

Haringey Borough Winter System Resilience

Rachel Lissauer

Director of Integration (Haringey Borough), NCL ICB

Sara Sutton

Assistant Director Place Based Commissioning &
Partnerships, Haringey Council

Aim

Outline what actions we are taking to support population health in Haringey over winter

Understand the pressures on the Haringey health and care system

Recognise areas of inter-dependence and consider how we maintain effective joint working as a borough

Premise

Health and social care system partners in London at regional, ICS and local level are working together to deliver **joined up, integrated care** focused on enabling people to stay well, safe and independent at home for longer and providing the right care in the right place at the right time.

Given the immediate and significant challenges facing the health and care system, there is a strong focus within health and care system winter planning on:

- Strengthening system capacity to respond to increased demand;
- Managing system flow, from ambulance handovers and Emergency Department waits through to effective discharge;
- Continuing to clear the elective backlog with better access to primary and secondary care services.

Prevention and population health interventions are an important part of the health and care system's resilience, response to winter pressures, and ensure the current and future sustainability of these services

Challenges and influences on population health in London | Winter 2022/23

- Risk of a resurgence of **COVID-19** coinciding with the winter period, and potential for an earlier and **larger flu season**
- A growing backlog for elective care, **rising emergency demand, increasing waits in A&E** departments, longer ambulance response times, longer waits for cancer treatment
- Excess morbidity and mortality is usually seen each winter, especially if there are severe **cold weather episodes**.
- Disruption to the delivery of health care during the pandemic, and in particular to the **management of long-term conditions and preventive programmes** such as screening and immunisations,
- Longer-standing **structural challenges** in the health and care system, including workforce shortages and capacity challenges and the risk of **staff burnout and fatigue**
- The **cost of living crisis**, higher energy bills, poverty, food instability and mental health impacts will place undue pressures on the most vulnerable in society, and may also have specific direct impacts on peoples access to and use of health and care services
- **Exacerbation of inequalities** – there is potential for existing inequalities in health to be exacerbated. The pandemic highlighted the disproportionate impact of COVID-19 on London’s Black, Asian and ethnic minority communities, and the cost of living will hit those who are already disadvantaged the hardest

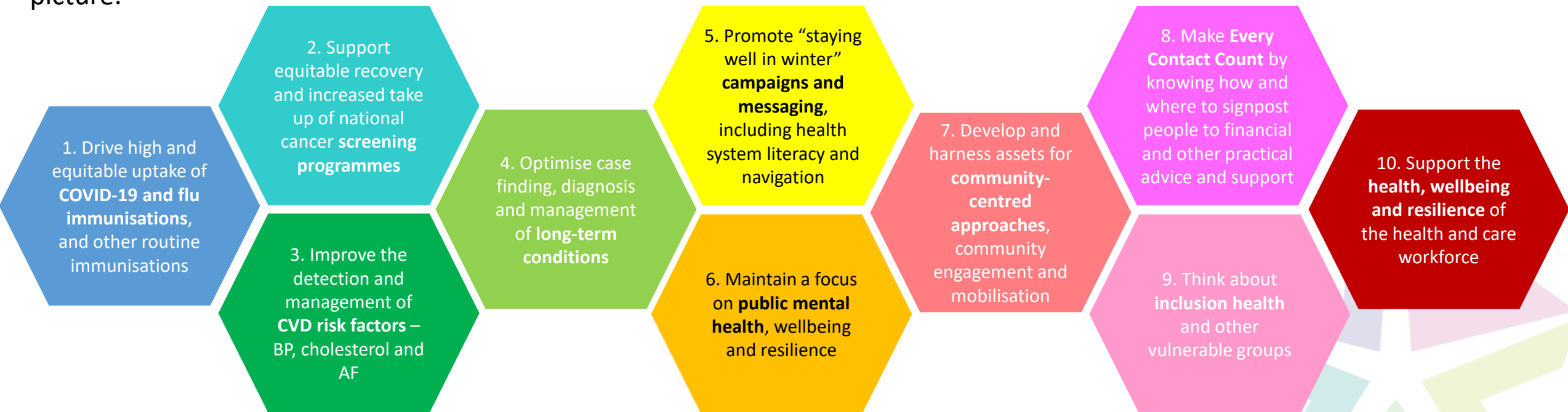
Potential Implications of Cost of Living on Health

