

HEALTH AND WELL BEING BOARD

8th September 2014

The Urgent and Emergency Care System in Walsall The Vision and Outline Strategy

1. Purpose of the Report

- 1.1 To present the vision and outline strategy for the urgent and emergency care system in Walsall to ensure that the future system provides high quality, accessible and affordable urgent and emergency care across the local health economy.

2. Recommendations

- 2.1 The Health and Well Being Board is recommended to:
1. **Note** the vision and outline strategy for the urgent and emergency care system in Walsall;
 2. **Note** that the outcomes of the public consultation and detailed modelling work is being evaluated and will be presented to the Health and Well Being Board in October/November 14;
 3. **Note** that the outline strategy will be reviewed and further amended once the outcome of the public consultation and modelling work is available;
 4. **Note** that the vision is based on the values set out in the CCGs 5 year strategic plan, the national urgent care review led by Sir Bruce Keogh, the Walsall Health and Well Being Strategy and the Better Care Fund;
 5. **Note** that programme management arrangements will be established to take forward delivery of the strategy including identification of risks and their mitigating actions.
 6. **Note** that the Health and Well Being Board will receive a further report on the outcome of the Urgent Care Review in October/November 2014.

3. Key Points

- 3.1 The outline strategy describes the vision for urgent and emergency care in Walsall to 2018/19;
- 3.2 The high level 'blue print' is evidence based and has been informed by the outcomes of extensive work with the public and stakeholders such as a listening exercise held earlier this year, a public consultation and work with key stakeholders including Health and Well Being Board, Health & Social Care Scrutiny and Performance Panel, Walsall Healthcare Trust, Walsall MBC and Dudley and Walsall Mental Health Partnership Trust;
- 3.3 There are two distinct phases of the strategy development process;
- i. One describing the longer term plans detailed within this outline strategy;
 - ii. The second is to resolve immediate issues regarding the walk in centre services within the borough. A report detailing the full outcome of the urgent care review will be presented to the board in October/November 2014.

3.4 Our vision for urgent and emergency care has been developed with patients as follows:

“We’re committed to ensuring patients receive:

- High quality urgent and emergency care services 24/7;
- Easy to access services;
- Support to get the right care in the right place at the right time;
- All in an integrated & simple system.”

3.5 The outline strategy will be reviewed and further developed once the outcome of the public consultation and modelling work is available;

3.6 Programme management arrangements will be established to further develop the outline strategy document and will follow project management methodology (PRINCE 2 and MSP) including the identification of risks and mitigating actions. The Systems Resilience Group (SRG) will assure the delivery process.

4. Introduction

4.1 Urgent and emergency care has been in the spotlight for some time due to the pressures seen locally in Walsall but also nationally. From November 2013, the Urgent Care Review in Walsall has been undertaken to better understand how the existing urgent and emergency care system is working, what works well and how stakeholders and the public envisage improvements being made in the future. At the same time, a national review of Urgent Care has been undertaken, led by Sir Bruce Keogh. Both reviews have indicated that change is needed in the system;

4.2 At the CCG Governing Body meeting on 24th April 2014, members received and approved a report setting out a plan to develop a local future vision for urgent and emergency care in Walsall. The report was also presented to the Health and Social Care Scrutiny Panel and Health and Well Being Board in April 2014;

4.3 There are two distinct phases of the strategy development process:

- one covering the longer term plans for urgent and emergency care services detailed within this outline strategy; and
- the second is to resolve immediate issues regarding the walk in centre services within the borough.

4.4 The draft outline strategy has now been further developed (appendix attached to this report) and describes the high level ‘blue print’ to make the vision a reality by 2018/19;

4.5 The outline strategy will be reviewed and further developed once the outcomes of the Urgent Care Review are fully evaluated. A revised strategy document and report detailing the full outcome of the Urgent Care Review will be presented to the board in October/November 2014;

4.6 The outline strategy is based upon the principles set out in paragraph 2 below and is evidence based. It has taken into account the views of local people and stakeholders secured through significant engagement which included a listening exercise conducted earlier this year, site visits, market research, data and contracting outcomes, regular urgent care meetings and a recent 12 week public consultation

exercise to ensure the patient voice is at the heart of our plans. The draft outline strategy has received support from the CCGs Clinical Operational Group, the Improving Outcomes Board, the Systems Resilience Group and there has been an additional process of clinical engagement and senior officer sign off of the proposed urgent care model detailed in the outline strategy on page 12.

5. Purpose of the Outline Strategy

- 5.1 The strategy aims to improve the consistency and quality of urgent and emergency care in Walsall by coordinating and delivering a system that demonstrates a consistent high quality clinical practice and operational efficiency;
- 5.2 The outline strategy document has been developed to provide clarity around a single vision for Urgent Care across the Walsall health and social care system, to develop the features of the proposed vision so that they are understood by everyone and to articulate the system design for the future.

