Title of Meeting:	**Governing Body**	**Agenda Item: 8.1**	
Date of Meeting:	**04 October 2018**	**Session (Tick)**	
Paper Title:	**Integrated Urgent Care: Simplifying access for patients in Harrogate and Rural District (Draft Strategy)**	**Public**	X
		Private	
		Workshop	

Responsible Governing Body Member Lead	**Report Author and Job Title**
Wendy Balmain, Director of Transformation & Delivery	Dawn Bowness, Commissioning Mgr

Purpose (this paper if for)

Decision	Discussion	Assurance	Information
X			

Has the report (or variation of it) been presented to another Committee / Meeting?
If yes, state the Committee / Meeting: HaRD A&E Delivery Board on 26 July 2018.

Executive Summary

This strategy outlines the future development of *Integrated Urgent Care: Simplifying access for patients in Harrogate and Rural District* and sets out our future vision for the delivery of urgent care in Harrogate and Rural District (HaRD). Nationally and locally urgent care services are important for commissioners, providers and people who use services due to:

- Increasing demand, particularly A&E and ambulances services
- Complexity of navigating available services
- Potential to duplication delivery of care through multiple access points
- Changing patient expectations and advances in technology
- The challenge of delivering sustainable and cost effective health services

The strategy describes key policy and service delivery expectations that will shape a new partnership approach to Integrated Urgent Care (IUC), identifying opportunities to build on existing services, reduce duplication and ensure sustainable management of current and anticipated demand.

The strategy has been developed with our partners and progress shared and steered through the Harrogate and Rural District A&E Delivery Board. This work will align with the delivery of *Your community, your care: developing Harrogate and Rural District Together*, http://www.harrogateandruraldistrictccg.nhs.uk/data/uploads/integrated-care/your-community-your-care-february-2018-v16.pdf, this programme aims to bring improvement and integration across the whole system of HaRD health and social care services.

Recommendations

The Governing Body is asked to:

- Review and comment on the commissioning strategy and vision for Integrated Urgent Care in Harrogate and rural district.
- Approve the strategy in principle, subject to Governing Body feedback.

Monitoring

The progress of the strategy will be monitored through A&E Delivery Board. A delivery plan will be developed to support the approved strategy and will be monitored through the Transformation and Delivery Board. HaRD CCG Finance, Performance and Commissioning Committee and the Governing Body will provide assurance and approval as per the CCGs governance arrangements.

CCGs Strategic Objectives supported by this paper

	CCG Strategic Objective	X
1	Quality, Safety and Continuous Improvement	X
2	Better Value Healthcare	X
3	Well Governed and Adaptable Organisation	X
4	Health and Wellbeing	X
5	Active and Meaningful Engagement	X

CCG Values underpinned in this paper

	CCG Values	X
1	Respect and Dignity	X
2	Commitment to Quality of Care	X
3	Compassion	X
4	Improving Lives	X
5	Working Together for Patients	X
6	Everyone Counts	X

Does this paper provide evidence of assurance against the Governing Body Assurance Framework?

YES	✓	NO	

If yes, please indicate which principle risk and outline

Principle Risk No	Principle Risk Outline
3 -1	Strategic planning of partner organisations could impact on the opportunities and pace needed to transform the way services are commissioned for the local population and therefore may not fully align with the principles of a strategic system plan.

Any statutory / regulatory / legal / NHS Constitution implications	The NHSE IUC Service Specification published in August 2017 forms the mandate for the consistent future commissioning and delivery of urgent care services across England. The CCG scheme of reservation and delegation and the operational scheme of delegation have been consulted. The CCG has considered the patient and public participation in community health and care and considers the statutory guidance for CCG's and NHSE (Patient and public participation in commissioning health and care: statutory guidance for CCGs and NHS England).
Management of Conflicts of Interest	Conflict of interests have been considered prior to meeting and will be manged appropriately during the meeting. GP partners may be conflicted and this will be considered at the Governing Body meeting.
Communication / Public and Patient Engagement	The CCG engages with patients and public for any changes to services. This will be managed through the Communications and Engagement Group.
Financial / resource implications	The CCG faces a significant financial challenge in 2018/19. The CCG formulated a Financial Recovery Plan that will further strengthen how the CCG will achieve a sustainable financial position.
Outcome of Impact Assessments completed (e.g. Quality IA or Equality)	The CCG is committed to fulfilling its duty under the Equality Act 2010 and to ensure its commissioned services are non-discriminatory. An Equality Impact Screening Assessment has been completed and the change to the service does not appear to have any adverse effects on people who share Protected Characteristics and no further actions are recommended at this stage. The screening tool with be subject to regular

	review as part of the delivery group or at the time of any significant developments in the IUC programme.

Dawn Bowness
Commissioning Manager

Integrated Urgent Care

Simplifying access for patients in

Harrogate and Rural District

1. Why we need to rethink urgent care
Urgent care services are an important part of our local healthcare system; ensuring patients have access to the right care in the right place when they need it. Increasingly this involves working across the health and social system to make sure care is joined up by planning services together, and using our precious resources to sustain high quality care now and for the future.