There are 4 top areas of concern for cost of living related population health risks, with the potential for driving increased pressure on primary, mental health and emergency NHS care, as well as need for more local authority and voluntary and community sector support:

1. The **impact of cold homes and fuel poverty** on health, increasing risks of cardiovascular and respiratory diseases and pressures on primary and emergency services.
2. **Worsening diet as a result of food insecurity** (driven by increased food prices, availability and fuel prices and affordability) leading to poor dietary outcomes and worsening of diet related diseases.
3. **Worsening mental health** from rising costs, reduced purchasing power, and potential increases in unemployment impacting food security, problem debt, housing stability and financial security.
4. **Worsening or preventable and treatable ill health** due to people not accessing services as people fail to keep up with protective behaviours and a reduction in personal focus on health and an increase in health risk behaviours.

10 high impact population Health interventions

London Public Health organisations have produced a framework [London Winter Resilience & Prevention Framework](#) which recommends 10 key population health interventions that systems can take over winter. We have considered what actions we are taking towards these recommendations and reviewed the data provided at NCL and London level to help us to understand system pressures and have focused on the hospitals accessed most often by Haringey residents to understand the local picture.



Winter Resilience & Prevention Framework – Haringey Delivery



Population Health Intervention

1. Drive high and equitable uptake of **COVID-19 and flu immunisations**, and other routine immunisations

- Robust NCL/Haringey vaccine delivery plans, communications & infrastructure in place:
 - Haringey vaccination sites (Bounds Green, Hornsey, Lordship Lane, pharmacies)
 - UCLH-staffed covid and flu vaccination ‘pop up’ clinics planned for low uptake areas/low uptake groups
 - GP practices running ‘super Saturday’ flu clinics; GPs/Whittington provide home-based flu
 - Call & recall capacity in community languages; vaccination outreach clinics (at food banks, community sites; support to GPs to run more ‘super Saturdays’)

Autumn booster COVID-19 vaccination in Haringey	47.9%
Flu vaccine uptake in Haringey	21.2%

(data up to 7 November 2022)

2. Support equitable recovery and increased take up of national **cancer screening programmes**

- All NCL cancer screening services to complete recovery by end of December 2022
 - Screening uptake data will continue to be used to support equitable recovery and improvement of screening programmes
 - Uptake improvement initiatives are being delivered by primary care, screening providers, cancer alliance and local authorities.
 - Building health promotion teams with screening providers to address low uptake particularly in communities that experience the greatest health inequalities.
 - NCL Cancer Prevention, Awareness and Screening strategy is being refreshed, to maximise opportunities for NCL-wide and borough level action for increased and more equitable take up of national cancer screening programmes.

Population Health Intervention

3. Improve the detection and management of **CVD risk factors** – BP, cholesterol and AF

- To improve the detection and management of CVD risk factors, Haringey is:
 - Optimising the NHS Health Checks service to ensure the service is more accessible and to improve uptake. The service will be more targeted to people at higher risk of cardiovascular disease (CVD), considering deprivation, ethnicity and age
 - OneYou Haringey, Council-commissioned integrated lifestyle service (smoking cessation, weight management, physical activity and alcohol reduction) supports residents to reduce their risk of developing CVD
 - The OneYou service also supports development of community or clinical pathways and Make Every Contact Count training for local organisations.
 - The Council active community team also runs various physical activities including local walks, and the Get Out Get Active programme involving disabled people to enjoy being active together.

