WIRRAL

HEALTH & WELLBEING BOARD

20 MARCH 2019

REPORT TITLE	*Update on Unplanned Care System*
REPORT OF	*Jacqui Evans*

REPORT SUMMARY

The following report provides the Wirral Health and Wellbeing Board with an update on progress and developments across the unplanned care system, overseen by A&E Delivery Board.

RECOMMENDATION/S

- Note the update and ongoing priorities overseen by A&E delivery board
- Recognise the interdependencies of all partners to the resilient delivery of the 4 hour standard
- Note the improving position, challenges and priorities for 19/20

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

N/A

2.0 OTHER OPTIONS CONSIDERED

N/A

3.0 BACKGROUND INFORMATION

3.1 The unplanned executive team submitted a system plan, as required by NHSE, outlining applied learning from 17/18 with a clear system wide plan to improve patient flow and outcomes for 18/19.

3.2 This was the second year Wirral submitted a system plan, incorporating BCF, for which NHSE and the national BCF team held up as 'good practice'.

3.3 Wirral continued to utilise and refine application of the capacity and demand modelling work, which was completed with VENN in 17/18. Moving into year 2 and refining the approach was acknowledged and endorsed by NHSE/NHSI, who encouraged other systems in the region to adopt the approach.

3.4 As in 17/18, system wide priorities to improve performance and deliver a 'safe winter' were identified, ensuring key BCF/NHSE requirements were incorporated:

- System focus to reduce ED attendances and non-elective admissions
- Delayed Transfers of Care-no greater than 2.67%
- 25% reduction in stranded/super stranded patients
- Agreed improvement trajectory to achieve 90% performance against the 4 hr A and E standard by Dec and 95% from March 19
- Acute occupancy level 92%
- Zero tolerance of minor (type 3) breaches
- Implementation of streaming at the front door to primary care
- Timely ambulance handovers
- Eliminating corridor care
- Managing Monday surge
- Full implementation of SAFER

3.5 Key Issues / Messages

Following review of learning and performance in 17/18, Service Development Improvement Plans were agreed with providers, incorporating relevant performance and transformational improvement requirements, as agreed in the system plan. This approach intended to improve system grip and accountability. Progress is formally reviewed in the monthly contract meetings.

3.6 Urgent care exec continues to meet formally monthly, with a fortnightly informal meeting between commissioners and providers. In quarter 4 these informal meetings were stepped up to weekly. Escalated issues from the system wide operational group, which meets fortnightly and retains responsibility for implementation and progress against the plan, are addressed by exec who report into A and E delivery board.

3.7 Performance reporting across the system ensures both a single overview position and a detailed RAG rated plan evidencing progress. These are overseen at varying levels by the operational group, urgent care exec with exception reporting into board.

3.8 Wirral was part of the regional 'urgent care system peer review' in September, coordinated by NHSE. Wirral received positive feedback with regard its strong system approach and progress in some key areas, such as integrated discharge pathways and DToC, trusted assessor and capacity and demand modelling approach.

3.9 Winter Planning

The system completed the capacity and demand modelling work with VENN. Additional capacity based upon a set of validated assumptions was agreed. Additional 48 acute beds and 20 community beds required to deliver a safe winter. BCF, as per usual practice, retains winter element to support additional community capacity. This is to increase Intermediate T2A bed provision with supporting MDT and clinical oversight.

3.10 The acute beds decision by WUTH this year was to provide some additional capacity at Clatterbridge (30 beds) and 18 on the acute site. These are to be part of usual discharge processes and supported by Integrated Discharge team. (IDT) WUTH have gone at risk to provide these beds, as part of their overall business plan, for two years. This will be linked to a longer-term aim to reduce core acute bed stock. Some beds will come out in May and further number in October 19, TBC.

3.11 The system is currently reviewing winter learning from 18/19, to ensure fully considered for 19/20 approach and priorities. There are a few inter-related elements which will inform priorities, approach and focus. These include:

- Point prevalence review of Intermediate T2A and rehab services
- Better care fund review of scheme impacts
- Bed base review
- Refresh of system wide capacity and demand modelling
- Learning from other systems via ECIST (Emergency Care Improvement Support Team)

3.12 Current performance

Please see attached overview of performance across the system for unplanned care. The overview RAG rates the system priorities against performance trajectories with escalation commentary and exec leads.

Clearly, performance is varied, and the system remains significantly challenged in key areas.

	Period	4 hour performance	Streaming (Daily Avg for month)	SAFER	Stranded (Monthly Avg)	DTOC	T2A LOS (Average in weeks)	T2A Bed Occupancy	Dom Care
Target		91%	Range of 20-25	33%	-	2.67%	4.2	90%	10 (6 acute / 4 T2A)
Performance	Jan-19	87.13%	23	18.3%	458	2.66%	5.7	78%	12
Variance to target		4%	Within Target	-45%	-	-0.4%	35%	-13%	-2

