

West Yorkshire & Harrogate Joint Committee of Clinical Commissioning Groups

Summary report			
Date of meeting: 7 th November 2017		Agenda item: 28/2017	
Report title:		Urgent and Emergency Care Programme Update – including Integrated Urgent Care specification.	
Joint Committee sponsor:		Jo Webster, Commissioning Lead Carol McKenna, Lead Commissioner for Integrated Urgent Care	
Clinical Lead:		Dr Adam Sheppard, Programme Chair	
Author:		Keith Wilson, Programme Lead	
Presenters:		Nigel Gray, Senior Responsible Officer Carol McKenna	
Purpose of report: (why is this being brought to the Committee?)			
Decision		Comment	✓
Assurance	✓		
Executive summary			
This paper provides and update on the work of the Urgent and Emergency Care Programme Board. It also provides an update on action being taken in WY&H to address the requirements of the recently published Integrated Urgent Care Specification.			
Recommendations and next steps			
The Joint Committee is asked to: 1) Note the progress on the delivery of the UEC delivery plan. 2) Discuss and agree the risks and mitigating actions. 3) Agree the proposed way forward to secure a Y&H IUC service specification which involves alignment of CCG commissioning intentions, with a completion date of March 2018.			
Delivering outcomes: describe how the report supports the delivery of STP outcomes (Health and wellbeing, care and quality, finance and efficiency)			
<ul style="list-style-type: none"> • Reducing mortality rates • Improve patient experiences substantially, including patient choice • Provision of high quality and safe care across all seven days of the week • Management of demand and expected growth of Emergency Departments • Reduction in average length of stay • Reduction in avoidable readmissions. 			
Impact assessment (please provide a brief description, or refer to the main body of			

the report)	
Clinical outcomes:	Providing high quality integrated services for urgent and/or life threatening conditions in the right place at the right time results in better clinical outcomes. For example, the increase of clinical advice through NHS111 improves assessment and triage to direct the patient to the right service to improve their clinical outcomes.
Public involvement:	The majority of public engagement and involvement takes place at local level in relation to proposed changes for services. However there was significant public involvement through our Healthwatch partners across West Yorkshire & Harrogate prior to the establishment of the NHS 111 Clinical Advice Service.
Finance:	Integrated urgent and emergency care services that manage demand more effectively have the potential to be significantly more cost-effective than existing arrangements.
Risk:	The key risks are set out in section 13.
Conflicts of interest:	None.

Urgent and Emergency Care Programme Update

Context

1. High quality and responsive Urgent and Emergency Care is a priority for the West Yorkshire and Harrogate Partnership. In recent years these services have come under increasing pressure as a result of a growth rate in demand that has outstripped the availability of services.
2. As we move into winter there is unprecedented pressure on these services, this will require a strong response from our partnership in order to maintain quality, safety and accessibility. In particular, performance against the 4 hour waiting time standard for Accident and Emergency Services is a significant risk.
3. We need to rethink the way that urgent and emergency care is provided to move the focus away from hospital care to other appropriate support. Our approach is about making sure the right treatment is accessed at the right time and protecting A&E services so that they are there when they are most needed. We also need to think about how other services, such as GP practices, pharmacies, community care, social care and mental health services need to improve, so that people are managed better before their needs become urgent. Urgent and emergency care is too often relied on because other services are not there.

Role of the Urgent and Emergency Care Programme Board

4. The West Yorkshire & Harrogate Urgent and Emergency Care Programme Board (UECPB) has been established to co-ordinate the work within West Yorkshire & Harrogate to transform the way in which the NHS, working with key stakeholders, meets the urgent and emergency care needs of our local population across all age ranges and communities. Appendix 1 sets out governance and accountability arrangements.
5. In doing so, the Programme Board ensure that systems are in place that will enable people to get the right care, in the right place in the right place, first time every time for both mental and physical urgent and emergency health needs. Through the UECPB the NHS in West Yorkshire & Harrogate works together in partnership to deliver the transformation of urgent and emergency care services as set out in:
 - the Keogh Review *Transforming urgent and emergency care services in England* (end of phase 1 report, NHSE 2013) and its associated guidance
 - Next Steps on the NHS Five Year Forward View (NHSE 2017)

6. Our role is to:
 - transform the regional UEC system and its services to further improve consistency and clinical standards, reduce fragmentation and deliver high quality and responsive health and social care to patients;
 - provide strategic oversight to urgent and emergency care services across the regional footprint, providing consistent and seamless care, wherever patients present, whatever the day or hour with no difference in the clinical outcomes delivered;
 - monitor network performance and service access through constructive challenge, mutual accountability and peer to peer review;
 - have clear oversight of the STP UEC Delivery Plan and associated milestone tracker;
 - drive consistency, collaboration and improvement in the 7 key priority areas through learning and sharing what works to spread good practice and to reduce inefficiencies ;
 - address systemic barriers in the system and identify ways to reduce these.

