PURPOSE OF REPORT:

There is recognition that improvement of the urgent and emergency care system is a major priority, both Nationally and across GM, and that the reasons for the strain on the emergency care system are complex. The purpose of this briefing is to describe the next steps following the discussions with stakeholders in March / April 2016.

RECOMMENDATIONS:

The Strategic Partnership Board is asked to:-

i) Support the proposal for an Urgent & Emergency Care Task Force to undertake the work outlined above.

ii) Support the proposal for four senior officers to establish and lead the Task Force

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1.0 Purpose

1.1 There is recognition that improvement of the urgent and emergency care system is a major priority, both Nationally and across GM, and that the reasons for the strain on the emergency care system are complex. The purpose of this paper is to propose the establishment of an Urgent & Emergency Care Delivery Programme, or Taskforce, to support immediate improvements in timely access to care and connect that to the new models of care and support to ensure those improvements are sustainable.

2.0 Proposal

2.1 Improvement of the urgent and emergency care system is a major priority, the national A&E Improvement Plan proposes specific, mandated improvement initiatives that all systems must implement in the coming months, and these broadly fall into three categories:

- Demand management: proactive home support and community care packages that reduce ED attendances
- In hospital flow & processes
- Enhanced focus on recovery and independence that supports effective discharge

2.2 For Greater Manchester, devolution provides a unique opportunity to advance and enhance this work and explore the wider system contributions to a successful urgent & emergency care capability.

- The urgent care system must be seen within the context of the new care models evolving within and across localities, these will have a direct impact on all three areas of work over time.
- We can maximise the impact of the integration in localities and across Trusts. There is an expectation that nationally Urgent and Emergency Care Networks develop overarching delivery plans for the Urgent and Emergency Care review. Additionally, the national A&E Improvement Plan will propose 5 specific, mandated improvement initiatives that all systems must implement in the coming months:

1. Streaming at the front door – to ambulatory and primary care within the department
2. NHS 111 – increasing clinical call handler capacity in advance of winter
3. Ambulances – DoD and code review pilots; HEE increasing workforce
4. Improved flow – ‘must do’s that each Trust should implement to enhance patient flow

5. Discharge – improving discharge from hospital by providing an evidence base of good practice and identify potential national changes.

2.3 For Greater Manchester, devolution provides a unique opportunity to advance and enhance this work and explore the wider system contributions to a successful urgent & emergency care capability. It is proposed that we establish an Urgent & Emergency Care Taskforce/Delivery Programme to translate intentions into effective actions to deliver an excellent urgent and emergency care service to all Greater Manchester residents and visitors. The Programme will lead the work to establish a revised and refreshed Urgent & Emergency Care Network that has a powerful mandate for action and clear objectives and deliverables.

2.4 This Taskforce/Delivery Programme would be led from chief executive and senior clinical/professional level, eight senior leaders from secondary and primary care, council and commissioners to ensure the buy-in and drive the changes across GM. These leaders are proposed to include:

- Dr Chris Brookes – Medical Director, Salford Royal FT
- Andrew Foster – Chief Executive, Wrightington, Wigan & Leigh NHS FT
- Dr Helen Hosker – Central Manchester CCG
- Stuart North – Chief Officer, Bury CCG
- Pat Jones-Greenhalgh – Executive Director, Communities & Wellbeing Bury Council
- Steven Pleasant – Chief Executive, Tameside Council
- Dr Tracey Vell – Primary Care Advisory Group
- Varun Jairath – Primary Care Advisory Group

3.0 Why a Taskforce/Delivery Programme?

3.1 The system is judged by the A&E 4 hour delivery, this may not be the most sophisticated measure but it continues to be the yardstick, and one that we are failing to deliver as a system. If we review the Greater Manchester average, prior to Summer 2015 we were consistently above the national average however, since then we have spiralled downwards and now sit routinely below that figure.
3.2 Our A&E performance may be an internal trust measurement but it is
determined by the whole system of pre hospital demand management, patient
selection, flow and decision making in the ED, through-hospital flow, effective
discharges, good intermediate, social care and market management e.g.
nursing/residential homes.

3.3 To influence that complex relationship GM needs to reach beyond
straightforward expectations of delivering on the national urgent care review
and the development of an Urgent & Emergency Care Network by establishing
a work programme that demonstrates meeting those objectives is the
minimum requirement.

3.4 We need the enthusiastic and total engagement of every organisation in GM if
we are to progress this transformational work effectively. That is much more
reliably and strongly done if we look for our sponsorship internally. GM, at the
most senior and significant level needs to indicate the extent of the change
then pursue back that through its leadership. We have an opportunity to
achieve a degree of local authority and provider leadership and participation
that cannot not be matched nationally and has not been seen with previous
GM urgent care networks.

