North West London Collaboration of Clinical Commissioning Groups

REPORT TO BRENT OVERVIEW AND SCRUTINY COMMITTEE	Agenda Item
Title of Meeting: BRENT OVERVIEW AND SCRUTINY COMMITTEE	
Date of meeting: February 2014	

Regarding Current Status of Systems Resilience Group and Winter Pressure Update

Purpose of the report

The purpose of this paper is to provide the Overview and Scrutiny Committee with an update on the Systems Resilience Group.

Executive Summary

The paper outlines processes within the Systems Resilience Group and provides an update on the current status.

Decision required:

Members consider the report and the arrangements for operational resilience.

Director:	**Contact:**
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REPORT TO BRENT OVERVIEW AND SCRUTINY COMMITTEE

Regarding Current Status of Systems Resilience Group and Winter Pressure Update

Author: Bernard Quinn, Director of Delivery and Performance
February 2015

1. Summary

1.1 This report outlines the Brent, Harrow and Hillingdon (BHH) Clinical Commissioning Group's approach to operational resilience planning and Systems Resilience Group.

2. Context

2.1 To update Brent Overview and Scrutiny Committee on the work of the Systems Resilience Group.

2.2 To note the programme of work and provide the committee with a framework to assist it to understand the work and its future status.

2.3 To build up the committee's knowledge base about key drivers and System Resilience decision-making processes.

3. Overview of the Systems Resilience Group- National Guidance

3.1 Following the pressure experienced during the winter of 2012/13, NHS England published the A&E Recovery Plan in May 2013. The plan brought together the national and regional 'A&E tripartite' panels, comprised of representatives from NHS England, the NHS Trust Development Authority, and Monitor. The plan also called for the creation of Urgent Care Working Groups.

3.2 The creation of Urgent Care Working Groups provided an opportunity to engage with the local health and social care systems and to co-develop strategies and collaboratively plan safe, efficient services for patients. Following on from the effective work of the Urgent Care Working Groups, NHSE expanded their role to cover elective (planned), as well as non-elective (unplanned/urgent) care. This shift reflected in a change in name and membership of Urgent Care Working Groups to System Resilience Groups (Systems Resilience Groups).

3.3 In June 2014, the national guidance 'Operational resilience and capacity planning for 2014/15' was agreed and issued by Monitor, the Trust Development Authority (TDA), ASASS (Directors of Adult Social Services) and NHS England. The guidance mandated changes to existing Urgent Care Working Groups to build on their existing role and to expand their remit to include elective as well as urgent care. This "new" forum called the System Resilience Group is where capacity and operational delivery in relationship to winter pressure planning is coordinated.

4. Local Context

4.1 The Brent and Harrow Systems Resilience Group oversees for the capacity required to support A&E, RTT targets and oversee the coordination and integration of services to support the delivery of effective, high quality accessible services.

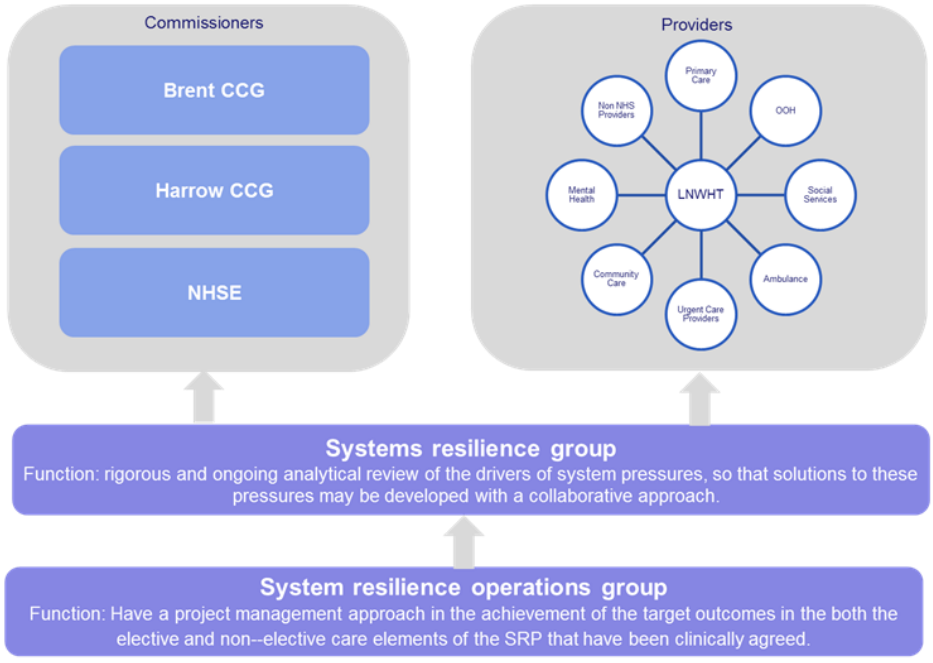
4.2 It brings together both elements (elective and urgent care) within one planning process recognising the interdependencies of emergency and elective care and that both parts need to be addressed simultaneously in order for local health and care systems to operate as effectively as possible in delivering year-round services for patients. For example, as the acuity of patients increases in winter months and people require slightly longer hospital stays, there are less available hospital beds for people requiring elective care.

