REPORT TO:	Health and Wellbeing Board
DATE:	12th March 2014
REPORTING OFFICER:	Strategic Director - Communities
PORTFOLIO:	Health and Wellbeing
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.

2.0 RECOMMENDATION: That the Board note the contents of the report and associated appendices.

3.0 SUPPORTING INFORMATION

National Context

3.1 Demand on NHS hospital resources has increased dramatically over the past 10 years, with a 35% increase in emergency hospital admissions and a 65% increase in secondary care episodes for those over 75 years.

- Last year, there were over 21 million visits to A&E or nearly 60,000 attendances every day
- There were 6.8 million attendances at walk in centres and minor injury units in 2012/13, and activity at these facilities has increased by around 12 per cent annually since these data were first recorded a decade ago
- The average number of consultations in general practice per patient rose from 4.1 to 5.5 per year between 1999 and 2008
- Last year, there were 51.4 million GP appointments, one in five due to minor ailments such as coughs, colds and hair lice
- Attendances at hospital A&E departments have increased by more than two million over the last decade
- The number of calls received by the ambulance service over the last decade has risen from 4.9 million to over 9 million
- Emergency admissions to hospitals in England have increased year on year, rising 31 per cent between 2002/03 to 2012/13

3.2 A combination of factors, such as an ageing population, out-dated management of long-term conditions, and poorly joined-up care between adult social care, community services

and hospitals are seen to account for this increase in demand over time.

3.3 Compounding the problem of rising emergency admissions to hospital is the rise in urgent readmissions within 30 days of discharge from hospital. There has been a continuous increase in these readmissions since 2001/02 of 2.6 per cent per year.

3.4 Following the publication of the key findings and recommendations of the second Francis Inquiry which outlines the story of the appalling suffering of many patients at the Mid Staffordshire Hospital, we have recently seen a radical change in how the Care Quality Commission inspects acute hospitals, which includes the introduction of hospital inspection teams.

3.5 Sir Bruce Keogh, the National Medical Director of NHS England, has also recently proposed a fundamental shift in the provision of urgent care, with more extensive services outside hospital and patients with more serious or life threatening conditions receiving treatment in centres with the best clinical teams, expertise and equipment.

3.6 These and other national developments are all having an impact on the whole of the urgent care system, both nationally and locally.

Local Context

3.7 Halton Borough Council (HBC) and NHS Halton Clinical Commissioning Group (HCCG) are continuing to actively work together in conjunction with our partners on Halton's Urgent Care Working Group (UCWG) (new name for Urgent Care Partnership Board) to lead on the development and management of the Urgent Care system used by the Borough's population. Attached at ***Appendix 1*** is the governance structure associated with the Urgent Care system in Halton.

3.8 The Urgent Care agenda is a complex and challenging one; we need to ensure that there is a system wide approach to Urgent Care which requires high quality and accessible primary, community and social care services to be in place to provide alternatives to A&E attendance and admittance to hospital for the local population.

3.9 Locally we have seen :-

- A 3.4% increase in A&E attendances for the Halton population across the 2 local acute trusts between 2010/11 and 2012/13.
- As at October 2013, there has been an increase of 4.8% in the total number of type 1 A&E attendances compared with the same period last year.
- A 3.1% increase in non-elective admissions[1] for the Halton population across the 2 local acute trusts between 2010/11 and 2012/13.
- An average of 4,000 monthly attendances since April this year at the Widnes Walk in Centre.
- On average monthly, between April – September 2013, there have been approximately 1,500 monthly calls to the Out of Hours GP Service.
- The number of Category A calls received by the Ambulance Service resulting in an

[1] Non-Elective Admission : A patient not admitted from a waiting list e.g. admitted as an emergency, via A&E etc.

emergency response arriving at the scheme of an accident is averaging approximately 600 per month.

