

# **Overview of the development of Urgent Care Plans for the Essex Clinical Commissioning Groups**

## **Introduction**

Each Clinical Commissioning Group has been required to develop an Urgent Care Plan to ensure delivery of emergency services and urgent care over this winter and also to strengthen plans for the longer term. These plans have been developed jointly with social care partners and each CCG has now established an Urgent Care Board, to which Chief Executives of hospitals, senior social care staff, CCG officers and GPs attend. The delivery of Urgent Care Plans and their development has been supported by the Essex Area Team.

## **Context for Urgent Care Plans**

The context for Urgent Care Plans is across England the winter of 2012/13 was extremely difficult. A number of hospitals struggled to deliver the 4 hour A&E target and there were bed pressures throughout the winter. This is particularly noticeable in Basildon hospital, and difficulties were experienced by other hospitals in the county. The recent quality visits by Sir Bruce Keogh in respect of the mortality indicators for certain Essex hospitals also highlighted the importance of managing more effectively the urgent care health system.

Urgent Care Plans have now been developed and are currently in draft form and will be approved and ratified by the CCG Boards in either September or October. It is proposed that the Urgent Care Boards remain in place and continue to build and develop both the capacity requirements and system wide co-ordination necessary to deliver a safe urgent care system. Urgent Care Plans will address:-

- Improvements in outside hospital services by strengthening Primary Care and out of hours arrangements
- The development of more admission avoidance schemes within the community, particularly for frail, elderly patients
- To calculate the necessary capacity for the winter, staffing arrangements and the ability to provide additional capacity in the event of any winter surge in activity for hospital and community services
- Preventative measures such as flu immunisation
- Wider system wide working with Social Care partners to improve discharge arrangements for hospital and improve continuity service with care homes in the county
- Increased resilience with the 111 phone service

## **Winter monies**

In addition to the development of the Urgent Care Plans, the Department of Health last week announced the decision to allocate specific winter monies for parts of the health & social care system in the Country that had been assessed as under

particular stress or in need of systemic support. Therefore, this year winter monies were more specifically targeted at particular health systems. The following sums of money were announced for Essex systems:-

- Basildon & Brentwood CCG and Basildon & Thurrock Hospitals Foundation Trust - £2,490,000
- Mid Essex CCG and Mid Essex Hospital Services NHS Trust - £2,869,000
- West Essex CCG and Princess Alexandra Hospital NHS Trust - £5,700,000

These 3 systems were assessed as under particular stress and at risk of having inadequate capacity to deal with the surge in activity over the winter. In the case of Basildon & Brentwood, it provides additional stimulus to enhance the large number of reforms already underway. These decisions were made at a National level, jointly between Monitor, the NHS Development Authority and NHS England.

### **Main Scheme Components of Urgent Care Plans**

Unsurprisingly there is large degree of similarity within the Urgent Care Plans from each of the CCGs and these plans have been assessed by NHS England as assured in providing sufficient organisational and capacity to ensure a better winter for 2013/14. Key components of each plan will include the following:-

- The ability to deal with surges in activity and creating sufficient capacity in each hospital. This would see an increase in both a permanent and temporary beds in some Essex hospitals, particularly an expansion in beds in Basildon hospital
- Improvements in health and social care co-ordination for frail, elderly services in the community to improve the pathway undertaken by frail, elderly patients
- Schemes to approve assessment, co-ordinated care packages and preventative action are seen in all CCGs across the County. West Essex is making headway in respect of the frail, elderly pathway reform.
- All hospitals are being supported and under close scrutiny for ensuring adequate staffing levels for Accident & Emergency and medical beds within their hospitals
- CCGs are developing single points of contact to improve the co-ordination of services. This is particularly notable in both West Essex and Basildon & Brentwood.
- There is specific action being taken in Mid Essex to improve the discharge transfers of care from hospital. This is particularly important that DTOCs are managed across Essex so that hospital bed capacity is available.
- Basildon hospital is developing, as of this week, a new frailty ward and a scheme to filter and assess frail and elderly patients in the A&E department for rapid transfer to a ward specifically geared to assessment, care and discharge of frail, elderly patients
- A number of CCGs have systems in place for improving liaison between GPs and A&E depts. and having GPs within A&E to assess and transfer back into the community patients requiring minor treatment
- Ambulance hand over times

The Urgent Care Plans are not fully signed off until the end of September and are expected to be approved and ratified by CCG Boards no later than October. The Health & Wellbeing Board is asked to note this progress and to be reassured of the close liaison between health and social care in the development of urgent care capacity planning.

### **Recommendations**

The Health & Wellbeing Board is asked to note the following recommendations:-

- 1) To note the development of Urgent Care Boards and Urgent Care plans by each CCG and that these plans will be ratified by CCG Boards by October
- 2) To seek the best means for the Health & Wellbeing Board to be aware of operational delivery of urgent care over the winter and for this to be feature of continuing plans to strengthen urgent care as part of the integrated plans for 2014/15
- 3) To note the distribution of winter monies as allocated by the Department of Health to support those systems under most systemic pressure