

Report of the Urgent Care Lead,  
Vale of York Clinical Commissioning Group.

## **Update on Urgent Care Resilience Plans 2015-16**

### **Summary**

1. This report outlines the current and forthcoming plans around Urgent Care and whole System Resilience during 2015-16 and beyond.

### **Background**

2. Up until this financial year, System Resilience funding ('Winter monies') had always been allocated at the start of the autumn; making it difficult to put schemes into place where staff were required to be employed rapidly and on short term contracts. Previous reports have however described to the Committee the actions that were possible with this funding and the impact these have had.

For the 2015-16 allocation, this funding was identified as part of the baseline provided to Vale of York CCG, with just over £2M allocated. We were aware of this from February 2015 which has meant that a number of schemes were continued from the previous financial year without a break in service. We have therefore been able to identify impact and maintain or decommission schemes on the evidence provided.

### **Consultation**

3. No formal consultation has taken place around the schemes that are commissioned/decommissioned, but each bid for funding is taken to the Unplanned Care Working Group (UCWG) for discussion around value and impact, and following this the final decision around funding is made at the CCG weekly Senior Managers Team. Patient and staff views as to the changes/new services are two of the key KPI's for each scheme.

### **Options**

4. There are no options; this paper is for information.

## Analysis

5. An appraisal of all the schemes currently underway is below.

Scheme no.	Scheme title	Description/Evaluation
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### Recommend to support for 2015-16 financial year

<b>SRG01</b>	Arclight, 'A bed ahead': homeless support worker provision	This scheme supports those who are homeless and may be struggling with comorbidities and addictions. When they present at ED the workers can be called, support them through physical treatment and then manage them overnight and onwards into accommodation. This scheme evaluated well. We continue to work with Arclight to understand how we can further support healthcare in this population.
<b>SRG02</b>	LYPFT, transitional waiting area: one member of staff to support those patients waiting between ED and Mental Health beds	This scheme provides room and a support worker to support those being admitted into an acute Mental Health bed; there is often delay in finding appropriate beds and this gives them space away from the busy ED and time to adjust to the admission process. This scheme has not been formally evaluated but public and staff feedback is positive. We intend to continue to provide this service with our new Mental Health provider.
<b>SRG04</b>	AgeUK, escorted transport service: same day transport for discharge home and support on arrival	This scheme provides support for patients being discharged from RATS/ED or the Wards as appropriate. Where patients are discharged without home support, they can ensure there is food and drink in the house; that the patient is settled for the night, with appropriate notes and medications, and even provide overnight support for the

		<p>first night as necessary. Further work around transport generally is ongoing, and AgeUK partners are involved in the current evaluation of the existing service and future planning.</p>
<b>SRG05/08</b>	<p>Fulford Nursing Home, block booked beds for rapid Reablement via RATS or the York Integrated Care Team</p>	<p>This scheme involves the provision of a number of block booked beds which can be used by a number of services to do rapid discharge and prompt reablement. OT support is provided by York Teaching Hospitals NHS Trust (YTHFT) and GP support is provided by the Integrated Care Team and Priory Medical Group. Evaluation has taken place to assess if this model can be rolled out further, and discussions with GP practices/Community Teams for direct admission are ongoing.</p>
<b>SRG10</b>	<p>VoY CCG, urgent care dashboard to show real time data and trends</p>	<p>There have been ongoing discussions with all partners at the Unplanned Care Working Group; and review of different systems available elsewhere. This scheme is proving difficult to progress with IT and information governance issues, but supports requirements from NHS England '8 High Impact Changes' so we are escalating this for further work.</p>
<b>SRG11</b>	<p>YTHFT, ambulatory care: provision of up to 19 national ambulatory care pathways for quicker treatment</p>	<p>This scheme was initially trialled in 2014-15; YTHFT have since implemented this on a substantive basis and are working to increase the number of pathways from 6 upwards; this has formed part of the 2015-16 CQUIN standards. A formal evaluation including feedback from GPs using the service has been completed.</p>

