

HEALTH AND WELLBEING BOARD

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EMERGENCY CARE IMPROVEMENT PARTNERSHIP (ECIP) IMPROVEMENT SUPPORT FOR THE MEDWAY HEALTH AND SOCIAL CARE COMMUNITY

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Summary

This report is to inform the Board of the background, arrangements and priorities for the Emergency Care Improvement Partnership (ECIP) support to the Medway health and social care system. The Board is asked to note the report.

1. Budget and Policy Framework

- 1.1 The Health and Social Care Act 2012 set out the requirement for all upper tier and unitary local authorities in England to establish a Health and Wellbeing Board, which would be established as a committee of the Council.
- 1.2 The Health and Wellbeing Board has a responsibility to encourage persons who arrange for the provision of any health and social care services in the area to work together in an integrated manner for the purpose of advancing the health and wellbeing of the people of Medway.

2. Background

- 2.1. Attached as Appendix 1 to this report is a paper by the Head of Improvement, Emergency Care Improvement Partnership (ECIP), setting out the background, arrangements and priorities for the ECIP support to the Medway health and social care system. This support is for the way emergency pathways are organised and function - into hospital, within hospital, and as part of discharge arrangements back into the community.
- 2.2 The support that ECIP has been providing will not only contribute to improved performance within Medway Foundation Trust, but will also be central to meeting the improvements in quality and safety required by the Care Quality Commission following their inspection of Medway Maritime in 2015.

3. Risk management

- 3.1. There are no specific risk implications for Medway Council arising directly from this report.

4. Legal and Financial Implications

- 4.1. There are no legal or financial implications for the Council directly arising from this report.

5. Recommendations

- 5.1. The Board is asked to note the paper attached at Appendix 1

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Appendices

Appendix 1 - Emergency Care Improvement Partnership (ECIP) improvement support for the Medway health and social care community

Background papers:

None.

Emergency Care Improvement Programme

Safer, faster, better care for patients



Emergency Care Improvement Partnership (ECIP) improvement support for the Medway health and social care community

1. Introduction

This paper sets out the background, arrangements and priorities for the Emergency Care Improvement Partnership (ECIP) support to the Medway health and social care system. This support is for the way emergency pathways are organised and function - into hospital, within hospital, and as part of discharge arrangements back into the community.

Although the national NHS '4 hour standard' (that 95% of patients presenting to A&E are seen, treated, admitted or discharged within 4 hours of arrival) is the leading indicator for Trust and whole system performance, ECIP's focus is the whole emergency pathway. This is because the A&E department is one element of a complex system that includes primary care, inpatient wards, NHS community services and adult social care, amongst others.

Most importantly, improving the organisation of emergency patient flow is primarily about enhancing patient safety, outcomes and experience. Hospitals regularly provide critical medical and surgical interventions, yet sometimes less well understood is that unnecessarily prolonged stay in hospital can create risk for patients, particularly those who are older and frail; while delays in accessing timely A&E assessment and treatment are also known to increase clinical risk for some patients.

2. What is ECIP?

ECIP is a clinically led programme, building on ECIST, which offers practical help and support to the 28 emergency care health and social care systems across England that are under the most pressure. It aims to support rapid and sustained improvements in quality, safety and patient flow. The 4 hour standard (for A&E waiting times) can be driven by performance at any stage along the emergency care pathway; hence all the key organisations delivering care for patients on these pathways will be involved in this programme.

This is illustrated in ECIP's offer, which besides clinical associates (clinicians who work occasional days for ECIP) from a wide range of clinical backgrounds, also includes adult social care specialists for the first time. This reflects the key role of local government and adult social care in particular in supporting patient flow and improving health outcomes.

The ECIP project team is jointly led by the national 'tripartite' NHS organisations (Monitor, NHS England, NHS Trust Development Authority) and the Department of Health. It is specifically reliant on an enhanced ECIST (Emergency Care Intensive Support Team) to lead the help and support offered to systems on the ground. The ECIP support programme is due to run until the end of March, with an expectation that it will continue thereafter.