Current Performance

3.10 There are a range of performance and benchmarking measures that help us to monitor the urgent care system both on a daily basis and over time to establish trends. This range of data includes the NHS and Local Government Quality and Efficiency Scorecards which are produced by the Advancing Quality Alliance (AQuA)

3.11 Comparisons have been undertaken between the data AQuA produced between March 2013 and December 2013; these comparisons are attached at ***Appendix 2.*** It should be noted that September and December's information does not include Cumbria and as such this needs to be taken into account when considering Halton's position against other Northwest (NW) areas and in terms of its direction of travel.

3.12 The latest data provided by AQuA does demonstrate **excellent** performance in the following areas:

- permanent admissions to residential/nursing care – Although it should be noted that there has been an increase in admissions between September and December 2013; this is currently subject to investigation and a working group has been established to examine the reasons behind the increase;
- proportion of Local Authority Adult Social Care spend on residential/nursing care - It should be noted that Halton has previously been ranked the best in the NW in relation to this area, however according to December's information Halton has now been ranked 2nd and are being out-performed by Bolton – this links to the increase in permanent admissions outlined above; and
- delayed transfers of Care – This is an area which significantly improved between March and September 2013. Although there has been a dip in performance between September and December we have improved on our NW ranking over the last 12 months. In March 2013, based on January 2013 bed days we were ranked 21st, in December 2013 based on October 2013 bed days Halton is now ranked 17th. However this is still subject to the inclusion of Cumbria's information, but even taking account of the fact that Cumbria might well be performing better than Halton in this area there has been an overall improvement. Changes to the Integrated Discharge Team at Warrington have enabled the development of a more proactive approach to managing length of stay and has positively impacted on this area. Work has also been taking place with the Discharge Team at Whiston Hospital to ensure that this proactive approach is reflected across the system.

3.13 Areas that are improving but still present significant challenges include:

- non elective bed days – Between March and December 2013 although we have seen a reduction in the numbers of non-elective bed days, from 3119 in March to 2802 in December 2013, we are still only ranked 18th out of the NW Local Authority areas. As outlined in the paragraph above, changes to the Integrated Discharge Team at Warrington and work with the Team at Whiston has enabled the development of a more proactive approach to managing length of stay and therefore on associated bed days.

3.14 Areas that remain as significant challenges include:-

- non elective admissions and non-elective re-admission rates within 30 **and** 90 days

(65+) – In terms of non-elective admissions we have seen some improvements in this area; in March 2013 we saw 341 admissions whilst in December 2013 there were 330. Although there was a very slight drop in performance in terms of readmissions at 30 days in December we have improved on our NW ranking. There were improvements at readmissions within 90 days; 29.6 at March and 27.0 in December 2013. A number of initiatives/projects are expected to have a positive impact within this area when they come to full fruition; initiatives include the introduction of the new Urgent Care Model, new GP acute visiting scheme and Community Multi-Disciplinary Teams. Work is also taking place with the acute trusts to examine possible 'coding' issues in relation to re-admissions which may mean that figures have been inflated.

3.15 Areas that remain static include:

- proportion of people discharged direct to residential care; and
- proportion of deaths which occur at home – A recent review of the end of life pathways and services has been undertaken to ensure maximum use of community care planning and preferred place of care processes. Associated reports have been presented to both the Health and Wellbeing Board and Complex Care Board.

3.16 Work has recently been undertaken on the development of an Urgent Care Performance Dashboard, which includes a range of high level indicators such as the numbers of A&E attenders and ambulance turnaround times, which the UCWG use to assess performance within Halton from a 'whole system' perspective. Attached at ***Appendix 3*** is a copy of the Performance Dashboard outlining performance as at November 2013.

Current Local Developments

The following paragraphs outline a number of current local developments currently having an impact on the urgent care system within Halton:-

3.17 **Winter 2013/14**

The delivery of the A&E standard across England throughout winter remains a key priority for NHS England and partners. Since the A&E Improvement Plan was introduced by NHS England in May 2013, UCWGs have been working locally to support the delivery of the delivery of the 4 hour A&E operational standard; Halton included.

Heading into Winter 2013/14, discussions took place at the UCWG to identify a list of schemes/initiatives which had the potential to manage the anticipated increase in activity and support A&E over the winter period. See ***Appendix 4*** for details of these initiatives.

