HEALTH & WELLBEING BOARD

11TH MARCH 2020

REPORT TITLE	*Update on Unplanned Care System*
REPORT OF	*Jacqui Evans – Assistant Director for Unplanned Care and Community Care Market Commissioning, WHCC* *Heather Harrington, Senior Commissioning Lead, Unplanned care, WHCC* *Nesta Hawker – Director of Commissioning and Transformation, WHCC*

REPORT SUMMARY

The following report provides the Wirral Health and Wellbeing Board with an update on progress achieved to date 2019/20 and considers next steps and priorities for 2020/21. The focus of the report will be on current performance with a progress update provided against the system priority areas.

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 and wider key performance requirements
- Note the improving position, challenges and priorities for 2020/21

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

N/A

2.0 OTHER OPTIONS CONSIDERED

N/A

3.0 BACKGROUND INFORMATION

3.1 Wirral submitted a system plan, as required by NHSE, outlining applied learning from 18/19 with a clear system wide plan to improve patient flow and outcomes for 19/20.

3.2 The system agreed, via A&E Delivery Board, to prioritise efforts on the following key deliverables for 19/20:

- Achievement of ambulance handover and turnaround times, eliminating corridor care
- Increased patients streamed out of A&E into other urgent care services, aided by the launch of the Interim Urgent Treatment Centre (UTC), to achieve NHSE agreed target (20% streamed out of A&E).
- Reduction in long length of stay (LLOS) patient cohorts in line with NHSE agreed trajectory of 40% reduction

3.3 Alongside this, a number of supporting projects were identified to support delivery of the above priority areas. These include:

- Frailty / Falls
- New Target Operating Models to be launched for:
    - Community Rapid Response / Home First including Home to Assess pilot
    - Single Point Access (SPA)
    - Integrated Discharge Team (IDT)
- High Intensity Users
- Expansion of teletriage and Urgent Care Advice and Treatment (UCAT) (previously Acute Visiting Service)
- Enhancement of Same Day Emergency Care (SDEC) Pathways
- Improved delivery of Transfer to assess (T2A) with a focus on reducing Length of Stay (LOS)
- Recommission of Transfer to Assess (T2A)/ Intermediate Care

3.4 A system wide operational plan was agreed incorporating the above areas and from this local Service Delivery Improvement Plans were agreed. Progress against the targets set out within these plans is reviewed during formal contract meetings.

3.5 The Urgent Care Operational Group (UCOG) continues to meet fortnightly to ensure traction against priority areas feeding into A&E Delivery Board and Urgent Care Execs who continue to meet weekly. Streaming and Long Length of Stay remain standing items on the agenda.

3.6 An urgent care dashboard is produced monthly to demonstrate performance against key targets and improvement/deterioration is demonstrated via SPC charts with accompanying narrative.

3.7 A system wide winter plan for 19/20 was agreed and shared with NHSE including a local delivery agreement between all partner organisations.

4.0 KEY ISSUES/MESSAGES

4.1 Wirral's Approach to Winter 2019/20

4.1.1 The capacity and demand modelling undertaken in 18/19 was refreshed to consider additional capacity required for winter 19/20. It concluded that if the Wirral system's performance was optimised, it has more acute and community beds than are needed. However there remains an over-reliance on beds and a cultural change is needed to embed a home first ethos. It further concluded that if a LOS of 5.2 weeks was achieved in T2A, this would be equivalent to an additional 10-15 beds for the system. 32 beds if a LOS of 4.2 weeks achieved.

4.1.2 In response to the continued pressure on acute beds, it was agreed that the 22 acute beds, due for closure in October 2019, would remain open, however as a result of the VENN modelling, the only additional community beds commissioned for the winter period were as follows:

- 3 Residential EMI beds
- 1 Nursing EMI bed with option to spot purchase a second
- 2 mental health crisis beds

4.1.3 Targeted work has been undertaken to improve LOS within T2A base – see section 4.4.11 for more detail. Although this has only partially improved, capacity within T2A has been maintained throughout winter 2019/20.

