HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 25 FEBRUARY 2015

REPORT OF BETTER CARE TOGETHER

IMPROVING THE URGENT CARE SYSTEM ACROSS LEICESTER, LEICESTERSHIRE AND RUTLAND

Purpose of report

1. The purpose of this report is to provide an update to the Committee about the progress being made to improve the urgent care system across Leicester, Leicestershire and Rutland (LLR).

Policy Framework and Previous Decisions

2. Over the last 18 months Leicestershire's Health and Wellbeing Board has received regular reports concerning the diagnosis of the problems affecting the urgent care system across LLR.

3. This work is being led through the Better Care Together programme which is seeking to transform health and care across LLR over the next 5 years.

4. The most recent report on progress was received at the Health and Wellbeing Board meeting on 22 January 2015. This report focused specifically on delayed transfers of care.
http://politics.leics.gov.uk/Published/C00001038/M00004289/AI00040255/$ImprovingtheUrgentCareSysteminLLRFocusonHospitalDischarge.docA.ps.pdf

5. The four hour target for patients to be treated within accident and emergency departments is reported quarterly at the health and wellbeing board within the performance dashboard.
http://politics.leics.gov.uk/Published/C00001038/M00003985/AI00040075/$HWBBDashboardsNov14.pdfA.ps.pdf

6. The LLR Urgent Care Working Group meets weekly to oversee the delivery of the detailed action plan which is driving the operational improvements being made across the health and care system.

7. The latest of the regular All Member Briefings on Health and Care, held in January 2015 also focused on the issues affecting the local urgent care system and actions being taken to improve performance.

Background

8. Nationally the NHS is expected to transform the delivery of urgent care in line with the Urgent and Emergency Care Review led by Sir Bruce Keogh and Professor Keith Willets.
http://www.nhs.uk/NHSEngland/keogh-review/Documents/uecreviewupdate.FV.pdf

9. This is in recognition that there continues to be an over reliance on urgent and acute care within England's health and care system. With the demographic profile of an ageing population with increasing numbers of long term conditions, including those associated with frailty and dementia, the care system is becoming unsustainable in its current form. England's health and care system now needs to adapt rapidly and offer more preventative services alongside integrated, effective, resilient and sustainable community based alternatives to urgent and acute care.

10. The national Urgent and Emergency Care review was carried out in two phases during 2013 and 2014 and the findings and implications of the review have since been translated into the NHS Mandate https://www.gov.uk/government/publications/nhs-mandate-2015-to-2016 which sets out what the NHS is expected to deliver on an annual basis.

11. The requirement to redesign urgent care was further reinforced in NHS England's Five Year Forward View publication in 2014, which calls for the introduction of new models of care across a range of services, including urgent care. http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

12. The redesign of an urgent care system within any health and care economy is a complex undertaking. It requires a number of critical elements such as:

    a. A fundamental review of the inflow and outflow of patients across multiple organisational boundaries and care pathways

    b. A clear understanding of the reasons for the current position and the case for change, including achieving a clear and shared understanding of the relationship and dependencies across all dimensions of the health and care system.

    c. An evidence base supporting the case for change and proposed solutions for improving inflow and outflow, including how the impact will be measured and the rate of improvement to be achieved.

    d. Strong joint leadership to implementing new pathways and interventions across the system, which are likely to require significant cultural change within/across organisations and with the public

    e. A shared vision and financial plan for achieving quick wins and medium term sustainable solutions

The Local Approach to Improving Urgent Care

13. In LLRs health and care system, local partners across the whole health and care system are already tackling the redesign of Urgent Care as part of *Better Care Together,* a five year programme to transform a range of health and care pathways across LLR. There is recognition that the work to redesign urgent care is both short term operational pressures related but also must focus on medium term solutions.

14. The case for change, supporting evidence base and future vision for LLR was developed during 2014, culminating in the publication of the Better Care Together (BCT) Five Year Plan in June 2014.

15. A Strategic Outline (investment) Case and detailed delivery plans for each of the BCT "workbooks" (e.g. Urgent Care, Older People, Planned Care etc.) have since been developed.

