Integrated Urgent and Emergency Care Services in Yorkshire and the Humber 2019-2021 - Strategic Partnership Framework

1.0 Purpose

This document is designed to provide an overview of the Strategic Commissioning Intentions of the STPs/ICSs in Yorkshire and the Humber (Y&H) in relation to integrated urgent and emergency care (IUEC) services 2019-2021. The document is for use by both commissioners and providers.

Significant work has been undertaken over the past 18 months and this document builds upon the outputs of these endeavours and the national ambulance commissioning framework with the intention that this links clearly and builds upon local plans.

The aim of this document is to support and complement:

- Our local place (ACPs) / STP/ ICS strategies and plans
- Our contract negotiation arrangements and procurement plans
- Providers' strategic intentions; and
- Delivery of the national integrated urgent care specification and associated KPIs and standards.

2.0 Introduction

IUEC services involving health and social care partners is paramount for sustainability, reducing duplication, improving clinical care and patient experience. Availability of resources is a significant challenge to the health and social care system and therefore heighten our ambition to work more collaboratively. We need to ensure we add value and are more efficient in our planning.

<u>Why we are doing this:</u>

The Y&H model of IUEC commissioning and provision is changing. The new NHS standards helpfully suggest greater working across geographies. Opportunistically, we are working with two ambulance trusts in Y&H. This enables us as a group of commissioners to share our collective ambitions, benchmark and reduce variation and enable us to deliver more consistency to the public and our citizens.

It is essential that our strategic intentions support **STP/ICS plans** and local place based plans whilst meeting local needs and local realities though 'bottom up' design. Commissioning intentions need to be bold and focussed and support consistency across the Y&H footprint where this makes sense. We recognise that commissioners and providers have a great deal in common between them and this document aims to ensure that we deliver on the

commonality acknowledging that there will always be differences (due to geography, population health, etc) around the margin.

This document sets our clear priorities which we agree need to be undertaken at a Y&H level to ensure our patients get the right care when they need it. Our commissioning intentions wish to highlight a consistent urgent and emergency care response particularly across the Y&H patch for cardiac, stroke, respiratory, frailty, fallers and those with mental health conditions ensuring evidence improved outcomes for our patients.

Delivering this vision requires whole system transformation. We recognise the need to work differently to deliver urgent and emergency care in this context. Our approach will be clinically focussed, ensuring high quality care for patients and developing the future workforce to meet the changing and complex landscape of health and social care.

2.1 Local Structures

It is explicit that STPs/ICS have a coordinating role, working interdependently with their local places.

We recognise that local A&E Delivery Boards which sit in each place have a significant role to play. This covers issues around A&E, Delayed Transfers of Care (DTOCs), stranded and super stranded patients and seasonal planning. This document predominately focusses on an integrated approach across the Y&H patch working with our 999/IUC providers and in and Out of Hours (OOH) primary care.

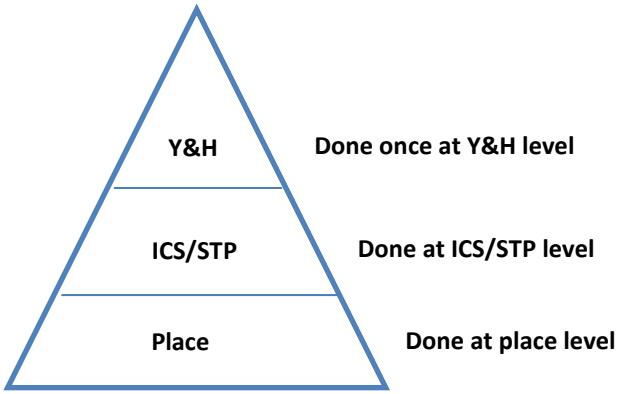

Fig.1 commissioning framework

Y&H system leaders (both commissioners and providers) will work in partnership and collaboration and our governance arrangements will reflect this.

The commissioning of IUEC services will be overseen by a Joint Strategic Partnership Board (JSPB) (formerly known as the JSCB) working in association with the Y&H Urgent and Emergency Care Programme Boards of each of the STP/sICSs. Contractual transactions will sit with the relevant contract management boards.

Complementing and building on the service developments across the Yorkshire and Humber region, this strategy is intended to bring thinking together in a way that enables commissioners and providers to collaborate on service strategies to make the vision set out in this document a reality.

2.2 Scope of this Framework

Within the scope of this framework are the following:

a) 111 on line
b) 111 call handling
c) The 'core' Clinical Advice Service (CAS) and wider CAS
d) Direct booking from 999/111
e) 999 ambulance matters
f) IUC services including GP OOH services
g) Digital services and enablers where they impact IUEC
h) Pathway redesign including social care which has an impact on the above
i) Mental health services which have an impact on the above
j) DOS development and management

Excluded from scope (except where there is an impact on the above) are:

i. Development of Urgent Treatment Centres (UTCs)
ii. Hospital services including A&E 4 hour waits, length of stay and super stranded patients and hospital to home services
iii. GP access including extended access
iv. Care home services

3 Strategic Context

This document sits within the context of a number of strategic influences. These include:

- National priorities
- Evolving commissioning geographies
- The impact of service reconfigurations; and
- Challenge of integration within constrained resources.

