NHS
West Leicestershire
Clinical Commissioning Group

HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 30 MARCH 2016

REPORT OF WEST LEICESTERSHIRE CCG

UPDATE ON URGENT AND EMERGENCY CARE AND THE LLR VANGUARD

Purpose of report

1. The purpose of this report is to update the Committee on the Urgent Care Improvement work including the LLR Urgent Care Vanguard.

Policy Framework and Previous Decisions

2. The national policy framework relevant to the Vanguard includes the Keogh Urgent Care Review and the recent NHS National Commissioning Standards for Urgent Care.

Background

3. In July 2015 the Leicester, Leicestershire and Rutland System Resilience Group successfully submitted a bid to become a national Vanguard site for Urgent and Emergency Care. The Vanguard programme is led by NHS England as a means of supporting local areas to innovate and develop new models of care as outlined in the NHS *Five Year Forward View*.

4. West Leicestershire CCG (Clinical Commissioning Group) is leading on Urgent and Emergency Care on behalf of the three Leicester, Leicestershire and Rutland (LLR) CCGs, following reorganisation of the CCGs' collaborative commissioning arrangements. The new arrangements came into place in October 2015, and as a result, West Leicestershire CCG has responsibility for operational resilience, service improvement and contracting for urgent care as well as for the UEC Vanguard.

5. The Vanguard forms part of the overall Urgent Care Programme for LLR. The Urgent Care programme is a workstream of Better Care Together (BCT), and incorporates work on urgent care inflow demand, acute hospital emergency patient flow and community services to support discharge, as well as having oversight of urgent care system performance, operational resilience and winter/surge planning.

6. The Vanguard is overseen by the LLR Urgent Care Programme Board, which reports into both the LLR System Resilience Group and the Better Care Together Delivery Board. A programme structure and programme management arrangements are in place.

7. The Vanguard plans are summarised in detail in the Vanguard Value Proposition, which is attached as Appendix 1.

8. The work of the Urgent Care Programme and the Vanguard has many interdependencies with the Better Care Fund and the Better Care Together workstreams, particularly bed-reconfiguration, long term conditions, frail older people and mental health.

Proposals/Options

9. The aim of the Urgent Care Programme is to ensure the delivery of a safe, responsive and integrated system of urgent care for the residents of LLR. The Urgent Care Programme covers the Vanguard, plus improvement workstreams on inflow/demand, hospital flow and community discharge support services.

10. The Programme is focused on the delivery of a simplified, integrated system of urgent and emergency care that wraps itself around the patients, and is easier for patients and staff to navigate across organisational boundaries. The current system is overly complex, containing a number of different entry and exit points and multiple inter service transfers.

11. The Programme will implement the recommendations of the Keogh review of urgent and emergency care, with an emphasis on better self-care, a more consistent, seven day urgent care system and a redesigned emergency department at Leicester Royal Infirmary.

12. There are six workstreams within the Vanguard programme. They are:

    1. **Integrated Community Urgent Care**: which includes introducing clinical triage and navigation integrated with 999 and 111, and redesigning the range of community urgent care services into a consistent, streamlined and responsive system of 7 day services. An important deliverable for this workstream is to put in place a test of a local clinical navigation model linked to the 111 service from October 2016, which will provide senior, multi-professional clinical capacity to triage and assess patient's needs and provide them with the right service at the right time.

    2. **Redesigning the LRI Emergency Department Front door:** to create a single service including primary care led streaming of patients, an urgent care centre and minors treatment area, with supporting diagnostics.

    3. **Improving urgent Mental Health services:** including introducing all-age acute psychiatric liaison, mental health crisis triage via 999 and improving CAMHs (Child and Adolescent Mental Health Service) community support services.

