

REPORT TO: Health Policy & Performance Board
DATE: 9 June 2015
REPORTING OFFICER: Strategic Director - Communities
PORTFOLIO: Health and Wellbeing
SUBJECT: Urgent Care/System Resilience : Update
WARD(S): Borough-wide

1.0 **PURPOSE OF REPORT**

1.1 To present the Board with an update report in relation to the Urgent Care/System Resilience agenda within Halton, including an update on the Urgent Care Centre developments.

2.0 **RECOMMENDATION**

RECOMMENDED: That the Board Note contents of the report and associated Appendix.

3.0 **SUPPORTING INFORMATION**

Background/Context

3.1 Halton's Urgent Care Working Group (UCWG), formally the Urgent Care Board, was established at the end of 2012. The Group had been responsible for providing multi-disciplinary strategic direction and guidance across the Urgent Care system within Halton and for overseeing all significant service changes required to deliver Urgent Care across the Halton Health Economy, by ensuring that patients could access high quality emergency and follow up care and preventing patients from reaching crisis point so that they need to access emergency care. The Group was also responsible for reviewing and responding to the full range of appropriate data concerning the local urgent care system ensuring that for Halton, patient focussed and cost effective processes were put in place to monitor and react to areas of concern, thus avoiding unnecessary escalation.

3.2 Building on the successful work of the UCWG and following the release of the NHSE guidance 'Operational resilience and capacity planning for 2014/15' Halton have worked to transform the UCWG into a System Resilience Group (SRG) which now has delegated responsibility from NHS Halton Clinical Commissioning Group (CCG) and Halton Borough Council (HBC) for the regular planning of service delivery and the associated capacity planning to ensure delivery across the Halton health economy, in elective and non-elective care. As such the Terms of Reference for the SRG reflect the emphasis on year round resilience and the prominence of a whole system approach, which is mirrored in the membership. The SRG is also the forum where wider considerations such as planning, patient experience, chronic conditions and

home care is discussed.

System Resilience Group

- 3.3 Formally established in July 2014, the SRG now provides multi-disciplinary strategic direction and guidance across health and social care in relation to non-elective and elective care, taking into account the wider context as laid out by national guidance, such as avoiding inappropriate delays, Children's services and caring for patients with chronic conditions.
- 3.4 The SRG is also responsible for ensuring that locally there are quality processes in place which are safe and efficient for patients and which are cost effective.
- 3.5 As such, the membership of the SRG is designed to be reflective of the whole system of health and social non-elective and elective care within Halton, and is outlined in **Appendix 1**.
- 3.6 One of the first tasks for the newly established SRG was to produce an Operational Resilience and Capacity Plan with main partners, such as NHS Halton CCG, HBC, local Acute Trusts; St Helens and Knowsley Teaching Hospitals NHS Trust and Warrington and Halton Hospitals NHS Foundation Trust, Bridgewater Community Healthcare NHS Foundation Trust, 5 Boroughs Partnership NHS Foundation Trust, North West Ambulance Service NHS Trust and NHS England.
- 3.7 The Plan outlined Halton's SRG response to the need to undertake a whole system approach for operational resilience and the schemes, using nationally allocated non-recurrent funding for operational resilience, to help manage increases in activity etc. within the system.
- 3.8 The numerous schemes identified:-
- Supported the flow within A&E within Whiston and Warrington Hospitals;
 - Supported the flow through acute bed base; and
 - Deflected admissions from A&E.
- 3.9 These schemes coupled with close operational management of services and work with all providers provided additional capacity within the system to manage the changes in demand whilst maintaining the quality of care for Halton residents.

Winter 2014/15

- 3.10 During winter 2014/15 additional resources were made available from the Department of Health. In Halton the SRG agreed to focus the resources on preventing attendances and admissions and reducing length of stay. Additional capacity was procured into the 2 acute trusts, community beds, community care packages, North West Ambulance Service and the two discharge teams. System monitoring during this period enable resources to be directed where required. Acute pressure across the system during Christmas and New Year continued through the first 4 months of the year.

The key measure of performance agreed was the national standard (4 hour A&E

Target) for all types of A&E attendance at the Halton population level. This did not go below 93.9% during the period.

SRG Performance Dashboard

- 3.11 The monthly SRG Performance Dashboard which has been introduced within Halton covers all the key indicators for both non-elective and elective care. This dashboard is actively considered by the SRG at every meeting and as a result of the data/information/trends presented this has led to a number of additional pieces of work/'deep dives' being undertaken to examine in more detail areas of concern and necessary action taken if appropriate. Latest available SRG Dashboard is attached at **Appendix 2**.
- 3.12 An example of this has included work to explore the significant increase in recent delayed transfers of care. Following closer examination this dip in performance related to a large number of delays at 5 Boroughs Partnership (5BP). This has now been addressed through close work between NHS Halton CCG, HBC and 5BP. As a result the situation as at the end of February 2015 has seen a significant decrease in the number of Mental Health delays at 5BP. This situation will continue to be closely monitored by the SRG to ensure that any future remedial action that may be required is taken as necessary.
- 3.13 Another example of a 'deep dive' is the current work taking place, involving a number of partner organisations, to explore why the readmission rates at 30 and 90 days are so high for Halton patients. It is anticipated that this work will be concluded shortly and then necessary action can be taken to improve performance in this area.
- 3.14 On the basis of the performance being reported, the SRG has also received reports from partner organisations outlining areas of concerns/issues that need to be addressed, an example of this is in respect of NWAS ambulance response times. The SRG received details of the plans that NWAS are putting in place to address the poor performance and this continues to be closely monitored. As a result of the SRG proactively monitoring performance in this area we were also able to implement a Respond and Refer Car Scheme in Halton to support winter pressures, with the main aim being to increase referrals of low acuity patients to alternate care pathways and reduce A&E attendances, hence improve patient outcomes.