7. The five A&E Delivery Boards (Airedale and Bradford, Calderdale and Greater Huddersfield, Harrogate and Rural Districts, Leeds and Mid Yorkshire) as members of the Programme Board maintain responsibility for the operational leadership and coordination of local services, coming together with partners in the West Yorkshire & Harrogate Programme Board in order to ensure coordination of the overall urgent and emergency care strategy across the Programme Board area and the wider bordering regional areas. A&E Delivery Board members have responsibility to communicate the work and actions of the Programme Board back to their local membership.

8. Partnership working on this agenda is not new. For example:
 - Through the UEC vanguard we established the 999/111 Clinical Advice Service within the Yorkshire Ambulance Service, with the aim of increasing the number of callers into 111 getting clinical advice on the phone where appropriate. We currently have 40% of callers being able to speak to a clinician ahead of a national ask to achieve by December 2017.
 - We have established the ability for NHS111 to directly book into some GP practices if the patient needs to be seen by a GP. The Direct Booking pilot proved the functionality of the technology and further issues around computer systems which some of our practices use have been identified and brought to the attention of NHS England for a national solution to enable further rollout.
 - Our work on the repeat emergency prescription service provided compelling evidence of a convincing process change with decreased numbers of calls to GP out of hours services for urgent repeat prescriptions. Through our work in West Yorkshire this has now been rolled out in a national scheme.

9. More recently the A&E acceleration zone programme, led by our acute trusts focused on rapidly putting in place a set of interventions aimed at improving the way A&E functions to better manage demand and patient flow. This has included piloting of Primary Care front door streaming in all A&Es with all Trusts planning more sustainable plans.

Current position

10. Delivery of the key areas of work takes place at Yorkshire and Humber level for some services such as NHS 111 and the Ambulance Response programme. Our work on GP Extended Access is in partnership with the STP Primary Care work stream and CCG commissioners. The UEC Programme Board receives regular exception updates on progress. These are RAG rated by the Programme Board at STP level and shown below:

STP UEC Delivery Plan	STP RAG (as of 16 October 2017)
Work stream 1: NHS 111 online	
Objective 1: NHS 111 Online is available in all areas.	Amber
Work stream 2: NHS 111 calls	
Objective 1: % clinical contact. Final target deadline: 50%+ by March 2018	Amber
Objective 2: % coverage of integrated urgent care. Final target deadline: 100% by March 2019	Amber
Objective 3: % direct booking in hours. Final target deadline: 30% by March 2019	Red
Objective 4: % direct booking out of hours. Final target deadline: 100% by March 2019	Amber
Work stream 3: GP Access	
Objective 1: % of GP Practices to meet seven national core requirements. Final target deadline: 100% by March 2018	Amber
Objective 2: % population coverage evening and weekend appointments. Final target deadline: 100% by March 2019	Green
Work stream 4: Urgent Treatment Centres	
Objective 1: % of UTCs meeting specification. Final target deadline: 100% by December 2019	TBC
Work stream 5: Ambulance	
Objective 1: Continue to work ARP recommendations.	TBC
Objective 2: Hear and Treat as % of total ambulance activity. Final target deadline: March 2018	TBC

Objective 3: See and Treat as % of total ambulance activity. Final target deadline: March 2018	TBC
Work stream 6: Hospitals	
Objective 1: 95% A&E 4 hour standard. Final target deadline: 95% by March 2018	Amber
Objective 2: Co-located GP streaming meeting national guidance in place. Final target deadline: 100% by March 2018	Green
Objective 3: Provision of ambulatory emergency care at least 14 hours a day, 7 days a week.	Green
Objective 4: Clear frailty pathway in place which includes an early comprehensive geriatric assessment.	Green
Objective 5: % of wards where SAFER bundle is in place. Final target deadline:	Amber
Objective 6: Implementation of the Emergency Care Data Set (ECDS)	Green
Objective 7: % of trusts have psychiatric liaison services in place.	Green
Work stream 7: Hospital to Home	
Objective 1: Reduce delayed transfers of care.	Amber
Objective 2: CHC full assessments in acute settings. Final target deadline: <15% by March 2018	Amber
Objective 3: (High Impact Change 1) - Implement early hospital discharge planning.	Amber
Objective 4: (High Impact Change 2) - Implement system to monitor patient flow.	Green
Objective 5: (High Impact Change 3) - Implement multidisciplinary discharge teams.	Green
Objective 6: (High Impact Change 4) - Home First/ Discharge to Assess scheme in place	Amber
Objective 7: (High Impact Change 5) - Seven day service in place	Amber
Objective 8: (High Impact Change 6) - Trusted assessor models in place	Amber
Objective 9: (High Impact Change 7) - Promoting choice and self care for patients.	Green
Objective 10: (High Impact Change 8) - Enhanced health and care services	Amber

in care homes.	
Work stream 8: Mental Health	
Objective 1: % of acute hospitals that meet the 'core 24' service standard for adults.	Green

11. Work on Urgent Treatment Centres is not currently RAG rated at STP level as plans for any significant changes to services are for local CCG commissioners to consider. Yorkshire Ambulance Service were one of the national pilots for the Ambulance Response Programme and key areas of work to take forward into implementation are currently with commissioners.