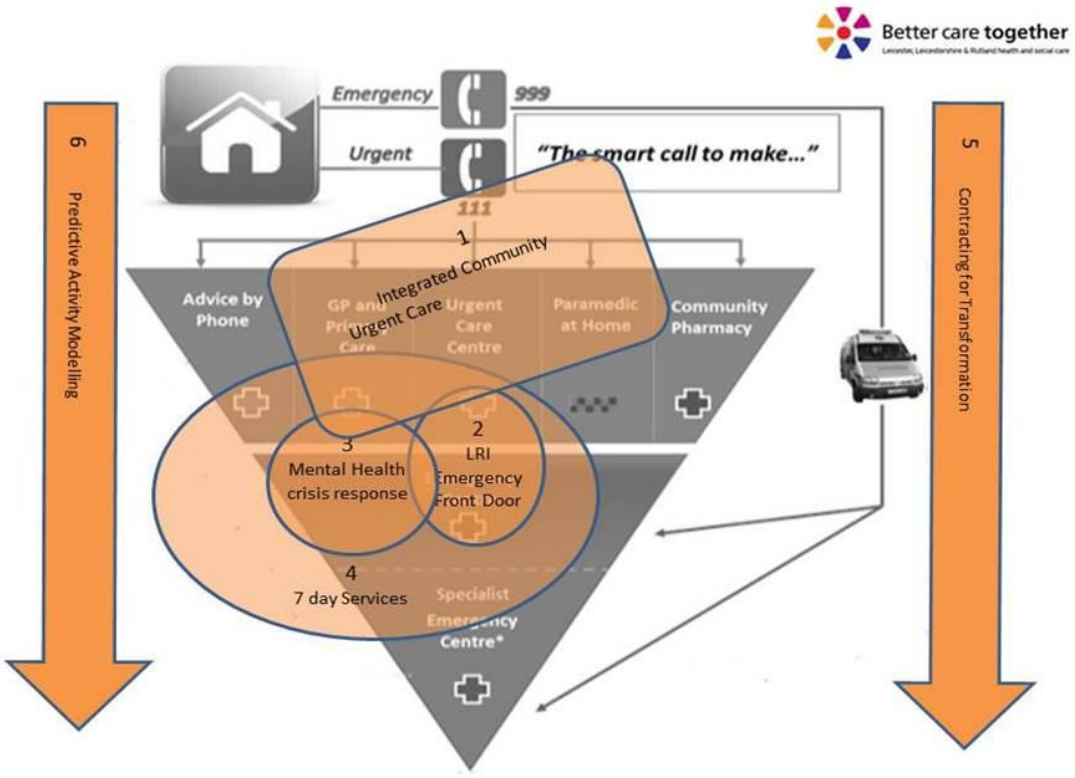
    4. **Early implementation of 7 day working in acute hospitals:** UHL are an early implementer of the standards on acute 7 day working, including improving access to diagnostics 7 days a week.

    5. **Contracting and payment mechanisms:** introducing new contractual arrangements to support providers to work together to deliver integrated services, including introducing the new 'three part payment mechanism' as an alternative to PbR tariffs. We want to explore new contracting models, such as alliance

contracting, to incentivise a 'one system' approach to delivering urgent care in LLR. Work to explore this will take place over 2016/2017 with a view to re-commissioning urgent care services from April 2017 using new contract approaches.

6. **Predictive modelling:** using real time data to assess demand and capacity across the urgent care system, and using this to predict future demand and direct system resources to respond appropriately

13. The diagram below shows the structure of the Programme, overlaid against the elements of the Keogh Review.

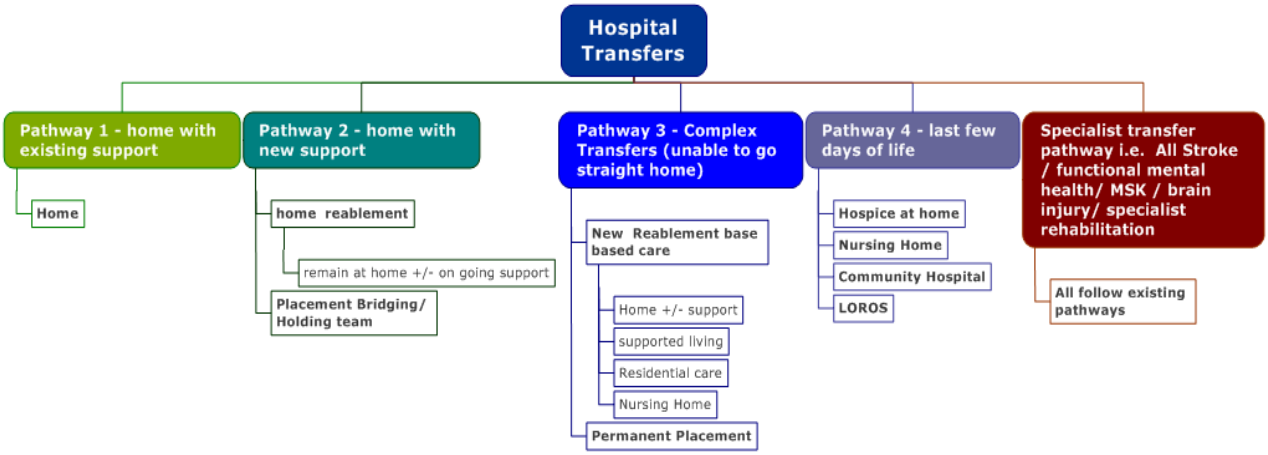


14. Each workstream has a project plan and milestones, which are set out in the Value Proposition.

15. **Discharge:** Improving community support for people who have had a stay in an acute hospital is one of the key elements of our Urgent Care Improvement Plan. The aim of the work is to develop a simple, responsive and comprehensive package of discharge support services which enable people to return to their normal place of residence after a period of hospital stay, or to move to a specialist placement in a timely way if that is needed. The objective is to ensure that people can return home as soon as they are medically fit to do so, and that they receive the right level of support in the community to regain independence and prevent readmission.