## Support: evaluation ongoing

<b>SRG03</b>	Yorkshire Housing, handyman service to support falls prevention and discharge from hospital	The handyman works with YTHFT Occupational Therapists for discharge and the Integrated Care team for support of vulnerable and high risk patients. Evaluation has now been completed and discussions with City of York Council have commenced to further integrate this service with their existing housing team.
<b>SRG06</b>	YTHFT, RATS/social care extension to provide rapid assessment of ED patients into the evenings and weekends	This scheme was evaluated after a trial in 2014-15 and substantive provision was put in place for this year. The team is now well established and links with a number of other resilience schemes, improving the relationships with other partners. Further discussions around the level of Social Care support are ongoing.
<b>SRG09</b>	Priory Medical Group – outreach team; additional health support for a period of up to 5 days post-discharge to prevent problems	This scheme provides additional discharge support for 3-5 days post discharge; this helps to ensure people can return home even with packages of care that might need to be reviewed, to improve their mobility and confidence after a hospital stay and try to prevent re-admissions. This has evaluated well.

## No evidence of impact received:

<b>SRG07</b>	YTHFT, GP in ED; primary care clinicians working in the ED alongside Consultants	This scheme was targeted at managing the large number of people who come through ED with potentially Primary Care type diagnoses; to see if GPs could support the ED team and free them up for more seriously injured incoming patients, and to improve relationships between primary and secondary care.
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		At present the team have been well received but it is proving very difficult to assess activity and impact.
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Please note there is also a trial scheme for Community Pharmacy provision of advice and support of minor illness prescribing within Vale of York CCG. This scheme was funded via 2014-15 System Resilience Funding; however the impact will be seen in 2015-16. Wider roll-out may be considered if evaluating the scheme clearly shows benefit.

‘Contingency’ funding has been put aside for the true winter period where locum and bank staff may be required by a number of services.

### Council Plan

6. All proposals relate to management of the wider Health and Social Care system which correlates with the desire to manage people in the best place for their requirements, to continue to support flow through the system as people become more or less well able to manage their own needs and to provide integrated services where appropriate.

### Implications

7. **Financial** (Contact – Director of Resources): financial responsibility lies with the Vale of York CCG Director of Finance.
  - **Human Resources (HR)**: All HR implications are the responsibility of the providing organisation or team.
  - **Equalities** (Contact – Equalities Officer): All bids are tested for equality adherence and where small pilots are put in place to test information, it is usual to provide a range of target demographics.
  - **Legal** (Contact – Head of Legal and Democratic Services): Contracts for the different schemes have been drawn up and reviewed by the various providers. This gives assurance around standard governance requirements as well as providing teams with a notice period of any change.
  - **Crime and Disorder** (Contact - Senior Partnerships Support Officer, Community Planning & Partnerships) : no impact

- **Information Technology (IT)** (Contact – Head of IT): no direct impact; discussions are ongoing around shared records in some areas of integrated teams.
- **Property** (Contact – Property): no impact
- **Other**: no impact

### **Risk Management**

8. The main risk noted for all these projects is for the temporary and variable nature of this funding to cause difficulties in staff recruitment and retention which then may be problematic for delivery of the predicted outcomes.

One specific area of risk to note is the provision of the GP in ED service; currently evaluation data is not good enough to give an accurate report of effectiveness. York Teaching Hospitals NHS Trust provide this service and have been formally notified that unless the data is available for evaluation we cannot continue to support this project indefinitely. It is unclear at present if this is a system limitation or other issue.

### **Recommendations**

9. There are no recommendations; this paper is for information only.

### **Contact Details**

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## **Abbreviations**

CQUIN – Commissioning for Quality Innovation

ED – Emergency Department

GP – General Practitioner

KPI – Key Performance Indicator

LYPFT – Leeds & York Partnership Foundation Trust

OT – Occupational Therapist

ICWG – Unplanned Care Working Group

VoY CCG – Vale of York Clinical Commissioning Group

YTHFT – York Teaching Hospital Foundation Trust.