4.1.4 Domiciliary care has seen a 12% growth in activity for 19/20, following the launch of the new commission in April 2019. An additional domiciliary provider went live during December 2019 to increase support to West Wirral following a dip in performance in this area. See section 4.3.11 for more detail.

4.1.5 In addition to the above, the following additional schemes were implemented for Winter 2019, and will be evaluated March/April 2020:

- Specialist respiratory nurses and community matrons supporting A&E / Assessment areas
- Joint working protocol for all uninjured falls to be diverted to Medequip Falls Pick Up service

4.1.6 In response to heightened pressures including multiple bed closures due to norovirus and flu, the system established a silver command centre which replaced daily system teleconferences. The silver command has involved twice daily meetings chaired by the acute with representation from all partner organisations and once daily community silver command meetings. These have proved to be an excellent mechanism for enhanced joint working and communication to escalate issues and facilitate rapid discharge/ admission avoidance.

4.1.7 The system is currently reviewing winter learning from 19/20, to ensure lessons learned are fed into the 20/21 approach and priorities.

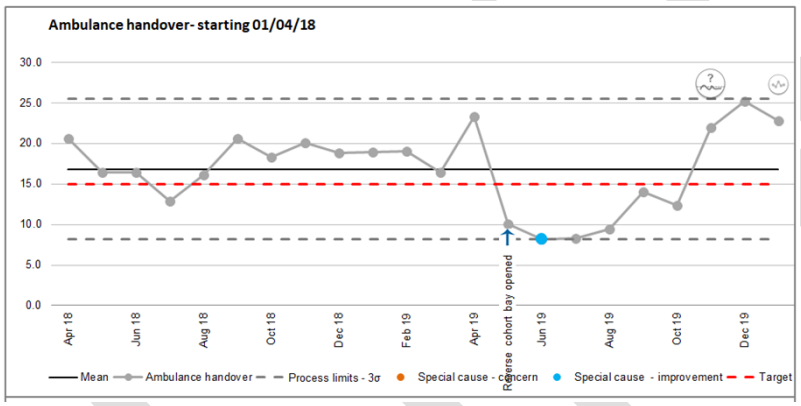
4.2 Current Performance

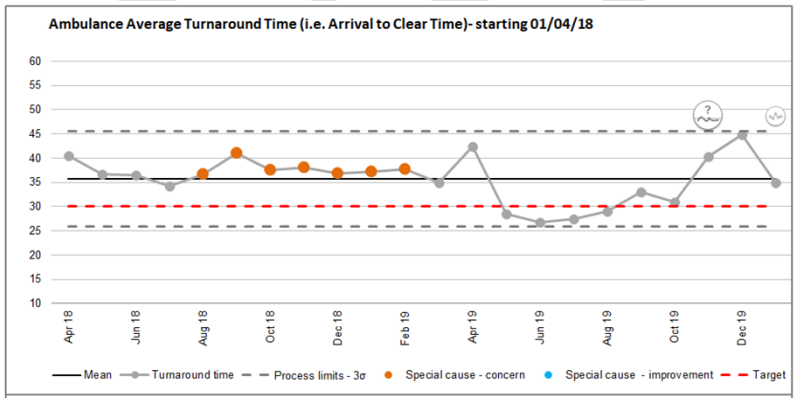
4.2.1 Current performance (January 2020) is demonstrated below:

Metric	4-hour standard (A&E & UTC)	Ambulance Handover	Ambulance Turnaround	Streaming (av)	LLOS (04.02.20)	DTOC	T2A LOS (weeks)	Patients in acute awaiting dom.	Patients in acute awaiting reablement	Occupancy
Performance	70.50%	23 mins	35 mins	26	211	1.6%	6.3	8	23	95.1%
Target	95%	15 mins	30 mins	47	125	2.70%	4.2	6	6	95%
Variance	24.50%	8 mins	5 mins	21	86	+1.1%	1.1	2	17	0.1%

4.2.2 The data above highlights that across the unplanned care pathway, the system is struggling to maintain performance in line with agreed targets.