A small national Intensive Support Team, ECIST (Emergency Care Intensive Support Team) has focussed on emergency care since 2009, funded by the NHS in England. ECIST previously provided some support to Medway NHS Foundation Trust (MFT) since 2013, with members drawn from predominantly clinical background within the NHS, is the basis of the ECIP programme.

Medway FT has undergone considerable change, in the context of management and leadership particularly, during that period. Significant changes in senior personnel and approach have not, in our view, provided the continuity necessary to secure ongoing improvement. With greater certainty and continuity of senior leadership over the last 6 months at MFT, there are enhanced prospects for sustained improvement in the way emergency care is delivered.

Medway FT also have a pre-existing 'buddying' arrangement with Guys and St Thomas's NHS Trust who since 2015 have been providing MFT with support across a number of areas, including embedding best clinical practice and strengthening clinical leadership.

3. What work has ECIP undertaken locally?

ECIP's work locally has encompassed the following:

- *Diagnostic review at MFT.* A detailed report and recommendations was produced following an ECIP team review of the MFT emergency pathway on 17 November 2015.
- *Prolonged impatient stay review:* ECIP organised a review, involving acute and community clinical staff, of 250 over 7 days inpatient stays across medicine and surgery within the trust in late November. The associated report highlighted opportunities to reduce stays and tackle factors leading to recurring discharge delays.
- *Defining whole system priorities for improving emergency flow.* ECIP lead a workshop in November to secure consensus on key whole system priorities. We have provided support on specific areas – for example, bringing a clinical lead from another community to run a workshop on the new 'home to assess' service being introduced locally.
- *Redesigning acute assessment and ambulatory emergency care pathways.* An ECIP clinical associate, with a nurse consultant background in acute medicine, has been working with MFT clinical staff since the autumn on redesigning acute assessment and ambulatory pathways.
- *'Enhanced discharge' event.* ECIP ran an event in January involving a range of senior community based staff (including GPs and community nurses and therapists) reviewing patient pathways with MFT ward staff. This identified opportunities and planned actions based on filtering these

opportunities under three headings: internal, acute/community interface (around hospital discharge) and the 'community offer'

- *Support for the new consultant cover model*, being developed between MFT and Guys and St Thomas' Trust.
- *Advice on A&E escalation measures* and managing inpatients when the department is under particular pressure.

4. Key themes for sustained improvement

Going forward, these are the themes ECIP where is focussing its support locally:

- *'Home to assess' capacity and capability*. Assessing the ongoing care and support needs of a greater proportion of patients in their familiar home environment, rather than in an unfamiliar hospital setting, has been shown elsewhere to promote earlier discharge, meet patients desire for early discharge home, and create more suitable care and support packages.
- *Frailty assessment pathway, as part of a wider redesign of frailty service*. Effective care pathways for people with frailty has been shown to reduce hospital stay and improve outcomes for patients. MFT have made a good start over the last 12 months, and there are ambitious whole system plans to develop a locality network of services linked to specialist based at MFT.
- *Strengthening internal processes* to improve the way clinical teams work within MFT – improving continuity of medical care, increasing 'short stay' (of up to 72 hours) pathways and ambulatory (ie walk in/out) emergency care, and the organisation of ward-based daily boardrounds.
- *Enhancing the responsiveness of community services*, to avoid prolonged delays in hospital once patients are clinically safe to be discharged. Local government and the interface with the NHS has significant influence on effective discharge planning. Opportunities locally for improvement include accessing rehabilitation beds, accessing domiciliary care, care home assessments and housing advice.
- *Developing regular opportunities for acute and community clinical staff to review* collectively how pathways are functioning and opportunities for improvement, and thereby create a climate of 'constructive challenge', seeking opportunities to improve emergency flow for patients and enhanced patient experience.

Effective whole system leadership is a critical part of improving the way the emergency pathway functions. In particular, this involves ensuring the major partner organisations interrelate effectively and that the boundaries between organisations are actively managed in the interest of people who use services.

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