ONEYOU HARINGEY

4. Optimise case finding, diagnosis and management of **long-term conditions**

- NCL ICB commissions GPs to systematically case-find and co-ordinate the care of individuals with long-term conditions, including Asthma, COPD, Chronic Kidney Disease (CKD), Atrial Fibrillation, Hypertension.
 - Patients with heart Failure and Diabetes, who are in CVD high-risk groups, are discussed at monthly multi-disciplinary team meeting to ensure effective management of conditions.
- Haringey is optimising management of long-term conditions by:
 - Increasing referrals to Haringey’s structured and evidence-based exercise referral scheme for Haringey residents who have had cardiac and stroke events.
 - Delivering a Healthy Neighbourhoods Long-term conditions inequalities project, a case management service for patients with CKD/COPD/CVD in areas of high deprivation which is targeted to the Turkish-speaking & Afro-Caribbean communities, who are then invited to attend a ‘health check’/screening appointment

Population Health Intervention

5. Promote “staying well in winter” **campaigns and messaging**, including health system literacy and navigation

- Haringey and NCL ICB comms teams have agreed a winter comms strategy
 - Amended and refreshed last year’s ‘Stay Well This Winter – Information and services for Haringey residents’ leaflet. This includes signposting to the Council’s Here to Help webpages and helpline number.
 - Printed copies of the leaflet will be distributed to local libraries, North Middlesex University Hospital, Haringey GP Federation plus a range of local VCS partners.
 - A generic NCL version of the leaflet will be translated into Turkish, Polish, Somali, Bulgarian and Romanian. An Easy Read version will also be made available.

6. Maintain a focus on **public mental health**, wellbeing and resilience

- Haringey is focusing on public mental health by:
 - Working with ThriveLDN and Good Thinking to produce the Great Mental Health campaign
 - Haringey’s Great Mental Health programme works with local grassroots organisations delivering health promotion and preventative programmes for groups at higher risk of poor mental health.
 - The promotion and delivery of mental health and wellbeing training for frontline workers is conducted by Haringey’s Wellbeing Network (MHFA) and Public Health (Resilience Training).
 - Delivery of the Healthy Schools Programme, Anchor Approach and Kooth online counselling service to support a whole-school approach to health and wellbeing.
 - Strengthening multi-sectoral partnerships and collaboration in the Suicide Prevention Group, implementing mental health and suicide prevention activities to support people struggling with debt or financial anxiety.



Population Health Intervention

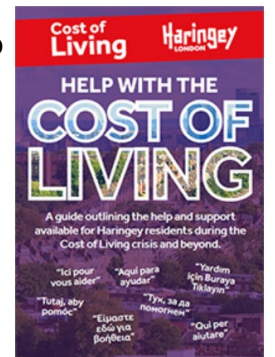
7. Develop and harness assets for **community-centred approaches**, community engagement and mobilisation

- Integrating care at a neighbourhood level to support improvements in outcomes and reduce inequalities
 - Haringey Warm Welcome campaign across the borough supports to mitigate the risk of cold homes and fuel poverty on health
 - Healthy Neighbourhoods: Using the Inequalities Fund to deliver targeted work in East Haringey. 18 projects organised under Start Well, Live Well & Age Well boards
 - Neighbourhoods/Localities programme: the development of multi-agency integrated hubs across Haringey. A 'test and learn' approach underway in Northumberland Park that is being co-produced by residents and stakeholders.
 - MACC (Multi Agency Care & Coordination) to support people with moderate and severe frailty



8. Make **Every Contact Count** by knowing how and where to signpost people to financial and other practical advice and support

- Support in place to ensure every contact counts
 - Haringey Council 'Here to Help' web page and Cost of Living booklet brings together information to help residents during the cost of living crisis – leaflets available in a range of settings and translated into various languages
 - Introduction process into Haringey Councils Financial Support Team and Connected Communities
 - Partners websites clearly signpost relevant information and advice