4.2.3 4-hour performance and ambulance performance continue to fail to meet the National standards set. The introduction of a Reverse Cohorting Area (RCA) led to significant improvements in handover and turnaround times which were maintained until November 2019 however increased pressures over winter led to a drop in performance. Overall the position 19/20 has been much improved compared with 18/19 as demonstrated below:





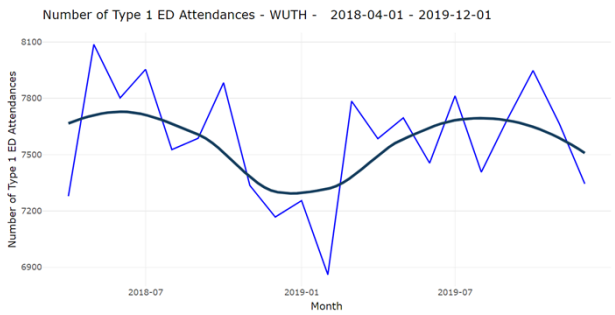
4.2.4 Performance against the National standards for 4 hour and ambulance metrics have been impacted by a number of factors:

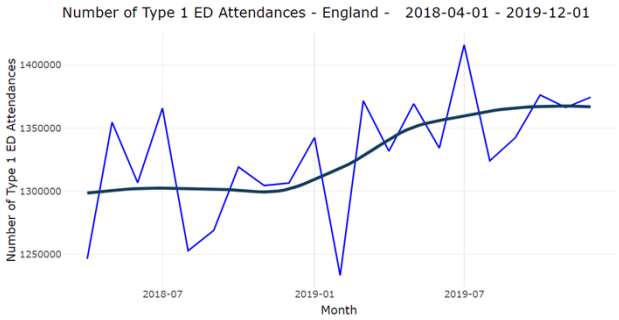
- Relatively high proportion of long length of stay (LLOS) patients leading to delays for patients awaiting admission
- Delays in discharging non-complex patients
- Bed losses due to norovirus/ flu
- Low weekend discharges

- Underutilisation of capacity within UTC for patients to be streamed to to reduce overcrowding in ED
- Staffing shortages within A&E department

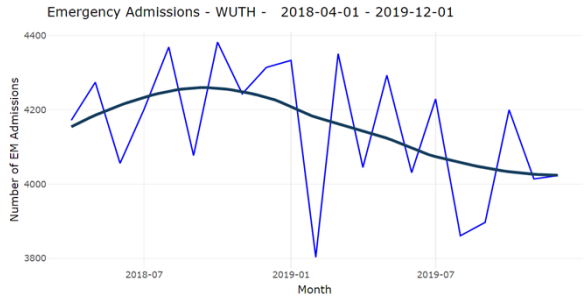
4.2.5 Analysis of local data compared with National, demonstrates that Wirral have been successful in reducing A&E attendances and Non-Elective Admissions against a trend of increased demand.

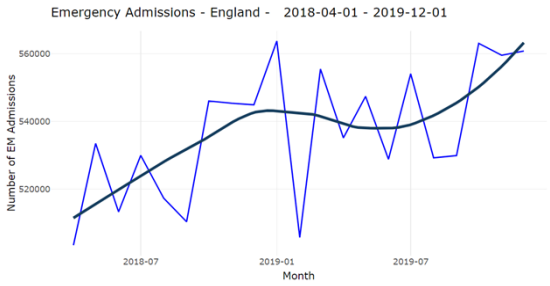
ED Attendances





Non Elective Admissions





4.2.6 This pattern suggests that the attendance and admission avoidance schemes commissioned within BCF are having the desired impact. Further analysis is underway to establish which services are having the greatest impact. It also highlights that the pressures felt by the system are linked more to acuity and length of stay rather than increased demand.

