HEALTH AND WELLBEING BOARD

14 June 2016

Title:	**Urgent and Emergency Care transformation programme**
Report of the Programme Director for the Urgent and Emergency Care transformation programme	
Open Report	**For Information**
Wards Affected: ALL	**Key Decision:** No
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Summary:

The Barking and Dagenham, Havering and Redbridge (BHR) urgent and emergency care (UEC) vision seeks to create a simplified, streamlined urgent care system delivering intelligent, responsive urgent care for the 750,000 residents across the BHR health economy - the most challenged health economy in the country. The System Resilience Group (SRG) believes there is a need to do things differently and evidence suggests that patients are confused by the many and various urgent and emergency care services available to them - A&E, walk-in centre, urgent care centre (UCC), GPs, pharmacists, out of hours services etc.

The UEC programme has been re-structured with our system partners working together to create a programme which will deliver improvement to all areas of the UEC pathway including local NHS Operating Plan commitments (performance and activity) for 2016/17. This aligns and builds on the Better Care Fund, local NHS QIPP (Quality Improvement Productivity and Prevention) plans and the UEC vanguard programme.

Recommendation(s)

Members of the Health and Wellbeing Board are recommended to note the progress of the Urgent and Emergency Care transformation programme.

Reason(s)

Barking and Dagenham, Havering and Redbridge residents live in one of the most challenged health and social care economies in the country when it comes to the quality of services and the finances available to deliver them.

NHS and local authority partners across Barking and Dagenham, Havering and Redbridge (BHR) are working together on transformation of the urgent and emergency care services in our area through the Systems Resilience Group (SRG).

1 Introduction and Background

1.1 Urgent and emergency care has been a key challenge for our health economy for many years with a background that includes:

- A complex urgent care system with duplication and fragmentation across services
- Challenged health economies and challenged acute trusts
- Key national standards and targets, particularly in accident and emergency, not being met

1.2 A BHR urgent care conference was held on 1 July 2015. The purpose was to gather views on how we can transform urgent care services over the next 2-5 years. Soon after the BHR urgent care conference, an opportunity to bid to become an urgent and emergency care "Vanguard" site was announced.

1.3 The BHR System Resilience Group (SRG) was successful in its application to become a national urgent and emergency care Vanguard. The outcomes of the Keogh Review, led to a nationally agreed model for UEC. This meant our priority was to accelerate the implementation of those measures.

1.4 These are:

- Delivery of Integrated Urgent Care (IUC) – the national enhancements to NHS 111. Will include an enhanced clinical hub to support NHS 111 and shared care plans
- New payment models for providers
- Testing of new system measures - to move focus away from the 4hr A&E standard
- The economic evaluation of channel shifts
- Setting up effective urgent and emergency care networks
- Designation of UEC services
- Ambulance response times

2 Developing our Urgent and Emergency Care Programme for 2017

2.1 The UEC programme builds on and aligns with the vanguard programme, Better Care Fund plans and brings planned activity reductions into a single programme that will deliver improvement to all areas of the UEC pathway and deliver local Operating Plan commitments. It is a system programme, involving BHRUT, NELFT, PELC and the local authority colleagues in the three boroughs.

2.2 Operating Plan commitments are:

- To deliver 91.5% on the national 4 hour A&E wait standard by March 2016
- Activity reductions of 4,296 A&E attendances and 2,150 non-elective admissions

2.3 The trajectory for delivering 91.5% on the 4 hour wait standard by March 2016 is as follows:

April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
77%	80%	82.00%	84.00%	86.00%	90.00%	90.00%	90.00%	90.00%	91.5%	91.5%	91.5%

2.4 The UEC service model is organised into five service delivery workstreams:

- Integrated urgent care (IUC)
- Out of hospital
- Hospital front door
- In hospital
- Hospital back door

2.5 These are supported by five enabling workstreams:

- Communication and engagement
- Technology
- Finance and activity
- Workforce
- Governance and project management

2.6 Each of the service delivery workstreams oversees a number of projects aimed at reducing attendances and admissions. The workstreams each have a system management lead, with clinical leads also being identified for each workstream:

2.7 Each project within the UEC programme will deliver improvements to performance. The planned activity reductions are as follows:

Scheme	Impact	
	A&E (atts)[1]	NEL[2] (adm)
Enhanced mental health (MH) liaison for children and young people (24/7 Interact)	30	2
Enhanced UCC (Queens)	1,165	93
Professional hub & expansion of call centre capacity for 111	784	78
Acute Care Improvements (Ambulatory Care & Hot Clinics)	469	487
Care in the community enhancements: Rapid response, in-reach and social care	119	10
Software and configuration	231	159
Integrated Case Management (ICM)	565	565
Falls (includes Falls with and without Fracture)	118	94

[1] Number of people who attended A&E (BHRUT)
[2] Non Elective Care – unplanned admissions from A&E (BHRUT)

End of Life Care (EOLC)	52	52
Care Homes	390	312
Chronic Kidney Disease/ Acute Kidney Injury (CKD/AKI)	373	298
Total	**4,296**	**2,150**

2.8 The key national service delivery priority is integrated urgent care. Under this scheme, our plans will increase the level of professionals available via NHS 111. This will mean professionals in the community (e.g. GPs, care home staff, paramedics) can seek additional advice to resolve more cases or divert patients to more appropriate healthcare settings than A&E. This will also be available to people calling 111.