Population Health Intervention

9. Think about
inclusion health
and other
vulnerable groups

- A broad range of Health inclusion services and programmes in place:
 - Homeless Health Inclusion Team – an integrated Rough Sleeper health service will support
 - Find and Treat service will focus on vaccinations in hostel pathways and Home Office emergency hotels
 - Severe Weather Emergency Protocol refreshed for 2022
 - Additional 15 emergency accommodation beds in place over winter for rough sleepers
 - Canning Crescent will deliver an integrated approach to supporting mental health recovery – expected to go live in January
 - Expansion of migrant health and wellbeing services to support culturally sensitive therapeutic support offers

10. Support the
health, wellbeing
and resilience of
the health and care
workforce

- Haringey council is supporting council employed health and care workforce via the Employee Health and Wellbeing Hub (mental, physical, economic wellbeing) and through implementation of the Haringey Workforce Wellbeing Strategy 2022-2026.
- Haringey is currently delivering 'Talk Money', an awareness campaign to recognise and respond to the cost of living crisis and affects on staff wellbeing.
- Maximise uptake of flu and covid vaccination amongst health and care staff, using culturally competent and tailored delivery approaches to address barriers to uptake

System Pressures



System pressures over winter

Key messages

- Bed occupancy is now extremely high
- Waiting times in emergency departments and delays for ambulances are a result of this high bed occupancy
- Bed occupancy is driven by high acuity and complexity and also by difficulty with flow (i.e. the speed and efficiency of supporting people's recovery within hospital and organising people's discharge from hospital).

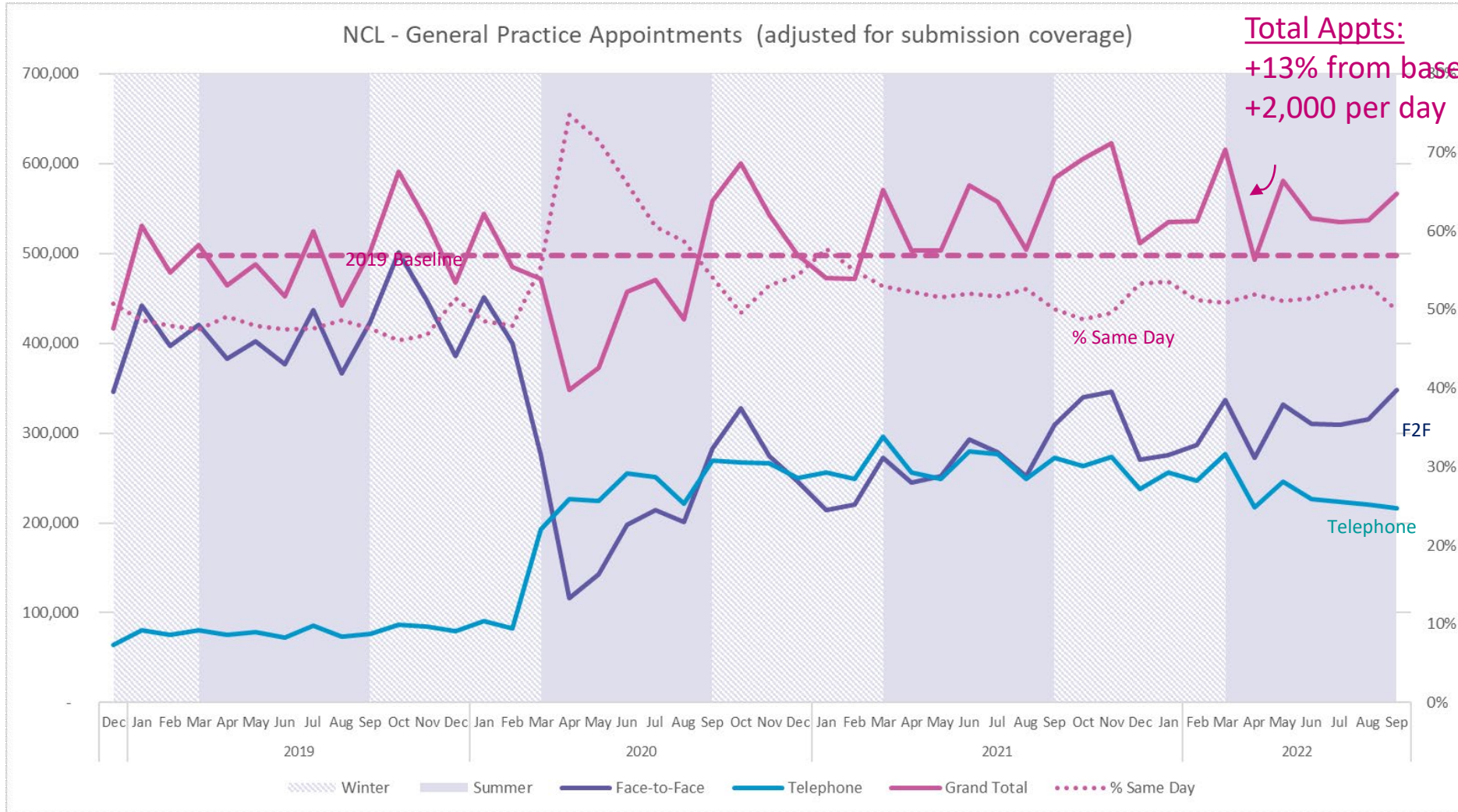
Shared focus areas for health and care organisations

