HEALTH AND WELLBEING BOARD

17 SEPTEMBER 2013

Title:	**Urgent Care Update**
Report of the Barking and Dagenham Clinical Commissioning Group	
Open Report	**For Decision**
Wards Affected: ALL	**Key Decision: YES**
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 advise the Health & Wellbeing Board of the role of the Urgent Care Board and its focus over coming months. This paper provides the Board with an update on:

- The role the Urgent Care Board (UCB)
- The priority work streams agreed by the UCB
- The demand and capacity planning (including winter) work stream
- The role of the UCB in the BHRUT A&E Clinical Review
- The role of the UCB in the national urgent and emergency care review

Recommendation(s)

The Board is asked to note the progress report and receive a further update at its meeting on 10 December 2013.

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 workshop 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.

2. Role of the UCB

2.1. The UCB was established in June 2013 as an advisory Board, following agreement at the Integrated Care Coalition that there was a need to bring together senior leaders in health and social care in Barking and Dagenham, Havering and Redbridge to drive improvement in urgent care at a pace across the system.

2.2. It has been established in the context of current poor A&E performance at BHRUT and the recognition of the criticality of getting this part of the system fit for purpose for local residents.

2.3. It is recognised that separate formal contractual governance arrangements are in place to performance-manage individual providers of services. For BHRUT the Emergency Care Standards Performance Group, chaired by Alex Tran, has the remit to performance-manage BHRUT against their contract and Emergency Care Recovery and Improvement Plan. The UCB will focus on the interdependencies that exist across the system requiring strong partner and interface working.

2.4. The terms of reference are attached at Appendix A.

2.5. A consolidated urgent care dashboard is produced and reported at every meeting, highlighting current performance and issues to support the work of the Board. It will also be used to track improvement in the urgent care system. The dashboard was jointly developed with stakeholders at a work shop in May. It will continue to be refined/developed taking into account feedback from stakeholders and best practice nationally (being shared via the NHS England Delivery Assurance Network).

3. UCB Priorities

3.1. The Board has met monthly since June 2013. Following a detailed review of the local position and performance the following 6 areas have been prioritised

- A&E recruitment (BHRUT lead)
- Urgent care centre utilisation (BHRUT lead)
- 7 day working (BHRUT lead for initial phase)
- Primary care improvement (Havering CCG lead)
- Discharge arrangements (LBBD lead)
- Frail elderly services (BHR CCGs lead)

3.2. Leads have been identified (as above) for each work stream and they have been asked to produce a project brief and progress highlight report for the August UCB

meeting. Progress will then continue to be monitored on a monthly basis until project objectives are delivered.

3.3. In addition, LAS are carrying out a 'deep dive' review in the Romford and Croydon areas which have both seen significant hikes in demand. This work and associated action plan will be reported through to the UCB. An initial report was considered by the UCB at a meeting in August.

4. Demand and Capacity Planning (including winter)

4.1. The UCB also has responsibility for giving assurance that the system can deliver A&E services throughout the winter period (when demand is known to surge).

4.2. It is proposed that demand/capacity and winter planning is seen as a natural refining of the Recovery and Improvement Plan.

4.3. To support this process NHS England has developed a Demand and Capacity Analysis tool kit which is to be completed and submitted by 23 September 2013. The aim of the tool kit is to ensure health economies have sufficiently considered demand and capacity in preparation for winter i.e. do we have sufficient capacity in the system in quarters 3 and 4. It is as much about enabling flow across the health system as it is about beds.