6. Strategic Direction - Principles

- 6.1 We will work together to achieve the five principals of the national Urgent Care review led by Sir Bruce Keogh:
 - Provide better support for people to self-care;
 - Help people with urgent care needs to get the right advice, right place, first time;
 - Provide highly responsive out of hospital services so people don't choose to queue in ED;
 - Ensure people with more serious or life threatening emergency needs receive treatment in specialist centres to maximise recovery;
 - Ensuring that the urgent and emergency care system becomes more than just the sum of its parts through the creation of urgent care networks.
- 6.2 Principals that underpin the outline Urgent and Emergency Care Strategy for Walsall include:
 - *Keogh standards for UCC's, 7-day working and pathway delivery have been implemented across the network;*
 - *The skills of the staff are such that a consistent high quality service is provided*
 - *Care plans for known patients are kept up to date and available at all urgent and emergency care access points so that a patients information is always available to those treating them;*
 - *The environment is conducive to the delivery of good quality care*
 - *There is a true Single Point of Access for health professionals, providing 24/7 access to physical , social and mental health services;*
 - *Patients are able to easily navigate the urgent and emergency care system through NHS111 and will be clear about the scope of the service;*
 - *Service design and operation is informed by equality and diversity considerations arising from thorough impact analyses;*
 - *Patients will be treated in or as close to home as possible, minimising disruption and inconvenience for patients and their families;*
 - *Emergency patients are treated in the most appropriate centre with the expertise and facilities in order to maximise their chances of survival and a good recovery - only patients with acute healthcare needs are admitted to an acute hospital;*
 - *An integrated and simple system that is configured to provide highly responsive, effective and personalised out of hospital urgent care;*

- *Governance and management responsibility for improving quality and cost-effectiveness is clear and exercised;*
- *Urgent and emergency care services are connected into a cohesive network so the overall system is more than just the sum of its parts.*

7. Strategic vision

7.1 We have worked with patients to develop the strategic vision for Walsall:

We're committed to ensuring patients receive:

- **High quality urgent and emergency care services 24/7;**
- **Easy to access services;**
- **Support to get the right care in the right place at the right time;**
- **All in an integrated and simple system.**

7.2 The outline strategy focuses on creating effective joined up pathways of care and working across the existing boundaries to ensure that all patients are managed using agreed pathways, that no clinical decision is made in isolation and that mutual trust is developed in the system;

7.3 As described in detail on pages 14-17 of the outline strategy, in the next 3-5 years we are committed to ensuring people can:

7.3.1 Care for themselves at home by;

- ***Increasing self care** through improved access for patients who need advice, guidance and support to self care and to navigate the system through NHS111, Pharmacy services, 3rd sector, web services - focus on prevention and avoidance of demand such as expert patient programmes. With the active 'promotion' of services;*
- ***Enhance Pharmacy services** including identifying patients with poor control over long term conditions and minor ailment schemes;*
- ***Extend paramedic training and skills**, to develop 999 ambulances into mobile urgent treatment services capable of dealing with more people at the scene, and avoiding unnecessary journeys to hospital;*
- ***Work towards a reduction in bed based resources** with a shift to community care/care closer to home;*

7.3.2 Know where best to go for their needs by calling NHS111;

- ***Working to develop an improved NHS111** that will be able to directly book an appointment with urgent care services including a booked call back from GP, a community pharmacist review, an appointment at the UCC, an appointment with GP OOH, a home visit and in the future, an appointment at A&E or directly dispatch an ambulance;*

7.3.3 Have better access to GP practices by;

- ***Improving timely, same day access to general practice for urgent care** through increased use of telephone advice, web & video services, text reminders, 7 day working and actively working to reduce Did Not Attends (DNA's). Working with Healthwatch & PRG groups;*

7.3.4 Ensure that all long term condition patients have a care plan;

- **All community patients will have multi-disciplinary care plans that are understood by the patient and HCP;**
- **Develop effective and joined up pathways of care & care planning/plans across organisational boundaries that are communicated to staff and patients including flow diagrams and protocols particularly for LTC's, End of Life, Mental Health, Social Care, UTI's, Pregnancy (urgent pathway), Respiratory, Circulatory, Digestive Conditions, Dehydration, Constipation, Chest Infections, Pain, Confusion, DVT;**