16. In 2014 the government introduced the Better Care Fund which has provided local authorities and their NHS partners with early opportunities to support the redesign of urgent care in their local areas.

17. In order to meet national and local delivery requirements, Leicestershire's Better Care Fund Plan, which is discharged through a pooled budget, must demonstrate how the interventions within the plan will reduce emergency admissions, improve hospital discharge, improve reablement and prevention and support people to remain independent in the community for as long as possible.

18. A proportion of the Better Care Fund is subject to payment by results to drive early achievement in reducing emergency admissions during 2015.

19. Crucially, Better Care Fund Plans are joint plans across the health and care system. They have to be approved at Health and Wellbeing Board level and require the explicit endorsement of acute sector partners.

20. Leicestershire's Better Care Fund Plan was submitted and approved by NHS England in 2014. It is constructed under 4 themes:

    a. Unified Prevention

    b. Long Term Conditions

    c. Integrated Urgent Response (4 schemes targeted to reducing emergency admissions)

    d. Hospital Discharge and Reablement

    e. BCF Plan on a Page
    http://www.leics.gov.uk/leics_county_bcf_submission_supplementary_appendix_b_bcf_plan_on_a_page.pdf
    and link to full document
    http://www.leics.gov.uk/healthwellbeingboard/bcfsubmission.htm

Dr Ian Sturgess' Report and Recommendations

21. Given the scale and complexity of the challenges faced in LLR, the health and care economy commissioned independent clinical adviser Dr Ian Sturgess to review the current position with respect to Urgent Care and provide recommendations based on his global expertise in this field.

22. The review was conducted between mid-May 2014 and mid-November 2014 by Dr Ian Sturgess, a former senior consultant geriatrician with extensive experience in the improvement of urgent care systems across the UK and overseas.

23. During the six-month review period, Dr Sturgess spent time with clinicians and staff in primary care, acute and community hospitals, mental health services, NHS 111 and out of hours care, urgent care centres and social care teams to identify improvements across the health and social care system in Leicester, Leicestershire and Rutland.

24. Due to the nature and number of providers and services in primary and community services, Dr Sturgess was unable to visit everyone. However, his time spent in the wider system was spread between health and social care and focused on those services which have the most links with urgent and emergency care.

25. Dr Sturgess' full report and the system-wide action plan put in place to address the issues he raises were published via all three CCG Governing Body meetings in December 2014 and reported in the local media.
http://www.westleicestershireccg.nhs.uk/sites/default/files/Paper%20G%20-%20LLR%20Urgent%20Care%20Review.pdf

26. Dr Sturgess found that; "*The local system has the potential to be high-performing but is relatively fragmented with barriers to effective integrated working. Performance against the national 4-hour wait standard for the Emergency Department is a reflection of the performance of the whole health and care system".*

27. The findings of the report focus on 4 themes:

    a. **Admission avoidance –** ensuring people receive care in the setting best suited to their needs rather than the Emergency Department.

    b. **Preventative care –** putting more emphasis on helping people to stay well with particular support to those with known long-term conditions or complex needs.

    c. **Improving processes within Leicester's Hospitals –** improving the Emergency Department and patient flow within the hospitals to improve patient experience and ensure there is capacity in all areas.

    d. **Discharge processes across whole system** - ensuring there are a small number of simple discharge pathways with swift and efficient transfers of care

28. The recommendations have supported and strengthened LLR's existing approach to redesigning the urgent care system and have been mapped into existing short and medium terms plans.

29. Within the NHS, Clinical Commissioning Groups are responsible for commissioning urgent/acute care including accident and emergency and ambulance services, and are accountable to NHS England for the delivery of the associated performance and quality targets.

30. Depending on the level of escalation in each area of the country, daily/weekly/ monthly reporting into government departments and individual organisations is taking place.

31. Along with performance reporting into Clinical Commissioning Group (CCG) Boards and NHS Trust Boards, across England multiagency "System Resilience Groups" oversee the performance of the local health and care system including urgent care performance.

32. A number of areas within England have been designated as *challenged health economies* due to ongoing poor urgent care performance and these areas have been subject to additional performance management by NHS England over the last 12 months.