This strategy has been developed through a number of conversations with stakeholders and partners and in response to key policy expectations. It sets out our future plans for the delivery of urgent care in Harrogate and Rural District (HaRD) in the context of:

- Increasing demand, particularly A&E and ambulances services
- Complexity of navigating available services
- Potential to duplication delivery of care through multiple access points
- Changing patient expectations and advances in technology
- The challenge of delivering sustainable and cost effective health services

This strategy describes key policy and service delivery expectations that will shape a new partnership approach to Integrated Urgent Care (IUC). It identifies opportunities to work together across the whole system to respond to the changing needs of our population. For the purpose of this strategy the term system represents "all organisations, people and actions whose primary intent is to promote, restore or maintain health" as defined by the World Health Organisation (WHO).

We recognise the local urgent care system is complex with a number of different entry points which can be confusing to people, at a time when they need it to be simple. This can lead to patients contacting the more accessible and visible parts of the system, such as A&E or the ambulance service, rather than more appropriate services in primary, community or social care. We also recognise that local urgent and emergency care services are experiencing continued demand pressures and significant peaks in demand most recognisably during winter.

This strategy makes recommendations to deliver the transformation required to meet the future needs of the HaRD population:

- ✓ Provide simple access
- ✓ Provide consistently high quality and safe care, seven days a week
- ✓ Deliver the best outcomes for patients whilst being clinically and financially sustainable
- ✓ Guide good choices by patients and clinicians
- ✓ Provide the right care in the right place, by those with the right skills
- ✓ Base services on need, rather than traditional patterns of demand
- ✓ Have senior clinical decision making at the front end of the system

This means we will need to make changes to some services, and enhance others, but most importantly ensure services work together, makes sense to our local population and are affordable.

2. What is urgent care?
Urgent care is the range of healthcare services required to treat people who need rapid physical and / or mental health assessment, advice, diagnosis with and without treatment.
Urgent care services include:

- NHS 111
- Accident & Emergency Department
- Pharmacy
- Local doctor services (General Practice), during and outside normal working hours

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- Minor Injuries Unit
- Primary Care Streaming
- Community Care Teams

3. What does delivering an integrated system mean?
An integrated system can mean different things to different people and many definitions can be found. The WHO proposed a working definition which describes what integration means when applied to health services:

"The management and delivery of health services so that users receive a continuum of preventive and curative services, according to their needs over time and across different levels of the health system."

In simple terms this translates to local organisations working together to provide services that are joined up and make sense to the people who use them. An integrated urgent health and care service would be recognised through the following benefits:

- ✓ Simplified access to urgent care services
- ✓ Wherever possible, services will be provided in your neighbourhood
- ✓ Only need to tell your story once, and clinically relevant information is visible to those who require it to complete your care
- ✓ Safe, effective, and timely urgent care where clinically appropriate
- ✓ Quick and responsive service
- ✓ Health professionals who talk to each other across service and organisational boundaries

4. The Case for Change
Recent national, regional and local developments in urgent and emergency care mean it is timely to review our future plans for urgent care services. The following section discusses in detail the case for change under the headings of national, regional and local rationale. For ease of reference the main case for change points are summarised below:

National Rationale	• A need for a sustainable solution to pressures faced by the urgent care system • A need to provide highly responsive, effective and personalised services outside of hospital
Regional Rationale	• Urgent and Emergency Care is priority area for the region • Publication of nationally mandated requirements for IUC
Local Rationale	• Changing needs of the local population • Confusing urgent care system with many access points and demand pressures • Services are not currently working in a joined up way • Services need to be sustainable and affordable • Requirement to meet the mandated IUC national specification

4.1 National Rationale

4.1.1 Five Year Forward View
The triple aim of the 'Five Year Forward View' (5YFV) [1] for the NHS is: to improve the health of the population; to improve the care patients receive and their experience of it; while delivering best value for tax payers. The 5YFV sets out the vision to transform the NHS through 7 new models of care, one of which is the redesign of urgent and emergency care

[1] 5yfv 2014

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services in England for people of all ages with physical and mental health problems to ensure

- Provision of highly responsive, effective and personalised services
- Care is close to people's home as possible, and
- Care is delivered outside of hospital where appropriate.

4.1.2 Integrated Urgent Care Commissioning Standards

The NHS England (NHSE) Commissioning Standards [2] were published in September 2015 with intent to support commissioners in the delivery of the fundamental redesign detailed in 5YFV.

The core vision for the IUC service is to embed NHS 111 within the urgent care system, providing access to telephone, primary, and community care services which meet peoples' urgent care needs as close to home as possible. Most urgent care will be provided by place based and general practice services, including evening and weekend access to GPs, nurses and Allied Health Professionals working from community bases. Services will be integrated and patient centred.

4.1.3 Integrated Urgent Care Service Specification

Subsequent to the publication of commissioning standards, NHSE published the Integrated Urgent Care Service Specification[3] on 25th August 2017 detailing the specifics required for consistent commissioning and delivery of IUC services.

This functionally integrated service includes NHS 111 and GP Out-of-hours services, as well as linking to place-based services such as general practice, community services, social care, ambulance services, urgent care centres and emergency departments. The model is referred to as the IUC Clinical Assessment Service (CAS) and describes a move from an 'assess and refer' to a 'consult and complete' model of service delivery.

This means that anyone with an urgent care need can phone a single number (111) and either be given advice or, if necessary, be directed to see or speak to a GP or other appropriate health professional earlier in their urgent care journey. Relationships will also be made with the 999 call service to ensure seamless transition between 111 and 999 where necessary.

The service will also provide, where appropriate, direction and support for callers to self-care. This will be enhanced through the development of a digital 111 platform to enable online public access to advice, including self-care options.

