



Connecting 4 You Urgent Care Update for HOSC

Meeting date: 28th June 2018

1. Introduction

This report has been produced in response to a request from members of HOSC to provide an update in regards the Connecting 4 You (C4Y) strategic development of Urgent Care and associated initiatives including the creation of Urgent Treatment Centres.

The main body of this report focuses on Urgent Care. Urgent Care needs to be seen in the context of the whole health and social care system, and so this report also provides a high level overview of the progression of some other key work streams within the Programme and key environmental influences that all affect urgent care directly or indirectly in the High Weald Lewes Havens (HWLH) area:

- Wider System Context
- Engagement update
- Connecting 4 You Financial Context
- Development of Communities of Practice with a focus on Frailty
- Lewes North Street Quarter update
- Golden Ticket Roll out.

In November 2017, representatives from C4Y reported to HOSC to provide assurance with regard to the progression of the programme. In particular there was a focus on;

- Readiness for Winter Pressures
- The Dementia Golden Ticket
- The development of the Lewes Health Hub and Primary Care Home

The detail presented and the resultant discussion gave assurance that initiatives within these areas were progressing as planned and starting to demonstrate tangible positive outcomes for individual patient groups within HWLH; and benefits for the health and social care system.

2. Background

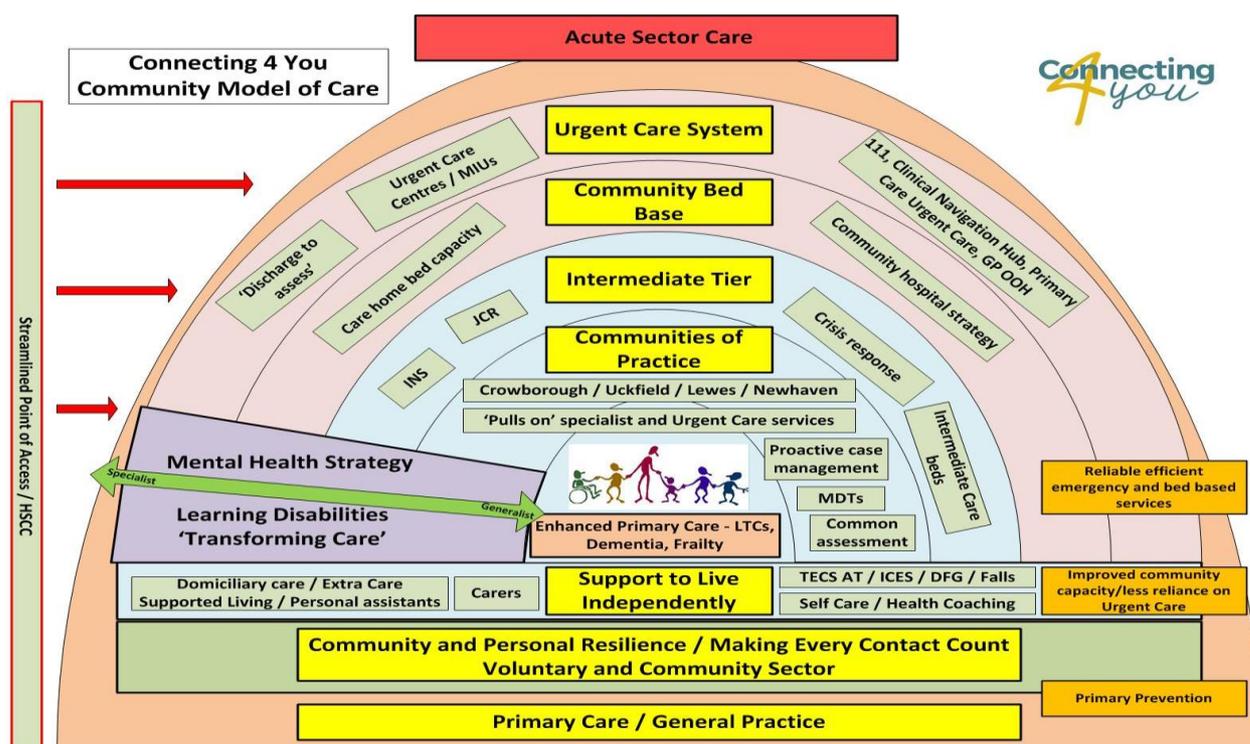
The makeup of the health economy in HWLH is complex. It covers an area in the midst of three acute hospital systems and adjoins four city and County boundaries. C4Y has been developed in order to address the specific population needs, geographical challenges and arrangement of services in a way that recognizes the patient flows of the HWLH area.