- Supporting people to stay well both physically and mentally
- Providing input that ensures ambulances have safe alternatives to conveyancing (e.g. mental health support workers with ambulance crews; referral into rapid response to provide care for people at home)
- Maximising same day emergency care and urgent community response (e.g. making sure people can see GPs quickly and face-to-face; making good use of urgent care centres; using rapid response services)
- Work to support discharge process (e.g. early planning and conversations with families; good communication between discharge teams and social workers with agreement on who is doing what; quick access to housing, equipment, repairs; effective 'virtual ward' arrangements).

How did we get here?

- More people are being seen in primary care and in the community
- There has been an increase in ED attendances, this is more pronounced at NCUH
- This has not translated into more people being admitted into hospital
- But length of stay has gone up and the amount of time people spend in hospital after they're physically well enough to go home has gone up
- Sickness levels have been higher across all staff groups post covid. The staff we have are working harder.
- All services are experiencing rising acuity, staffing problems, funding pressures and backlogs which make 'flow' more difficult.
- Huge amount of work going on to work across the system to act on opportunities to make improvements – small reductions in length of stay make a big contribution to enabling better flow within the system.

Primary Care Appointments Increasing



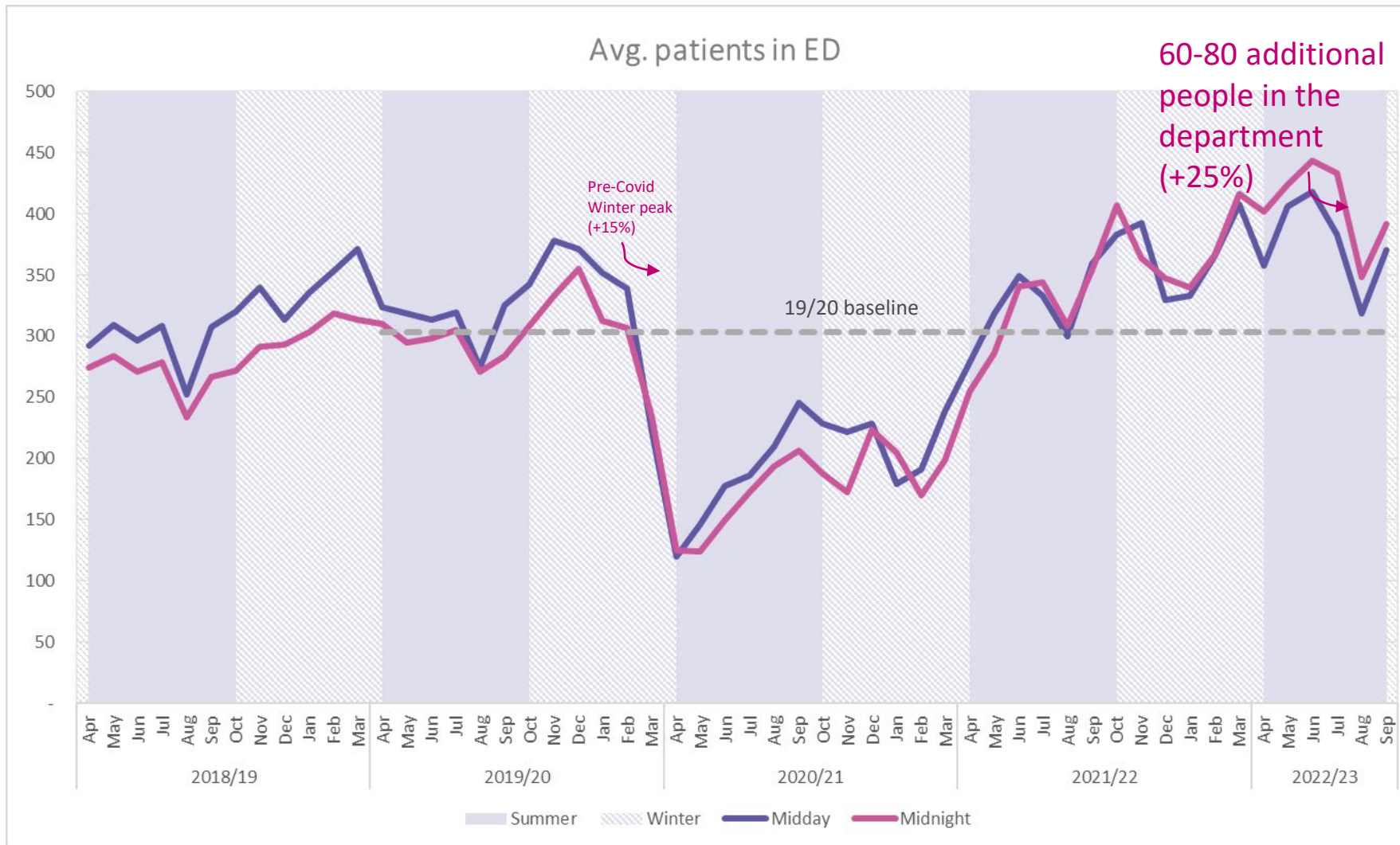
Total Appts:
+13% from baseline
+2,000 per day

August 2022: NCL delivered 587,954 appointments (excluding vaccinations)

19,000 appointments offered per day

Slightly lower than national average on F2F, slightly higher than national average on same day appts

More People in the Emergency Department



ED attendances have been at previous peak levels through summer.