To help facilitate an improved flow of patients and information within the system, all health and social care professionals working within physical and mental health services, will be empowered to make direct referrals and/or appointments for patients across the range of services.

The short term change required to deliver the CAS function is a remodelling of existing 111 services to increase the number of callers that speak to a clinician. NHS 111 call handlers will direct calls to internal clinicians within the CAS, the formation of which will be determined as part of regional procurement process. The expectation is that these clinicians will complete 50% of calls and therefore send fewer people to local place-based services.

Whilst there is an expectation that 111 will become the first point of contact for most urgent care needs, it is envisaged local GPs will still be deal with the vast majority of in hour's requests for on the day services. In hours callers to 111 needing a face to face consultation

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[2] Commissioning Standards IUC Sept15

[3] Integrated Urgent Care Service Specification 2017

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will be booked into GP surgeries by direct booking, which in accordance with the service specification, will only happen after a triage by a GP at the CAS. Also, patients will retain the option to contact their local GP surgery in hours as opposed to the 111 route.

4.2 Regional Rationale

The West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) has identified urgent and emergency care as one of its key delivery priorities. The vision for urgent and emergency care is that 'we should provide a highly responsive service that delivers care as close to home as possible, minimising disruption and inconvenience for patients, carers and families.

Harrogate and Rural District as a member organisation are working with the Urgent and Emergency Care Programme Board to; understand and manage performance, reduce variation in service delivery models, and share and adopt learning that makes the best use of the collective skill and expertise of the partnership.

Some of our urgent care delivery will be commissioned across a wider geography where it makes sense to do so and offers economies of scale. This includes the procurement of an NHS 111 service which will need to align with our place based urgent care delivery model.

The UEC Programme Board is tracking local place progress in developing and implementing the national service specification for urgent care and monitoring bimonthly against eight key deliverables:

- A single call to get an appointment out-of-hours services (OOHs)
- Data can be sent between providers
- The capacity for the NHS 111 and OOHs is jointly planned
- The summary care record is available in the clinical hub and elsewhere
- Care plans and patient notes are shared between providers
- Appointments can be made to in-hours GPs
- There is a joint governance across local and urgent and emergency care providers
- There is a clinical hub containing (physical or virtually) GPs and other healthcare professionals.

The combined improvements will transform the way in which the local system meets the urgent and emergency care needs of the local population across all age ranges and communities.

5.0 Local Rationale

5.1 Our Local Population

The registered population of Harrogate CCG is 162,246. Life expectancy at birth is 80.9 for males and 84.2 for females, both above the national average. The life expectancy gap at birth in Harrogate (between the most affluent and most deprived areas) is 8.8 years for men and 5.9 years for women.

5.1.1 Predicted population growth

The Office for National Statistics (ONS) publishes sub national population data. The table below is a trend-based projection for HaRD over a 25 year period. The assumption is future levels of births, deaths and migration will follow the similar trend observed from the previous five years. The data predicts a population growth of 1% per year for HaRD.

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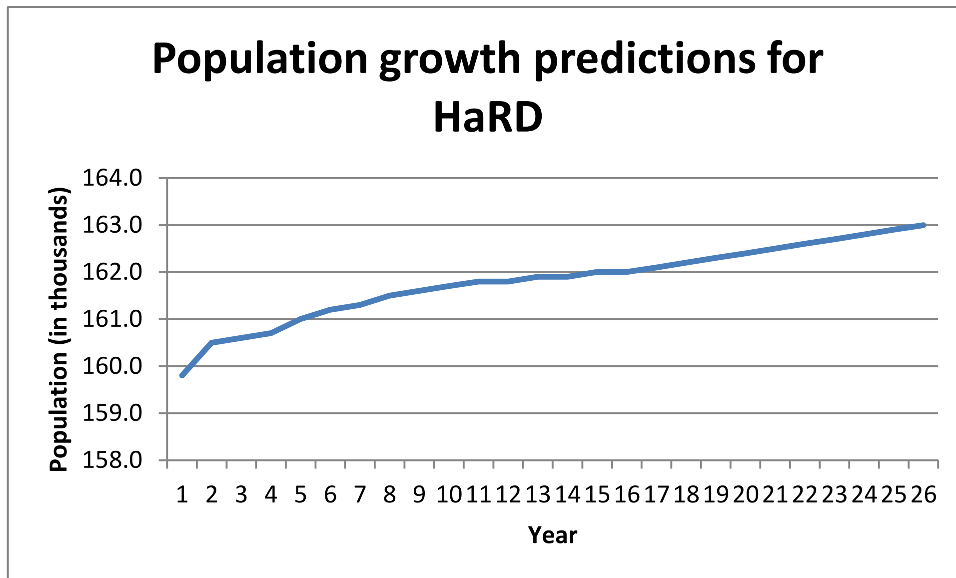
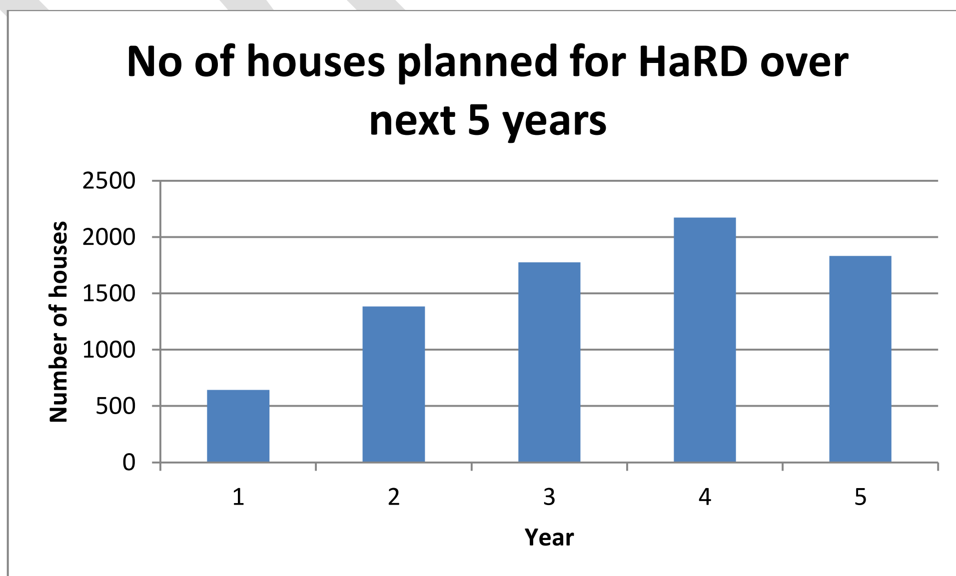


