Buckinghamshire Oxfordshire and Berkshire West Joint Overview and Scrutiny Committee

Urgent and Emergency Care pressures, Oxfordshire

Introduction

1. This paper outlines the system pressures within Urgent and Emergency Care (UEC) in Oxfordshire.

2. The papers cover:

- System pressures
- Oxfordshire Integrated Improvement plan

Urgent and Emergency Care system pressures

3. Urgent and emergency care (UEC) services perform a critical role in keeping Oxfordshire residents healthy and play a specific part in supporting patients to receive the right care, by the right person, as quickly as possible.

4. **Emergency Care:** This involves life-threatening illness or injury resulting from an accident, both requiring immediate treatment from both ambulance services and Emergency Departments (ED's).

5. **Urgent Care:** This mainly covers non-life-threatening illness or injury but requires clinical assessment.

6. The system delivering urgent and emergency care needs to continue to develop to meet the continued increase in demand.

7. We have an integrated improvement programme to support the system to meet the increase in demand.

8. **Key areas of pressure:**

- **People struggle to access care at the right time in the most appropriate setting.**
  - o As we continue to develop and improve pathways, patient, carer and family feedback is incorporated in the design of services to ensure that people are assessed in the right place to meet their needs.
- **Potential delay in ambulances getting to people who require it in an emergency**
  - o Prevent avoidable ambulance dispatches to create capacity for those who require it in an emergency.
  - o The ambulance service to maximise alternative pathways to the Emergency Department (ED)
  - o For ambulances that convey people to ED, staff are focussed on ensuring handover takes place within 15 minutes of arrival to the ED., This allows ambulance crews to leave to assess the next person who requires an emergency assessment.
- **Unable to meet demand - Capacity Management**
  - o Optimising the urgent care offer to meet the needs of the local population, including the use of urgent treatment centres (UTCs), minor injury units and same day emergency care units.
  - o Increasing capacity within the virtual ward to support all those who can be assessed in their own home are.
- **Mental Health meeting crisis response within the community setting**
  - o Increasing the provision of crisis response 24/7 to refine further opportunities to divert people from the ED and to a more appropriate setting.
  - o Reducing inappropriate mental health placements
  - o Reducing Length of stay across Mental Health inpatient beds

Challenges

9. Workforce and funding remain a challenge.

10. Continue to observe an increase in emergency attendances to ED and admissions resulting in an increase in demand in the hospital setting. Figure 1.1 illustrates the fluctuating demand across the Oxfordshire ED's.