3.5 We feel that by implementing this more direct focus we can create the
awareness of something new, something different that has an outcome focus.
The Task Force would provide the drive and focus to deliver a clear,
deliverable UEC Strategy. It will draw on the expertise from across Greater
Manchester Health & Social Care and further develop the identity of Greater
Manchester as a leader in innovative solutions to shared problems.

3.6 The Taskforce/Delivery Programme is intended as a signal that system
leadership in its widest sense is galvanised around a transformation in UEC.
We need to:

- Think of the urgent care system in the context of the new care models
evolving within and across localities
- Maximise the impact of the integration in localities and across Trusts.
- Explore how the new GM governance and the enhanced collective decision
making capability can improve operation and impact in the urgent care
system.
- We need to advertise that a Taskforce/Delivery Programme will serve as a
tracer to develop a methodology for the GM system to come together
around its major delivery and performance risks
4.0 Development priorities

4.1 The Taskforce/Delivery Programme would establish a clear connection to effective delivery, there is an overarching requirement to develop and sustain both GM and SRG oversight and engagement. It would contribute directly towards addressing existing risks of a series of domino effects in play across GM relating to things like ambulance handovers, paediatric bed capacity etc. and build on effective practice of capacity management in the critical care network.

4.2 A Taskforce/Delivery Programme model would be able to explore how we can support local systems, not just recognising where change needs to occur but helping them deliver that change effectively. It could be the most effective way to engage the SRGs collectively to develop that function and own the peer/sector led improvement approach.

4.3 The priorities in the early stages would be centred on;

- The diagnostic of current performance and challenges for UEC: this will also seek to explore predictive modelling and interact with partners to utilise all available data sources (e.g. Met Office

- 2016-17 will need to be a year that establishes stability in our urgent & emergency care system where we can see measured improvements that deliver on the STF trajectories set out by our healthcare systems

- Development of an effective urgent care balanced scorecard so that we can improve the intelligence which drives action) : this will look beyond what we can currently record and watch (residential care admissions etc.) to what we should look to capture as part of the ambitions over the next few years (home care capacity, intermediate care operations etc.)

- Development of GM Standards for Urgent Care that establish a clear common baseline for all service providers

- Identification of high impact changes which could be pursued to secure rapid improvement and sustainable change in relation to physical and mental health

- Recommendations for improved system alignment in localities and across GM: highlighting the potential for our new GM system to secure long term changes as part of the Local Care Organisation (LCO) development; commissioning standards through the Joint Commissioning Board (JCB) ; and networked collaboration through the provider federation

- By 2017-18 we need to have sustainable delivery above target across the GM health & social care system.
NHS Improvement and NHS England are shortly launching an improvement plan focussed on urgent & emergency care, we in GM want to be at forefront of sustainable improvement. We should be aiming to be an exemplar for others using our new freedoms to fix some of those problems that have been with us from the Reforming Emergency Care days in 2001-2005.

Ensuring that patients with diagnosed mental health problems never have to get access to mental health treatment in the A&E Department.

5.0 Next Steps

5.1 Once the above development priorities have been established, a set of defined work streams will be identified with appropriate leadership of each work stream along with key performance indicators and outcome measures which will inform the improvement trajectory for achievement of the Emergency Care standard at a GM aggregate level.

5.2 The work would fall broadly into one of four areas;

- Mapping the work programme for the Task Force. This will need to be a balance between new system architecture, local system pressures, national work-plan priorities and impact on the system to improve performance
- Assurance – when something is supposed to be happening
- Implementation – when something good isn’t happening everywhere
- Facilitating solutions & action – identifying innovative solutions to common problems

5.3 All of the above would be rooted within the overall objectives for Urgent & Emergency Care;

- Providing better support for people and their families to self-care or care for their dependants
- Helping people who need urgent care to get the right advice in the right place, first time.
- Providing responsive, urgent physical and mental health services outside of hospital every day of the week, so people no longer choose to queue in hospital emergency departments.
- Ensuring that adults and children with more serious or life threatening emergency needs receive treatment in centres with the right facilities,
processes and expertise in order to maximise their chances of survival and a good recovery.

- Connecting all urgent and emergency care services together so the overall physical and mental health and social care system becomes more than just the sum of its parts

6.0 Recommendations

The Partnership Board is asked to:

I. Support the proposal for an Urgent & Emergency Care Task Force to undertake the work outlined above.

II. Support the proposal for the colleagues nominated in paragraph 2.4 to lead the Programme.

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