

Agenda Item:

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# Dorset Health Scrutiny Committee

**Dorset County Council**



Date of Meeting	10 March 2014
Officer	Director for Adult and Community Services
<b>Subject of Report</b>	<b>Dorset Urgent Care Board Update</b>
Executive Summary	<p>Dorset Urgent Care Board was created in line with the requirements of NHS England and Dorset CCG to monitor and assure the quality and continued effectiveness of urgent care in Dorset. The membership of the Board reflects the recognised importance of achieving “whole service” change that integrates services throughout the Dorset Health and Social Care Community. The Board currently meets monthly.</p> <p>Following a presentation to the Dorset Health Scrutiny Committee in September 2013, this report presents a summary of the findings of a review undertaken by the King’s Fund and an update of the Board’s progress and current initiatives.</p>
Impact Assessment:	<p>Equalities Impact Assessment:</p> <p>Not applicable.</p>
	<p>Use of Evidence:</p> <p>Report provided by Dorset County Hospital NHS Foundation Trust and NHS Dorset Clinical Commissioning Group.</p>
	<p>Budget:</p> <p>Not applicable.</p>

	<p><b>Risk Assessment:</b></p> <p>Having considered the risks associated with this decision using the County Council’s approved risk management methodology, the level of risk has been identified as:                  Current Risk: LOW                  Residual Risk LOW  <i>(i.e. reflecting the recommendations in this report and mitigating actions proposed)</i></p>
	<p><b>Other Implications:</b></p> <p>None.</p>
<b>Recommendation</b>	That the Committee consider the work being undertaken under the Urgent Care Board’s leadership and comment on progress.
<b>Reason for Recommendation</b>	The work of the Committee contributes to the County Council’s aim to protect and enrich the health and wellbeing of Dorset’s most vulnerable adults and children.
<b>Appendices</b>	None.
<b>Background Papers</b>	None.
<b>Report Originator and Contact</b>	Name: Ann Harris, Health Partnerships Officer Tel: 01305 224388 Email: a.p.harris@dorsetcc.gov.uk

## 1. Background

- 1.1 Dorset Urgent Care Board has been created in line with the requirements of NHS England and Dorset CCG to monitor and assure the quality and continued effectiveness of urgent care in Dorset. The membership of the Board reflects the recognised importance of achieving “whole service” change that integrates services throughout the Dorset Health and Social Care Community.
- 1.2 The Board meets monthly and has participated in a review of urgent care and community services by the King’s Fund and agreed this year’s Surge and Escalation Plan (seasonal plan).
- 1.3 Recent focus has been on short-term planning but the board has now moved on to address system issues of how urgent care is delivered, including the development of an Urgent Care Strategy and a specific piece of work concentrating on the frail elderly pathway.

## **2. Urgent Care Initiatives**

- 2.1 Dorset CCG agreed funding of £4m and Dorset Urgent Care Board agreed that four hubs would be created, led by each of the acute Trusts and by the South Western Ambulance Service Foundation Trust (SWASFT) to use this money for 2013/2014 in-year, non-recurring projects designed to alleviate winter pressures and provide proof of concept for new or enhanced services, which might inform future commissioning intentions. Bids were put together in partnership with social services, primary care and local authorities and were accompanied by project plans and performance metrics to allow monitoring by the Dorset Urgent Care Board.
- 2.2 The urgent care board will be undertaking a review of each of the projects at the March meeting.

## **3. Performance Dashboard**

- 3.1 Dorset Urgent Care Board has been monitoring the effectiveness of the system and a performance dashboard has been developed for this use. The dashboard has been evolving to ensure it is fit for purpose and meets the needs of the board in terms of being able to monitor the whole system.

## **4. King's Fund Review**

- 4.1 The King's Fund looked at the urgent and emergency care system in Dorset and asked a series of questions in order to provide an indication of where action is required. They found nothing in the data to suggest any issues unique to Dorset; emergency admissions are rising but not out of line with national trends. They concluded that there is scope to reduce admissions to hospital particularly in Bournemouth and Poole.
- 4.2 They recommended some immediate steps but saw the need for more major changes that will require strategic action. They found immediate opportunities in reducing bed use by patients who could be cared for in other settings.
- 4.3 Problems in the Emergency Departments seemed to be more about the way the system works and flow of patients rather than major changes in the pattern of demand. It was recommended the immediate focus was on improving flow.
- 4.4 They noted that, while there have been high volumes of patients requiring emergency treatment, the variability of this, the lack of spare capacity to deal with surges and overall fragility of the system is a key problem. There is a need to change the way community, social and primary care operate together. They identified the obstacles to making change as having a system that is very complex and hard to navigate even for those familiar with it. There is a perception of silos preventing organisations from working effectively together.
- 4.5 The Oak group carried out a bed utilisation study which demonstrated that there are real opportunities to clear beds in order to deal with volume increases. However, they did find that there is a need to shift a focus from beds to services that fit around patients. From the audit it was clear that there are enough beds in the system but they were not being used in the right way or in the right place.