The population growth predictions do not take into account any variable factors that could significantly affect migration. An example of this could be significant housing developments.

5.1.2 Housing development plans
Harrogate Borough Council (HBC) is currently preparing a new local plan for the District. This will set out where and how much land should be provided to accommodate new homes over the period of the plan (2014 - 2035).

In terms of new homes, the plan makes provision for a minimum of 14,000 new homes over the full planning period. The delivery trajectory estimates that over the next five years 7,809 homes are scheduled to be built in the HaRD area.

Based on the ONS assumption of the average household consisting of 2.4 persons we could expect a migration into HaRD of 18,741 persons for the period of 2018 - 2023. Added to the predicted population growth of 1% rise year on year (estimated 1,624 persons) HaRD could expect a total population increase of 26, 861 by 2023. To put this into context, currently the largest GP practice in the HaRD area has a list of approximately 20,000 patients.



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Most of the new homes will be provided in Harrogate, Knaresborough and Ripon as these are the District's key urban areas. Another area of note is a reasonable level of growth in Boroughbridge alongside a new settlement around Green Hammerton and Cattal. This will accommodate in the order of 3,000 new homes alongside other key services and facilities that you would expect to find in a new settlement.

5.1.3 Care home development plans
The planning data provided by HBC does not take into consideration nursing and residential care homes. It is feasible to expect any new residential / nursing care homes built could add to the migration population, further adding to the system pressure.

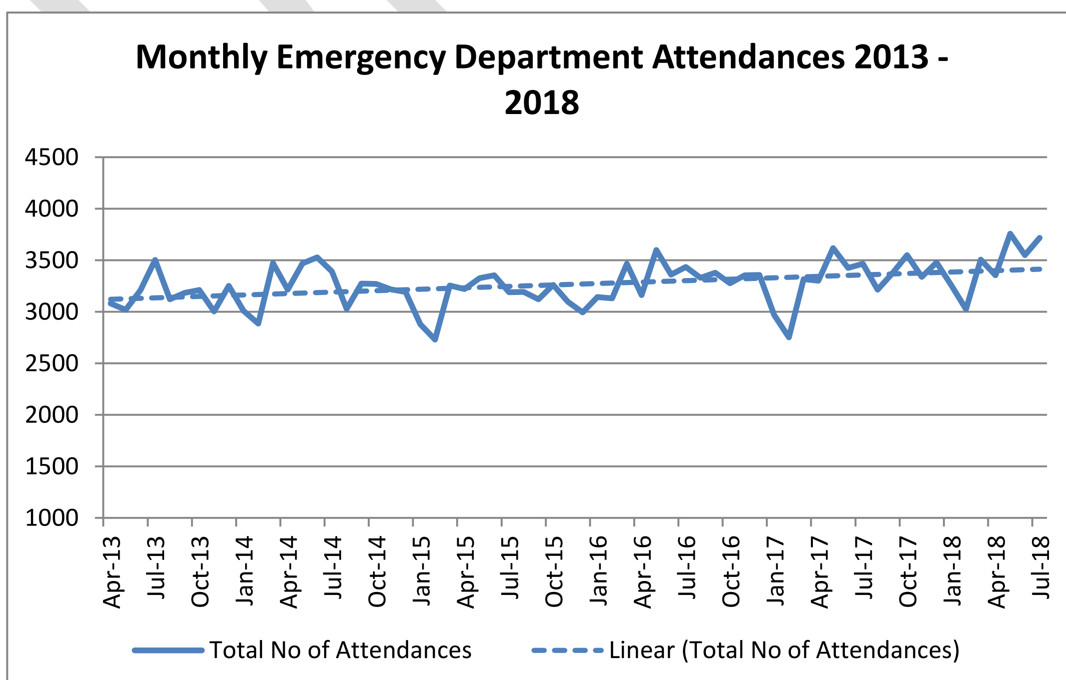
The Care Quality Commission routinely publishes a care directory, including data on number of care home beds by local county council authority and CCG.