Figure 1.1 **Demand in Oxfordshire Emergency Departments**
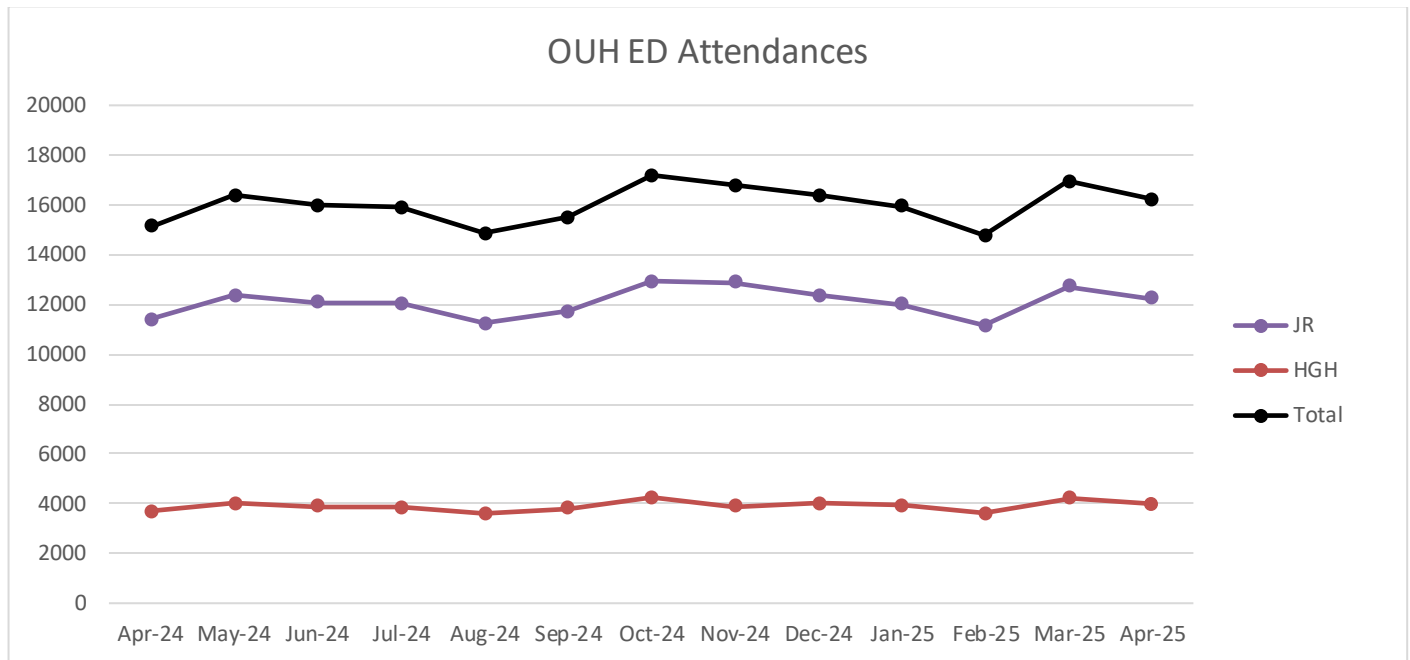
11. Figure 1.2 The number of people seen, treated and conveyed by the ambulance service
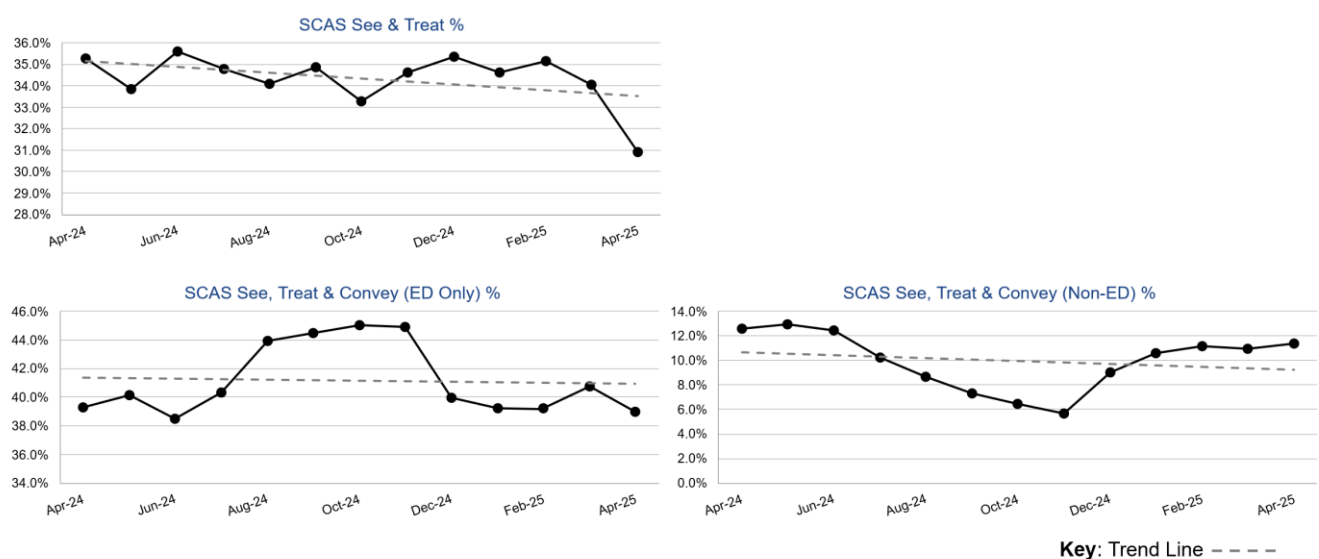