The schemes identified :-

- Support the flow within A&E within Whiston and Warrington Hospitals;
- Support the flow through acute bed base; and
- Deflect admissions from A&E.

These schemes coupled with close operational management of services and work with all providers will be sufficient in managing changes in demand whilst maintaining the high performance and quality of care achieved through the rest of the year.

NOTE: Nationally, some £400m has/will be been injected to help support the NHS over the winter period. The additional resources should/will be used to secure resilient delivery of the services to patients through the winter, and will involve:

- Schemes to minimise A&E attendance and hospital admissions.
- Improvements to system flow through 7 day working across hospital, community, primary and social care with innovative solutions to tackle delayed discharges.
- Specific plans to support high risk groups.

NHS England expects that the use of this money will be fully agreed through UCWGs.

To ensure that Winter pressures are being appropriately managed there are a number of mechanisms/tools that have been introduced in order to do this. In addition to the comprehensive assurance process Halton have gone through with NHS England Merseyside Area Team in respect of our winter plans, Halton are also active participants in the teleconferences introduced by the Area Team (3 per week) where issues within the system are discussed and solutions agreed; these are in addition to the operational teleconferences that take place. The UCWG have also developed a system wide Winter Risk Register which outlines all the major risks, from a whole system perspective, in addition to the measures introduced to help mitigate these risks; the risk register is reviewed on a monthly basis by the UCWG.

3.18 **Urgent Care Centres (inc. Clinical Decisions Unit)**

Part of NHS HCCG's commissioning intentions 2013/14 included a review of the current urgent care facilities across the borough, development of a preferred model of care and completion of a formal three month public consultation. The new model of care has been designed to reduce pressures on capacity with Accident and Emergency departments and also provide innovate ways of working with partner organisations such as North West Ambulance Service, Acute Hospitals and community NHS trusts.

NHS HCCG completed the public consultation on 31st August 2013 and is in the process of developing the operational model in partnership with Warrington and Halton Hospital NHS Foundation Trust, Urgent Care-24 (GP Out Of Hours), NHS property services, St Helens and Knowsley Teaching Hospitals and Bridgewater Community NHS Trust this will include the development of a business case. The implementation phase is planned for completion in September 2014, taking into account any contingency plans that may need to be actioned.

3.19 **Urgent Care Response Plan**

Halton's Urgent Care Response Plan, first produced in November 2012, has recently been reviewed and updated as many of the work programmes and associated projects that were identified in the first response plan have now been completed/achieved.

In addition to a number of on-going projects, the UCWG, via the development of Halton's Accident and Emergency Recovery and Improvement Plan - May 2013, has identified a number of new projects which will further improve the Urgent and Emergency Care system within Halton. Regular monitoring of the progress of these work programmes is taking place via the UCWG.

3.20 **Community Multi-Disciplinary Team (MDT)**

One of the overall aims of the development of a Community MDT approach to the management of people with Complex Needs is to reduce the number of non-elective admissions and A&E attendances through the use of individualised programmes of care and support.

Each MDT comprises of a core group of staff including a GP, Senior District Nurse, Community Matron, Social Care Practitioner, Medicines Management, Practice Manager, and Community Wellbeing Officer. The core group may call on members of an 'extended

team' and these members would be identified during the initial identification process or subsequent multi-professional meetings. Members of the extended team may include a Social Worker, Mental Health Practitioner or Specialist Nurse etc.

The MDT will meet on a monthly basis to begin with. They combine information from practitioner caseloads, practice nominations and a developing set of data within the portal system to identify a group of patients where cross professional discussion will support a coordinated approach to complex case management.

There are currently 16 out of the 17 GP practices within Halton involved in this project; negotiations are currently taking place to support the final GP practice in Halton to adopt this MDT approach.

3.21 **Care Homes Project**

The care home project in Halton is a 12 month project which was established in July 2013.

The team has one very complex, multifaceted objective which is to investigate unmet need in Halton's care homes from the perspective of health and social services. Although this appears to be quite a tough remit, it was felt that the problems needed to be understood before any attempts were made to remedy them.

