

HEALTH AND WELLBEING BOARD

10 DECEMBER 2013

| | | | |
|---|---|--|--|
| Title: | Urgent Care Board Update | | |
| Report of the Barking and Dagenham Clinical Commissioning Group | | | |
| Open Report | For Decision | | |
| Wards Affected: NONE | Key Decision: NO | | |
| Report Author: Jane Gateley, Director of Strategic Delivery, BHR CCGs | Contact Details: Tel: 020 8926 5219 E-mail: jane.gateley@onel.nhs.uk | | |
| Sponsor: Conor Burke, Accountable Officer, Barking and Dagenham Clinical Commissioning Group | | | |
| Summary: This purpose of this report is to update the Health & Wellbeing Board on the work of the Urgent Care Board. | | | |
| Recommendation(s) The Board is asked to note the progress report and agree to receive a further update at its meeting on 25 March 2014. | | | |
| Reason(s): There was an identified need to bring together senior leaders in health and social care to drive improvement in urgent care at a pace across the system. | | | |

1. Background/Introduction

- 1.1 Following the CQC visit at BHRUT and the continued failure to hit the 4 hour target (A&E performance is calculated as the percentage of A&E attendances where the patient spent 4 hours or less in A&E, from arrival to transfer, admission or discharge. The standard is 95% for all types of patents), CCGs proposed to the Integrated Care Coalition that an Urgent Care Board (UCB) be established to support system wide improvements in care.
- 1.2 Following a work shop in May 2013 senior leaders supported this proposal.
- 1.3 The establishment of the UCB does not impact on the formal contractual governance arrangements in place to performance manage individual providers.
- 1.4 Meetings have been held on a monthly basis since June 2013.

2 Progress Update

- 2.1 The role and priorities of the Urgent Care Board were reported to the Health and Well Being Board in September. This paper provides an update on progress.
- 2.2 The last meeting of the Urgent Care Board was held on 24 October 2013. The meeting is well attended by all local health and social care organisations and there continues to be a clear commitment from all parties to work together to improve performance.
- 2.3 The Health and Well Being Board have been separately advised of the outcome of the BHRUT A&E Clinical Review. The UCB have received the report and at its last meeting considered the recommendations and proposed actions. This was agreed in principle and will now be monitored by the UCB going forward.
- 2.4 Performance data reported shows BHRUT continue to fail to meet the 95% target (The latest trajectory submitted by the Trust since the meeting shows the Trust projecting achievement of the 95% target in March 2014).
- 2.5 A&E recruitment continues to be a risk and whilst the Trust reported benefits to patients from the introduction of 7 day working, length of stay metrics indicated a rise rather than increase.
- 2.6 Local Authorities advised they were all ready to implement 7 day working from the beginning of November, and it was agreed to review progress at the November meeting. An update was provided by LBB on the Joint Assessment and Discharge proposals. It was agreed that a revised/final proposal would come back to the UCB in November.
- 2.7 Commissioners advised that across all three boroughs CCGs were introducing GP surge schemes across the winter period to provide additional access to general practice.
- 2.8 Commissioners reported that discussions were taking place with Urgent Care Centre providers at Queens and KGH to increase the level of utilisation ahead of the winter period.

- 2.9 The Board received a report from commissioners outlining the next steps for the Frailty project following the audit of circa 300 patients at Queens A&E and the service mapping exercise. Colleagues agreed the cross system workshop held in October had been extremely beneficial, identifying a number of quick wins that should be progressed immediately e.g. London Ambulance Service (LAS) to refer direct to the Community Treatment Team where agreed protocol requirements met. A progress report on this work stream will come back to the next UCB.
- 2.10 Conor Burke updated the UCB on a meeting between commissioners, LAS and BHRUT. The action plan arising from the meeting was shared with the UCB and will be monitored via the UCB going forward. The plan includes closer working between LAS and the Trust on a daily basis to support the management of flow of patients through the hospital. LAS also outlined their winter initiatives including an alcohol diversion scheme an additional training for staff to ensure they utilise all appropriate alternatives to A&E.
- 2.11 The UCB were advised that £7m of winter monies has been earmarked for the BHR health and social care system. As previously reported these monies are being targeted to UCB priority areas and will be monitored via the UCB. Winter plans in general have been submitted and weekly system wide winter escalation teleconferences have begun.

3 Mandatory Implications

3.1 Joint Strategic Needs Assessment

The priorities of the Urgent Care Board are consistent with the Joint Strategic Needs Assessment.

3.2 Health and Wellbeing Strategy

The priorities of the Urgent Care Board are consistent with the Health and Wellbeing Strategy.

3.3 Integration

The priorities of the Urgent Care Board are consistent with the integration agenda.

3.4 Financial Implications

(Implications completed by Martin Sheldon, Chief Financial officer, B&D CCG)

The UCB will make recommendations for the use of the A&E threshold and winter pressures monies.

3.5 Legal Implications

There are no legal implications arising directly from the UCB.

3.6 Risk Management

Urgent and emergency care risks are already reported in the risk register and board assurance framework.

4 Non-mandatory Implications

5 Customer Impact

5.1 There are no equalities implications arising from this report.

5.2 Contractual Issues

The Terms of Reference have been written to ensure that the work of the Board does not impact on the integrity of the formal contracted arrangements in place for urgent care services.

5.3 Staffing issues

Any staffing implications arising will be taken back through the statutory organisations own processes for decision.