33. This includes the LLR health and care economy where, in addition to the System Resilience Group, a weekly meeting takes place, called the Urgent Care Board, which is targeted to improving the operational day to day position of the urgent care system.

34. The Health and Wellbeing Board receives quarterly reports on performance across the health and care system through the performance dashboard and has received

specific reports on the issues affecting the urgent care system during the last 12 months, including reports from Local Healthwatch.

35. Performance of the Urgent Care System is measured through a number of national measures including for example the performance against the accident and emergency 4 hour wait, the rate of emergency admissions, ambulance performance and delayed transfers of care.

36. In terms of performance against the national waiting time standard for accident and emergency, which is an indicator of overall urgent care system performance, the national target states that 95% of patients should be seen within 4 hours.

37. The latest (national – England) performance data for the period October to December 2014 shows the target was not achieved in the last quarter, with performance at 92.6%, and a deteriorating position is being reported into January 2015. National figures for January are currently not available.

38. Over recent weeks the pressure on emergency care across the country has been escalating. Approximately 6-12 acute trusts in England declared major incidents in order to cope with demand seen over the Christmas period 2014. This situation persisted well into January 2015, with an improving picture during February.

39. This has placed increased political and media scrutiny on the NHS urgent care system, and upon the barriers and contributory factors to urgent care capacity and performance generally e.g:

    a. The availability, capacity and uptake of alternatives to accident and emergency attendances e.g. use of NHS 111, urgent care walk in centres, GP services, pharmacy advice.

    b. The responsiveness of adult social care services and NHS community services in assessing, sourcing and arranging care for patients outside of hospital once someone is medically fit for discharge.

    c. The ability of the ambulance service to respond to peaks in demand, including the impact on handover times incurred at busy accident and emergency units, and the impact on response times generally for both 999 and non-life threatening ambulance calls.

40. In terms of local performance in LLR, University Hospitals of Leicester's (UHL's) accident and emergency department performance was 88.7% against the 95% target for accident and emergency as at December 2014 (year to date figure). January is currently showing as 91% and February to date (16 Feb) is showing as 92.8%.

41. UHL has declared major internal incidents on several occasions in recent months to address pressures of demand, but these did not result in closing to admissions, and at the time of writing this report UHL do not currently have a major incident in progress.

42. The position with respect to trends in emergency admissions is as follows: The total number of emergency admissions across LLR in 2012/13 were 91,898 and in 2013/14 were 89, 268

43. The total number emergency admissions across LLR in 2014/15 *April to December 2014 is estimated at 97,549* (forecast out-turn based on month 9 activity data). This is subject to further validation and the outcome of the Capita review.

44. UHL emergency admissions (all adults) running at approx. 221 per day in December 2014 (source UHL Board report).

45. Although the admissions figures for 2014/15 are yet to be finalised and validated it is expected that admissions locally will have risen *by 4-6%* in 2014/15 locally, with some areas of the country forecasting an11% increase in this financial year.

46. There are a range of factors affecting the performance of the health and care system

    a) There have been a number of patient flow changes in the health and care system over the last 12 months. Some of these are very positive changes taken by commissioners and providers in the NHS to improve patient care, the impact of which could have been better predicted in terms of their timing and impact on the throughput of activity within the urgent care system including the impact on discharge into adult social care support, including care home placements and home care packages.

    b) There are a number of operational issues and barriers (further endorsed by Ian Sturgess' report) that have prevented:

        a. The health and care system from responding effectively in a coordinated way to changes in patients flows

        b. Existing routine systems and pathways to operate optimally, including during periods of increased activity.

47. This indicates the need for more effective joint working operationally and a more sophisticated approach to modelling activity flows and undertaking capacity planning across the system, so that a more coordinated and effective response can be in place, in particular to respond to surges in activity.

48. The Urgent Care Board has developed an integrated action plan to address the overall issues affecting the urgent care system in LLR. The action plan is constructed around three areas:

    a. Reducing **DEMAND** (inflow) through "out of hospital care" to ease pressure on the emergency department.

    b. Increasing **FLOW** through UHL and community hospitals to optimise capacity

    c. Improving **DISCHARGE** (outflow) to minimise length of stay and maximise recovery

49. The action plan comprises operational actions being taken by all parts of the system, so for example the adult social care team from Leicestershire County Council have a number of actions in place to improve discharge from community, mental health and acute trust beds as part of this action plan. Further details of these can be found in the Health and Wellbeing Board report on 22 January 2015.

