REPORT TO:	Executive Board
DATE:	5th September 2013
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

1) note the contents of the report and associated Appendix; and

2) endorse the work programmes and associated projects outlined in Appendix 1.

3.0 SUPPORTING INFORMATION

Local Context

3.1 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. The work of the Board is supported via the implementation of Hatlon's Urgent Care Strategy and Response Plan developed in the Autumn of 2012.

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.

Current Performance

3.3 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.

3.4 The latest NHS and Local Government Quality and Efficiency Scorecards (June 2013) produced by the Advancing Quality Alliance (AQuA), demonstrates continued excellent performance against neighbouring Northwest health and social care economies, in the following 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.

3.5 The performance data also demonstrates improvements since the end of March 2013 in the following areas:-

- emergency (non-elective) admissions[1];
- emergency (non-elective) bed days occupied;
- emergency (non-elective) re-admission rates within 30 days;
- delayed transfers of care; and
- proportion of people discharged direct to residential care.

3.6 Areas that remain static include :-

- proportion of deaths which occur at home; and
- emergency (non-elective) re-admission rates within 90 days.

3.7 At the end of March 2013 out of the 9 areas of performance that are benchmarked by AQuA, Halton were showing 2 indicators as green, 4 were amber and 3 were red. As at June 2013 Halton are still showing 2 indicators as green but are now showing 5 at amber and 2 at red.

NB. Due to the continued pressures and complexities within the urgent and emergency care system within Halton, the indicators that currently remain as red are emergency (non-elective) admissions and emergency (non-elective) bed days.

3.8 It should be noted that although there have been improvements in performance since the end of March 2013 and the direction of travel is promising, areas such as emergency (non-elective) admissions and bed days along with re-admissions continue to present significant challenges to the urgent care system. Work is on-going to respond to these challenges in

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

order to improve performance, particularly in the areas where Halton are currently highlighted as red, via the implementation of a number of associated work programmes/projects, as outlined in ***Appendix 1***.

It is anticipated that these projects will have a positive impact on the areas of performance outlined above and it is our aim to move Halton, within 6 months, to having no indicators highlighted as red and increase the number of indicators highlighted as green.

Recent National Developments

3.9 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.

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

3.11 Within Halton, the development of the local Plan was co-ordinated via the Halton Urgent Care Partnership Board and in addition to being formally signed off by HCCG, was agreed by all partners of the Board. Part of this work entailed obtaining assurances from Warrington and Whiston Hospitals, in addition to neighbouring Urgent Care Boards, as to whether the actions outlined in their respective Recovery and Improvement Plans would address the issues highlighted by Halton's Urgent Care Board.

3.12 It should be noted that as Halton's health economy does not directly contain an Acute Trust, this can present on-going challenges for the Urgent Care Board. As such, in relation to the Urgent Care Board's role in overseeing all significant service change across Halton it also ensures that it considers developments that may impact in Halton which take place in neighbouring economies.

3.13 On 24th July 2013, the Health Select Committee report on urgent and emergency services was published which outlined that the growing demand on A&E departments would make them unsustainable if effective action is not taken quickly to relieve the pressures on them. The Committee commented on a number of areas, including:-

- The role of Urgent Care Boards;
- Commissioning;
- Improvement of A&E Performance; and
- Alternatives to A&E, such as Primary Care, NHS 111 and urgent care centres.

Current Local Developments

3.14 As a number of projects that were identified in the first Urgent Care Partnership Response Plan produced in November 2012 have been completed, using the information contained in the Health Select Committee report, the actions identified in Halton's Recovery & Improvement Plan and identifying a number of on-going projects, the local Urgent Care Partnership Reponses Plan is in the process of being reviewed and updated.

3.15 The proposed work programmes and associated projects have been presented to the Urgent Care Board for review and Lead Managers have been identified for each area of work. These Lead Managers have started work on developing associated project briefs for

each of the areas identified and these will be presented back to the Urgent Care Board for review and implementation.

3.16 The new work programmes will focus activity in the following areas :-

- Regional/Cross Boundary work;
- Hospital Liaison;
- Primary Care;
- Community Integration;
- Pilots;
- Audits; and
- Winter Pressures

Details of each of the work programme's associated projects can be found in ***Appendix 1***.

