

REPORT TO: Health Policy and Performance Board
DATE: 25th February 2020
REPORTING OFFICER: Chief Commissioner for Halton, NHS Halton CCG
PORTFOLIO: Health and Wellbeing
SUBJECT: Urgent Treatment Centres : Update
WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To receive a paper updating members of the progress to date of the Widnes and Runcorn Urgent Care Centres.

2.0 RECOMMENDATION: That:

i) **The Board note the contents of the report**

3.0 SUPPORTING INFORMATION

3.1 As the board and its members have received several papers outlining the intentions of the CCG in regards to the 2 UCC's the updated paper is intended to keep members informed of the decision made by Halton CCG's Governing Body following the decision to not re-procure the service.

4.0 POLICY IMPLICATIONS

4.1 NA

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 None Identified at this present time.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

None identified

6.2 Employment, Learning & Skills in Halton

None identified

6.3 **A Healthy Halton**

The paper provided to the Board will directly link to this priority.

6.4 **A Safer Halton**

None Identified

6.5 **Halton's Urban Renewal**

None Identified

7.0 **RISK ANALYSIS**

7.1 None identified

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None identified

9.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

9.1 There are no background papers under the meaning of the Act.

Urgent Care Centre Progress Report

1.0 Background and Information

The purpose of this report is to update the Health Policy & Performance Board on the development of the Widnes and Runcorn Urgent Care Centres following the decision to not re procure the services.

At the time of writing the report a series of weekly operational meetings have taken place with the incumbent providers to improve service delivery and to deliver the requirements of the Service Development Improvement Plan (SDIP, Schedule 6D). The aim of the plan is to support current service delivery and improve performance in both UCC's. It is important to note that the SDIP was varied into contracts from November 2019 for the remainder of 19/20 financial year. There will need to be further consideration given for 20/21 contracts which negotiations will commence February 2020.

The SDIP allows the parties to record actions which the provider will take, or which the parties will take jointly, to deliver specific improvements to the services commissioned.

SDIPs are generally about developing an aspect of the service beyond the currently agreed standard. Once included in the Contract, commitments set out in SDIPs are contractually binding.

Unless specifically mandated in the guidance below, SDIPs are for local agreement between the parties. SDIPs may for instance include:

- productivity and efficiency plans agreed as part of the provider's contribution to local commissioner QIPP plans; or
- any agreed service redesign programmes; or
- any priority areas for quality improvement (where this is not covered by a quality incentive scheme).

SDIPs offer an excellent route through which commissioners and providers can agree a programme of work to implement innovation projects – from medical technologies to service and pathway re-design. Further detail on the different ways in which NHS England is supporting innovation in practice can be found at <https://www.england.nhs.uk/ourwork/innovation/>.

The UCC SDIP as below describes the actions required to improve service delivery and to increase the state of readiness for all parties to deliver the National Urgent Treatment Centre specification.

Service Development and Improvement Plan

	Milestones	Timescales	Expected Benefit	Consequence of Achievement/Breach
Redesign of the current UCC operating model to the national Urgent Treatment Centre specification	1. Develop and agree a mobilisation plan for the quality improvement and redesign of the UCC to UTC, together with SOP.	13 th December 2019	1. Managing capacity and demand	1. Mobilisation plan and SOP produced in Draft.
	2. Ensure robust system partnership working and involvement in the redesign/mobilisation programme.	1 st December 2019 - Ongoing	2. Improved quality and safety	2. Partnership weekly meetings established.
	3. Opening hours agreed as 8am-9pm.	1 st December 2019	3. Improved patient access to urgent care	3. Providers working towards 8-9
	4. Develop robust communication plan to provide the public with accurate information on opening times and what they can attend the UTC for.	1 st February	4. Improved patient and carer experience	4. Draft plan in place
	5. Agree appropriate staffing levels to accommodate existing hours and move to new UTC hours, ensuring appropriate skill mix is available post 6pm so that full treatment is provided.	By 31 st March 2020	5. Meeting the requirement of the UTC specification	5. Workforce plans being agreed
	6. Secure GP leadership and improved hours of clinical leadership to offer an improved model in line with new specification.	1 st December 2019	6. Brokering of greater partnership and system-wide joint working	6. PCN clinical leads and FP leads identified
	7. Use of ECDS data along with local agreed KPI's as per the new specification. See appendix 2 of revised UTC service specification	By 31 st March 2020	7. Reduce onward referrals from UTC to A&E by 20%.	7. On going
	8. Ensure implementation of further digital requirements.	By 31 st December 2020	8. Seamless care and shared care records	8. On going
	9. Use of direct booking for UTC system has been enabled via NHS 111 team.	By 1 st February 2020	9. Seamless appointments and improved access	9. On going
	10. Review and refine pathways for paediatrics and adults to ensure a consult and complete model can be introduced and comply with the 2 hour UTC pathway.	31 st December 2019	10. Improved pathway and performance	10. Complete
	11. Review onward referral pathways into StHK/Warrington Acute trust and offer direct access into appropriate speciality, rather than through A&E.	1 st December 2019	11. As above	11. On going
	12. Increase ambulance conveyances 20%. Requirement to engage with WAS to develop appropriate clinical pathways to ensure lower acuity appropriate ambulance calls can be seen and treated in the UTC.	31 st March 2020	12. Improved patient services and wider system response	12. On going

End