REPORT TO:	Health Policy and Performance Board
DATE:	17 June 2014
REPORTING OFFICER:	Strategic Director - Communities
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Urgent Care – Progress, including Urgent Care Centre Development (Presentation)
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, including a presentation from Simon Wright, Chief Operating Officer/Deputy Chief Executive of Warrington and Halton Hospitals NHS Foundation Trust in respect of the progress towards the development of Urgent Care Centres in Runcorn and Widnes.

2.0 RECOMMENDATION: That the Board: Note the contents of the report, associated appendices and presentation.

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
- The trend of increasing A&E attendances slowed in 2013/14 to 0.6%
- 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 with a further 3% increase in 2013/14. A reduction in the number of attendances at Warrington Hospital was offset by an increase at Whiston

- 33% of Halton people admitted to an acute hospital stay less than 24 hours indicating that people required some investigations than would take longer than 4 hours

- An average of 4,000 monthly attendances since April this year at the Widnes Walk in Centre.

- On average there have been approximately 1,500 calls per month to the Out of

Hours GP Service.

- The number of Category A calls received by the Ambulance Service resulting in an emergency response arriving at the scene 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 dated AQuA produced in December 2013 and that produced in March 2014; these comparisons are attached at ***Appendix 2.*** Appendix 2 actually outlines related performance information over the last 12 months. It should be noted that the September 2013 and December 2013 information did not include Cumbria and as such should be taken into account when considering Halton's position against other NW areas during this time.

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 permanent admissions to long term care since September 2013; and

- 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 March 2014 information, Halton has now been ranked 2nd and are being out-performed by Bolton – this links to the increase in permanent admissions outlined above.

Due to the increase in these areas over the past few months, work is currently taking place to investigate as to the reasons why. For example Halton's Urgent Care Working Group (UCWG) has established a short term task and finish group to review and develop further the frailty pathways out of acute care. Management Team should note that admissions to long term care from Whiston hospital are higher than those from Warrington hospital. The task and finish group will consist of appropriate representation from across the Urgent care system to explore where improvements can be made and will make necessary recommendations to the UCWG for consideration.

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

- non elective admissions and non-elective bed days – Even though Halton still remain on red in these two areas the direction of travel is positive; the figures reported in March 2014 are lower than those reported 12 months ago. These improvements are attributable to a number of initiatives/activities, including the work of the Integrated Discharge Team at Warrington and work with the Team at Whiston which has enabled the development of a more proactive approach to managing length of stay and therefore on associated bed days, whilst initiatives such as the GP acute visiting scheme and Community Multi-Disciplinary teams are having a positive impact on non-elective admissions.

3.14 Areas that remain as significant challenges include:-

- non-elective re-admission rates within 30 **and** 90 days – It should be noted however that performance in terms of 90 day readmission rates has improved over the last 12 months; and
- delayed transfers of Care (bed days) – This is an area which had been improving but performance has dipped during January 2014. Delayed transfers of care can be either attributable to the NHS, Social Care or both and are a difficult area to manage effectively. If we consider the bed days lost in January 2014, the breakdown is as follows:-

    - NHS = 264 days
    - Social Care = 0 days
    - Both = 16 days
    - TOTAL = 287 days

  Delayed transfers of care continue to be one of the persistent contributing factors impacting upon hospital patient flow and ultimately the A&E 4hour target. There can be numerous reasons for delays to occur, for example patient choice; sometimes there can be long and protracted negotiations between acute trusts and patients prior to discharge. Delays can also occur when complex assessments of patients are required, for example when waiting for a best interest or psychiatric assessment.

  Lack of capacity within Intermediate Care (IC) Services can also be a factor; however in Halton we always actively ensure that there is appropriate capacity within the system to help alleviate any issues for the acute trusts. For example, in January 2014 we opened up an additional 6 IC beds over the winter period to ensure that the supply and demand for beds could be appropriately managed.

  It should be noted that it is very rare for any delays in Halton to be attributable to Social Care due to the proactive nature of the work that we undertake with our local trusts to ensure that patient flow is managed as effectively as possible.

3.15 Areas that remain static include:

- proportion of people discharged direct to residential care; and
- proportion of deaths which occur at home – It is hoped that the recent review of the end of life pathways and services that has been undertaken will have a positive impact on performance in this area; the figures reported in this area are only done so every 12 months.

3.16 Work has also 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 February 2014.

<u>Current Local Developments</u>

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 (95% of people seen, treated and discharged within 4

hours) across England throughout winter remained 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 4 hour standard.

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 were designed to managing changes in demand whilst maintaining the high performance and quality of care achieved through the rest of the year.

Both Warrington and Whiston hospitals met the 4 hour target for the year 2013/14

3.18 **Urgent Care Centres (inc. Clinical Assessment 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 developing model of care is being designed to enhance the range of health and support services available within the borough whilst reducing pressures on A&E departments and the acute bed base.

Further detail in terms of current progress towards the Centres development is contained within the presentation associated with this report.

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 ensure the development of individualised programmes of care and support, thus reducing the need for A&E attendance and admission.

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 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.

All 17 GP practices within Halton have been involved in this project and further work is ongoing to revise the process in light of the changes to the GP contract.

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 was accepted by the Trust and at the time of writing this report plans are being developed to run the week w/c 13th May; 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.