Note: It should be noted that the North West CCGs commission Paramedic Emergency Services from NWAS via NHS Blackpool CCG as the Lead Commissioner and work is underway to review the current contract.

Also following completion of the NHS 111 North West Procurement process it has been confirmed that the preferred provider is NWAS in partnership with out of hours GP provision - FCMS and Urgent Care 24 (UC24). Work is now taking place with the three organisations to ensure a phased implementation of the service during October and November 2015.

- 3.15 Information from the SRG Performance Dashboard, along with a range of soft data is also actively monitored by the Health and Social Care System Resilience Team. The Team consists of Senior and Operational Managers from NHS Halton CCG and HBC,

plus the Clinical Lead for Urgent Care from the CCG.

3.16 This information helps the team proactively provide leadership, operational input/support, ensure appropriate communication and direct resources into the Urgent Care System to respond to particular pressures in the system. An example of this is that an additional 6 Intermediate Beds were put into the system in November 2014 as part of winter planning however it was evident from information being received that additional capacity was required at the beginning of January 2015 and as such we were able to provide an immediate response to this by putting in a number of additional beds into the system.

3.17 Urgent Care Centre (UCC) Developments

3.17.1 **Runcorn UCC**

Runcorn UCC has been operational since 9th February 2015 and is open from 7am until 10.30pm (accepting patients up until 10pm), 365 days a year.

Work is ongoing between Warrington and Halton Hospitals NHS Foundation Trust and UC24 to recruit the necessary numbers of GPs to ensure that there will be a GP presence at the UCC 8am – 10pm, 7 days a week. However at the moment the GP provision at the Unit is still being provided by locum GPs via UC24. The locum GPs are currently being provided from 9am – 5.30pm, Monday to Friday.

It is anticipated that we will have full GP provision at the Runcorn UCC from July 2015 and there will be arrangements in place to rotate GPs between the Runcorn and Widnes UCC as the GPs will be provided by UC24 for both Centers.

In addition to minor injuries/illnesses, the UCC have introduced an additional 16 clinical pathways (covering adults and children) for patients that can be treated at the UCCs; examples of these include:-

- Suspected Deep Vein Thrombosis
- Suspected Pulmonary Embolism
- Asthma
- Exacerbation of COPD
- Rib Injury
- Headache in Adults
- Abdominal Pain
- Syncope (Collapse)
- Low Risk Cardiac Chest Pain (Non-Pleuritic & Non Traumatic)

Diagnostic services are in operation at the Runcorn UCC, as outlined below:-

- Pathology – The UCC have access to a range of tests (some at Point of Care) and arrangements are in place with Halton and Warrington Pathology labs to provide results of tests within 90 minutes from 9am – 10pm, 365 days of the year.
- X-Ray - The X-Ray facilities at the UCC are available, operating from 8am to 8pm, 7 Days a week. Once additional staff are in post, X-Ray at the UCC Runcorn will extend to 10pm.

- Ultrasound – Ultrasound facilities are also available at the UCC Runcorn 9am – 5pm (Monday to Friday) and at the weekends via Warrington General Hospital.

If GPs are concerned about a patient and they believe that the Runcorn UCC can provide the appropriate assessment, diagnostic tests, treatment and discharge for the individual, then they can contact the Nurse Co-ordinator at the Unit directly to discuss a referral.

There has already been instances where episodes of care for patients have been able to be completed within the Unit when previously they would have had to have been signposted or transferred to other services.

Local GPs now receive discharge letters from the UCC electronically, every hour, on the hour, to enable GPs to receive this information as close to real-time as possible.

The service has already received a large number of positive feedback from patients and clinicians.

3.17.2 **Widnes UCC/Healthcare Resource Centre (HCRC)**

Work commenced on the site at Widnes on 4th February 2015.

There are a number of phases to the planned work at the HCRC site which is seeing the redevelopment of the current Walk in Centre on the ground floor to the new Widnes UCC, and the redevelopment of the rooms on the 2nd floor to clinical space which once complete will see a number of services currently located on the Ground Floor moving into the 2nd Floor; these services include Sexual Health, UC24, Windmill Hill and Podiatry.

It is anticipated that works on the Widnes UCC part of the redevelopment will be completed by the end of June 2015 and once completed Members will be given the opportunity to visit the UCC.

Works have commenced on the development of extra car parking facilities on Moor Lane (across the road from the HCRC). Once completed it is anticipated that this will generate some 100+ extra car parking spaces and staff from the HCRC will start to park there, which will mean that the spaces at the HCRC will primarily be used for patients visiting the Centre. Moor Lane car park will also be used as an overflow car park for patients. It is anticipated that the completion of the Moor Lane car park will coincide with the completion of the works to the Widnes UCC.

Once works are completed and the new Widnes UCC is operational, it will operate under the agreed Service Delivery Model as does the Runcorn UCC.

In addition to being able to assess/treat minor illnesses and injuries, as with the Runcorn UCC the Widnes UCC will be staffed by a team of on-site integrated healthcare professionals who will be able to provide care to those presenting at the Centre will a range of other conditions, through the development of the necessary competencies of the staff team and the clinical pathways, examples of which are outlined earlier in this report.

The aim, as with the Runcorn UCC, will be to get the Widnes UCC Kite Marked with Northwest Ambulance Service (Nwas) from 8am until 9pm, 365 days per year.

4.0 **POLICY IMPLICATIONS**

4.1 As part of the UCC development, work has taken place to operationalise the agreed UCC Service Delivery Model which has meant the need to develop associated Standard Operating Procedures for use within both Centres.

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**

The remit of the Health Policy and Performance Board is directly linked to 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.

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.