7.3.5 Experience joined up and integrated urgent and emergency care services by:

- **Developing a true Single Point of Contact telephone service for all urgent care referrals to divert referrals to the most appropriate place for their care (admission avoidance). This will include further development of the Community locality single point of access and development of 5 community locality health & social care teams (serving approx. 50k population) to divert activity to the most appropriate service across the system;**
- **Introduce a GP led UCC at the front door of ED (with integrated governance) with the consistent streaming of patients to most appropriate setting e.g. NHS111, SPA (diversionary pathways), UCC, ED, Ambulatory Care Unit, Frail Elderly unit, short stay wards. [The outcome of the Urgent Care Review expected in October/November 2014 will identify if there is a need for a second urgent care centre in the borough and its required location];**
- **Development and delivery of step up/step down models of care including rapid response, hospital avoidance, specialist pathways and discharge to assess models;**
- **Improved discharge planning including Expected Date of Discharge (EDD) within 48 hours of admission (at all access points), daily board rounds/Multi-Disciplinary meetings (MDT), acceptance of MDT assessments and improved communication with locality health & social care teams;**
- **A multidisciplinary approach to effective discharge arrangements including 'discharge to assess' focussing on returning to usual place of residence with care and support, weekend discharge rounds, enhanced transport, section 2/ section 5 arrangements, Continuing Health Care assessments/Decision Support Tool (DST) for complex patients, mental health assessments.**

7.4 Further detail can be found on pages 14-17 of the outline strategy document.

8. High level Strategic Aims

8.1 There is still work to do to specify the service models and operationalise the outline strategy but collectively these will deliver an integrated urgent care system which is more robust and sustainable through:

- Increasingly delivering activity outside of acute hospital setting;
- Reduction in the reliance on bed based resources to deliver care;
- Expansion of community based alternatives;
- Develop relationships with the voluntary sector;
- Greater public and stakeholder involvement and engagement.

9. Measuring Success

- 9.1 High level strategic aims have been developed as examples of the system metrics that could be used to take forward the vision. Further work is required with stakeholders to agree the most appropriate integrated operational metrics for the system. However, the first draft of system wide metrics include:
- To ensure the consistent delivery of the 95% access target;
 - To reduce emergency admissions by 15% over 5 years;
 - Up to 50% of WMAS patients to be treated at the scene;
 - 10% reduction in permanent care home placements.
- 9.2 The strategy delivery programme will be underpinned by the further development of the integrated urgent care dashboard. All pathway redesign projects will have key metrics which can be used to monitor and measure performance and impact on the delivery of the strategic aims.
- 9.3 Programme management arrangements will be further developed to deliver the strategy, further details can be found on page 23. Work has already been undertaken to take forward the short term urgent care strategic priorities as part of the Systems Delivery Plan.

10. Key Risks

- 10.1 Without the right arrangements in place, the unsustainable pressures being experienced in the system will continue to result in more people using urgent care services such as ED as an alternative to their GP practice, patients waiting longer to be seen and treated and key quality measures continuing to be missed. It has been imperative that we have collectively identified the vision for an integrated urgent and emergency care system and all partners work towards its delivery;
- 10.2 The timescale for delivery of the programme has been set so that we can ensure continuity of service provision from April 2015, and that a Strategy is developed to describe the joined up response required for the next 3-5 years and is ready to begin implementation prior to winter.

11. Next Steps

- 11.1 The outline strategy provides the details of how we need different parts of the urgent and emergency care system to be redesigned;
- 11.2 A decision is required regarding the future urgent care walk in service provision across the Borough for both the EUCC and the WIC due to the contract expiry date of 31st March 2015 for both services. The outcomes of the public consultation and further modelling work will be fundamental in identifying what future service provision and physical location is required for urgent care walk in services in Walsall.
- 11.3 Once the outcome of the Urgent Care Review is available, the outline strategy will be reviewed and revised (where necessary). The revised strategy and the outcome of the review will be presented to the board in October/November 2014;
- 11.4 A high impact change plan will be developed once the strategy is approved in October/November 2014.

12. Conclusion

- 12.1 Further to the local and national Urgent Care Review, it is clear that improvements in the system are required to manage the increasing activity but also to ensure service delivery is in line with the national direction of travel as described by NHS England. The outline strategy describes the high level vision for services to be in place by 2018/19;
- 12.2 The aim of the outline strategy and the Urgent Care Review has been to better understand the existing urgent and emergency care service provision in Walsall. Our plans ensure that the future system will provide high quality, accessible and affordable services for the local health economy whilst also ensuring the capacity and capability to flex to manage surges in activity;
- 12.3 People have told us that they want us to improve access and integration across services for people with urgent healthcare needs, by ensuring the system is well communicated and simpler to navigate. We want to continue to ensure that services are available at the right place, the right and first time for all patients using our services.

13 For further information, please contact:

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