

Report to Rutland Health and Wellbeing Board

Subject:	Update on Emergency Care and the LLR Vanguard
Meeting Date:	28th June 2016
Report Author:	Paula Vaughan, Deputy Chief Operating Officer, ELRCCG
Presented by:	Tim Sacks, Chief Operating Officer, ELRCCG
Paper for:	Note

Context, including links to Health and Wellbeing Priorities e.g. JSNA and Health and Wellbeing Strategy:**Purpose of report**

1. The purpose of this report is to update the Board on the Urgent Care Improvement work including the LLR Urgent Care Vanguard, the work being undertaken by ELRCCG and how this impacts on and benefits the patients of Rutland.

Policy Framework and Previous Decisions

2. The national policy framework relevant to the Vanguard includes the Keogh Urgent Care Review and the recent NHS National Commissioning Standards for Urgent Care.

Background

3. In July 2015 the Leicester, Leicestershire and Rutland System Resilience Group successfully submitted a bid to become a national Vanguard site for Urgent and Emergency Care. The Vanguard programme is led by NHS England as a means of supporting local areas to innovate to develop new models of care as outlined in the *NHS Five Year Forward View*.
4. The Vanguard (which is a 6 strand project), forms part of the overall Urgent Care Programme for LLR. The Urgent Care programme is a workstream of Better Care Together, and incorporates work on urgent care inflow demand, acute hospital emergency patient flow and community services to support discharge, as well as having oversight of urgent care system performance, operational resilience and winter/surge planning.
5. In relation to integrated community urgent care, the strand 1 project group is developing plans to test clinical navigation from October 2016, with the aim that a full clinical navigation service is commissioned from April 2017. The clinical navigation service will be complemented by an integrated model of community urgent care which will be developed and implemented for Rutland by ELRCCG.

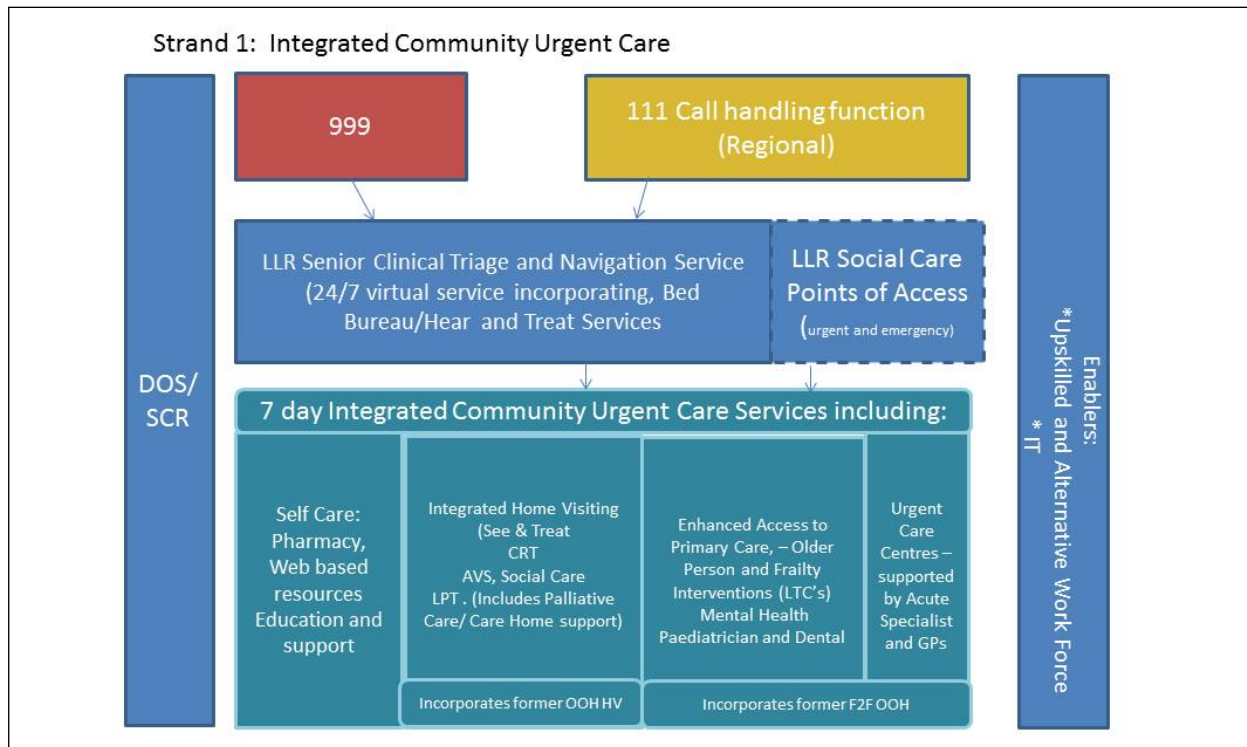
6. The Vanguard project structure means that there will be a degree of variation and local flexibility in the service model across LLR, and therefore ELRCCG have the ability to ensure that the service developed it right for the patients of Rutland.