The C4Y Programme was developed in 2016 between East Sussex County Council (ESCC) and NHS HWLH Clinical Commissioning Group (CCG) for the HWLH patch of East Sussex. The C4Y programme is comprised of all of the main NHS providers; ESCC Adult Social Care and Children's Services; Lewes and Wealden District Councils; the Community and Voluntary Sector (VCS); and Healthwatch.

The aims of the C4Y Programme are;

- Whole system working; integration
- Strong focus on Prevention and Self Care
- Services to be delivered ‘closer to home’ and away from acute hospitals
- Pro-active care
- Co-production

The ‘whole system’ of activity in HWLH is referred to as the ‘Community Model of Care’. It is presented below;



The C4Y Programme is made up of the range of transformation projects instigated to help achieve the objectives outlined above. These projects are detailed within the C4Y Programme plan, and are grouped into categories that align to the C4Y Community Model of Care, designed to help people avoid the need for urgent or unplanned care or crisis care.

The C4Y Programme Board, through its constituent members, reports to:

- ESCC’s Cabinet
- East Sussex Health and Wellbeing Board
- HWLH Governing Body
- C4Y Partner Provider Boards.

3. Wider System Context

Within the Sussex and East Surrey Sustainable Transformation Partnership (STP) work is progressing as planned in regards to the new Central Sussex and East Surrey Commissioning Alliance (CSESCA).

HWLH CCG is part of CSESCA, which is in turn part of the Sussex and East Surrey STP.

The Alliance is made up of five CCGs – Brighton and Hove, Crawley, East Surrey, HWLH, and Horsham and Mid Sussex – and represents a new way of collaborative working between the organisations. It is not a formal merger of the organisations. Individual CCG governing bodies remain accountable for healthcare commissioning for their local populations.

The Commissioning Alliance officially went live in January 2018. The CCGs have already seen benefits of working closer together by avoiding duplication of work, sharing expertise and best practice and providing greater consistency of quality in commissioning across a larger area. The CCGs are currently considering the financial challenge they are all facing can be collectively addressed, and have committed to making savings that will help ensure they finish this financial year in a breakeven position.

4. Engagement with the public and wider stakeholders

Ongoing engagement with the public and other stakeholders is key to the progression of the C4Y Programme, and is well supported by all partners. Recent examples are outlined below:

The *Big Conversation* held during April in Newhaven was well attended with representatives from a variety of organisations and members of the public, with very valuable conversations and good feedback received. Conversations were around Urgent Care, Frailty, Primary Care and Prevention and Emotional Health and Wellbeing and then more generally around both ESCC and CCG Finances and the STP. The next *Big Conversation* event will be held in Lewes on 31 October.

The Havens listening tour is currently taking place. This an initiative led by Healthwatch who have invited C4Y representatives to participate. This is an opportunity to capture local views and experiences on health and care services used in the area. The tour runs from 11-25th June with a varied programme of activity engaging with different ages and protected characteristics covering local groups, GP surgeries and shopping centres.

It is a high priority to ensure there is engagement with people with different protected characteristics. C4Y representatives recently attended a meeting with DeafCOG to ensure the deaf community are better engaged with over new services and consultations.

There was C4Y representation at the recent the Care for the Carers Forum and this was used to gain carers views on service provision and hearing their experiences as carers.

5. C4Y Financial Context

The Connecting 4 You Partnership continues to develop within an increasingly challenging financial environment, both for the NHS and key partners such as Adult Social Care. Presented below is a summary of the financial position of HWLH CCG.

HWLH CCG

The NHS nationally is facing significant challenges as it tries to meet an increasing demand on services with restricted finances and resources. People are living longer, with ever more complex health needs, and this is making it more difficult to afford all the health and care services for which the NHS currently pays.

This directly impacts upon the work of local CCGs, who are responsible for buying and planning health services for their local populations.