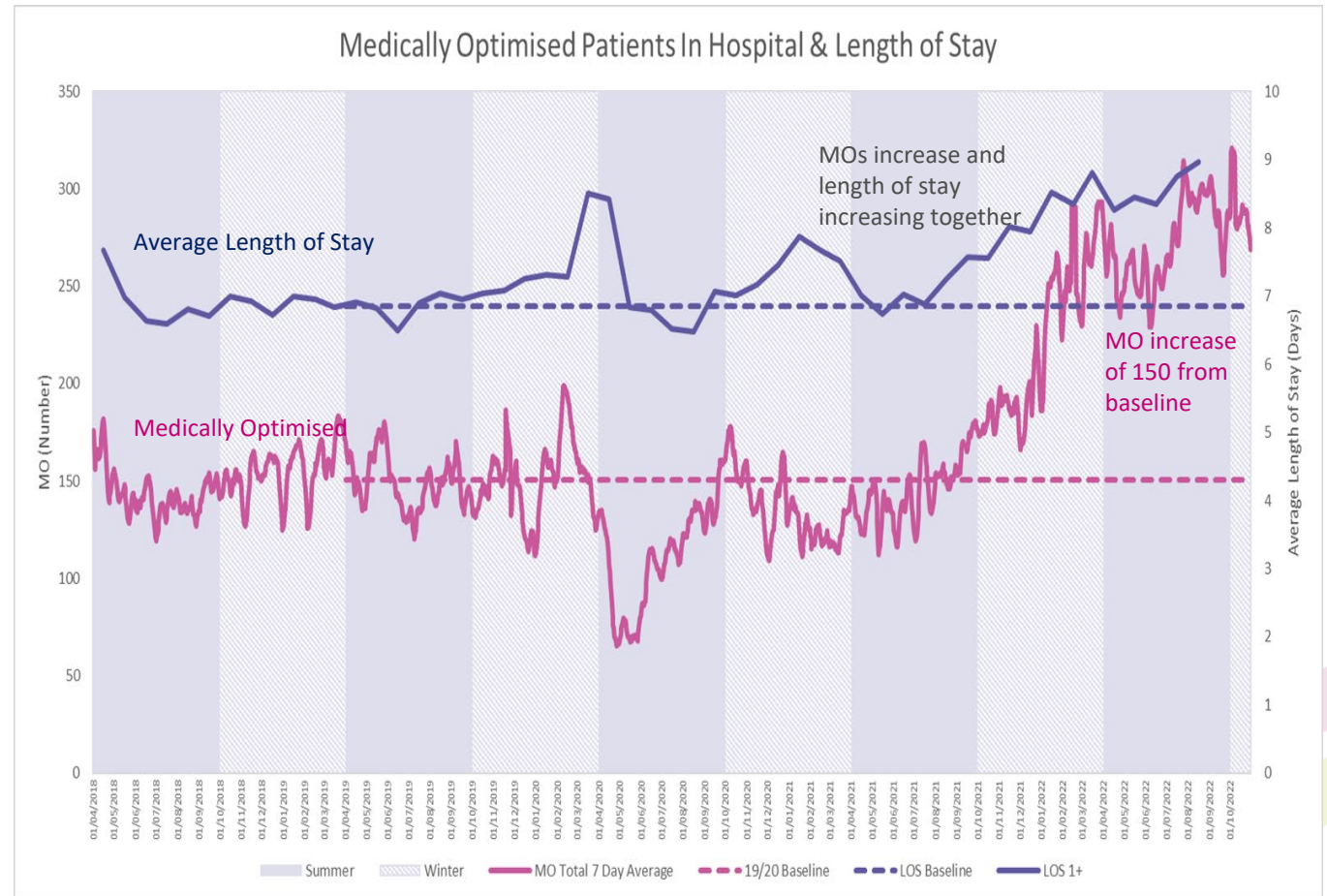
Growth in attendances particularly pronounced at NCUH (+ 7%).

Numbers waiting a long time in ED has increased across all sites, largely because of bed pressures

Ambulance handovers are challenged across London and at local hospitals.