Context and additional information: SCAS dispatch area = North
Data source: SCAS - Andrew Battye
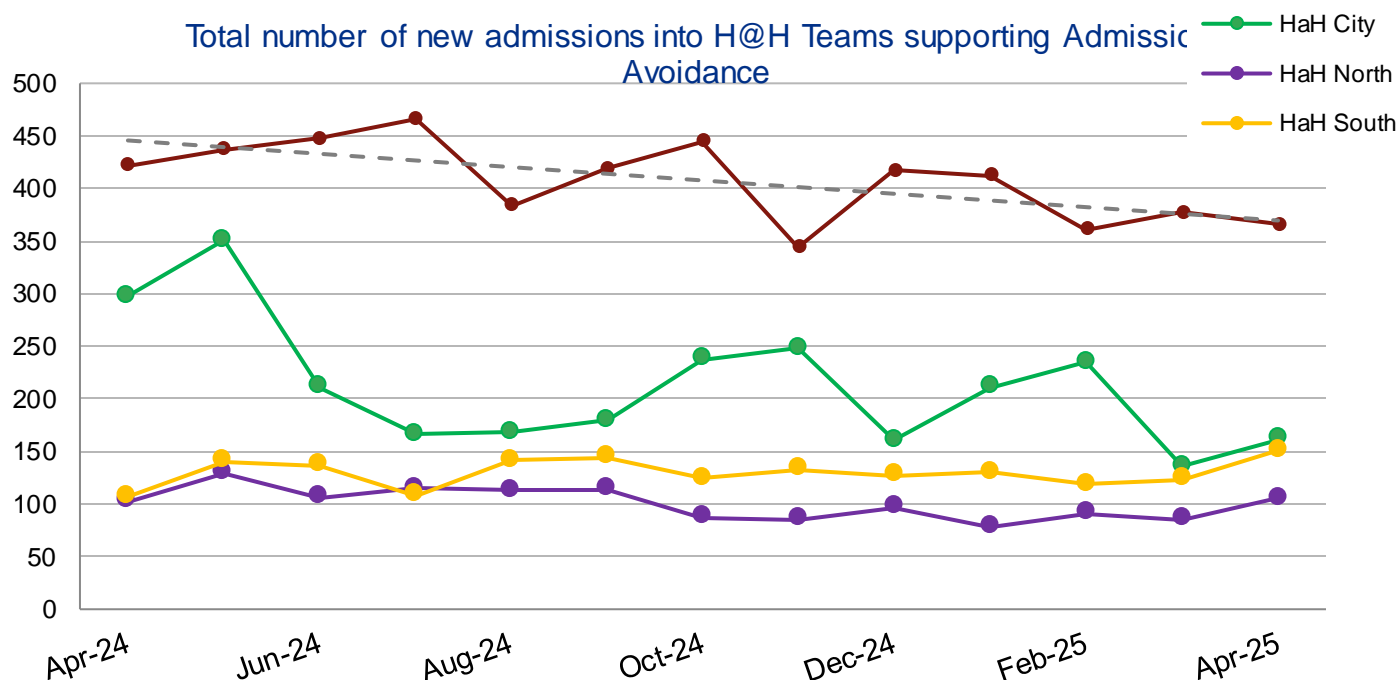
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12. Over 2024/25, South Central Ambulance Service (SCAS) have seen a reduction in the number of people seen and treated in their own home and an increase in the number of people conveyed to non-ED locations.