2.9 This is important because high levels of people seek advice from healthcare professionals before attending A&E. This has been demonstrated in two recent surveys undertaken in BHR - audits undertaken at Queen's Hospital as part of the Healthy London Partnership UEC behavioural insights survey (50%) and a local research survey undertaken as part of the UEC vanguard programme (61% of those seeking advice before attending A&E).

3 Consultation and Engagement

3.1 BHR has a commitment to co-design throughout the UEC programme, building on the work started at the UEC conference in July 2015.

3.2 The UEC co-design stakeholder group agreed that first step to the UEC programme should be large-scale local research to provide sound evidence of local understanding, awareness and drivers for UEC services.

3.3 A significant research study (co-designed with Healthwatch) was conducted in March 2016 to survey the local population on our urgent and emergency care services. This involved telephone interviews with 3,000 people, and 900+ face to face interviews and 10 focus groups.

3.4 This culminated in a successful stakeholder co-design workshop to discuss the findings, identify gaps and propose next steps for our programme.

3.5 Research findings are being used to inform care model co-design and will inform our co-design and engagement programme for 16/17. Key findings from the research are:

- overall the highest UEC usage is of primary care, then pharmacy followed by A&E
- there is a high awareness of current UEC services
- of those attending A&E
  - 39% sought no advice before attending A&E
  - 37% had seen their GP with the same issue
  - 26% had been to A&E before with same issue
- 41% of parents surveyed had attended A&E at least once in the last six months, non-parents 27% and of those aged over 65, this was 21%

3.6 We are aligning the outcomes of the research with our detailed analysis of current attendances and admissions to refine the delivery plans within the programme. This will include a workshop with all stakeholders to consider the latest data and the implications for our delivery plans.

4 Improving our current performance

4.1 A&E performance at BHRUT has not achieved the national standard (95%) since August 2015 and for March 2016, it dropped to 75.6%. In April 2016, weekly performance has averaged 81.38% (unvalidated).

4.2 This fragile and below standard performance is driven by the following key issues:

- Surge in A&E attendances compared to prior year both "walk-in" and ambulance conveyance
- Emergency department staffing shortages, in particular low proportion of medical rotas that are filled
- Poor performance during night shifts, related to access to access to senior decision making and surges of patients during the evening and night
- Reduced throughput in the Queen's Urgent Care Centre (UCC)
- Multiple service at the front door of A&E that can be confusing to patients

4.3 Following a detailed review of attendance and admission data at its April meeting, the Systems Resilience Group agreed to hold a summit to address these issues and stabilise performance with the aim of ensuring that any actions have an impact on performance by the start of July 2016.

4.4 The summit was chaired by the SRG Chair (Conor Burke) and agreed the following actions:

Service delivery workstream	Quarter one actions	Lead
NHS111	Implement / extend the planned pilot to re-triage NHS 111 ED dispositions	Yemisi Osho (PELC)
Front door	Move streaming and triage to the UCC front door and extend the capacity (with GPs and ENPs) to allow more time with individual people and extend to midnight / 1am. Enhance UCC staffing and integrate	Sheraz Younas (GP Federation) and Mairead McCormick (BHRUT)
	UCC – integrate UCC with Majors Light to provide an integrated non-admitted service	Sheraz Younas and Mairead McCormick

This plan was signed off at the SRG on 4 May 2016

5 Resources and investment

5.1 As a Vanguard programme, in addition to practical support offered by the national teams, BHR also has access to the national Transformation Fund. We are awaiting

confirmation of our national resource bid for 2016/17 and any conditions attached and this will be tabled at the next SRG Board meeting. As part of the Vanguard programme, we are also required to adopt and test a new contracting/ pathway payment mechanism as supported by NHSI (NHS Improvement). This will be aligned to the developing work around the Accountable Care Organisation (ACO).

6 Equalities

6.1 An equalities impact assessment has not been undertaken, but this will be a key element of the testing of the new service model. The brief for the research study required BMG Research and Healthwatch to ensure participants were statistically representative of the communities that live in each borough in line with the latest demographic information.

7 Risk

7.1 We will be developing full risk logs and assessments as part of this programme. This will include risks around finance, clinical and resident engagement, and programme delivery