The data shows Harrogate has more care beds per 1,000 population than the England average (13.8 per 1,000 population compared with 8.2 per 1,000 population).
We do know that further care homes are expected to be built in HaRD in the near future.

5.1.4 Changing needs of the population
The CCG has an ageing population 10 years ahead of the national ageing curve, with more than 1 in 5 people aged over 65. This is set to increase to 1 in 3 over the next 20 years. There is increasing number of people who have a long-term illness, including those living with dementia. This population group will require more health and social care and we know that, through early identification and prevention, we can improve health outcomes.

Together these population changes will continue to increase demand and create pressures on our health and social care system. The future urgent care system will need to ensure that it can effectively manage not only the needs of a growing population in general but also the specific needs of the demographic groups which are expected to grow faster than the general population.

5.1.5 Demand pressures
The table below shows the trend for a continuous rise in patients attending Harrogate and District Foundation Trust (HDFT) Accident & Emergency Department (A&E) since 2013. The average annual increase is approximately 2.4%. This trend is expected to continue.



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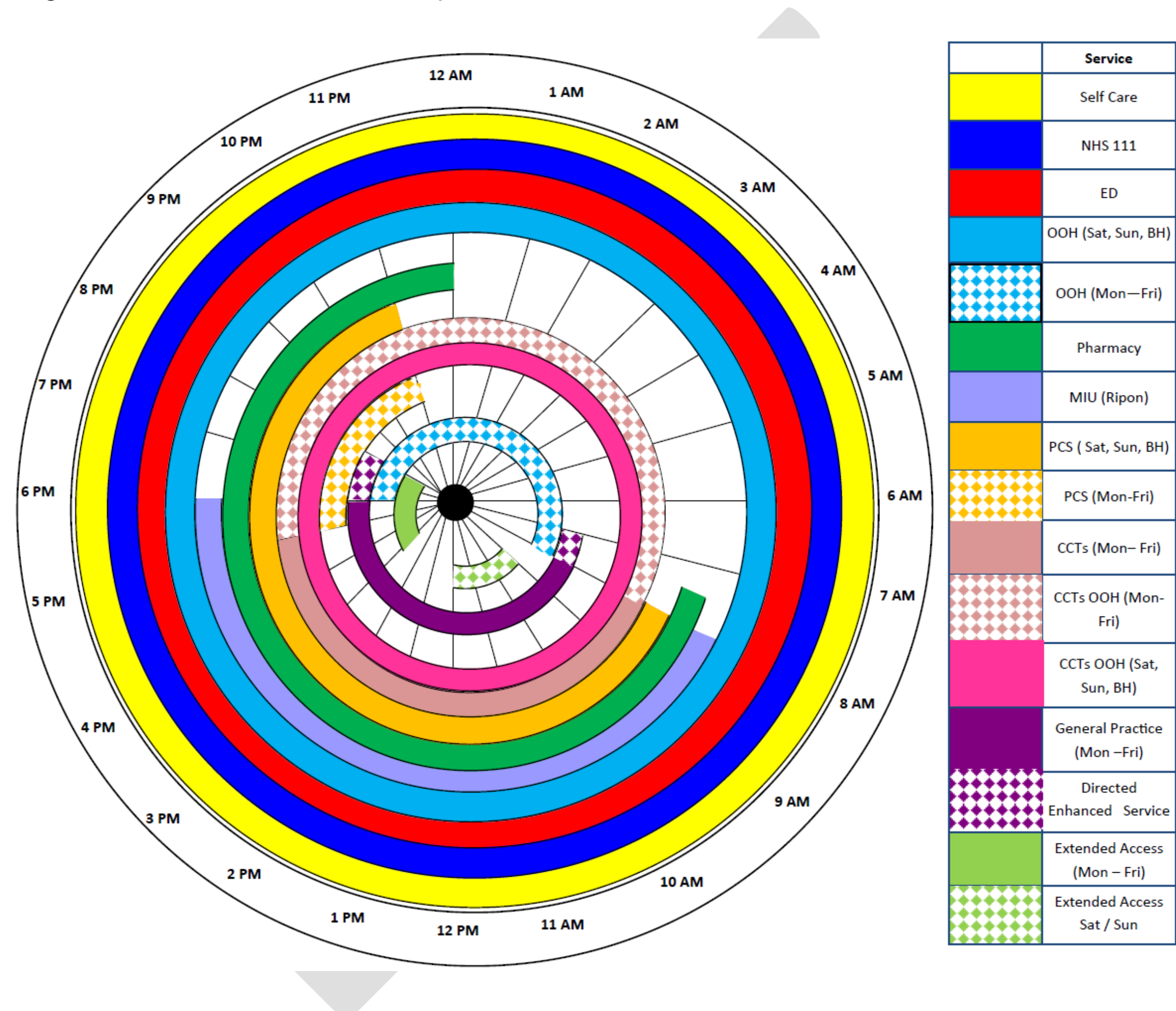
The development of primary care streaming, co-located with Emergency Department (ED), is an example of services already developed and in place to help manage this increasing demand, but we need to go further.

Previous work has demonstrated many patients attending ED could be treated in settings other than the hospital for example primary care. This strategy outlines future plans to work with all partners to ensure that patients are seen by the most appropriate clinician located as close to home as possible.

5.1.6 Current offer

Local people currently access urgent care in a variety of different ways which can lead to a fragmented and uncoordinated experience of health and care services.



