

# Public Document Pack

## **Supplementary information for Scrutiny Board (Health and Well-being and Adult Social Care) on 30 April 2014**

Pages 3-4: Agenda item 7 – Statement from Embrace (April 2014) - Potential Impact of E07/S/b Paediatric Critical Care - Level 2 on Embrace Yorkshire & Humber Infant & Children's Transport Service

Pages 5-8: Agenda item 9 – Update on Urgent Care - An update from NHS Leeds North Clinical Commissioning Group (CCG) regarding the operational and strategic position in relation to delivering urgent and emergency care in the city of Leeds

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## **Potential Impact of [E07/S/b Paediatric Critical Care - Level 2](#) on Embrace Yorkshire & Humber Infant & Children's Transport Service**

### Background

This specification is new for 2014-15 and is in the stakeholder testing stage; previously part of the overarching paediatric critical care specification, now the Level 2 requirements are spelled out in a bespoke specification.

Paediatric Critical Care (PCC) has been defined in 3 levels:

- Level 1 Paediatric Critical Care Units (PCCUs) will be located in all hospitals providing inpatient care to children and will deliver level 1 PCC care. (provided in all district general hospitals (DGHs) which provide in-patient facilities and is not commissioned by NHS England)
- Level 2 PCCUs may be specialist or non-specialist and are provided in tertiary hospitals and a limited number of DGHs and will deliver level 1 & 2 care. These were formerly classified as High Dependency (HD) care. (commissioned by NHS England)
- Level 3 PCCUs are usually located in tertiary centres or specialist hospitals and can provide all 3 levels of PCC. (commissioned by NHS England)

This specification describes Level 2 PCCUs, formally classified as HDUs.

Regional Level 2 PCCU care is currently provided in Sheffield Children's NHS Foundation Trust and Leeds Teaching Hospital Trust; both are co-located with Level 3 PCCUs they also provide level 2 burns beds and cardiac beds respectively. There is also HD provision at Hull Royal Infirmary and further level 2 burns beds at Pinderfields (Mid Yorkshire NHS Trust).

It is unclear which of the District General Hospitals will be commissioned to provide level 2 PCCU. Sheffield Children's NHS Foundation Trust is planning to expand it's level 2 provision so as to meet the increase in service demand especially for those infants with complex needs. Discussions have also been held with Bradford Teaching Hospitals NHS Foundation Trust (Bradford). Patient pathways within the region are also considered within the remit of the Paediatric Critical Care Operational Delivery Network.

## Impact

Embrace the Yorkshire and Humber Infant and Children's Transport Service along with other transport services will need to consider the impact of this specification in the context of the Paediatric Transport Service Specification that is also out for consultation at this time.

As a transport service, Embrace is well placed to absorb a moderate increase in paediatric activity associated with the development of Level 2 Paediatric Critical Care because it is a joint neonatal and paediatric transport service with a large volume of, particularly neonatal, transfers. Paediatric transfers make up only one third of the total workload of the service although there is a significant concentration of such transfers over the winter and this would be the time of greatest impact.

There are clearly some risks:

- Local transfers between level 1 and level 2 PCCUs (e.g. Scarborough to Hull) can involve a long travel distance for Embrace from their base in Barnsley. This risk may be mitigated by Embrace's ability to access air transport resources.
- The sustainability of the designated DGH's to provide and maintain PCC level 2 provision can impact on Embrace. Commissioning should ensure PCC level 2 beds remain open and resources are not diverted elsewhere within a Trust to backfill for manpower shortages.
- Paediatric transfers are focused over the winter period and therefore any impact of growth in transfer numbers would have its greatest impact across the service during this time. Specific modelling would be required to assess whether this impact would be absorbed within current team provision or if a stepped increase in resources is required (e.g. an additional winter/night team) based upon regional designation of level 2 units. We would expect that this work would be undertaken in co-operation with commissioners and the Paediatric Critical Care Operational Delivery Network.
- The transport and PCC service specifications are being developed in parallel. There is a risk that the repatriation of patients from level 3 PCCU and the movement of level 2 PCCU patients slips between the specifications thus not ensuring the most effective and efficient use of the nationally commissioned beds. Some of this is mitigated through the Transport Service Specification.
- The specification includes provision for young adults aged 16 – 18. This reflects the choice available to young adults in DGH's to access paediatric services if they wish. This does not reflect practice in tertiary paediatric units and Embrace's scope of care only covers children under the age of 16 years unless the patient is under the care of a tertiary paediatric consultant and in transition arrangements.