4.3 Priority Area Updates

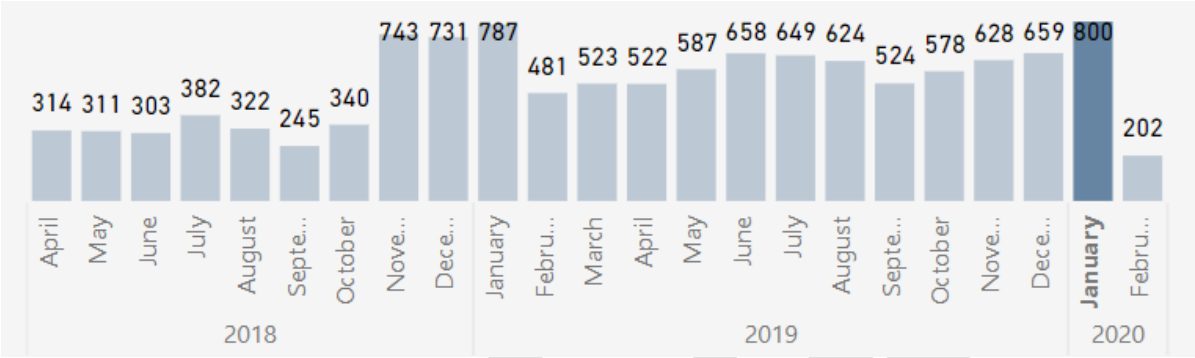
Streaming / Interim Urgent Treatment Centre (UTC)

4.3.1 The Walk in Centre (WIC) at Arrowe Park Hospital (APH) was re-designated as an Urgent Treatment Centre from 19 December 2020. This resulted in the following changes/developments to enhance the level of service offered and increase the number of patients that can be appropriately streamed:

- Access to diagnostics such as x-ray
- GPs with specialist knowledge and experience in acute medicine covering the streaming rotas within the UTC along with Advanced Nurse Practitioners to deliver the service

- Point of care testing (POCT) to be available comparable to UMAC/AMU – WCT are working with biochemist from WUTH to ensure quality assurance including sign off of staff competency. Full implementation has been delayed due to timeframe to fully train staff. This has been escalated to executive level with the aim of accelerating training and full implementation.
- Less complex minor injuries to be managed within UTC – staff competencies are being reviewed however there is a list of minor injuries that the UTC staff are already trained to deliver.

4.3.2 Streaming activity has increased over the last few months with January 2020 peaking at 800 patients streamed, an average of 26 per day.



4.3.3 Despite the progress made, performance remains significantly below target position of 20% of ED attendances to be streamed to the IUTC. This would equate to approximately 47 patients per day for January 2020. A further ask has been made by NHSE to increase this proportion to 26% however it has been requested that this is communicated formally to WHCC but this will make the challenge for Wirral even greater.

4.3.4 It is evident that significant numbers of patients continue to be treated in A&E that should have been streamed and managed within the UTC.

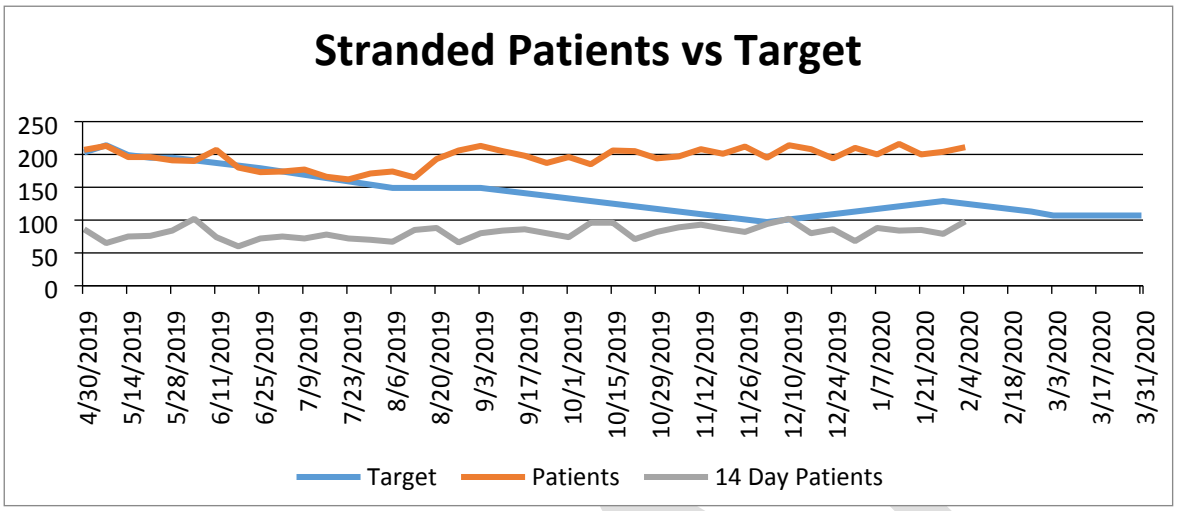
4.3.5 The following two key actions were agreed at executive level in an attempt to boost the number of patients streamed:

- WUTH to undertake an audit of adherence to the simple and complex streaming protocols and pathways. The findings to be presented at the streaming meeting on 14 February 2020 – It was reported that due to the coronavirus this audit hasn't been undertaken. The ED Manager is undertaking this and presenting at the February 28th 2020 UTC/Streaming Meeting
- Deputy Medical Director (WUTH) to liaise with colleagues in ED to inform colleagues that the list of 'minor' minors suitable for streaming into the UTC immediately will be adopted and added to the streaming protocol. It was reported at the UTC/Streaming meeting on 14th February that this discussion has not taken place and the Commissioning Consultant for WHCC will be following this up 17th February 2020

4.3.6 Focussed work will continue to further optimise streaming into the new UTC with a view to develop integrated working across WCT, WUTH and PCW to maintain competencies for new and existing members of staff.

Long Length of Stay (LLOS) in acute setting and Ward Based Care

4.3.7 NHSE set a 19/20 target of reducing LLOS (patients with a LOS ≥ 21 days) by 40%, this equates to a year end position of 107 patients. Performance against this target is demonstrated below, latest position 211 patients:

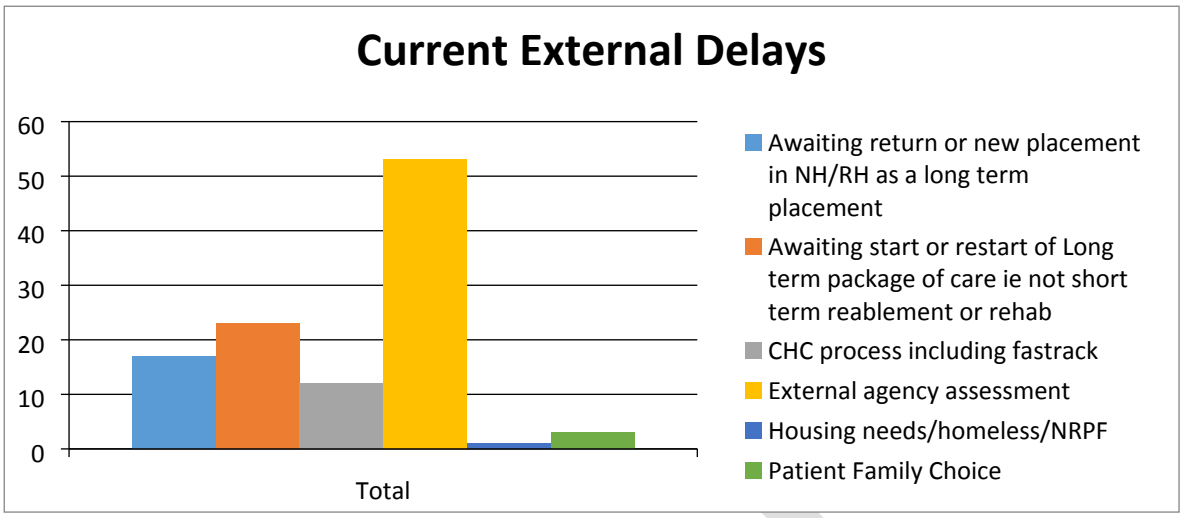


4.3.8 The Emergency Care Intensive Support Team (ECIST) have been supporting the system to implement robust weekly LLOS reviews with the aim of unblocking some of the issues creating delayed discharge. Whilst this has provided further oversight into what these patients are waiting for, it has yet to make a material difference to the number of LLOS patients within the acute.