The care home project has so far reviewed the residents in 4 care homes; Beechcroft, Widnes Hall, St Patrick and St Lukes and are becoming involved in another 3 homes; Croftwood, Halton View and Ferndale Mews.

On-going work has identified 6 key issues, these include:-

- Communication;
- End of life Care;
- Physical Care;
- Pharmacy;
- Equipment; and
- Primary care utilisation.

A number of recommendations have been made to make improvements in these areas and these are in the process of being implemented.

3.22 **Emergency Care Intensive Support Team (ECIST) Whole System Review (Warrington & Halton)**

ECIST have recently undertaken a whole system review of urgent care across Halton and Warrington.

ECIST focus on improving performance, quality assurance and programme enhancement. Assignments for ECIST typically include working with local health communities jointly to diagnose areas for performance improvement; supporting implementation planning and delivery; and transferring knowledge to produce sustainable and resilient solutions.

As part of the review, ECIST had the opportunity to meet with a number of colleagues from across the health and social care economy within Warrington and Halton who all either directly support the UC system or manage areas of work which impact indirectly within this area.

The whole system review report has been presented to the UCWG.
A number of themes emerged from the review, including :-

- Communication and Language – has improved but could improve further;
- Escalation – does the current escalation policy work?;
- Differences between the UCWGs within Warrington and Halton – possible duplication?
- Need for objective measures; and
- Good integration within Halton – the view being supported by partners such as NWAS and WHHFT.

The review also commented on :-

- Single Point of Access – needs further review;
- Urgent Care Centre development – deemed to be positive by all;
- Care Homes – Further work required;
- Improved dialogue between primary and secondary care clinicians required; and
- Sub-Acute Unit (Ward B1) – well run.

Overall recommendations included the suggestion to run a 'Perfect Week' at Warrington and Halton Hospitals NHS Foundation Trusts in order to 'recalibrate' the system. This has been accepted by the Trust and at the time of writing this report plans are being developed to run the week w/c 3rd March; support from partners will be required.

Additional recommendations included the need to standardised inpatient practice – 'SAFER' flow bundle; again accepted by the Trust, rolling ward rounds, introduction of Internal Professional Standards etc.

Further details can be found in the review report attached.

From ECIST's perspective Halton are 'heading in the right' direction, but we cannot be complacent. We need to be ambitious and brave with our plans and the 'Perfect Week' may be an opportunity to trail new developments.

3.23 It is anticipated that these current local developments will have a positive impact on the urgent care system as a whole in Halton. It is anticipated that we will be able to:-

- Match resources better to expected flow;
- Manage patient's experience, safety and outcomes better;
- Measuring quality, outcomes and performance;
- Work with delivery partners to maintain an integrated 24/7 system;
- Identify and develop alternative patient pathways to A&E; and
- Re-direct resources to enable investment in prevention and early intervention services, including public health improvement/promotion, preventing the exacerbation of Long Term Conditions and thus avoiding unnecessary hospital admissions.

4.0 POLICY IMPLICATIONS

4.1 None identified at this stage.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 In this current economic climate, where both Local Authority and Health Services available resources are contracting, in line with the national agenda, the flow of resources supporting

the urgent care system needs to change to ensure that there is a greater focus on highly responsive, effective and personalised services outside of hospital i.e. within primary, community/voluntary and social care services. These services should deliver care in or as close to people's homes as possible, minimising disruption and inconvenience for patients and their families. Secondly we need to ensure a greater focus on early intervention and prevention work to ensure that people remain healthy for longer, thus reducing the impact on the acute sector and other health and social care services.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children & Young People in Halton**
None identified.

6.2 **Employment, Learning & Skills in Halton**
None identified.

6.3 **A Healthy Halton**
All issues outlined in this report focus directly on this priority.

6.4 **A Safer Halton**
None identified.

6.5 **Halton's Urban Renewal**
None identified.

7.0 RISK ANALYSIS

7.1 None identified at this stage.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 None identified.

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

9.1 None under the meaning of the Act.