12. There are also plans in each place to deliver on the seven day hospital services ambition for 2020, ensuring hospitals who provide urgent network services (such as major trauma, paediatric intensive care, hyper acute stroke and emergency vascular services) achieve four priority standards every day of the week. Based on an initial case note review in April/May 2017 most are on track for November 2017, with the exception of stroke.

Key risks to delivery

13. We have identified key risks to delivery and these are:

- Workforce Challenge – We have workforce issues across all of our urgent and emergency care workforce, including vacancies in A&E Departments and the Ambulance service. Numerous initiatives are also requiring GP staffing as a core requirement. These are real issues locally which leave some patches significantly challenged. The West Yorkshire and Harrogate Local Workforce Action Board has considered this in relation to their overall workforce strategy which will be published shortly. They have developed a response focused on incentivising recruitment into NHS111 and clinical advice service; flexible working models to improve retention; and developing host employer models for more professionally isolated roles.
- A target for the Acute Trusts to achieve their agreed trajectory for the A&E 4 hour standard by March 2017 is challenging. Our work on primary care streaming, improving patient flow, timely discharge and provision of alternative services helps mitigate this, but is a challenge especially over winter.
- Changes within the Care Home Sector, especially when Care Homes are closed at short notice. This has a direct impact on discharging some patients from hospital when they are medically fit for discharge and Care Home provision isn't available. However the STP system leadership has been taking forward work to develop a Care home charter and we have stronger working with our partners in the local authorities in relation to adult social care.

- Patient demand – We have seen a significant increase in demand for UEC in the past year despite numerous initiatives and communication strategies to divert this. If this demand is sustained delivery against these targets will be difficult. Our work across the STP in relation to community engagement and strengthening access to primary and community services helps to mitigate this.
- There is also a rise in clinical acuity which is challenging to deliver clinical based services in a sustainable way. With the expectation to provide 7 day services by 2020 we also have responsibility for the safety of our services as they change. Therefore our work in developing more responsive urgent care services in primary and community care aims to make sure that people are only in hospital when they need to be.
- The rollout of NHS 111 online, which is a nationally led programme and dependant on national timescales in relation to rollout. However we are in discussions with NHS Digital around planned roll out.
- The national target in relation to direct booking, both in and out of hours has raised issues nationally in relation to primary care IT systems, including the inability to book into branch surgeries or practices using EMIS as an IT system. We have escalated the detail of these issues to NHS England as a national response is needed.
- Mixed performance around achieving no more than 3.5% in relation to Delayed Transfers of Care, but all places are agreeing trajectories to reduce utilising Better Care Fund money in partnership with our local authorities.

The Joint Committee is asked to discuss and agree the mitigating actions outlined above.

Integrated Urgent Care (IUC) Specification

14. A new national service specification for the provision of an integrated 24/7 urgent care access, clinical advice and treatment service (incorporating NHS 111 call-handling and former GP out-of-hours services) was published by NHS England in August 2017.
15. This service specification should be commissioned and be being delivered by 1 April 2019, with some elements taking effect from now onwards. The specification outlines the steps that commissioners must take to deliver this important transformation and to move from an ‘assess and refer’ to a new ‘consult and complete’ model of service delivery.
16. Overall responsibility for the commissioning of an Integrated Urgent Care Service rests with the Yorkshire and Humber Joint Strategic Commissioning Board and its sub-structure. The Urgent & Emergency Care Programme Board will maintain an overview of any service developments for its patch, with a particular focus on

ensuring that we adopt consistent approaches where desirable and that we have clearly agreed the requirements for GP out of hours services post 2019.

17. The 111 services for our population is commissioned on a Yorkshire and the Humber wide basis and provided by the Yorkshire Ambulance Service (YAS). For West Yorkshire, the GP out of service is delivered by Local Care Direct via a sub contract with YAS. This out of hours services is known as West Yorkshire Urgent Care (WYUC).
18. The current 111/WYUC contract ends 31 March 2018 and a new one year contract is being negotiated for each service to run 1 April 2018 – 31 March 2019. A new contract is required for 1 April 2019 for an Integrated Urgent Care service that meets both the national requirements and local needs. Not all elements of the specification will be commissioned collectively but it will be important to establish clarity across our patch as to how everything fits together.
19. It is imperative that our CCG commissioning intentions align to inform the future commissioning strategy across our area, which also needs to include 7 day services. Our approach and expectations as commissioners and how we use our commissioning levers to drive reconfiguration and managed clinical networks are key to this.
20. We will be speaking to CCG commissioners in each place to understand and align commissioning intentions to inform the development of the specification for IUC services post 2019 and to inform any service development issues in 2018/2019.
21. Our intention is to bring back to the March meeting of this committee:
 - The proposed service specification
 - The preferred route to procurement of the service

The Joint Committee is asked to agree the proposed way forward for Integrated Urgent Care

Recommendations

22. The Joint Committee is asked to:
 - Note the progress on the delivery of the UEC delivery plan.
 - Discuss and agree the risks and mitigating actions in place.
 - Agree the proposed way forward to secure a Y&H IUC service specification which involves alignment of CCG commissioning intentions, with a completion date of March 2018.

Governance and Accountability