13. Figure 1.3 The total number of referrals to urgent community response.

Total number of referrals into Urgent Community Response team
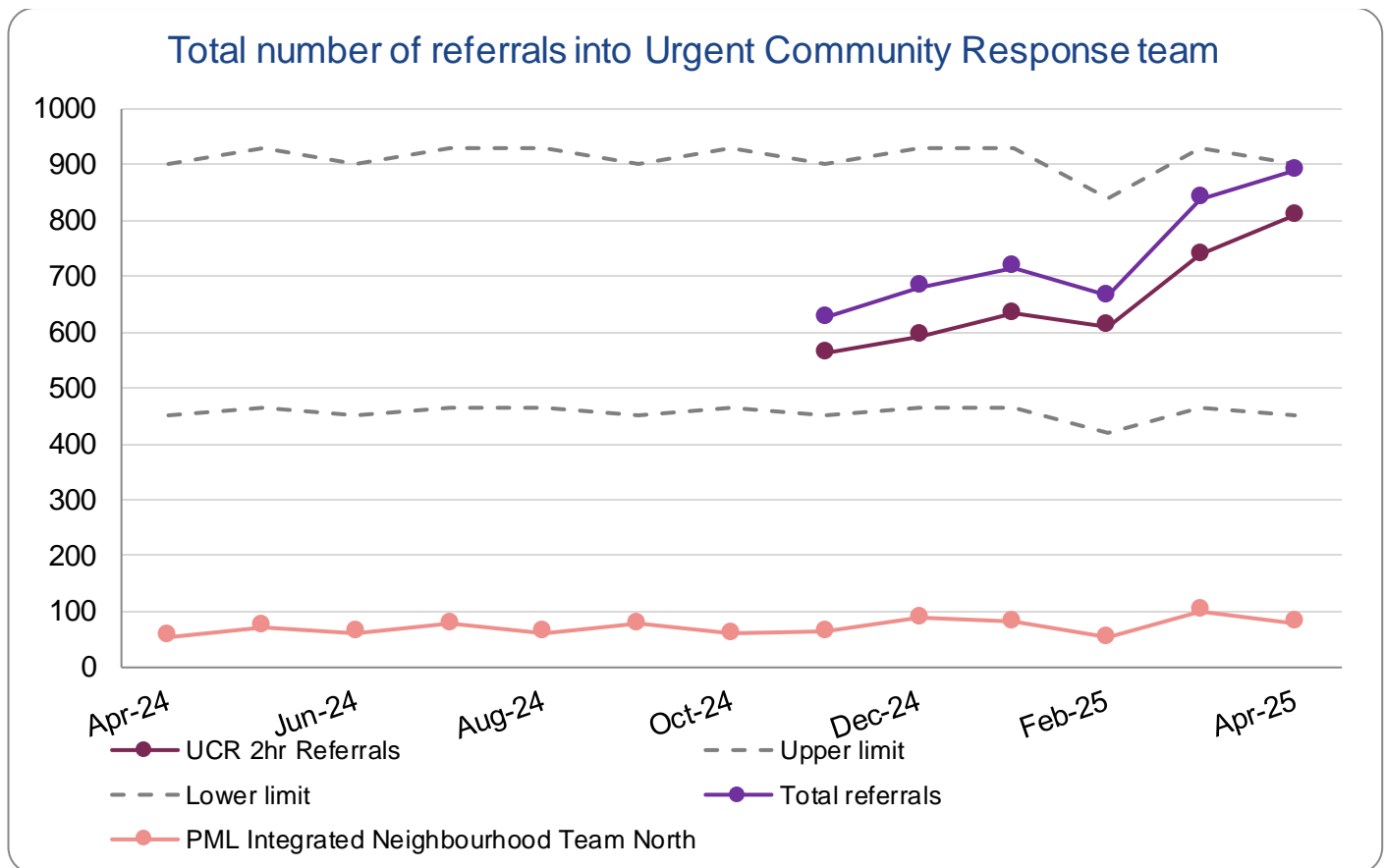
14. Figure 1.3 illustrates the increase in referrals to Urgent Community Response. This represents some of the increase in urgent care demand in Oxfordshire.