## **5. Urgent Care Strategy**

5.1 The Kings fund is leading the development of an urgent care strategy for Dorset; the CCG are currently working with them to agree timeframes for its development which will be presented to the March Board for agreement.

## 6. Frail Elderly Pathway

6.1 A workshop was held on Friday 7<sup>th</sup> February with the following objectives:

- to feedback on the acute and community hospitals bed audit and use this data to inform mapping of the frail and elderly pathway - for many of the issues raised here it was important that they were resolved as a health economy and not as individual hospitals;
- to provide participants with an overview of experiences from other localities, what lessons can be extrapolated for Dorset and what needs to be achieved in order 'to get to where we want to be in Dorset';
- establish a shared understanding of what a frail and elderly pathway for Dorset should include, priority setting components for the pathway and identifying short and longer term actions.

6.2 The workshop was attended by representatives from the Dorset area including acute trusts, the community trust, the ambulance trust, primary care, social care and the CCG.

### **Overarching goals**



6.3 The overarching goals for a frail and elderly pathway strategy were identified as patients feeling safe, supported and in control, sustainable clinical services and financial sustainability. This would be delivered by identifying the most vulnerable patients, having a single care plan (shared by all) for care delivered by an MDT with rapid access to services when needed.

6.4 Components of a frail and elderly pathway for Dorset were identified based on the following 11 areas (using the Fund's "Sam's Story" material) and participants were asked to consider 'what good looked like in Dorset' for each:



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6.5 A large number of outputs were identified under each heading and will be available separately in the write up from the workshop. However, the following areas were identified by participants as priorities:

- case-finding and care planning;
- locality based MDTs;
- rapid access to services when needed;
- supporting changes in hospitals to facilitate this;
- and the infrastructure needed to support the above.

6.6 Three further areas were identified: 7 day working, role of community hospitals and GP relationship to nursing homes which also need to be reflected in the work programme.

6.7 The King's Fund will work with the Urgent Care Board in establishing a frail and elderly pathway strategy.

## **7. Surge and Escalation Plans**

- 7.1 The Dorset Urgent Care Board signed off this year's Surge & Escalation Plan at its October meeting. The plan has been approved by NHS England and tested for robustness during a 'tabletop' exercise involving all service providers on the 16 October.
- 7.2 A formal Surge & Escalation Planning Group is in place and its terms of reference were also agreed by the October Urgent Care Board. The key responsibilities of this group are:-
- to lead surge and escalation planning across the Dorset health and social care system;
  - to review any periods of escalation to capture learning and inform future planning;
  - to inform and implement strategy developed by the Local Resilience Forum with a clearly defined transition pathway into escalation level 4 (black);
  - to ensure quality and patient safety is maintained at all times.
- 7.3 Weekly conference calls commenced on Tuesday 15 October and will run until the end of March 2014. These calls are hosted by Dorset CCG with representation from acute and community service providers as well as other partners including social services and SWASFT. The purpose is to facilitate a better understanding of current issues affecting patient flow and how these might be best resolved. Although not formally in place to solve issues such as delayed discharges, it is a forum for any severe issues to be discussed and the reasons for any delay to be given. These calls can be a vital tool throughout winter periods.
- 7.4 All partners are required to update the capacity management information on the Directory of Services throughout the day so that capacity information is up to date and visible to all throughout the health and social care system in Dorset.
- 7.5 This information is also used by SWASFT at their Single Point of Access service to ensure that all referrals put through the desk are handled in good time.

## **8. Challenges**

- 8.1 There is goodwill and good cooperation between agencies but the board is now keen to ensure the plans translate into action and a strategy is created which commissioners can use to help reshape services.

### **Authors:**

Jean O'Callaghan / Jane Pike  
Dorset County Hospital / NHS Dorset Clinical Commissioning Group

Tel: 01305 254645 / 01202 541498

Email: jean.O'Callaghan@dchft.nhs.uk / Jane.pike@dorsetccg.nhs.uk