Reducing health inequalities in urgent and emergency care settings, November 2023

Health Inequalities peer learning event, held on 27 November 2023.

Chair:

Dr Sohail Munshi – chief medical officer, Manchester Local Care Organisation

Speakers:

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This interactive online peer learning event explored:

- The role of High Intensity Use (HIU) services in reducing demand in urgent and emergency care settings and tackling health inequalities.
- The current approaches trusts have taken in targeting interventions at frequent attenders in A&E.
- The barriers that have prevented trusts from implementing or growing existing HIU services and how these challenges could be overcome.

About the event

Services are experiencing an unprecedented level of operational pressures in the run up to winter. Trusts are working to reduce elective care backlogs in the face of ongoing workforce pressures. It is more important than ever to ensure effective winter planning to manage and minimise the expected increase in demand over this period. A&E is the front door to hospitals and often sees the biggest rise in patient numbers during winter.

Trusts can act now to reduce attendance in emergency and urgent care settings by providing targeted approaches to reduce the number of frequent attenders in A&E settings. Often, individuals frequently attending are likely to present from more deprived backgrounds and with complex health and wellbeing needs. HIU services identify the top attenders in A&E and contact these individuals to find out how the local health and care system can better meet their needs. This often involves working in partnership with voluntary,

community and social enterprise sector (VCSE) organisations to provide non-medical assistance, such as for housing, loneliness, social isolation and wellbeing.

Although the majority of acute NHS trusts have access to an HIU service, there is variation nationally in how services operate and the level of support they are able to provide for patients. Implementation of HIU services is a key priority for NHS England (NHSE), with references in the Delivery Plan for Recovering Urgent and Emergency Care Services (2023), the 2023/24 operational planning guidance, and the 2023/24 business plan.

Key themes from the event

This peer learning event was aimed at trust board members and those who contribute to or lead work on health inequalities in their trust. It provided a safe space to discuss how trusts can meet the dual goals of tackling health inequalities and reducing demand in A&E services through the use of HIU services. A total of 50 delegates joined the event.

In facilitated breakout discussions, delegates were asked to discuss their current approaches to HIU services, the barriers that have prevented them from implementing them and the opportunities services could provide in reducing health inequalities and alleviating pressure in urgent and emergency care.

Themes from the breakouts are outlined below.

Current approaches

- Among attendees there was a mix of trusts who do and do not have access to HIU services.
- There are a range of approaches for reducing frequent attenders across acute, community and ambulance providers, and within primary care and the VCSE sector generally. Although it was not always clear whether these approaches were considered to be HIU services specifically.
- HIU services are distinct programmes within urgent and emergency care settings. In HIU services, the acute trust appoints an HIU lead to analyse data to identify the top frequent attenders of A&E and arranges follow up with those patients to develop health and care plans. This approach involves working alongside an external provider to meet the needs of patients within the community.
- Trusts in our event that did have access to an HIU service highlighted the valuable role they play.
- Often the work taking place to support frequent attenders in trusts is currently ad-hoc and on top of the day job. It is often led by interested and willing clinicians on the front line in services, rather than via a dedicated role.
- Many trusts reported having a dedicated focus on 'high intensity users', but there was variation in whether they are practically delivering an 'HIU service'. Examples of this included:
    - Having an HIU working group but not a structured programme of dedicated support for patients.
    - Having a system to identify common concerns and/or presentations among patients and planning services according to those needs.