15. Figure 1.4 Total number pf people cared for in Hospital @ home service

Total number of new admissions into H@H Teams supporting Admission Avoidance

Legend: HaH City, HaH North, HaH South

16. Figure 1.4 on the previous page shows the slight decrease in the number of people assessed and treated in the hospital @ Home service. This related to the service being at full capacity with people who require additional visits to keep them in their own home.
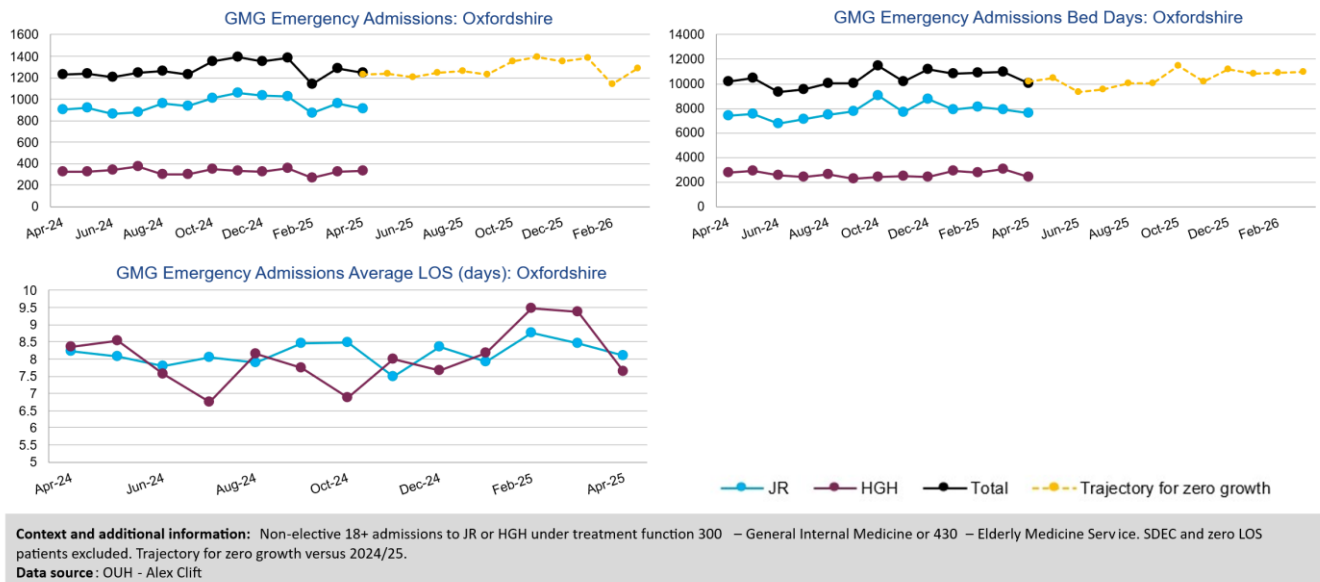
17. Figure 1.5 The increase in the number of people who received home first whilst in the community.