3.13 Notable progress has been made in relation to the following priorities:

- The 4-hour standard has not been achieved. However, performance has improved from the previous year and is holding at an average of 87.19%. NHSE recognised the challenges faced by all systems and requested achievement of 90%, against the 4-hour standard.
- A&E (Type 1 A&E Department) attendances for 2018/19 are 5.1% lower than 17/18.
- Non-elective admissions have shown a 4.8% reduction from 17/18.
- Delivering and maintaining DToC performance
- Streaming is now delivering, with new model in place from 5th Nov.
- SPA is now co-located, bringing together 3 areas (MH/physical health and social care duty)
- High Impact change model evidences delivery of Trusted Assessor, effective teletriage and improved support to care homes, reducing ED attendances and calls to 111 and 999.
- Developing the IUCCAS model (Integrated urgent clinical care assessment service) New pathways in place for improved clinical assessment and new hear and treat pathways for 111 to divert to acute GP visiting service rather than NWAS.
- Reablement service and positive outcomes, supporting people to remain at home
- Walk in Centre's and minor injury services achieving 99%/100% 4-hour standard
- Community offer has scaled up in year and starting to evidence ROI, including improved home first offer, 7-day therapy service with streamlined structures and processes
- Domiciliary care has seen a significant improvement this year, however, requires a continued high priority focus

3.14 Key areas for the system to focus attention and address as urgent priorities:

- Ambulance handover and turn around
- ED and assessment area flow
- Achievement of 4-hour standard
- Reduction on Stranded and super stranded patients
- Community T2A length of stay
- Maintaining domiciliary care capacity and flow
- Reducing NEL and ED attendance
- Full implementation of SAFER

3.15 There continues to be a mixture of reasons why the above has not been deliverable to date, including:

- Workforce-recruitment and retention challenges, leaving critical gaps, including key clinical and leadership posts.
- Culture and behaviours, which take time to address and require strong system leadership
- System maturity to work collaboratively, organisational silos can inhibit progress. Recommendations from related pieces of work are increasingly focusing o single governance and intending to support the move toward integrated care systems.
- Capacity across the system to implement and embed transformational change at pace, with limited project management support

- Gaps and delays in system data reporting, resulting in delayed escalation in key areas. These are now mostly resolved and place us in a stronger position for 19/20.
- Financial challenges across the system

3.16 Whilst 3.14 highlights the areas of focus across the unplanned system, where attention and grip is necessary. The analysis to date on system performance clearly identifies 'stranded and super-stranded' patient reduction as the area which will have most impact on all performance targets and improve outcomes for patients. This is now our key focus area to improve quickly. This is about streamlining and improving pathways and processes and approach both internally and externally. By ensuring all elements of the system are working at their optimum, we will reduce lengths of stay for patients. This includes effective front door and assessment area, full implementation of SAFER, effective Integrated Discharge team and resilient 7 -day community flow. By improving patient flow across the whole system, we will reduce the numbers of stranded and super-stranded patients and other key performance metrics and thus improvements fall into place, eg 4 -hour standard.

3.17 New 19/20 planning requirements

The recently published NHSE planning requirements for 19/20 have been considered by the team. We will be required in 19/20 to deliver the following:

- Development and establishment of an acute frailty service
- Establishment of a model of same day emergency care
- Review and improvement in the reduction of long stay patients
- Full implementation of new IUCCAS model, supporting reduction in ED attendances and NWAS calls
- Establishment and Implementation of an Urgent Treatment Centre with redesigned urgent community pathways

We will be further improving approaches to reducing ED attendances and Non-elective admissions by expanding technology solutions, such as teletriage and telehealth. Our approach to supporting 'high intensity' users will also be significantly different in 19/20, by improving risk management and more intensive neighbourhood support solutions, we will further reduce pressure on ED and avoidable admissions, whilst improving patient outcomes.

As a system we are in the process of finalising our operational planning priorities with supporting plan and SDIP's.

3.18 Urgent Treatment Centre(UTC)

Consultation regarding the development of an urgent treatment centre and urgent care services in the Community concluded on Dec 12th 2018. Independent analysis of the surveys and feedback is due later in March. The team will then duly consider the results and make final recommendations early summer. Transport and estates working groups are continuing to meet to progress developments.

The capital bid to NHSE was unsuccessful, however commissioners are exploring alternate options. Clinical modelling and pathway redesign for the UTC is progressing with system wide stakeholders and key clinicians. Implementation timescales for the UTC at the front door of Arrow Park hospital remains December 2019.

3.19 Next Steps

- Conclude BCF, point prevalence and wider bed base review and agree plan to implement the findings Q1
- Finalise urgent care operational plan for 19/20 with supporting SDIP's for providers.
- System redesign intentions must support priorities and focus on performance delivery
- Increased grip and approach for long stay patients, and associated pathway elements
- Maintain increased oversight of system performance and mitigations where needed
- Complete capacity and demand modelling for 19/20 to support transformation change planning and implementation, ultimately supporting achievement of a sustainable system
- Following evaluation of consultation, Implement the Urgent Treatment centre and redesigned urgent care pathways.

3 FINANCIAL IMPLICATIONS

N/A

4 LEGAL IMPLICATIONS

N/A

5 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

N/A

6 RELEVANT RISKS

N/A

7 ENGAGEMENT/CONSULTATION

N/A

8 EQUALITY IMPLICATIONS

(b) No because there is no relevance to equality.

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APPENDICES

Appendix 1 – Performance Overview

REFERENCE MATERIAL

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Health & Wellbeing Board	14 March 2018