Service abbreviations	
CCTs	Community Care Teams
ED	Emergency Department
MIU	Minor Injuries Unit
OOH	Out Of Hours
PCS	Primary Care Streaming

The diagram above illustrates that throughout a 24 hour period there are multiple access points open for patients with an urgent care need, and that in many instances services are open at the same time, causing duplication in the system and adding to the potential confusion for patients.

5.1.7 Dental Services

NHSE directly commission dental services. There are two ways a patient can access urgent dental care, either:

- Through the dentist they are registered with and routinely visit
- or if that dentist is not available or they are not registered with a regular dentist, through NHS 111

NHS 111 currently transfers the patient details to Dental Care Direct who calls the patient back to arrange a booking at a general dental practice who is listed in the area to provide urgent care appointments. There are currently two emergency dental providers listed in the HaRD area.

Calls regarding dental queries to NHS 111 from the HaRD area are fairly low compared with other Yorkshire & Humber CCGs. There are 25 calls per 1000 residents over the course of a year from Harrogate CCG area, in comparison to the highest ranked CCG who had 170 calls per 1000 residents. The exact cause for the variance is not yet fully understood, but could be attributable to people opting to access their own regular dentist, or bypassing 111 in favour of accessing another local provider.

6. Understanding our local system

6.1 Independent review

In September 2017, HaRD CCG commissioned the North East Commissioning Support Unit (NECS) to work with members of the local A&E Delivery Board to benchmark the Harrogate Urgent and Emergency Care system against national best practice guidance, 'Safer, Faster, and Better'. https://www.england.nhs.uk/wp-content/uploads/2015/06/trans-uec.pdf

The report highlighted the effectiveness of the Harrogate system delivering existing urgent care services, whilst recognising the duplication in the current urgent care offer and the need to build resilience within the system to manage anticipated future demand.

This strategy has further developed the thinking explored in the NECS benchmarking review, and is shared as a point of discussion for how providers within the urgent care system could work differently together. The strategy will be defined by further work with providers, patients, public and stakeholders and aligned with developments across the wider footprint of the WY&H HCP.

6.1.2 Public responses

In November 2017, Healthwatch North Yorkshire asked members of the public about their experiences in accessing Urgent Care. The full report is available at http://www.harrogateandruraldistrictccg.nhs.uk/data/uploads/hard-ccg-urgent-care-report-qual-completed-for-review-2.pdf

In summary, responses supported the view that the public know where /how to access out of hours services, and when accessing generally saw the healthcare professional they wanted to see.

To be 'seen quickly' was the most important element of urgent care, more so than access to a specific healthcare professional.

There is also a willingness to use services in a different way. Patients are prepared to be reviewed by a GP in a practice hub on a weekend / evening and through telephone appointments, and to see a clinician other than a GP e.g. pharmacist, advanced nurse practitioner.

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The majority of respondents were willing to travel considerable distances to access OOH urgent care.