- System interoperability
- Reduction in variation on clinical care and outcomes
- Regional (ambulance, patient transport, 111, blood and transplant, specialised commissioning) vs local (place)
- Movement to capitated budgets and associated contractual arrangements (risk share)
- Differing demographic issues including urban vs rural
- Development of provider alliances/ integrated local clinical hubs
- Stakeholder collaboration (integration, openness and transparency)
- The NHS Long Term Plan; and
- The Ambulance Improvement Programme and its subgroups.

A further key development is the evolution of Integrated Care Systems (ICS), which will increasingly take on responsibility for transacting the regulatory and oversight functions of NHSE and NHSI, managing their own resources and performance through a mutual accountability framework. The further integration of NHSE and NHSI themselves will lead to the introduction of a more streamlined single oversight framework.

4. Our Y&H Integrated Urgent & Emergency Care Vision

Our vision is:

To improve the outcomes and experience for the local populations by providing the right care at the right time in the right place on 100% of occasions.

Transformation of our IUEC services will enable us to achieve our ambition of financially and clinically sustainable health and social care services designed around the patient.

We want to deliver the above in a way that meets the needs of local people and support them to lead healthier lives for longer. As more people develop long-term conditions it is crucial that our focus is as much about promoting population health and wellbeing as it is about preventing disease.

By 2021 we aim to:

- Deliver on an ambitious integrated urgent care (IUC) specification providing a single point of access for patients, carers and health care professionals
- Ensure local areas can deliver the NHS constitution standards relevant to IUEC and national contractual requirements relating to IUC and 999 services including the new ambulance quality standards
- Have implemented the national recommendations on ambulance commissioning and provision (published September 2018)

- Contribute to an improvement in outcomes for patients including but not limited to cardiac, trauma, sepsis, stroke, mental health, respiratory and falls
- Create an effective balance between regional and local service provision
- Ensure robust and effective collaborative provider arrangements
- Support local community engagement to ensure services meet the needs of local populations, building and strengthening community resilience
- Drive the opportunities new technology, such as access to health and care records to enhance patient care
- Maximise the opportunity that an integrated care workforce offers
- Reduce variation in clinical practice without stifling innovation; and
- Ensure systems are resilient in accordance with national EPRR standards.

5. Commissioner Intentions

To support the aims above we intend to focus on three core areas:

Prevention: Interventions that safely reduces avoidable demand

- We expect and encourage patients to self-care wherever possible and use the available resources such as online services and local pharmacy services
- We expect commissioners to look at the opportunities to manage services 'upstream' e.g. population health management, those with long term conditions, non-injury falls and with end of life needs; and
- We expect providers to consider the needs of their service users and opportunities that might exist to make every contact count.

Triage and advice: Assessment of need and signposting to the most appropriate services

- Simplification of the 'single point of telephone or digital access' in line with the requirements of the NHS Long Term Plan
- Manage calls and digital contacts in a way that more appropriately places the patient in either health and/or social care
- From the patients' perspective, seamless services which will be achieved via integration and reduced duplication
- Utilisation of technology and the continued development of a shared care record to enable simultaneous viewing
- Enhancing our multidisciplinary approach for example linking services to pharmacies, drug and alcohol and mental health services
- Providing the facility for direct booking from 111/999 into urgent and planned services; and
- Provision of suitable clinical advice services to those who need it, ensuring patients are not passed from one clinician to another (consult and complete model of care).

Treatment and flow: Streamlining pathways and processes

- Provide alternatives to traditional A&E care such as the provision of care by non-ambulance staff or at different facilities such as Urgent Treatment Centres (UTCs). This is particularly pertinent to low acuity 999 calls which make up about 25% of call volumes
- Development of alternative pathways of care which are effective and safe
- Maximise flow within care pathways to enhance patient experience and reducing hospital stay where appropriate
- Services will be provided locally however as medicine advances this might mean some services are better provided in specialist centres
- Treatment services provided locally, at scene or coordinated with partners including the voluntary sector; and
- Where transport is required consideration is given to safe non-ambulance transportation.

6. Governance

This document is aligned to the changes that are currently taking place access Y&H in relation to the development of STPs/ ICS. To ensure that this happens we intend to undertake a number of actions including:

- A commissioned external review of current arrangements against the national ambulance commissioning framework
- A review of the various existing fora used for contracting and commissioning to ensure these are fit for purpose
- Revision of existing Memorandum of Understanding (MOUs) to support decision making; and
- Review the support resources required to support commissioning processes detailed above.

7. Next steps

In light of the developing commissioning landscape, commissioners will need to review and strengthen their governance arrangements and support structures. Additionally, local ICS/STP work plans may also need to be revised. There will need to be some enabling actions taken to support providers in remodelling services and support then as we move to a more integrated urgent & emergency care service response across health and social care.

This document will be considered for approval by the STP/sICS and their local governance arrangements following discussion within each sub region during spring 2019 and, as necessary, at CCG governing bodies.