HWLH CCG has historically recorded a stable financial position, but last year experienced a significant decline in its finances, finishing the financial year with a deficit of £8m. As a result, in this financial year the CCG will aim to save 3.9% of its allocation of £236m, roughly **£9m**.

6. Urgent Care Developments

Background

Patients access urgent care services when they feel they cannot wait for a GP appointment and need to be seen without delay. Perhaps the most common perception of an urgent care service is the Hospital Emergency Department (ED). However, it is accepted that patient needs can often be met more appropriately, and quickly, in other parts of the urgent care system. This is by no means the fault of the patient. It is clear that they find the current array of options at times confusing and inconsistent across health and social care systems, and as such default to the ED. The C4Y urgent care programme aims to deliver an integrated urgent care system with a single point of entry via NHS 111. This model will offer a range of options to the public, including standardised Urgent Treatment Centres, urgent primary care in and out of hours, and other community services, as well as high quality Emergency Departments.

Introduction

As part of the Connecting 4 You update, a presentation on urgent care redesign was given at the East Sussex meeting in November 2017. This included details of the introduction of Primary Care streaming in Emergency Departments; Winter Resilience Planning; and reductions in Non-Elective Admissions and Delayed Transfers of care.

Members requested a future update in June 2018 with a focus on the progress of urgent care redesign. This paper has been produced in response to that request and focusses on four main areas, as follows

- Development of an integrated response through formation of C4Y partnerships
- Reflections on winter performance¹ and measures put in place to mitigate pressures
- Future Development of Minor Injuries Units

Development of an integrated urgent care system

The *NHS Five Year Forward View* sets out the need for patients to find it easier to access urgent care clinical advice, on the phone and online. A main access point for such advice and subsequent treatment will be the NHS 111 service, which by 2019, aims to book people into urgent face to face appointments where this is needed.

To facilitate this transformation the current service was put out to tender with a new service specification earlier this year. Subsequently, the chair of HOSC has been contacted by the 111 procurement team to inform them of the decision to stop the current NHS 111/Clinical Assessment Service procurement for Sussex. The organisations who submitted bids to run the new service have been notified of this outcome by the approved procurement channels. Though the procurement process is subject to commercial confidentiality, it should be noted that this was due to the content of the bids received, and not flaws in the procurement process. The lessons learned from the Patient Transport Service procurement experience meant the CCGs wanted as wide a field of bidders as possible.

¹ A paper was given in March to 2017 by East Sussex Better Together relating primarily to the ESHT urgent care system. HWLH CCG has been involved in these discussions and sits on the East Sussex Local Accident and Emergency Delivery Board. To avoid repetition, when considering Emergency Departments this paper will primarily focus on the Brighton and Sussex University Hospitals NHS Trust (BSUH) and Maidstone and Tunbridge Wells NHS Trust systems, where the majority of HWLH patients attend.

The decision by CCG Accountable Officers and Clinical Chairs was not taken lightly. The committee should be assured that it is the re-procurement process of the new NHS 111/Clinical Assessment Service that is stopping – not the current service received by patients. The commissioners across Sussex are in the process of agreeing next steps with the current NHS 111 (South East Coast Ambulance Service NHS Foundation Trust) and GP Out of Hours (Integrated Care 24) providers to ensure continuity of service for patients after 1 April 2019.

An options paper will be presented to the seven Sussex CCGs' Governing Bodies in the next few months with a recommended approach to re-procure and deliver a new NHS 111/Clinical Assessment Service for Sussex by 2019/20, which will in turn be communicated to HOSC.

Extended Access to Primary care

Under the national NHS General Practice Forward View, CCGs are required to commission extended access to primary care. The requirement is for each hub/provider to have extended access from 6.30-8pm each weekday, plus 30 minutes extra per 1000 patients, and weekend provision as per patient demand. NHS 111 and Urgent Treatment Centres are also to be utilised to enable access to patients for both walk-in and pre-bookable appointments with primary care clinicians outside of core GP practice hours. The CCG is procuring and commissioning this service, which can be provided in hubs across the CCG for 100% coverage of the CCG population from 1 October 2018. As this is currently a live procurement, no specific information can be shared at this time. However, in advance of the final decision, two pilot projects have been commissioned separately from the procurement exercise and without prejudice in order to test assumptions regarding patient appetite for when and where such additional services should be delivered. The first pilot went live for patients of Newick and Buxted surgeries on 1 June, and will be followed by Lewes practices on 1 July.

