

Report to: East Sussex Health Overview and Scrutiny Committee (HOSC)

Date of meeting: 21 September 2017

By: Assistant Chief Executive

Title: Urgent Care

Purpose: To update HOSC on developments in urgent care services, including:

- redesign of the urgent care system as part of the East Sussex Better Together programme;
- the Sussex-wide redesign and re-procurement of NHS 111;

RECOMMENDATIONS

1) To consider and comment on the report.

2) To consider what further scrutiny of this issue is required.

1 Background

1.1 Urgent care is a term that describes the range of services provided for people who require same day health or social care advice, care or treatment. This is different from emergency care provided in accident and emergency departments (A&E), other hospital departments, 999 and ambulances which are set up to respond to serious or life threatening emergencies.

1.2 Following a national review in 2014, NHS England set out clear commissioning standards to ensure future urgent and emergency care services are integrated and offer a consistent service. In March 2017, NHS England and NHS Improvement published the *Next Steps on the NHS Five Year Forward View* which highlighted the importance of delivering integrated urgent care services to help address the fragmented nature of out-of-hospital services. This national guidance is informing how local health and social care partners look to best organise and provide local urgent care services.

2 Supporting information

East Sussex Better Together urgent care redesign

2.1 In December 2016 HOSC received a report from health and social care partners in Eastbourne, Hailsham and Seaford and Hastings and Rother outlining work underway through the East Sussex Better Together (ESBT) programme to redesign the urgent care system in this part of the county.

2.2.1 The report focused on three areas:

- the enhancement of A&E departments in Hastings and Eastbourne into fully integrated Urgent and Emergency Care departments through the introduction of a broader mix of staff to better manage people's wide ranging needs. It was anticipated that this work would begin to provide a more streamlined, enhanced service that begins as soon as patients arrive at A&E.
- The provision of 24/7 access to same day general practice which included the future provision of Primary Care Out of Hours services and a review of the Eastbourne and Hastings Walk-in Centres. The proposed new model for Primary Urgent Care Services outlined how patients would be able to access same day advice, guidance or treatment within a primary care setting.

- the redesign and re-procurement of NHS 111 (see below). This was seen as very much linked with the two areas above and part of an integrated approach to urgent care.

2.3 HOSC requested a progress report on the ESBT urgent care redesign programme in September 2017. This report is attached at appendix 1.

NHS 111

2.4 NHS 111 is the free NHS non-emergency number, available to everyone 24 hours a day, 365 days a year. The December 2016 report to HOSC outlined plans to undertake a Sussex-wide procurement exercise to appoint a future provider for this service in line with a new national specification. This new national blueprint for the NHS 111 service is to provide a call handling and self-help service that is then integrated with local clinical hubs which will provide a comprehensive clinical triage and telephone assessment service. NHS 111 will therefore operate as the 'doorway' to access other urgent care services which are more locally based. In East Sussex the intention was to expand the existing county-wide Health and Social Care Connect service to provide the local clinical hub and triage service.

2.5 The re-procurement of NHS 111 is being led by Coastal West Sussex Clinical Commissioning Group (CCG) on behalf of all Sussex CCGs. The team leading this work has approached all the Sussex HOSCs to provide an update and seek HOSC input to the ongoing work. A specific update on NHS 111 is included at annex 3 of appendix 1.

East Sussex Healthcare NHS Trust (ESHT) – Urgent Care and Patient Flow

2.6 Over the past two years HOSC has been scrutinising various aspects of ESHT's Quality Improvement Programme, developed following Care Quality Commission (CQC) inspections of the Trust. In March 2017 the committee received a report on the most recent CQC inspection (October 2016) which identified the significant progress made by ESHT and the key areas requiring ongoing focus. One of the areas rated 'requires improvement' was urgent care and both hospitals were rated 'inadequate' for the 'safe' domain of urgent care.

2.7 In response to CQC findings and service pressures the Trust had established an urgent care and patient flow project. The aim of the project was to ensure that patients on the urgent and emergency care pathway are treated in the right place at the right time, first time by the right staff. HOSC requested more information on this work which, due to the significant overlap and integration with the wider ESBT urgent care redesign programme, is incorporated into the report at appendix 1.

3 Urgent care outside ESBT

3.1 Other than the redesign of NHS 111 which is Sussex-wide, much of this report focuses on developments in the ESBT area, linked to the A&E and acute hospital services provided by ESHT. Urgent care is also an area of focus for the Connecting 4 You programme in the High Weald Lewes Havens area. This area primarily links into A&E and acute hospital services provided in Brighton, Haywards Heath and Tunbridge Wells. HOSC will receive a further update on Connecting 4 You in November 2017 which will present an opportunity to consider the range of service development programmes underway in this area.

4. Conclusion and reasons for recommendations

4.1 This report provides HOSC with an update on developments in relation to urgent care. HOSC is recommended to consider and comment on the report and to determine what further scrutiny is required.

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