16. Following a thorough review of discharge pathways in LLR, we have agreed a simplified set of discharge pathways which we are now putting in place. The diagram below shows the five new discharge pathways. The work to put the new pathways in place includes a number of new procurements and service changes, which will continue throughout 2016/2017. For instance pathway 3, which involves the procurement of rehabilitation support and placements will be in place by October 2016.

17. The discharge work is linked to work within the Better Care Fund such as Help to Live at Home, and the development of the Intensive Community Support service (ICS) which provides home based nursing to prevent admission and facilitate earlier discharge.



18. **Impact and Outcomes:** We have identified five key outcomes that we will improve through the Vanguard work. We are in the process of defining detailed measures and baselines for these outcomes and agreeing improvement trajectories, with support from public health. The key outcomes we will measure are:

- Reduced A&E attendances
- Reduced hospitalisation rate across the population (stratified by age group)
- Reduced re-attendances and re-admission rates (including at A&E and UCCs)
- Reduced hand-offs and inter-provider referrals
- Improved patient experience

In addition, to these high level outcomes, each of the workstreams has agreed a more detailed set of metrics to measure the impact of the work. The Urgent Care Programme Board also reviews a dashboard of indicators that track levels of demand and performance of urgent care providers at each meeting. We are exploring how to use the Health and Care trak tool (Pi) to support evaluation of the impact of the Vanguard changes.

19. **Evaluation and monitoring:** The National Vanguard team have issued guidance on how local sites should commissioning evaluation of their work. We are in the process of identifying evaluation partners to help us evaluate the Vanguard, over the course of 2016/2017.

20. We will work with the national Vanguard team to trial a set of urgent care 'system measures' which have been selected to help System Resilience Groups (SRGs) to develop a rounded picture of the performance of the urgent care system. The system measures cover three domains: clinical outcomes, patient experience and staff

satisfaction, with a number of indicators in each domain. We have received a data set covering the system measures from the National Vanguard team and will be presenting this to the Urgent Care Programme Board and SRG in April, once the data has been analysed for LLR.

Consultation

21. The Urgent Care Programme including the Vanguard is part of Better Care Together, and therefore will be reflected in the forthcoming BCT consultation. There are no specific consultation questions relating to urgent care envisaged at the present time as the proposals are not considered to warrant formal public consultation.

22. Engagement with the public, patients and carers is important within the Vanguard work. We have drafted a consultation and engagement strategy which sets out how we will approach this, which included in the Value Proposition. Our approach will be to start with using the wealth of intelligence we have on the views of local people, including recent Healthwatch reports and the outcome of a number of public engagement events across LLR, to inform the development of the Vanguard plans.

23. Each workstream is currently reviewing its own engagement plan in the light of the project plan for the workstream, to ensure that where we need to do further engagement on aspects of our plans, we identify this need and make arrangements for the relevant level of engagement.

Resource Implications

24. The Vanguard received £1.33 million of non-recurrent funding in 2015/2016 in addition to £300K project management costs.

25. The 2015/2016 funding has been allocated as follows:

Expenditure/project	**2015/2016 £**
Business Case for single point of access	135,000
Data set work	40,000
Health and social care mapping tool	50,000
LRI front door non-recurrent costs and additional staffing	910,000
Pilot of front door streaming and review of patient flow	50,000
7 day working project costs	19,000
Communications and engagement	45,000
information system interoperability	21,000
Clinical backfill	10,000
Evaluation	50,000
PMO costs	300,000
Total Vanguard commitments	**1,630,000**

26. The Vanguard Value Proposition for 2016/2017 requested £7m non-recurrent funding from NHS England. A decision on central funding is expected by the end of March/early April 2016. The Urgent Care Board recognises that we are unlikely to

receive this level of funding, but the actual allocation for 2016/2017 has not yet been confirmed. Expenditure plans will be adjusted based on available resources. This may mean reductions in the level of project support and 'pump-priming' available to the Vanguard.

27. The draft Vanguard modelling indicates that overall, the Vanguard interventions will lead to a lower cost Urgent Care system by year 2 (2017/2018) after taking into account investment in new service models, redeployment of current contractual resources, and the costs of transition.

28. We are still working to further develop the activity and finance model for the Vanguard including engaging with stakeholders to validate our assumptions about underlying growth and the impact of the planned changes on activity levels, patient outcomes and overall costs.

Recommendations

29. The Committee is recommended to note the report.

Circulation under the Local Issues Alert Procedure

The Vanguard does not specifically affect one particular part of the County.

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Relevant Impact Assessments

Equality and Human Rights Implications

30. The Vanguard aims to improve access to the right care at the right time for all residents of LLR and recognises that some groups have particular issues in relation to accessing care. Our objective is not just to improve the urgent care system's performance as a whole, but to reduce health inequalities in relation to people's experience of and outcomes from urgent care service. We will have due regard to protected characteristics in developing our plans which will be reviewed by the Programme Board. Each workstream is currently undertaking an equality impact assessment for its plans. In addition, we are undertaking a Health Impact assessment for the programme as a whole with the support of Public Health England.