Embrace will maintain a watching brief on the proposed changes to specialised services which directly impact on Embrace especially during winter peak activity. Embrace already has these service specifications and reviews as a standing agenda item on Embrace's reference group's bi monthly meeting (which attended by key stakeholders and specialised commissioners).

## **1. Purpose of the report**

The purpose of the report is to provide the Overview and Scrutiny Board with an update regarding the operational and strategic position in relation to delivering Urgent and emergency care in the city of Leeds

## **2. Introduction**

NHS Leeds North Clinical Commissioning Group (CCG) co-ordinates the NHS commissioning of urgent care services for the city through the collaborative commissioning arrangement in place under the Memorandum of Understanding held between the three CCGs (North, West and South & East). This responsibility includes all operational and strategic aspects to ensure the city has a sustainable and responsive Urgent and Emergency care for the future.

## **3. Operational Urgent Care the 4hr Emergency Care Standard**

The key priority for urgent care in Leeds was to deliver the national target of 95% achievement the 4hr Emergency Care Standard (ECS); Leeds Teaching Hospital Trust (LTHT) achieved 96.38% for 2013/14. This significant achievement clearly demonstrates the collaborative work across the Leeds Health Economy support patient flow to deliver high quality patient care.

In 2013/14 the overall Emergency Department (ED) attendance and admissions remained consistent even though clinicians and managers' report that the complexity and acuity of patients coming through the system during the winter was higher than the previous year. The CCG's will be working with their partners to understand the impact this will have on future planning and the integration agenda.

Moving forward the Urgent Care Team will reflect the learning from 2013/14 to inform future Surge and Escalation policies and practice and utilise non recurrent monies to support continuous improvement and the achievement of the ECS along with Ambulance and out of hour's services.

## **4. Tour De France**

NHS Leeds North are working with colleagues at Leeds City Council to lead the health planning for the Tour de France Grand Depart which is anticipated will pose significant challenges to all providers across the health and social care landscape. All relevant partners are well engaged with the planning process, and we are confident that Leeds will deliver a safe and enjoyable event for visitors, as well as delivering a normal level of service for our resident population.

## **5. Strategic Urgent Care**

As you will be aware Leeds has an agreed Transformation Board which includes both NHS commissioners and Providers from across the City. Urgent Care forms one of the main work streams of the programme which is supported by a significant integration programme to ensure the frail and elderly and those with Long Term Conditions receive co-ordinated care throughout their pathway in and out of hospital. The priority for the Strategic Urgent Care Board (SUCB) is to balance the

operational priorities with the need to build a resilient urgent and emergency care system for the future. Utilising outcomes based accountability framework the SUCB has set the following high level objective which is congruent with both the national guidance (Urgent and Emergency Care review) and meets the needs and expectations of the local population:

## **Vision**

*“Design and implement a system that delivers the best achievable outcomes for individuals with an actual or perceived urgent care health need”*

The urgent care programme will be governed by the Leeds Transformation Board. A full Urgent Care Health Needs Assessment along with operational learning will inform the guide the strategic direction of the transformation of urgent and emergency care.

To deliver the vision 4 clinically lead work streams have been established to focus on the following areas:

- Frail and Elderly
- Mental Health
- Children and Young people
- Alcohol

These work streams will consider:

- Patient need and pathways
- System changes- including process, workforce and infrastructure
- Public and Professional Engagement and Communication

A Communications, Engagement, Equality and Diversity (CEED) work stream will coordinate and deliver the CEED requirements across all the 4 work streams. We will be working with Leeds Rugby Foundation to raise the profile of the project through their fan base and media coverage along with the Working Voices programme and the third sector to access those of working age and the difficult to reach communities respectively.

In addition a there a number of proposals currently being developed to secure additional funding from the Better Care Fund (BCF) an central government allocation to support the delivery of the Urgent Care transformation.

## **6. West Yorkshire Urgent and Emergency Network**

The 10 West Yorkshire CCG are working together with providers to identify areas where system-wide transformation across the the region will deliver the National Vision as laid out in the Urgent and Emergency Services Review led by Sir Bruce Keogh. Each of the 10 CCG’s has a varying approach to local solutions and therefore early discussions have been centred on the development of broader emergency care networks and the foot print for the future Emergency and Major Emergency Centers within the region.

## **7. Recommendations**

The Overview and Scrutiny Board are asked to note the achievement of the 95% the 4hr Emergency Care Standard and the continued work with partners to develop a sustainable Urgent and Emergency care system for the future that delivers quality and meets the needs of the population.

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