4.3.9 It is acknowledged that improvements to ward based care as a whole will result in improvements for LLOS patient cohorts as well as facilitating more efficient and timely non-complex discharges. These include the following key actions being taken this month:

- Roll out of perfect board rounds adopting SAFER principles – 100% compliance so far with all wards to be embedded by end February. The system will then utilise ward level dashboards and spot checks to ensure sustainability.
- Rapid Improvement event held to make key changes to pathway/processes for fast track patients to eliminate delays currently experienced
- Focussed efforts to embed criteria led discharge. Therapy led discharge is now in place with a Standard Operating Procedure (SOP) being developed for weekend discharges. Nurse led discharge is being implemented on a phased approach with criteria initially leading to independent nurse discharge.
- Out of area discussions to resolve delays discharges non-Wirral residents

4.3.10 It is acknowledged that a proportion of discharge delays are external to the acute Trust and these are broken down as follows:



4.3.11 The most significant area of external delays are broken down further below:

Category	Number
Ongoing active rehab with SMART goals whilst in an acute setting	18
Awaiting a POC with CAT	7
Awaiting T2A bed - TOC completed await bed availability	2
Awaiting T2A bed - SW to review and TOC to be completed	4
Awaiting STAR	10
Ongoing Social Work involvement	15
Awaiting M1 rehab bed	0
Awaiting CRC/Neuro bed	2

4.3.12 Categorisation is based on National ECIST codes which classify all rehab as an external delay however it is evident that the largest single delay was ongoing active rehab in an acute setting. Whilst this is an internal factor, it is probable that, if the home first ethos was fully embraced, some of this rehab could be delivered in a community / home-based setting.

4.3.13 Ongoing social work involvement is the highest single external factor listed (excluding acute rehab). This is further broken down as follows:

Category	Number
OOA awaiting SW allocation	0
OOA ongoing SW assessment	2
NTA pending	1
New referral pending pathway plan	1
Awaiting SW allocation	6
Ongoing SW assessment	15
Awaiting allocation for Health Documentation	2
Health Documentation in progress	1
Awaiting Community SW allocation	0
Ongoing Community SW assessment	2
CMHT awaiting SW allocation	0
CMHT ongoing SW assessment	0
A/w IMCA	1

4.3.14 Ongoing Social Work assessment makes up the largest proportion of social work involvement and is broken down as below:

Ongoing Hospital SW assessment	Number
No update on LL	0
Care plan for POC to be completed/in progress	2
Care plan for Care Home to be completed/in progress	1
Financial assessment to be completed/in progress	1
CHC involvement required meeting to be arranged	0
New SW involvement - assessment beginning	5
MCA for discharge destination	1
Await psych recommendation	1
FCC/BIM to be arranged	3
OOA	1

4.3.15 A rapid improvement plan for IDT has been developed which aims to enhance productivity and efficiency within IDT to further support timely discharge and contribute to reduction in LLOS.

4.3.16 Domiciliary Care and reablement (STAR) are also identified as areas contributing to delayed discharge. The position for this has improved significantly compared to previous years and is favourable to performance compared with both regional and national standards. The deployment of the new brokerage tracker has allowed greater oversight of demand and activity and the market has been responsive to this.

4.3.17 Despite the improvements, a temporary issue impacted one of the key West Wirral providers' ability to respond to referrals from Mid-August 2019 and unfortunately this impacted on overall waiting lists and response times. The market faces an ongoing challenge with not only high referral levels but also high volume of individual support requirements.

4.3.18 An additional provider went live Dec 19 to support additional demand across Wirral. As demonstrated by the data below, performance has increased significantly with only 1 patient waiting in excess of 21 days for reablement.

As at 12.02.20	Dom Care	Re-ablement	CHC Hosp	TOTAL
Less than 48 hrs	0	5		**33**
48 hrs to 1 week	7	6	1	
1-2 weeks	7	9	1	
2-3 weeks	0	2	0	
Over 3 weeks	0	1 (longest 32 days)	0	
TOTAL	**8**	**23**	**2**	

4.3.19 It should be noted that Wirral consistently meet the DTOC (delayed transfers of care) national target of 2.7% suggesting that the majority of delays are classified as internal and occur at or before point of MDT agreement regarding discharge pathway.