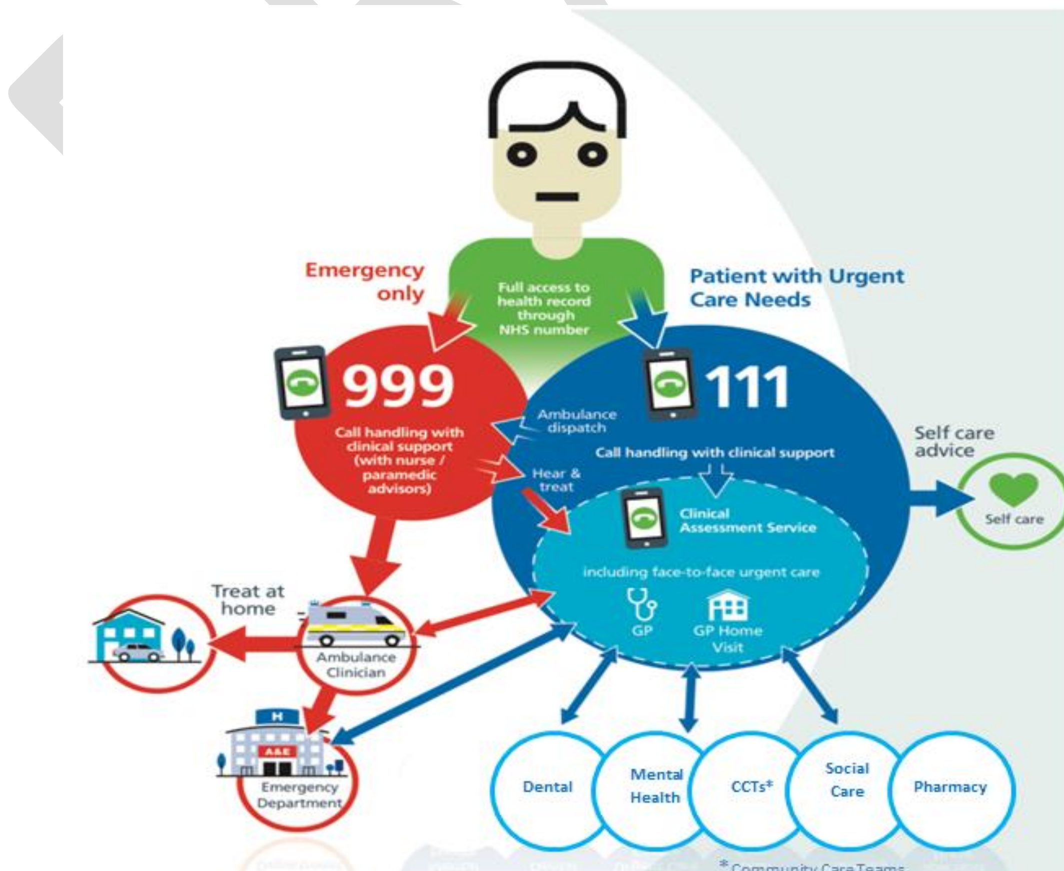
6.1.3 Provider responses

Following the NECS review, the HaRD A&E Delivery Board asked for local providers and commissioners to come together to discuss how each of the organisations currently support the delivery of local urgent care, and share ideas on how improvements could be made. From these discussions some key factors emerged with providers stating improvements in Urgent Care could be achieved if:

- All urgent care services were joined up
- It was easy to transfer a patient through the system
- Services could be accessed through a single point
- Duplication in services could be eliminated.

The image below demonstrates a suggested model for patients with urgent care needs. It illustrates the opportunities we have to achieve a single point of access /triage via NHS 111 and to link our providers across HaRD within a local Clinical Assessment Service. Operational integration and potential co-location of core services in conjunction with use of innovative technology would allow rapid and timely clinical assessment and support where needed.

Central to the model is simplifying access for local people and recognising self-care as an important component of a successful urgent care system. This includes using opportunities for local communities and populations to make better use of 111, pharmacy and voluntary and prevention services. For example, as part of its wider prevention programme, North Yorkshire County Council has invested in a new Living Well Team. The Living Well Coordinators work with individuals (and their carers) who are on the cusp of becoming regular users of health and social care services by helping them access their local community and supporting them to find their own solutions to their health and wellbeing goals. The role continues to help reduce loneliness and isolation and help to prevent or resolve issues for people before they become a crisis.



6.1.4 Mental Health

Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) currently provide mental health services for adults and older people in the HaRD CCG area. TEWV and the CCG have been having conversations with people about what they think good mental health services would look like since 2017.

This has included conversations with a wide range of people across the area, including:

- service users
- their families and carers
- health and care professionals
- people in the volunteer and community sector
- local leaders and decision makers
- partners in the police and fire services

Some key themes have emerged, set out in the table below which will be a critical consideration as part of ensuring the mental and physical needs of our population are embedded in a new urgent care service offer.

Theme	Comments received during engagement
24/7 integrated and joined up services	• Different parts of the health and social care system should work more closely with each other, as well as with service users and their families • Community services should be more easily accessible and available in the evenings and at weekends.
Developing the workforce	• Requirement to develop and nurture the workforce • More staff based in the community • Investment in developing knowledge and skills
Holistic approach	• Greater investment in self-management and building self-efficacy in patients to manage blips and setbacks
Finances	• Providing staff with a better understanding of the financial position and what it means for services
Improved pathways	• Care to be delivered as close to home as possible • Implement community models • Develop pathways for specific needs e.g. complex traumatic backgrounds
Location of inpatient beds	• Opposing views of most appropriate solution therefore further feedback and exploration of this theme required
Alternatives to admission	• Alternative non-medical models which supported greater self-management and autonomy • Learning from innovative models in other Trusts
A more preventative approach	• Ensuring early access to services, closer to home • Address gaps in day time and respite care
Partnership working	• Develop partnership working further • Ensure a more visible and vibrant third sector
Improve patient and family outcomes	• Become more recovery focused

6.1.5 Social Care

North Yorkshire County Council (NYCC) has embedded a strength based approach to identifying the needs of a person. This focuses on prevention, community support and strengthening resilience by promoting self and family empowerment. NYCC recognise the opportunity to work in partnership with hospital and community services, and as such have ambitions to promote smooth transfers between health services into social care. Current

links with Harrogate and District NHS+69 Foundation Trust's Supported Discharge Service will improve timely and responsive actions to facilitate discharge to a persons' home.

6.1.6 Dental

NHSE are currently in the final planning stages for the urgent care dental pathway and plan to have the new services in place by 1 April 2019. Patients who require urgent dental treatment, who can't access a regular dentist will ring NHS 111 and will be transferred through to the dental Clinical Assessment and Booking Service (CABS). CABS will triage the call and if there is an urgent clinical need will be booked into a local urgent dental treatment provider.

7 Outcome-based approaches

An outcome-based approach means focussing less on what is done for a person and more on the results of what is done. It will mean focusing on the experiences a person has when accessing the urgent care system, how well they feel after treatment and helping them stay well, whether they are suffering from physical or mental ill-health.

7.1 Locally defined outcomes

By using locally defined outcomes and the mandated specified requirements, we can describe what a good urgent care service could look like.

Simplified access by improving integration across health and social care and reducing duplication of services

What does this mean?

- NHS 111 will be the 'front door' for urgent care assess and triage
- NHS 111 will be integrated with UC services
- Direct booking with all parts of the IUC team from initial triage
- Effective sharing of information and high quality communication
- The patient only has to consent once as part of the UC episode
- Renegotiated relationship between place-based services and hospitals

What could success look like?