Reflections on winter performance

Challenges last winter included staffing, due to sickness; an increase in acuity (including Influenza) presenting in primary care and at Emergency Departments; and later than expected confirmation of additional funding.

The system remained pressured over winter, particularly during March when temperatures dropped considerably, followed by a loss of water pressure in some parts of the CCG area as pipes burst. However, a number of steps were taken to increase resilience that anecdotally resulted in the system recovering more quickly than in previous years. These included the following.

- Additional Care Home places commissioned jointly with ESCC Adult Social Care.
- Extra primary care appointments commissioned over the Christmas period
- Effective collaborative working across the system and exceptional support from partners when required.
- Improved escalation and response actions through daily operational executive level calls supported by management information (SHREWD).
- Additional acute, community, Adult Social Care and Fast Track hospice capacity commissioned to support the system-wide winter capacity plan.
- Enhanced support to Nursing Homes.
- An Alliance-wide winter communication strategy entitled *#HelpmyA&E*, which directed patients to alternative services such as Walk in Centres and pharmacies.
- Improved uptake of Flu vaccination by staff across the health and social care system.

Future Development of Minor Injuries Units

The publication of the *NHS Five Year Forward View* offered the opportunity to consider the nature and extent of urgent care provision across the STP area. All Sussex CCGs are in the process of considering the best way to deliver these changes to maximise the positive impact for the patient population. To ensure consistency and clarity of services this review covers the whole of the STP footprint, covering the eight Sussex and East Surrey CCGs, taking into account existing developments such as those reported separately by East Sussex Better Together colleagues.

HWLH CCG and Brighton & Hove CCG are in this planning stage and so there is no definite detail that we can share widely at this time regarding the outcomes of this review. However, the committee will recall during the re-procurement of the Community Services contract in HWLH the intention was always to develop the existing Minor Injuries Units to enable them to also receive patients with Minor illnesses. Work has been taking place at Lewes Victoria Hospital, including staff training and building work, to prepare for it becoming an Urgent Treatment Centre in time for Winter 2018/2019. In addition to the wide scale public engagement prior to letting the Community Services contract, a recent *Big Conversation* event held in Newhaven further discussed plans for these developments and invited comment.

A full business case will be presented to the HWLH CCG Governing Body in the coming months, at which stage the final plans will be made public.

7. Supporting C4Y Developments

The following updates relate to initiatives previously shared with HOSC that are intrinsic to Urgent Care, given the interdependency with the wider health and social care system.

Development of Communities of Practice and Frailty

The *NHS Five Year Forward View* was published in 2014 to guide the shape and pace of transformation, in response to increasing concerns regarding the sustainability of the health and social care system across the Country.

The formation of the C4Y Partnership and Programme reflects this guidance, in particular the strong focus on the development of truly integrated localised services based on populations of between 30,000 and 50,000. These are referred to as the HWLH Communities of Practice and there are four across the region; Crowborough, Uckfield, Lewes and the Havens.

The C4Y Programme Board agreed to focus on frailty as a priority, not least because of these patients' urgent care needs and likelihood of unplanned hospital admissions. Work has progressed well in regards to developing better responses to those living with frailty through developing new integrated initiatives with a strong focus on preventing people from needing non-elective and emergency interventions.

There is now full coverage of Community Geriatricians across HWLH. The service is provided by two of the acute hospital trusts that serve HWLH and provide GP Practice Clinics, home visits, support to the Community Hospitals and support and specialist advice to GPs and community teams in regards to those living with frailty and complex needs. To enhance and expand this service four experienced Frailty Nurse Specialists have been recruited by Sussex Community NHS Foundation Trust (SCFT), the community nursing provider for HWLH. This introduces another

member of the Geriatric Workforce, with a unique and complimentary skillset thus ensuring appropriate skill mix, into the emerging Communities of Practice offering further opportunities for continued integration between community and acute health provision. This new proactive integrated approach to better support those living with frailty is also greatly benefitting from the community navigator programme which enables them to also benefit from far greater social connectivity to address isolation and help keep people physically active.