50. The metrics that are being used to measure the impact of the urgent care action plan are not solely about the A&E 4 hour target. There is a range of metrics being collected and scrutinised weekly, including for example

    a. the time taken to discharge patients from all settings of care and the barriers to this

b. the uptake and responsiveness of the alternatives to hospital admission by the public and those professional referring into these services

c. operational improvements within the acute trust itself to ensure patient flow is maximised within UHL

d. the capacity and availability of home care support and residential placements

e. the impact of reviewing home care packages after 2 weeks to ensure that where need has reduced the package is adjusted accordingly

51. There is emerging evidence that the performance of the urgent care system is improving, however there is a need to see sustained performance.

52. Example of the progress made within the last 8 weeks include:

- There has been a rise in the non-conveyance of falls from 47% as a baseline to 52% at end of Jan.
- Internal UHL daily conference call – undertaken with all partners to progress the patient journey and expedite discharge. Daily collection of DTOC figures show are ahead of target reduction against agreed national targets – Week 1 – 45 against target 56.

Resource Implications

53. The resources driving the action plan for urgent care come from several sources:

a. Winter pressures monies allocated by NHS England to local CCGs. LLR has received £12.9m from this allocation.

b. Additional monies allocated by the Department of Health in January 2015 targeted to improving hospital discharge – Leicestershire County Council received £520,000 from this allocation.

c. Resources being targeted from the Better Care Fund Pooled Budget between NHS and LA partners – in Leicestershire, £2.7m in 2014/15 has been directed to admissions avoidance schemes and £2.8m has been allocated to improving hospital discharge. These resources are recurrent for 2015/16.

d. Core budgets of local health and care organisations including for example the core budgets of adult social care services.

e. The resources that are committed jointly between partners in the leadership and management of the Better Care Together programme.

Conclusions

54. The LLR health and care community has placed a huge focus on the diagnosis, analysis and action plan associated with improving our urgent care system over the last 12 months.

55. There is some evidence that the consolidated action plan is being targeted to the right interventions and that these have the potential for achieving a sustained impact.

56. During 2015, the Better Care Together programme will turn its attention from dealing primarily with addressing the operational day to day performance to looking at the future redesign of the urgent care system fundamentally.

57. This will minimise the use of acute care where applicable, by ensuring we have the right platform of community based services, and that more community care is delivered than is currently the case, and that this is responsive, proactive and preventative, rather than reactive.

Background papers

BCT Plan –

http://www.bettercareleicester.nhs.uk/information-library/better-care-together-plan-2014/

HWB Board performance dashboard – Jan 2015 –

http://politics.leics.gov.uk/Published/C00001038/M00003985/AI00040075/$HWBBDashboardsNov14.pdfA.ps.pdf

HWB report Jan 2015 –

http://politics.leics.gov.uk/Published/C00001038/M00004289/AI00040255/$ImprovingtheUrgentCareSysteminLLRFocusonHospitalDischarge.docA.ps.pdf

All member briefing slides January 2015 –

http://cexmodgov1/documents/s107296/C1.%20Presentation%20Slides%20-%20All%20Member%20Briefing%20Health%20and%20Care%20January%202015.pdf

Ian Sturgess report – weblink given above –

http://www.westleicestershireccg.nhs.uk/sites/default/files/Paper%20G%20-%20LLR%20Urgent%20Care%20Review.pdf

Circulation under the Local Issues Alert Procedure

None

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Relevant Impact Assessments

Equality and Human Rights Implications

The Health and Wellbeing Board has a responsibility for assessing the needs of local people including health inequalities, ensuring local commissioning plans are grounded in evidence contained within the joint strategic needs assessment (JSNA) and supporting delivery of a Health and Wellbeing Strategy to improve outcomes for the local population. Any proposals that come before the Board will be accompanied by an Equality and Human Rights Impact Assessments.