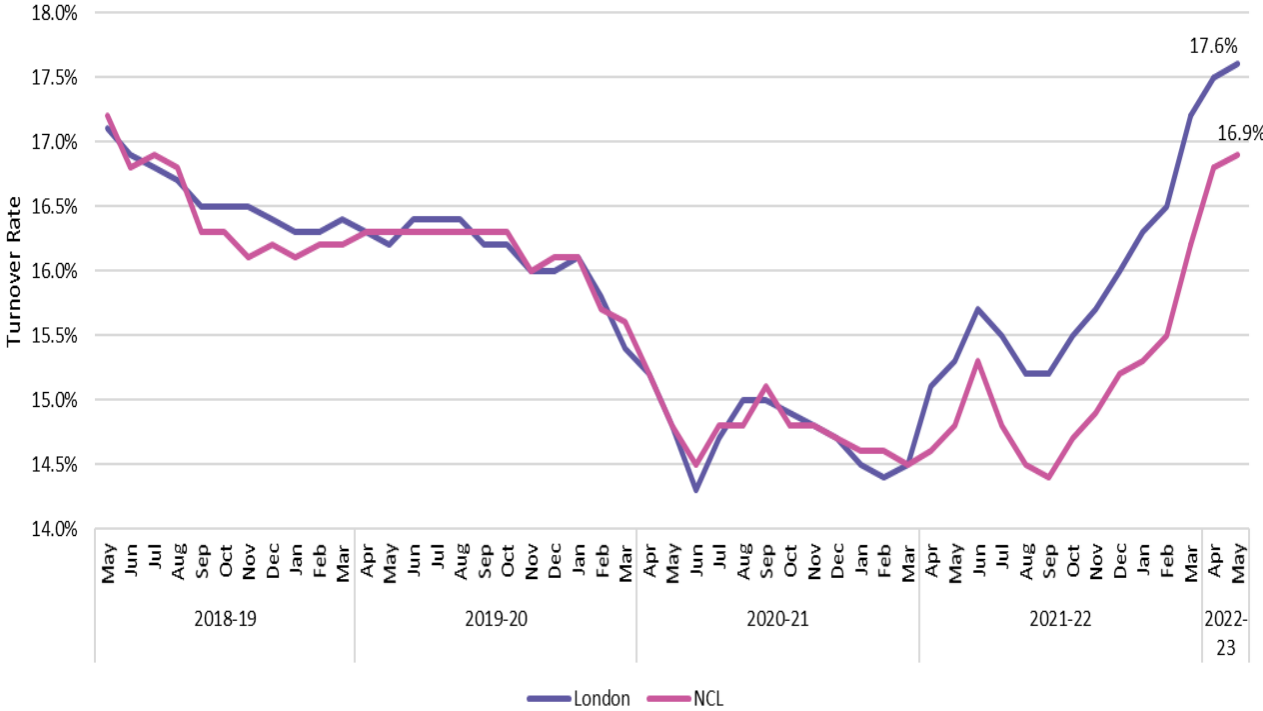
Length of Stay and Medically Optimised Patients

- We have seen increases in Medically Optimised patients
- Increases in delayed discharges appear to be driving up hospital length of stay, which has in turn pushed up bed occupancy
- Some of the increase in LOS is due to changes in case mix and rising acuity (which increase over winter)
- Bed pressures are also clear in community beds for people needing recovery / reablement and in mental health capacity, with very high occupancy at BEH Mental Health Trust which can result in people being placed out of area.



Workforce Challenges

Turnover Rate - Benchmarking



- Sickness rates remain higher than pre-Covid baseline in all staff groups
- Turnover rates increasing, in particular for more senior (band 6 & 7) nursing and AHP roles
- Increase in use of bank/agency (medical roles)
- Challenges with vacancies: e.g. GP workforce static for the last 5yrs (despite rising demand and activity); Social care: 5% reduction in filled posts (20/21 – 21/22); provider vacancy rate = 11% (~5k WTE)

Responses

- Small reductions in length of stay yield significant benefits – strong focus on ‘home by lunch’ & reducing longest lengths of stay
- Complexity / high acuity and deconditioning lead to higher demand for social care
- Significant investment going into community nursing
- Winter funding is being used for:
 - Additional F2F GP appointments for children and young people out of hours; additional support staff in primary care; pro-active visits to older patients
 - Re-opened GPs based within North Middlesex to relieve pressure on urgent treatment centre
 - Funding for virtual ward, rapid response – moving towards 7 day therapy service
 - ‘Winter’ operational meeting bringing operational leads together and used to flag particular pressures

Discussion

- Anything to add from your personal / professional / organisational perspective?
- Are there areas of interdependence where we could be doing more or working differently?