Improved support is now offered to nursing homes through the Enhanced Health in Care Homes (EHCH) an initiative funded through the Improved Better Care Fund (IBCF) to offer proactive clinical support from dedicated GPs, to maximise the health and wellbeing of the residents.

Following a successful pilot in the Havens, the East Sussex Fire and Rescue Service is replicating its proactive programme of Home Safety Checks to those living with frailty in Crowborough.

Voluntary and Community Sector (VCS) and District Councils with statutory services have been further integrated within the four Communities of Practice, in recognition of the invaluable resource they offer, particularly with regard to prevention. In the Havens Community of Practice a series of 'co-design' workshops has further developed an integrated frailty pathway to improve and widen the response these patients. Future commissioning options are being explored to help support their progression towards an East Sussex VCS Alliance.

Early indications show a tangible reduction of non-elective acute admissions in regards to this cohort of the HWLH population, which can be attributed to these integrated new approaches. Further initiatives being actively scoped include Community Rapid Response, and Falls Services.

Lewes Health Hub and Lewes Primary Care Home

At HOSC in November 2017 detail was presented in regards to the formation of the Lewes Primary Care Home which will see a merger of the three current Lewes based General Practices. This included the development of the Lewes Health Hub; a brand new purpose built facility that will host the Lewes Primary Care Home along with a range of other statutory and VCS interventions.

The Outline Business Case (OBC) has been submitted to NHS England and the Full Business Case (FBC) is nearing completion. The floor-plans for the configuration in the new premises allow for the GP workforce and other healthcare professionals in community and social care to work together promoting the integrated working that the Primary Care Home model embraces.

The three practices continue to work closely together in preparation for the merger and to develop their care model which is in line with the Primary Care Home model and is supported by the National Association of Primary Care (NAPC). In addition to aligning computer systems, reporting procedures and other 'back-office' functions one of the key projects to date has enhanced and expanded the training of the Patient Navigators, who will be key to supporting patients requiring long-term continuity of care.

In addition, the GPs and SCFT continue to develop the integration of the 'acute' Primary Care teams with the minor injuries teams to provide one integrated service for both minor ailments and minor injuries.

As with the development of the Havens Community of Practice, work is underway to ensure effective integration with the wider delivery of statutory, VCS and District Council delivered services.

The Dementia Golden Ticket – An award-winning New Model of Care

The Golden Ticket is a HWLH CCG initiative that offers a wholly new approach to dementia care and support. It involved an extensive re-design of dementia care across the system, with a focus on integrated and holistic care (of both the person with dementia and their family carer) and a shift from Secondary Care interventions to pro-active Primary Care management and post-diagnostic support. It also includes a range of psycho-social interventions to help people live as well as possible, for as long as possible with the condition.

Having successfully piloted the model of care at Buxted Medical Centre, the CCG was able to demonstrate with some assurance, compelling evidence that The Dementia Golden Ticket approach improves outcomes for patients and carers delivers economic benefits to the health and social care system and is preferred by the workforce, to the historical dementia pathway.

The phased roll out is on track according to plan;

- 5 Practices went live from October 2017 (25% of population covered)
- 3 Practices went live from January 2018 (40% of population covered)
- 5 Practices will go live from July 2018 (65% of population covered)

The remainder of the Practices start training from September 2018 to go live quarterly thereafter. It is expected that 100% population of HWLH will be covered by April 2019.

Early findings on impact include:

- In first Quarter of delivery (October to December 2017) there was a reduction of 23% of non-elective admissions, compared to same quarter in the previous year.
- This is higher than for non-Golden Ticket practices which only had a 9% decrease in non-elective admissions This trend continued in January 2018; Golden Ticket Practices saw a reduction of 33% compared to a reduction of 12% in the non-Golden Ticket group.
- At 64.9% Dementia Diagnosis Rates in HWLH have risen and are now above the National average although just under 2% short of the National target.

8. Summary

This update report describes the progress of the C4Y Programme, a reminder of the context the programme operates within and particular plans and developments in relation to Urgent Care for the population of HWLH.

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