    - Having a data dashboard to monitor the number of frequent attenders and subsequently providing onward referral to the community mental health team. The referral process is delivered without dedicated interaction from clinical staff.
    - Multi-disciplinary team approach – meeting regularly to discuss social care, housing, mental health, alcohol and substance misuse, community and ambulance care. It was noted that more input was required from acute, inpatient services in this approach.
    - 'Navigator' approach - the 'navigator' team receive referrals directly from clinical staff, rather than acting as an outreach service. The approach includes a focus on violence reduction.
    - Outreach programmes with service users to provide peer support within communities.
    - Targeted initiatives with inclusion health groups accessing A&E (such as migrant and homeless communities).
    - Life-coaching training for staff, but these staff are not specifically assigned to an HIU service.
- Trusts without HIU services, or a targeted approach to frequent attenders, used the event as an opportunity to find out more about the opportunities HIU services can provide and were keen to take away the learnings to inform their future approaches to improve outcomes for this population group.
- HIU approaches can complement other approaches aimed at reducing hospital attendance.

Barriers

Many of the barriers raised reflect broader challenges trusts face when implementing health inequalities initiatives.

Awareness of HIU services:

- Some trusts reported a lack of awareness of HIU services or who to contact to establish new HIU services. They found the peer learning event helpful in making connections with relevant NHSE teams.
- The event highlighted a need for more education among staff on what HIU services are – both to help establish services where they do not exist, but also to make use of services that do exist which may be currently under-used.
- However, other trusts were aware of the NHSE guidance and the requirement to have access to an HIU service, which had informed their development of services.

Workforce:

- Workforce resilience was highlighted as a key barrier, with trusts highlighting the pressure staff are experiencing in busy and over-stretched emergency departments.
- NHSE guidance states that the HIU service should appoint an HIU lead, which should be a dedicated role (not in addition to existing responsibilities and workloads). Some trusts reported that this was not always feasible. For those who are championing and leading the work, it can sometimes feel lonely and isolating when there is not broader organisational support for the work. Without a dedicated role, there may not be enough capacity to deliver the work.
- It was recognised that HIU services take a new approach that is non-medical. Greater support is needed for workforce development, noting that staff often have not worked in this way previously and it takes time to develop the necessary skills and experience.
- Trusts identified a need for consistent training approaches for HIU services and staff working with these services. Variation locally was noted as an issue and there was a suggestion for centralised NHSE

guidance around training (specifically on life-coaching training and trauma informed approaches to care). The British Red Cross were recommended as having resources and expertise around training.

- NHS staff need to be included in conversations around developing HIU services as there may be hesitation or bias among the workforce. Culture change may be required where staff are judgemental about the motivations for why some groups access A&E services (though this was not identified as widespread). Providing more information about HIU services (and the patient perspective) is helpful for dispelling myths some staff members may have about the population group.

Funding:

- HIU services are often reliant on small funding pots (such as health inequalities or winter pressures funding).
- Others have utilised mental health funding streams to fund HIU services, citing the top reason for using HIU services is often mental health and wellbeing concerns.
- Without long-term, sustained, and ringfenced funding, HIU services may only be established on a temporary basis. Sporadic funding of HIU services has meant that services have been set up and then closed.
- Short-term services often fail to meet the needs of patients that are undergoing coaching from HIU services – for example, the coaching process may take up to three years, when services may only exist for 12 months.
- Specific barriers were raised around commissioning joint funding for multiple providers.
- Trusts requested long-term funding for HIU services and for services to be included in business-as-usual planning.

System working:

- There is a need to influence the wider system on this agenda in order to join up the different frequent attender programmes taking place at different levels. While HIU approaches are specific to acute emergency care departments, there are differing frequent attender approaches in primary care and the ambulance sector.
- Some trusts highlighted the lack of integration at the system level on this topic. It was noted that there is often a disconnect between staff carrying out the work on HIU services and Integrated Care Boards (ICBs)/ commissioners who are responsible for joining up services within the region.
- Communication and data sharing between different services within the system was also raised as a challenge.
- Limited resource within community services can be a barrier when seeking to refer patients into services. Limited resource in mental health services also means that patients know they often get quicker access to mental health support by attending A&E. Often A&E becomes the default destination for patients when other parts of the system are strained.
- Improved collaboration across the system could provide a holistic focus on preventing high use of healthcare services.