18. Figure 1.5 Total number of people receiving Home First in the community.

Total number of set ups for Reablement from community referrals by Home First
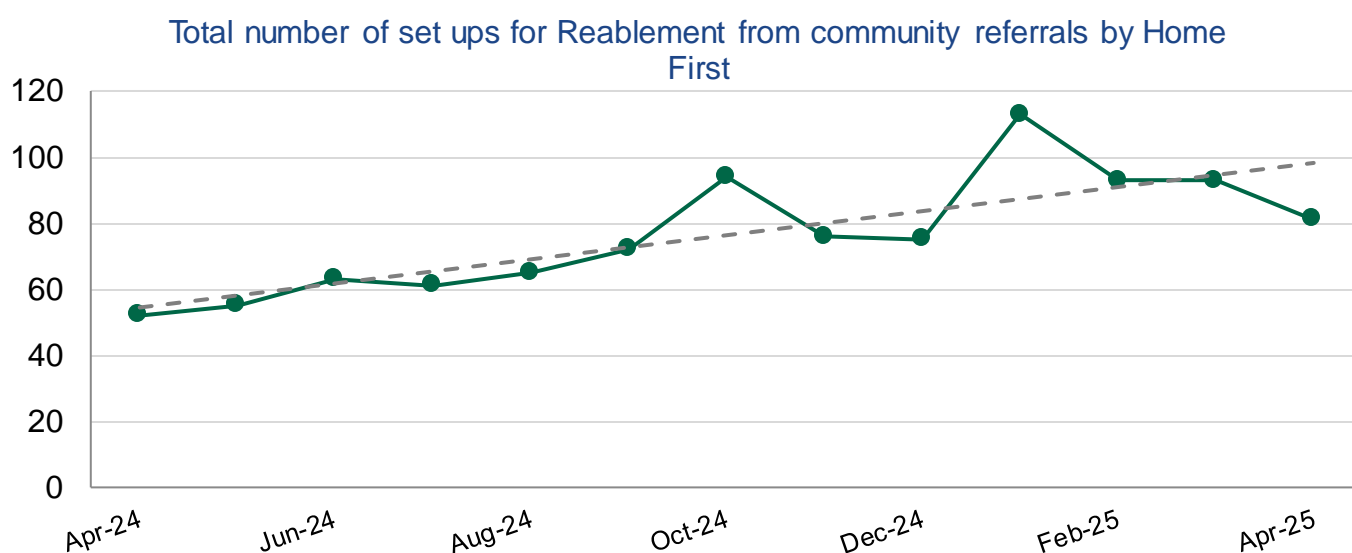
19. Figure 1.6 Emergency admissions to general medicine and gerontology

General Medicine or Gerontology OUH Emergency Admissions: Ages 18+
Patients registered at an Oxfordshire GP

Context and additional information: Non-elective 18+ admissions to JR or HGH under treatment function 300 – General Internal Medicine or 430 – Elderly Medicine Service. SDEC and zero LOS patients excluded. Trajectory for zero growth versus 2024/25.
Data source: OUH - Alex Clift

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20. Figure 1.6 shows the total number of emergency admissions over the last year and the average length of stay. In Oxfordshire we are aiming to have zero increase in emergency admissions to general medicine and gerontology for Oxfordshire residents. The yellow line is the trajectory for the forthcoming 12 months.
21. Figure 1.7 Total number of set ups from bed-based care which has been increasing over the last 12 months.
22. Figure 1.7 Total number of Home First set ups from bed-based care.

Total Home First set ups from bed-based settings
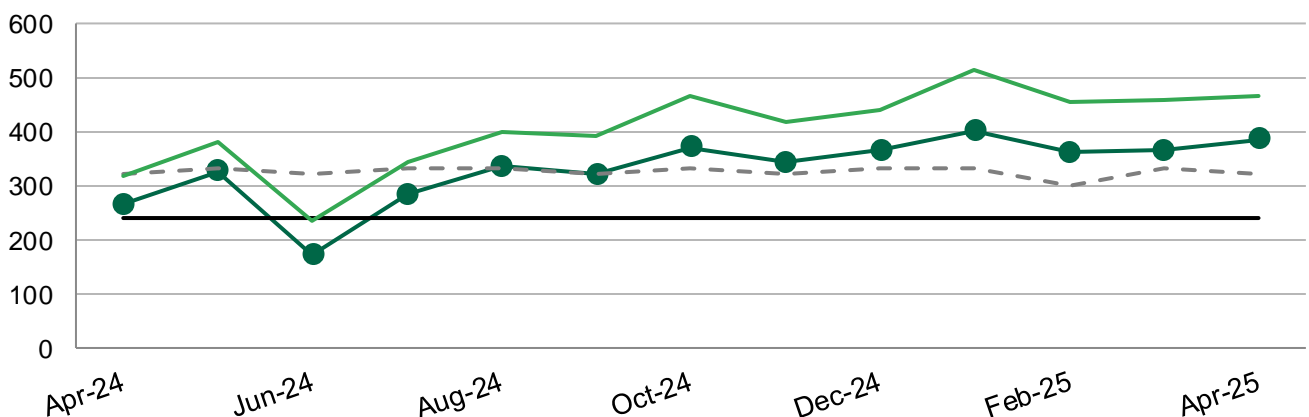
Oxfordshire priority areas for 2025/2026.