4.4 Supporting Priority Updates

Frailty / Falls

4.4.1 The NWAS end to end audit conducted Feb 2019 highlighted falls as a significant issue for Wirral. This led to the development of a collaborative pathway between NWAS and Medequip, diverting all uninjured 999 calls through to the Medequip Falls Pick Up team. This will ensure a response within 15 minutes and should reduce the proportion of patients requiring ED attendance. The impact of this will be evaluated March 2020.

4.4.2 A collaborative Frailty group has been developed with representation from all partner organisations with the aim of joining up the frailty and falls services.

Community Rapid Response including Home First / Home to Assess Pilot

4.4.3 A New Target Operating Model is in final development stage for Community Response which will include delivery of rapid response for admission avoidance and home first for supporting discharge.

4.4.4 A new unplanned care team has enhanced the number of patients stepping up into T2A as an alternative to acute admission. Latest data demonstrated an 18% step up rate.

4.4.5 A Home to Assess Pilot commenced in May 2019, providing transport home with equipment and a comprehensive assessment once home with access to wrap around domiciliary care and reablement. This pilot will be reviewed March 2020.

Single Point of Access (SPA)

4.4.6 A new Target Operating Model is in development for SPA incorporating a refreshed directory of service. The aim of the new model will be to support people to remain at home or enable step up to intermediate care if required.

4.4.7 Closer links are being established with Rapid Response to ensure maximum diversions from acute.

High Intensity Users

4.4.8 The High Intensity Users Programme has delivered a reduction in non-elective admissions through focused efforts across under 19's service, ICCT's and GPs to proactively manage a group of patients identified due to their number of non-elective admissions within 12 month period. A second cohort of people have now been identified for proactive management.

Teletriage

4.4.9 Teletriage is expanding to include an additional 5 care homes. This means that all care homes in scope will be part of the scheme.

4.410 The teletriage team are working with the Innovation Agency to implement NEWS2/ Restore 2 tool into care homes. This will lead to better predictive and proactive management of patients which aims to avoid unnecessary admissions and poor patient experience.

Urgent Care Advice and Treatment Service (UCAT)

4.4.11 The UCAT (previously known as AVS) service continues to provide advice and support for paramedics and NHS 111 to avoid attendance/admission.

4.4.12 The service has been rebranded February 2020 to maximise its use and a dedicated number has been established to ensure no delays in accessing the dedicated service.

Same Day Emergency Care (SDEC) Pathways

4.4.13 WUTH consistently achieve the SDEC target of 1/3 of patients discharged on the same day.

4.4.14 The Trust led Patient Flow Improvement Group (PFIG) are overseeing focussed efforts to enhance and improve flow into and out of the assessment units as well as promoting optimum use of ambulatory care.

Transfer to Assess (T2A)/ Intermediate Care

4.4.15 T2A has faced some challenges in delivering the target LOS of 4.2 weeks with LOS reaching in excess of 7 weeks and high rates of readmissions. The current LOS is 6.3 weeks which is an improvement on the previous position however it is acknowledged that further work is required to maximise flow. LOS is partly attributable to delays in home reablement and domiciliary services.

4.4.16 A live tracker has been established which allows improved accuracy, scrutiny and management of LOS and LLOS across community T2A bed base. This is visible to IDT to enable forward planning based on beds due to become available over coming days/weeks.

4.4.17 ECIST are supporting roll out of fully functional board rounds three times per week across the bases. This will be tested initially in one base then rolled out.

4.4.18 Performance across T2A compares favourably to GDU (Grove Discharge Unit) which has a slightly higher LOS and readmission rate.

4.4.19 A readmissions audit is underway covering both T2A and GDU to establish what needs to be undertaken to reduce readmissions.

4.4.20 Despite the issues within T2A, capacity has been maintained throughout the year.

Recommission of T2A

4.4.21 The current integrated commission with the independent sector expires 31 August 2020. The new commission is intended to be implemented, in full, by 1 September 2020.

4.4.22 The intended model is to shift from a fragmented offer across 4 nursing home sites + 1 Residential EMI to a single collaborative NHS led and branded 7- day intermediate bed-based service with one nursing base and one EMI base. The service will support both step up to avoid admission and step down to accelerate hospital discharge and will maximise independence and reablement.

