HEALTH AND WELLBEING BOARD

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EMERGENCY CARE IMPROVEMENT PROGRAMME – PRIMARY & COMMUNITY CARE INITIATIVES

Report from: Stuart Jeffery, Chief Operating Officer, Medway CCG

Author: Iain Stewart, Deputy Chief Operating Officer, Medway CCG

Summary

This report provides the Health & Wellbeing Board with a summary of the initiatives that are being developed within primary and community care settings to improve provision of urgent and emergency care services to reducing demand on the Emergency Department (ED) at Medway NHS Foundation Trust (MFT)

1. Budget and Policy Framework

1.1 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 Nationally urgent and emergency care systems are under pressure and the local health economy needs to deliver non-life threatening services outside the ED in order to provide capacity within the ED for patients with more serious presentations. This report summarises initiatives being developed in a primary and community setting to reduce demand on MFT's ED. The local health economy is undertaking a range of projects to support urgent and emergency care attendance avoidance throughout 2016/17 that will continue to develop into 2017/18. Set out below is a summary of some of these initiatives.

2.2 Urgent Care Redesign

Following advice published within the Integrated Urgent Care Commissioning Standards it is the intention that redesign will focus on the redesign of urgent and emergency care services to provide an integrated 24/7 telephony 'front door' single point of access to urgent and emergency care for the public via NHS 111, which integrates NHS 111 and GP out of hours to provide both treatment and clinical advice through an integrated clinical advice service

(ICAS), supported by available IT systems by 1st April 2018. This will enable better support for people to self-care, helping people with urgent care needs to get the right advice in the right place, first time by highlight responsive urgent care services outside of hospital so people no longer choose to queue in A&E. This model will be developed in conjunction with front door redesign at ED.

Further work that will continue within 2017/18 to further support redesign include the ongoing review and updating of the NHS 111 Directory of Services to ensure that the correct services are designated for patients to be signposted to the right care first time.

2.3 Front Door Redesign ED (MFT) and MedOCC (MCH)

The local health economy is developing an improved triage model for patients presenting at MFT ED to increase the numbers of patients identified as appropriate for treatment by primary care and navigation to a range of alternative pathways. The aim is to reduce the attendances in the ED at MFT, increase achievement of ED targets and most importantly, improve patient outcomes by providing appropriate care at the appropriate time. The aim is to implement new process on a trial basis from February 2016 with the outcomes from the model informing the Urgent Care Redesign project for procurement during 2017/18 and implementation from April 2018. This links to the Medway Model by increasing use of appropriate primary care services to support urgent patient care needs.

2.4 Integrated Care Home Team

Following the successful pilot of the Integrated Care Home Team within nursing homes from 2014-2016, there will be ongoing development of the model in 2017/18 which will focus on a multi-disciplinary team that also supports patients living in residential homes and housebound patients living within their own homes with frail or complex health needs, by delivering seamless care at the most appropriate time and place, by the most appropriate professional in their usual place of residence. The development of this team will proactively manage patients identified at risk with appropriate interventions to maintain their care within a community setting to reduce avoidable attendance at ED and admission to hospital. Development of the team and provision of care within the community will be further supported by wider developments across primary care and frailty within the community and at the front door of MFT.

2.5 Frequent Service users

The CCG will continue work to reduce the number of frequent service users that attend the ED three or more times in a 6 month period, either by self-referrals or ambulance conveyance. This initiative seeks for all relevant providers to participate in discussions to develop shared care plans and MDT working, developing use of IBIS as a shared database that encompasses multi-provider data enabling access of care plans across first line responders.

2.6 Medical Model

A new medical model was implemented at MFT in 2016 and it is anticipated that further developments of the model will continue, including hot clinics to facilitate admissions avoidance strategies via improved links with community services to support patients at home, including increased primary care support.

2.7 Psychiatric Liaison

Emergency departments and in-patient wards in acute hospitals should have in place an on-site 24/7 liaison mental health service providing prompt specialist assessment, triage and intervention as appropriate and working across the full age range. The adult (including older age adults) component of the service should be staffed to deliver as a minimum the 'Core 24' service specification. It is planned to develop the CORE 24 model with the 2 mental health trusts.

2.8 Community Geriatrician Clinics

Following the successful initiation of Community Geriatrician Clinics in primary and community care settings in 2016/17, it is the intention to continue the roll out and development of the model in 2017/18. The focus will be on joint working across acute, community and primary care organisations to align existing processes across the whole system, to ensure seamless provision of care and avoid duplication. Development of workforce initiatives to support the frailty work programme will be developed to ensure staff are sufficiently skilled with the correct competencies to lead this work.

2.9 End of Life

The health economy will review and revise the Medway End of Life Strategy and agree how coordination of end of life care can be enhanced to enable more people to die in a place of their choice. The aim is for Medway to reach the national preference rate of 70% of end of life patients being able to die in their normal place of residence.

2.10 Discharge

On occasions, efficient processes at the entry end of the hospital are affected by blockages at the exit end; delayed discharges from wards affects flow through the hospital thereby blocking movement from ED. The health economy is therefore undertaking various initiatives to improve discharges:

- Review of the Integrated Discharge Team
- Review of pathways 2 & 3
- Develop a 'single trusted assessment' (STA) and discharge process
- Home first - extend pilot and develop business case for continuation
- Review of Continued Health Care patient assessments
- Review and implement Choice Policy
- Review the 'Discharge to Assess' (DTA) process
- Review 7 day services across health and social care to improve flow
- Implement new intermediate care and enablement service
- Develop 'Home First' for all patients

3. Risk management

3.1 Failure to achieve the potential benefits of the Health and Wellbeing Board to improve the health and wellbeing of the Medway population.

4. Financial Implications

4.1. There are no identified financial implications for the Council directly arising from this report.

5. Legal Implications

5.1 The Health and Wellbeing Board has a statutory obligation under section 195 Health and Social Care Act 2012 to encourage persons who arrange for the provision of any health or social care services, to work in an integrated manner for the purpose of advancing the health and wellbeing of the people in Medway.

6. Recommendations

The Health & Wellbeing Board is asked to review the range of initiatives being undertaken within the primary and community care setting and confirm that it is assured that these initiatives will achieve their aim to reduce demand on MFT's ED

Lead officer:

Iain Stewart, Deputy Chief Operating Officer, Medway CCG
Tel: (01634) 335157 Email: iain.stewart7@nhs.net

Appendices

None

Background papers:

None.