23. **Set the foundations for the neighbourhood model**: A consistent system wide population health management
24. **Improve flow through mental health crisis and acute pathways and access to children and young people's services**.
25. **Improve waiting time in the Emergency Departments**: A minimum of 78% of people assessed, discharged and transferred out of the Emergency Department (ED) within 4hrs of arrival. 98% of people spend less than 12hrs in the ED.
26. **Improve ambulance response times**: Reduce avoidable ambulances dispatches and conveyances and reduce ambulance handover delays.
27. **Improve and standardise care for those who require it on the same day**: optimising the urgent care offer to meet the needs of their local population, including the use of urgent treatment centres (UTCs)
28. **Reduce length of stay in hospital and ensure that people are cared for in the most appropriate setting**: Increasing the percentage of patients discharged by or on day 7 of their admission

Integrated Improvement programme

Neighbourhood model

29. **Population health management (PHM)**: Capture the entire population at an individual level, while covering person-level demographics, medical conditions, service usage, cost of care, other clinical risk factors and wider determinants of health. Data to be used for forecasting resource required and to support integrated working with additional focus on those who are underrepresented e.g., those with Mental Health diagnosis, learning disability and autism.
30. **Neighbourhood multi-disciplinary teams (MDTs):** MDTs will deliver responsive care based on the individual's needs. MDTs are focussed on population cohorts with specific, complex needs.
31. **Integrated intermediate care** : To provide therapy led short-term rehabilitation and reablement services. Access will be directly from community or as part of discharge planning using a discharge to assess approach.
32. **Urgent neighbourhood services**: For people with escalating or acute health needs, systems should have a standardised and scaled urgent neighbourhood service, aligned and planned around local demand.

Urgent and Emergency Mental Health

Improving access to mental health crisis care

33. Provision of 24/7 crisis team through redesign of existing services (merger of night team and street triage)
34. New 24/7 police 136 and health professionals' advice line, reducing avoidable 136 / ED attendance
35. Expansion of crisis team capacity across Oxfordshire
36. All age, 24/7 mental health text service "SUNRISE"
37. Further refine opportunities for diversion from the Emergency Departments, including review of crisis alternatives such as safe havens.

Reducing the length of time in Emergency Departments

Improve wait times and ambulance response times

Improve
- Improve ambulance response times by minimizing avoidable dispatches of ambulances, avoidable conveyances and time lost to hospital handovers

Reduce
- Reduce avoidable ambulances dispatches and conveyances:
  - Calls from the control room directed to community services
  - Calls from crews in person own home for further triage before conveyance.

Reduce
- Reduce Ambulance handover delays: Increase the number of ambulance handovers within 15 mins.

Zero
- Zero ambulance handover delays 45mins and over.

Achieve
- Achieve 78% performance of the 4hr standard within the two Emergency Departments (ED)

Reduce
- Reduce the length of stay for people in the Emergency Department: Increase the proportion of those admitted, transferred and discharged from ED within 12hrs .

8

Improve and standardise care for those who require it on the day

38. **Single Point of Access** to maximise referrals routes to all Same Day Emergency Units. Increasing volume and consistency of referrals to improve patient care and ease pressure on ambulance services and avoid unnecessary admission.
39. Review how the various visiting services to see how capacity can be increased to meet the unmet demand. Standardising and improving care across all virtual ward services to improve the level of care to prevent admission to hospital and improve discharge.
40. Increasing the proportion of patients seen, treated and discharged in 1 day or less using the principles of same day emergency care (SDEC), reduce variation across acute and community SDEC's
41. Optimising the urgent care offer to meet the needs of their local population, including the use of urgent treatment centers (UTCs) including Minor Injury Units (MIU's).
42. Improved home treatment provision with staff imbedded on inpatient wards
43. Embed new BCF schemes agreed for 24/25 (additional embedded housing workers).

