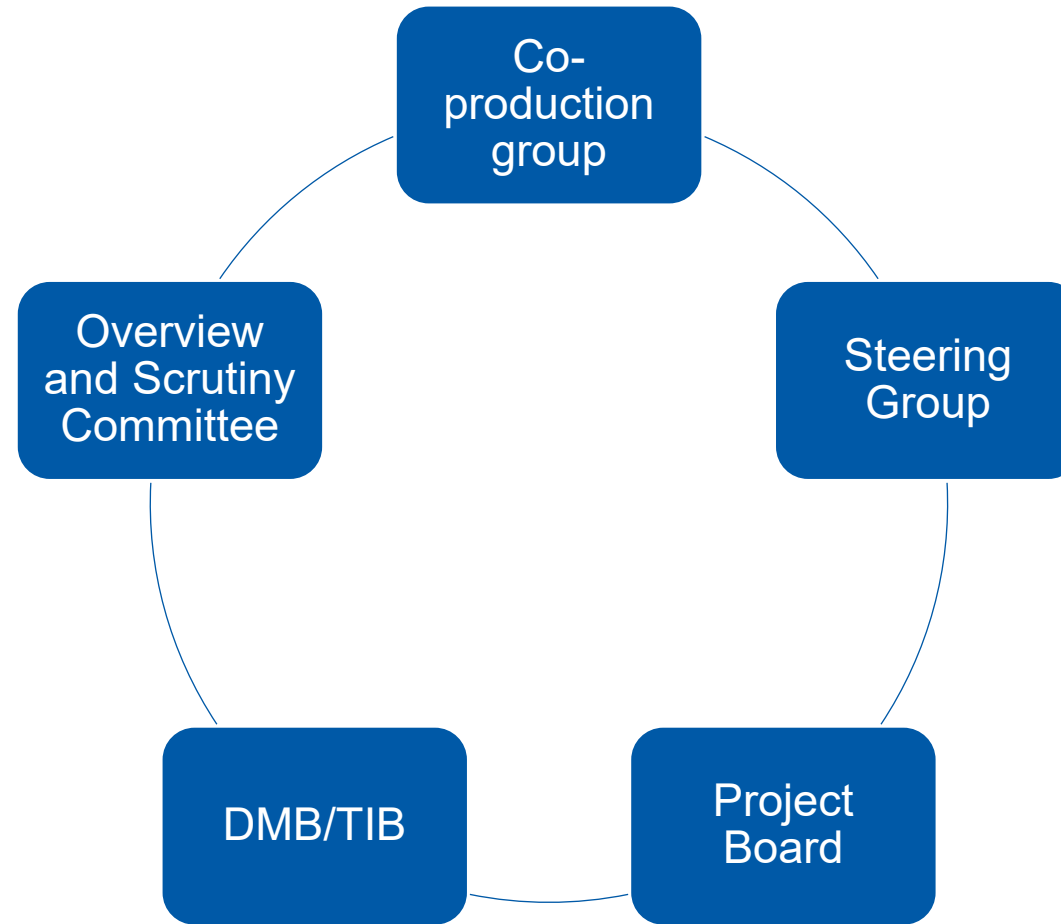
BCP Day Opportunities Financial Data

- BCP Council spends approximately £6,500,000 on contracted day services.
- *Tricuro* day services block contract projected budget for 2022/23 amounts to £5,178,342.
- There are approximately 30 independent day opportunities providers that BCP Council commissions services from.
- In addition, there are other routes of access to day opportunities e.g. self-funding, NHS funding and Direct Payments

Strategy Key Themes



Governance Structure



Day Opportunities Strategy Timeline

Stage 1. Revise Programme Planning	March-April 22
Stage 2a. Data and Needs analysis	April–End of August 22
Stage 2b. Innovations and Good Practice	April – May 22
Stage 2c. Tricuro Service Review Work	March – Nov 22
Stage 3. Engagement and View seeking	April – Oct 22 (mid-Aug – end of Oct consultation – 10 week timeframe)
View seeking report	End of Nov 22
Stage 4. Case for Change	End of Dec 22
Gateway approval	Jan 23
Stage 5. Co-Production, Design and Modelling	TBC
Stage 6. Financial Modelling and Business Case	TBC
Stage 7. Assurances and Approvals	TBC
Stage 8. Delivery and Implementation of approved approach	TBC

Thank you for listening

Any questions?

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