**REPORT TO:** Health and Wellbeing Board

**DATE:** 17th July 2012

**REPORTING OFFICER:** Strategic Director, Communities

**PORTFOLIO:** Health and Adults

**SUBJECT:** Urgent Care – Progress

**WARD(S)** Borough-wide

## 1.0 PURPOSE OF THE REPORT

1.1 Present Members of the Board with an update report in relation to the current projects/areas of work associated with improvements in Urgent Care as referenced in Halton's Accident and Emergency Recovery and Improvement Plan.

## 2.0 RECOMMENDATION: That

**1. note the contents of the report; and**

**2. note and approve the Recovery and Improvement Plan (Appendix 1).**

## 3.0 SUPPORTING INFORMATION

### 3.1 Local Context

During 2012 Halton Borough Council (HBC) and NHS Halton Clinical Commissioning Group (HCCG) developed the Urgent Care Partnership Board to lead on the development and management of the Urgent Care system used by the Borough's population.

3.2 Delivering on this agenda will provide the health and social care economy with sustainable improvements in performance and quality through:

- Understanding demand and capacity;
- Matching existing and redesigned resources to expected flow;
- Understanding and managing the service users experience, safety and outcome;
- Measuring quality, outcomes and performance;
- Working across partners to maintain an integrated 24/7 system that is sustainable;
- Joint working across all health and social care organisations within the economy;

- Scenario planning for periods of increased activity to better plan capacity to meet demand e.g. Winter;
- Development of robust escalation mechanisms, including clear definition of escalation triggers and processes;
- Signposting and educating people to select health care providers that are appropriate to their needs;
- Identifying patient pathways in the emergency department and assessment units which facilitate prompt decision making and timely discharge;
- Improving hospital discharge processes including proactive case finding;
- Targeted services, giving the greatest impact on outcomes; and
- Further co-ordination of services, thus avoiding duplication.

3.3 **Primary Care Quality and Access**

The accountability for Primary Care remains with NHS England, meaning that contractually NHS England oversees the quality elements of Primary Care within Halton.

However, evidence suggests that access remains an issue for Halton residents. As a result a Primary Care Quality Group, consisting of representatives from HBC and HCCG, will be established, whose role it will be to improve the quality and support to local practices in order for them to be able to effectively respond to the growing need for quicker and more effective access.

An evaluation report on progress will be presented by the Group to the Urgent Care Partnership Board in September 2013.

4.0 **PERFORMANCE**

4.1 As urgent care spans across acute, primary and community care, key performance indicators need to reflect this. Ambulance response times, A&E attendances, admissions, readmissions and lengths of stay are some of the national metrics monitored in the system. These generally reflect the state of development within primary and community care but do not provide specific understanding of the development needs within these sectors. Availability, access, pathway development within, and utilisation of, primary and community care are key to managing demand on acute services by the provision of credible, alternative pathways of care.

4.2 Where baseline measures existed, they demonstrated that Halton performed well on A&E and 18 week waiting targets, support for people to die at home and the numbers of people admitted to Long Term Care. Significant challenges were evident in the number of admissions, readmissions and lengths of stay for the 65+ population into the acute sector and the number of older people who attended

hospital following a fall. Furthermore, some of the local population are utilising multiple services for the same issue whilst some would benefit from a more targeted approach to support self and joint management of their long term conditions and health/social care needs.

4.3 Recent performance data does demonstrate improvements in some areas:

- permanent admissions to residential/nursing care; and
- proportion of Local Authority Adult Social Care spend on residential/nursing care. NB. Halton are ranked the best in the Northwest in relation to this area.

Areas that are improving include:

- non-elective re-admission rates within 30 and 90 days – Service changes contributing to this include: a post discharge telephone support service; the Local Enhanced Service scheme in primary care with a focus on readmissions; and the addition of a dedicated telephone line for GP's looking for alternatives to admission through the Rapid Access and Rehabilitation Service.

Areas that remain static include:

- proportion of deaths which occur at home – review of the end of life pathway is underway to ensure maximum use of community care planning and preferred place of care process; and
- proportion of people discharged direct to residential care – investigation work is underway to understand how this is coded as this does not reflect local authority data.

4.4 Through the continued work of the Urgent Care Partnership Board, many projects associated with improving the Urgent Care system have already been completed and implemented and it should be noted that these projects have been referenced within the Accident and Emergency Recovery Plan (see paragraphs 3.14 – 3.16 of this report) as these will contribute to the delivery of the A&E operational standard (95% of patients admitted transferred or discharged within 4 hours).

## 5.0 NATIONAL CONTEXT

5.1 On the 9th May 2013, Dame Barbara Hakin, Chief Operating Officer/Deputy Chief Executive of NHS England wrote to NHS England Area Directors regarding the delivery of the A&E 4 hour operational standard, the pressure the urgent and emergency care system is experiencing at the moment and the impact that this was having on the operational standard.

5.2 As a result it had been agreed that NHS England would coordinate

the production of local recovery and improvement plans to ensure operational standards were being met.

5.3 NHS England, Monitor and the NHS Trust Development Authority (TDA) have put in place a tripartite agreement which will provide regional and national oversight to the delivery of these plans. It is the intention that that they will also work closely with CCGs at national level, as well as with key partners from local government.

5.4 Together, they have agreed a national recovery and improvement plan to secure the timeliness of treatment for patients. The Plan outlines the actions expected of Area Directors to facilitate a local partnership approach and system plan. As lead commissioners, CCGs need to support their providers to ensure that each A&E department that is not within the NHS Constitution threshold can recover its position at the earliest possible time. This has therefore required the development of local recovery and improvement plans centred on each A&E department.

## 6.0 Halton's Accident and Emergency Recovery & Improvement Plan (R&IP)

6.1 Deadlines for the production of local Plans were tight, having to be submitted to Regional Directors by 31st May 2013.

6.2 Plans having been submitted to Regional Directors, the regional teams will be working in partnership with the regional arms of Monitor and the NHS TDA to ensure mutual understanding and oversight of the delivery of the local plans. The national tripartite performance oversight team, working with local government and CCGs will ensure a coordinated national approach to this process.

6.3 Within Halton, the development of the local Plan (***Appendix 1***) was co-ordinated via the Halton Urgent Care Partnership Board and in addition to being formally signed off by HCCG, has been agreed by all partners of the Board. It should be noted that prior to submission to the Regional Director each local plan has had to go through the NHS England's North Region assurance process; this exercise was completed.

6.4 The Plan and associated actions have been divided into a number of areas as follows :-

- Urgent Care Board;
- Prior to A&E;
- Flow whilst within hospital (Warrington & Whiston);
- Discharge and out of hospital care;
- Other associated actions (immediate); and
- Other associated actions (3-6months)

The R&IP contains supporting commentary and associated evidence against each of the actions outlined, in addition to a number of supplementary actions required and timescales that will support improvements within Halton's Urgent Care system as a whole, not just in terms of the A&E operational standard and address the challenges that exist within the system as outlined in paragraph 3.5 of the report.

## 7.0 RISK ANALYSIS

7.1 The Urgent Care Board has rated progress to date against each of the actions in the R&IP using R/A/G and it is planned that progress against the actions outlined in the A&E R&IP, and the impact that these are having on the current challenges within the Urgent Care system, will be monitored on a monthly basis via the Urgent Care Partnership Board.

## 8.0 EQUALITY AND DIVERSITY ISSUES

8.1 There are no adverse consequences as a result of any proposals.

## 9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

None under the meaning of the Act