Figure 1.8 Diagram of urgent care pathway through Single Point of Access
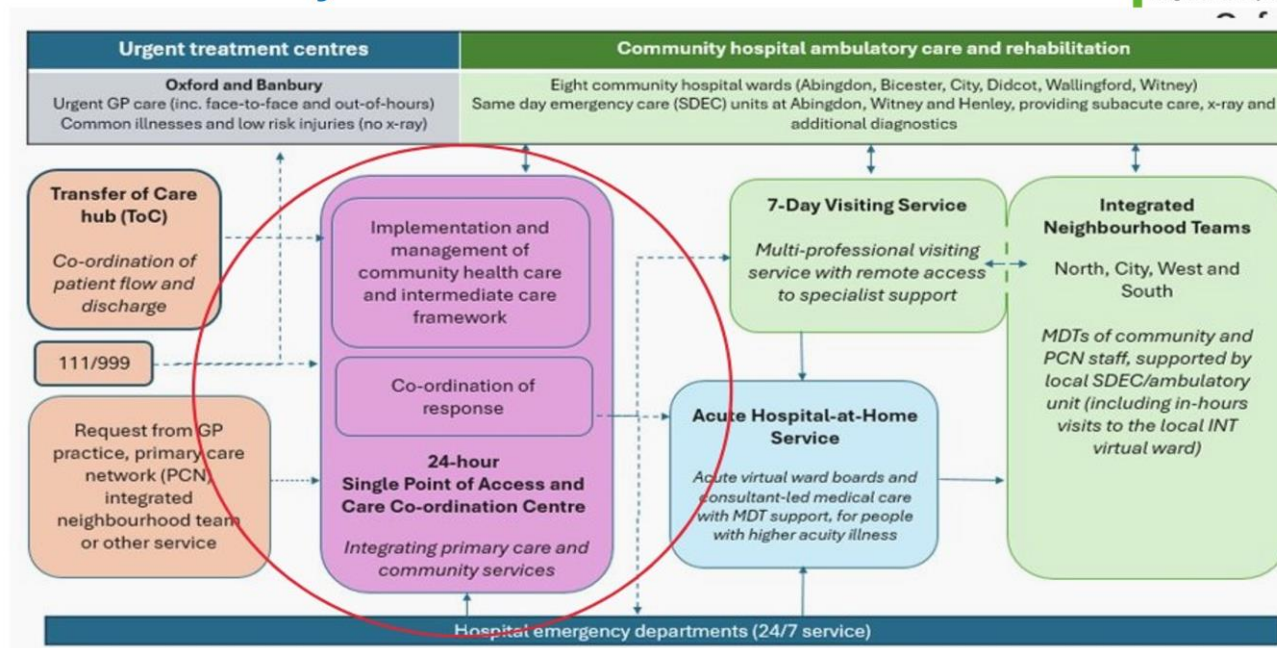
Reducing length of stay in hospital

44. Working across the NHS and local authority partners to reduce average length of discharge delay in line with the Better Care Fund (BCF).
45. Identify people at the earliest point during their hospital admission as to who will require support to return home.
46. Increasing the percentage of patients discharged by or on day 7 of their admission
47. Continue to increase the number of people returning directly to their own home. Introducing sustainable activity that will continue into the community to prevent falls and further deconditioning?
48. Assess people's needs in their own home, following discharge.
49. Develop plans with Neighbourhood teams to continue the holistic care of each person as an individual.

Future work and next steps

50. We will continue to develop the Oxfordshire integrated improvement programme to meet UEC system pressures for 2025/2026.