Data:

- Staff within some trusts are unaware of the scale of need and demand for HIU services. Data analysis highlights the rate at which some patients access urgent and emergency care services and should be harnessed to increase awareness and understanding of the level of demand.

- There is not a problem with lack of data in urgent and emergency care services, the problem arises in having the data analyst resource and skills dedicated to reviewing the data to help shape the design and delivery of HIU services.
- One trust suggested reviewing data of patients at the back of the A&E queue to identify who they are and what their health and care needs are, alongside reviewing the data for most frequent attenders.

Accountability:

- Trusts highlighted the need for the right people to be involved in decision-making around HIU service design and delivery.
- Meeting the needs of frequent attenders was not always seen as an organisational priority alongside other competing pressures. Sharing data on the scale of need was seen as an enabling factor for shifting priority onto HIU services.
- It was noted that greater advocacy may be needed nationally to raise the profile of HIU services to help make the case and identify where the service fits with other parts of the system.

Availability of HIU providers:

- HIU services are delivered by external providers, often VCSE organisations. The British Red Cross are one of the main providers in England and provide a wealth of experience in this area (they currently provide HIU services in 28 trusts). However, where there is a lack of provider locally for HIU services this will be a big barrier for NHS trusts seeking to set them up.
- VCSE services are often not available during out of hours (nights and weekends) which can leave a gap in service provision during peak hours, when this patient population may need support. This continues to place a strain on ambulance providers and urgent and emergency care departments.

Opportunities

Evidence of the impact of HIU services:

- HIU services have had an impact on reducing emergency attendance within trusts.
- This is particularly important within current pressures, where there are often 12-hour waits in A&E.
- The British Red Cross' report *Nowhere else to turn* provides an overview of HIU services and the impact they have had on patients and services.
- While evidence is important, it was noted that action should not wait for evidence, especially when it is known that there is a pressing need to reduce health inequalities.

Collaboration with system partners:

- Trusts reported positive working relationships with Local Authorities and VCSEs that can be built upon, and strengthened, through the development of HIU services. The importance of maintaining positive relationships within ICBs was highlighted, particularly during a period of reorganisation of NHS services and systems.
- Patients supported by HIU services are often known to other agencies and services within the system, so there is an opportunity for sharing learning and resource across the system to provide holistic support. Increased capacity to work on prevention of healthcare attendance would be welcomed by trusts.
- Provider collaboratives offer an opportunity to collaborate on HIU services delivery.

- Place based leads were highlighted as a positive example of bringing together system partners to enable HIU services.
- Specific opportunities for collaboration with primary care were highlighted, where there are also frequent attenders. There may be different needs for frequent users of primary care (multi-morbidity and complex medications) with frequent attenders in urgent and emergency care (complex social and wellbeing needs).
- Joined up care records across different providers (acute, community, mental health and ambulance) would provide a huge opportunity for identifying patients for HIU services/ frequent attenders.

Personalisation of care:

- HIU services provide an opportunity to deliver personalised care pathways for patients that address their needs – incorporating social care, physical health and mental health needs.
- Taking a non-medical approach can be beneficial in getting to know patients rather than trying to 'fix' them – instead they offer holistic support.
- Some individuals may struggle to share information that is non-medical with staff, which highlights the importance of staff training and education in this area.
- Having a personalised approach is particularly important for mental health patients who may not always receive one within other healthcare services.

Linking HIU services to the broader health inequalities agenda:

- A key opportunity is connecting the need for HIU services to broader health inequality work within the trust, to help prioritise and raise the profile of the issue.
- Trusts would benefit from national data or resources that highlight the links between patients frequently attending health services and the health inequalities they experience.

Sharing learning on HIU services:

- Trusts would welcome more opportunities for peer learning on HIU services, to share what is working well and how trusts have overcome challenges in implementation.
- A repository of case studies and/or a list of existing HIU services could be useful for others setting up services.
- NHSE are keen to support trusts setting up HIU services and can help trusts, more information can be found in the NHSE starter pack.