Proposal

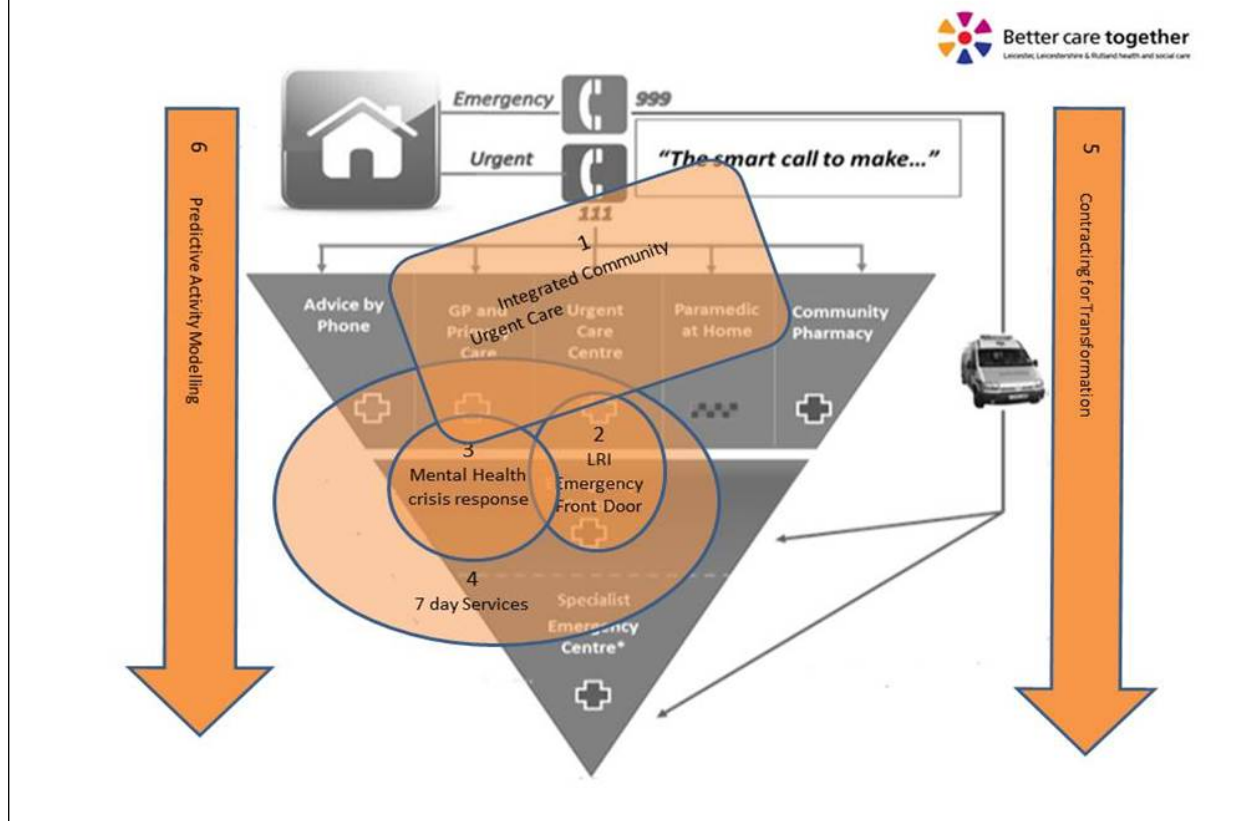
7. The LLR Vanguard is a collaborative change programme including the three LLR CCGs, the three LLR local authorities and the main providers of urgent care across LLR. The aim of the Vanguard is innovate to develop models of urgent care to improve outcomes and patient experience.