- ✓ People will know who to contact to get their health needs met 24 hr per day, 7 days per week
- ✓ A clinically supported NHS 111 service will link people directly into the service/care they need
- ✓ Senior clinical decision making will take place much earlier in the patient journey (via the CAS)
- ✓ People will have timely access to expert diagnosis and assessment in the setting which is most appropriate for their clinical need
- ✓ Place based services responsible for more of the urgent care pathway with support from specialist services
- ✓ Clinicians within the urgent care system have access to the shared patient record

Access to treatment as close to home as possible?

What does this mean?

- Local care is considered the norm
- People only visit a hospital when there is no alternative safe way to deliver the service
- For simpler health care requirements people will use appropriate local services such as pharmacies and general practice
- Suitably skilled multidisciplinary workforce available across the whole urgent care system

What could success look like?

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✓ People are able to access suitable place based services closer to home ✓ People self-present to ED only when they have serious injuries/ life threatening conditions ✓ Patient present appropriately at the right place, first time, ensuring their needs are met in a timely way

Services are responsive, safe and provide high quality care
What does this mean? • People will receive timely care when they require it • Services meet best practice and are evidenced based • Quality standards of care are met by clinicians and services • Services support learning to prevent recurrence of harm by utilising the serious incident framework • Patients are asked about their experiences of services, and any concerns are listened to and where possible acted upon
What could success look like? ✓ Harm due to errors is minimised ✓ People live longer and with more years of good health ✓ Patients are seen as partners in their care

Urgent care system is affordable and sustainable
What does this mean? • Resources are used to maximise the health outcomes of the population • A simplified system of health and social care services that are joined up and delivered and experienced as a single entity • Self-care to be part of everyday life for local people
What could success look like? ✓ A move from an 'assess and refer' to a 'consult and complete' model of service delivery ✓ Duplications in care are avoided ✓ Health and care needs are met in a more planned and coordinated way, avoiding crises wherever possible ✓ People will be empowered to look after their own health needs and be responsible for staying well and delaying the need for care

7.1.2 System wide outcomes

In addition, the UECPB have anticipated that the transformation will have a system wide effect.

System wide outcomes
What does this mean? • Produce key outcomes across a regional footprint
What could success look like? ✓ Reduction in mortality rates ✓ Improved patient experiences substantially, including patient choice ✓ Provision of high quality and safe care across all seven days of the week ✓ Reduced ambulance conveyances to ED ✓ Reduced avoidable admissions

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✓ Management of demand and expected growth of ED attendances ✓ Reduction in length of stay

8.0 Making the change

Development of an integrated system is vital to ensuring people get the right advice and treatment, in the right place, first time as efficiently as possible. Given the complexity of patient flow this strategy aligns with ambitions set out in our integrated community services strategy *"Your Community, Your Care; developing Harrogate and Rural District Together"*[4].

This will involve running of concurrent and aligned projects, the sum of which, over time, will ensure successful delivery of a fully integrated urgent care system. Realising the ambition for integration will require a collective effort from commissioners, providers and people who use services.

The following table describes an outline plan for delivering a local IUC service. This will continue to be developed as plans progress towards implementation.

Priority	Our	What will we do
Access	To simplify access to UC services in a way which makes sense to people of HaRD	• Commission enhanced NHS 111 service to be the single access point for UC needs • Ensure NHS 111 integrates with local UC services • Ensure a single, joined up response for urgent care needs • Ensure direct booking into all parts of the IUC team from initial triage • Ensure all IUC services have effective sharing of relevant information/shared patient record • Ensure patients receive a complete episode of care concluding with either: advice, a prescription, or an appointment for further assessment or treatment over the telephone or face to face. • Support patients to make informed choices of when to access urgent care services, and which service will most appropriately meet their needs
Care closer to home	To provide UC services closer to a person's home, so that care can remain community-based even in times of crisis	• Commission future models of care around practice populations • Work together with partners to develop new care models that span organisational and service boundaries • Collaboratively develop a single set of clear outcomes for providers to deliver using the resources available • Enhance seven day provision in primary care and improve access to urgent primary care appointments including improved integration with extended access and out of hours
Quality, Safety, and Responsiveness	To deliver high-quality care which is safe and responsive	• Ensure care is seamless and coordinated across the primary, community, mental health and social care system • Strengthen the role of patients in improving

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		quality and safety by asking about their experiences of services • Ensure patient experience and insight help shape the commissioning of services • Reduce the risk of adverse events related to exposure to urgent health care
Sustainability and Affordability	To deliver high-quality care with good patient outcomes at an affordable cost	• Maintain a whole system perspective through continued partnership working • Joining up of priorities so that resources can be used in the most effective way • Plan and deploy resources jointly across the system • Minimize duplication in the system • Make the changes described in Your community, Your care: developing Harrogate and Rural District Together • Increase patient-centred care reinforcing personal responsibility in staying well
Workforce	A skilled workforce which delivers urgent care as a single entity in a coordinated, responsive and safe manner	• Map out the current urgent workforce • Understand the current challenges faced by the urgent and emergency care workforce, and highlight any gaps • Plan and develop workforce as a whole system • Continue to test out the use of alternative skill mix to reduce the pressure on urgent care i.e. community pharmacists, advanced paramedics
Technology	To deploy technology to support mobile/agile working, access to services, communication, information sharing and self-care	• Work with partners to ensure interoperability so that the different computer systems can communicate and exchange data, maximising the quality of care the patient receives • Continue to explore assistive technology opportunities i.e. Telehealth, Telecare and App technology • Continue to explore access options which would enable consultations in a different way i.e. online

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