4.4.23 NHS Providers, through Healthy Wirral Partnership, have agreed high level commissioning intentions and a provider workshop has taken place to inform model development.

4.4.24 National benchmarking data demonstrates that Wirral spends 22% more on bed based intermediate care then the National average and 12% less on home based and crisis response.

4.4.25 The new model will require the flexibility needed to gradually reduce our bed based and shift resources to build an enhanced home based service.

4.4.26 A final report and recommendation will be presented to the Joint Strategic Commissioning Board on 10 March 2020 for a decision on next steps which will then be ratified by Council and CCG Governing Body.

Better Care Fund (BCF)

4.4.27 The schemes funded by BCF will be evaluated with recommendations regarding future commissioning arrangements during March / April 2020.

4.5 Summary of progress made 2019/20

4.5.1 The following achievements have been made during 2020/21:

- Launch of Interim Urgent Treatment Centre December 2019
- Consistent delivery of 20-25 patients streamed out of A&E
- A&E Attendances to Arrowe Park Hospital reduced by 0.03% 19/20 YTD compared with 18/19 to YTD position
- Non-Elective admissions to Arrowe Park Hospital reduced by 3.9% 19/20 YTD compared with 18/19 YTD position
- Implementation of Unplanned Care Team resulting in 18% patient stepping up into intermediate care to avoid admission
- Delivering and maintaining DTOC
- Continued reduction in hospital conveyances from care homes
- Delivery of SDEC target
- Capacity maintained within T2A
- Improvement in domiciliary care market resulting in reduced waiting times
- T2A and reablement services evidencing improved long-term outcomes with more patients returning home

4.6 Summary of areas requiring continued focus 20/21

- Ambulance handover and turn around
- ED and assessment area flow
- Achievement of 4-hour standard
- Reduction on LLOS patients
- Community T2A length of stay
- Maintaining domiciliary /reablement capacity and flow
- Continuing to reduce NEL and ED attendance
- Full implementation of SAFER

4.7 New 20/21 planning requirements

4.7.1 The focus areas identified above, align to the 20/21 planning requirements which include the following:

- Improvement in A&E performance against a 19/20 benchmark.
- General and acute bed occupancy levels to a maximum of 92%
- Peak open bed capacity achieved through winter of 19/20 will be maintained through 2020/21. Credible plans to release capacity within the following areas:
    - Length of stay
    - Delayed Transfers of Care (DTOCs)
    - Admission avoidance
- Staffing needs to be sustainable
- Delivery of community health service two-hour crises response including:
    - 48 hr Reablement response times to patients who are judged to need it.

    - Provision of an agreed number of guaranteed two-hour home response appointments to be made available to ambulance and other agreed local services for 1 November 2020 to 31 March 2021.
- All providers to achieve the goal of delivering Same Day Emergency Care (SDEC) for 12 hours per day as well as acute frailty services.
- Increase the proportion of patients seen and treated on the same day to a level agreed nationally.
- Minor injury and lower level needs patient's to be seen in Urgent Treatment Centres (UTCs by Autumn 2020.
- Focus on avoidable ambulance conveyance to emergency departments and increasingly supporting people in the community where appropriate to do so.
- Ambulance services should ensure they meet the ambulance response time constitutional standards.

4.8 Next Steps

- Conclude overview of Winter 19/20 and evaluation of BCF schemes
- Finalise service delivery plans with providers in line with 20/21 planning guidance
- Continued focus, grip and enhanced visibility of LLOS delays as well as non-complex discharges
- Enhance number of patients streamed into the UTC through transfer of appropriate minor injuries activity
- 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
- Complete recommission and implementation of new Intermediate (T2A) service
- Conclude review and recommendations for BCF 20/21 priorities

5 FINANCIAL IMPLICATIONS

N/A

6 LEGAL IMPLICATIONS

N/A

7 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

N/A

8 RELEVANT RISKS

N/A

9 ENGAGEMENT/CONSULTATION

N/A

10 EQUALITY IMPLICATIONS

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

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APPENDICES

REFERENCE MATERIAL

SUBJECT HISTORY (last 3 years)

Council Meeting	Date