3.17 The Urgent Care Board feel that these programmes of work provide a clear approach to the redesign of urgent and emergency care systems and the development of associated early intervention and prevention pathways which will have a positive effect on the urgent care system within Halton and support the Acute Trusts in the achievement of the A&E 4 hour operational standard.

3.18 By removing any duplication, increasing efficiency and capitalising on the interdependencies between health, social care, self-care and the third sector, we can continue to improve our performance in the areas outlined in paragraphs 3.3 – 3.8 of this report and provide better outcomes to the residents of Halton; as such the Executive Board are asked to endorse the work programmes attached.

4.0 POLICY IMPLICATIONS

4.1 None identified at this stage.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 None identified at this stage.

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.

Appendix 1

Urgent Care: Workstreams 2013/14

'A streamlined urgent and emergency care system which is simple for patients and professionals to access, which delivers high quality and productive care meeting national best practice standards, and supports patients return to health and independence"

The work programmes and associated projects for 2013/14 are outlined below, along with details of where it is anticipated the projects will have positive outcomes, linked to the performance areas outlined in the report.

Work Programmes 2013/14	**Outcomes**
Work Programme 1 - Regional /Cross Boundary Work • Development of NHS 111 – to include directory of local services and escalation policies	• Emergency (non-elective) admissions • Emergency (non-elective) bed days occupied • Emergency (non-elective) re-admission rates within 30 days • Emergency (non-elective) re-admission rates within 90 days
Work Programme 2 - Hospital Liaison • Improved discharged planning to reduce length of stay in hospitals • Improved liaison services in Accident and Emergency e.g. Mental Health, Alcohol Services and Social Work Support	• delayed transfers of care • proportion of people discharged direct to residential care
Work Programme 3 - Primary Care • Development of Multidisciplinary Teams in Primary/Community Care • Improved pathways working with the Ambulance Service to offer community alternatives to hospital transfers • Establishment of Peer Reviews in GP practices • Primary Care Education on urgent care - alternatives to hospital admission • Dementia - improved diagnoses in primary care	• Emergency (non-elective) admissions • Emergency (non-elective) bed days occupied • Emergency (non-elective) re-admission rates within 30 days • Emergency (non-elective) re-admission rates within 90 days
Work Programme 4 - Community Integration • Development of Urgent Care Centres and Clinical Decisions Unit	• permanent admissions to residential/nursing care • proportion of Local Authority Adult Social Care spend on

• Learning Disability Health Passport - Implementation • Adult Integrated Safeguarding Unit – On-going Development • Complex Care – On-going Integration • Telehealth/Telecare development • Therapies redesign • 5BP Care Home Support Team - Future options • Continued use of Reablement and Intermediate Care • Early Supported Discharge for Stroke • Community Physician • Implementation of Falls Strategy	residential/nursing care • Emergency (non-elective) admissions • Emergency (non-elective) bed days occupied • Emergency (non-elective) re-admission rates within 30 days • Emergency (non-elective) re-admission rates within 90 days
Work Programme 5 – Pilots • Urgent Care Wellbeing Response	• permanent admissions to residential/nursing care • proportion of Local Authority Adult Social Care spend on residential/nursing care • Emergency (non-elective) admissions • Emergency (non-elective) bed days occupied • Emergency (non-elective) re-admission rates within 30 days • Emergency (non-elective) re-admission rates within 90 days
Work Programme 6 - Audits • Under 19yrs Hospital Admissions • Development of an Urgent Care Performance Dashboard	Will allow detailed monitoring in the following areas: • permanent admissions to residential/nursing care • proportion of Local Authority Adult Social Care spend on residential/nursing care • Emergency (non-elective) admissions • Emergency (non-elective) bed days occupied • Emergency (non-elective) re-admission rates within 30 days • delayed transfers of care • proportion of people discharged direct to residential care • proportion of deaths which occur at home • Emergency (non-elective) re-admission rates within 90 days
Work Programme 7- Winter Pressures Plan	• Emergency (non-elective) admissions • Emergency (non-elective) bed days occupied • delayed transfers of care • proportion of people discharged direct to residential care

	• Emergency (non-elective) re-admission rates within 30 days • Emergency (non-elective) re-admission rates within 90 days

NOTE: ***All Acute Trusts will have internal plans in relation to the achievement of the 4 hour target in Accident and Emergency Units.***