For ELRCCG, this provides a unique opportunity to develop flexible and integrated models of care, based on LLR-agreed, sound principles but that are right for our patient population.

8. In essence, the vision is one of delivering integrated urgent care services, putting in place enhanced access to clinical opinion and urgent primary care treatment 7 days a week, reducing the need for ED attendance or a 999 conveyance but also improving accessibility for Rutland patients to care in their direct, local area. Our intention is to model, deliver and commission a consistent and easily intelligible model of urgent care across Rutland, providing 24/7 care in community settings supported by enhanced clinical navigation and an enhanced Acute home Visiting Service (AVS). This new service will be delivered by Strand 1 of the Vanguard project. A summary of Strand 1 is in the diagram below.



9. The diagram below shows the structure of the Programme, overlaid against the elements of the Keogh Review.



10. The integrated community urgent care model is still in development but there are some areas where the strategic direction and some of the supporting detail is fairly clear. This document outlines that strategic direction, concentrating on those areas which would have specific implications for the services currently provided by urgent care providers.

Introduction of Clinical Navigation

11. The service will be led by a senior, local multi-disciplinary team. We aim to have in place a trial model of clinical navigation by October 2016, which would be evaluated and rolled out from April 2017. We are currently testing different elements of clinical navigation to establish how this service is best operated and staffed, aiming to increase the number of patients whose needs can be dealt with without a 999 conveyance or ED attendance. We envisage that clinical navigation would absorb at least some, if not all, of the telephone advice provided by out of hours doctors and the nurse clinical triage capacity within 111. We have already given notice of our intention to commission a local clinical navigation model distinct from the 111 call handling function in our procurement of NHS111 as part of the recent regional procurement.

Integrated Community Urgent Care Offer

12. The Vanguard programme has developed a set of principles to guide the design of integrated community urgent care services which will guide the development of detailed plans for the service model to be in place from April 2017. The ELRCCG approach to this will take into account population needs of Rutland, the local geography and the existence of current physical assets including the active Urgent Care Centre at Rutland Memorial Hospital.

Timeline

13. In relation to integrated community urgent care, the Strand 1 project group is developing plans to test clinical navigation from October 2016, with the aim that a full clinical navigation service is commissioned from April 2017. The clinical navigation service will be complemented by an integrated model of community urgent care. ELRCCG will take forward plans to develop and test local service models that are in line with the needs of our population.

Strand 1 Implications for Rutland Patients

14. The provisional of an integrated community based urgent care service will build on existing services including the currently active Urgent Care Centre at Rutland Memorial Hospital.

<p>15. A comprehensive service which uses the assets already in place (Out of Hours GP services, primary care services and the urgent Care Centre) will be accessed via an integrate Single Point of Access (SPA), helping the patients of Rutland access the right service at the first point of contact.</p> <p>16. The SPA will bring Health and Social care together for Rutland patients, helping each patient access the right support for them as an individual.</p> <p>17. The Clinical Triage service and Navigation Hub, supported by an enhanced AVS will improve accessibility for Rutland patients.</p>																	
<p>Financial implications:</p> <p>The implications raised by the service design will be addressed through the Vanguard and BCT</p>																	
<p>Recommendations:</p> <p>That the board:</p> <ol style="list-style-type: none"> 1. Receive and note the update from ELRCCG 																	
<p>Comments from the board: (delete as necessary)</p>																	
<p>Strategic Lead:</p>																	
<p>Risk assessment:</p> <table border="1"> <tr> <td>Time</td> <td>L/M/H</td> <td>M – Newly commissioned service to be implemented by April 2017</td> </tr> <tr> <td>Viability</td> <td>L/M/H</td> <td>H</td> </tr> <tr> <td>Finance</td> <td>L/M/H</td> <td>H</td> </tr> <tr> <td>Profile</td> <td>L/M/H</td> <td>H</td> </tr> <tr> <td>Equality & Diversity</td> <td>L/M/H</td> <td>H</td> </tr> </table>			Time	L/M/H	M – Newly commissioned service to be implemented by April 2017	Viability	L/M/H	H	Finance	L/M/H	H	Profile	L/M/H	H	Equality & Diversity	L/M/H	H
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Implementation of Community Based, Integrated Urgent Care Service Model as part of Vanguard Strand 1 workstream	April 2017	Paula Vaughan, ELRCCG