4.4. All organisations via the UCB have nominated a representative to lead on this work stream and submission on their organisations behalf. A sub-group of these representatives has been established and an initial meeting held on 7 August 2013. The following actions were agreed:

- A timetable for completion of this work along with lead responsibilities for the first cut submissions
- Completion of acute demand and capacity tool kit by BHRUT supported by Commissioning Support Unit (checklist provided including: consistency with LTFM, latest trend analysis) by 16 August 2013.
- Each organisation to complete/respond to their relevant sections of the 'Demand and Capacity Planning Checklist' by 16 August 2013
- Each organisation to complete/respond to the 'NHS England Winter Planning Checklist' by 16 August 2013 (the checklist to support winter planning focuses on those areas where winter assurance is particularly required: infection control, staffing adequacy, business continuity, cross-agency communications, specific client group needs over Christmas, primary care (repeat medications, pharmacy, dental availability etc), flu vaccination, cold weather planning and escalation. CCGs/Trust CEOs will be asked to rag rate the checklist and ensure sign off by the UCBs, as part of the submission.
- Each organisation to complete the template detailing capacity, activity trend analysis, lessons learned from the previous winter experience and recommendations/solutions for winter period 2013/14 by 16 August 2013.

- A summary position statement including next steps, based on the returns, above will go to the August UCB for initial review and agreement of sign off process.

- BHR CCGs PMO to arrange a workshop for all partners to attend in August/September to review and finalise demand/capacity and winter plans prior to submission on 23 September 2013. (NHSE have advised that they are organising a workshop on 18 September 2013 and a table top exercise on 23 October 2013 as part of Exercise Paladin to support emergency preparedness and resilience.

4.5. Winter monies: the Department of Health have announced £250m will be released this year (and a further £250m next year) to ease winter pressures on emergency departments. Further information is awaited as to how the money will be allocated and is expected to be confirmed later this month.

4.6. The UCB have already agreed in principle that winter monies will be targeted to those initiatives prioritised in the Integrated Care Strategy, the 6 priority work streams noted above, and recommendations that fall out of the demand and capacity planning work stream.

4.7. Also as part of the winter planning process NHSE is reviewing the LAS Divert policy with four options being considered 1) no diverts 2) CEO request only and introduction of financial penalties and SI reporting 3) wording modifications to stress use of diverts only in extemis 4) diverts locally arranged by agreement between trusts. An option paper has been circulated to organisations and UCB members for comment by 21 August 2013 for a decision to be made later in the month.

5. BHRT A&E Clinical Review

5.1. BHR CCGs and NHSE have commissioned an external clinical review into the safety at the A&E departments at Queens Hospital and King George Hospital. The review comes as a result of concerns about emergency care at the Trust, the recent CQC report into A&E and statements made by BHRUT saying they are looking at the option of closing KGH A&E overnight to help ease their permanent staffing issues. The review will include visits to both King George and Queens sites and is planned for 14 and 15 August.

5.2. Together with partners, through the UCB, the CCGs will carefully consider the review findings and identify actions required to improve the quality and safety of A&E services for local people.

6. National Urgent and Emergency Care review

6.1. Professor Sir Bruce Keogh announced a national review in January 2013. The review aims to:

- Determine patients' priorities when accessing care

- Determine clinical principles by which urgent and emergency care should be organised

- Build the evidence base for principles and seek further evidence

- Build in public, by contribution, consensus on the key components and the system design objectives
- Develop the commissioning framework for future proposed model options

6.2. A national engagement process is in train until the end of August .UCB Members attended a London wide engagement session in July. A response was also submitted to the national review team on behalf of the Integrated Care Coalition indicating broad support of the review and endorsing the need for a system wide response, via UCBs. During September, feedback will be consolidated and the final evidence and principles will be published. This will be considered by the UCB and played into 2014/15 plans where appropriate.

7. Mandatory Implications

7.1. Joint Strategic Needs Assessment

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

7.2. Health and Wellbeing Strategy

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

7.3. Integration

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

7.4. Financial Implications

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

(Implications completed by: Martin Sheldon, Chief Financial officer)

7.5. Legal Implications

There are no legal implications arising directly from the UCB.

7.6. Risk Management

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

8. Non-mandatory Implications

9. Customer Impact

There are no equalities implications arising from this report.

9.2 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.

9.3 Staffing issues

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

List of Appendices:

Appendix A: The Terms of Reference for the Urgent Care Board