5. Governance

5.1 The Systems Resilience Group assures that accident and emergency, urgent and unscheduled meets the needs of patients and the population. For planned care, the System Resilience Group oversees capacity and demand analyses. They produce resilience and capacity plans and are risk assessed in relation to the likelihood of the acute provider at the centre of the system being able to maintain high quality services for patients, and delivering key performance standards. Perceived risk is assessed on the basis of past performance, financial position, previous ability to effectively implement plans, as well as on local intelligence.

6. BHH/BH Systems Resilience Group Governance Local Model

Governance



7. Membership of BHH Systems Resilience Group

7.1 The National TOR looks for members to hold each other to account for performance but provide an opportunity for partnership working. The Systems Resilience Group is chaired between Dr Kelshiker (Harrow CCG chair) and Dr Kong (Brent CCG chair).

7.2 Members

Constituent Organisations	Role
NHS Commissioners	Chief Officer, Brent and Harrow CCG's Director of Delivery & Performance Brent and Harrow CCG's Chief Operating Officer Brent Chief Operating Officer Harrow Associate Director contracts Support
London North West Healthcare Trust (LNWHT)	Chief Executive (Vice Chair) Deputy Chief Executive / Chief Operating Officer Clinical Director General Manager
BRENT LOCAL Authorities	Strategic Director, Adult Services, Brent Assistant Director, Adult Services, Brent
HARROW LOCAL Authorities	Director, Adult Social Care, Harrow Assistant Director, Adult Social Care, Harrow
London North West Healthcare Trust LNWHT – ICO (Integrated Care Organisation – previously known as Ealing ICO)	Chief Operating Officer Clinical Representative
Central and NW London NHS FT	Chief Operating Officer Clinical Representative
London Ambulance Service	Chief Executive Officer Area Director
NHS England	Head of Assurance
Patient representative	Lay representative from Brent and Harrow
Urgent Care Centres- NWP (LNWHT /Greenbrook); CMH – Care UK	General Manager Clinical representative

8. Aims and Remit of the Systems Resilience Group

8.1 Determine service needs on a geographical footprint; Initiate the local changes needed; address the issues that have previously hindered whole system improvements and develop operational resilience and capacity plans.

8.2 The underlying principles of the Group are to work in partnership with the providers, the overall cost of the service is equivalent or less than currently spent on services and represents good value for money; decisions are founded on evidence and an objective analysis of the risks and benefits; and delivery of QIPP (Quality, Innovation, Productivity and Prevention) priorities and efficiency plans are enabled by the work programme.

8.3 The Systems Resilience Group achieves this through:

- Developing operational resilience and capacity plans to fulfil planning
- Acting as the system wide body that signs off the use of non-recurrent funds
- Agreeing and sharing priorities and goals for urgent and planned care
- Working across boundaries to improve patient experience and clinical outcomes
- Whole system monitoring to help improve quality and accountability
- Resolving any operational issues and ensuring appropriate risk management
- Reviewing and using best practice from elsewhere, if appropriate

8.4 Meetings are held monthly, communications relating to meetings are issued and papers/reports circulated in advance of meetings. Agenda items are reviewed by the CO (Chief Officer) and confirmed with the Chairman. Terms of Reference are reviewed annually.

9. Reporting

9.1 The constituent organisations are responsible for local reporting with the organisation and boards on progress as directed. Information updates are also provided as required. Members sign-off proposals for the use of non-recurrent resilience funds. The constituent organisations are held to account for the use of non-recurrent funding in the local system. The Chair will be responsible for proposing any change of use of non-recurrent funding to the regional tripartite panel.

10.Identification and Prioritisation of Winter Schemes

10.1 In order that the non- recurrent funds are targeted to the most effective interventions the proposals from member organisations are overseen and prioritised by the Systems Resilience Group with the following principles:

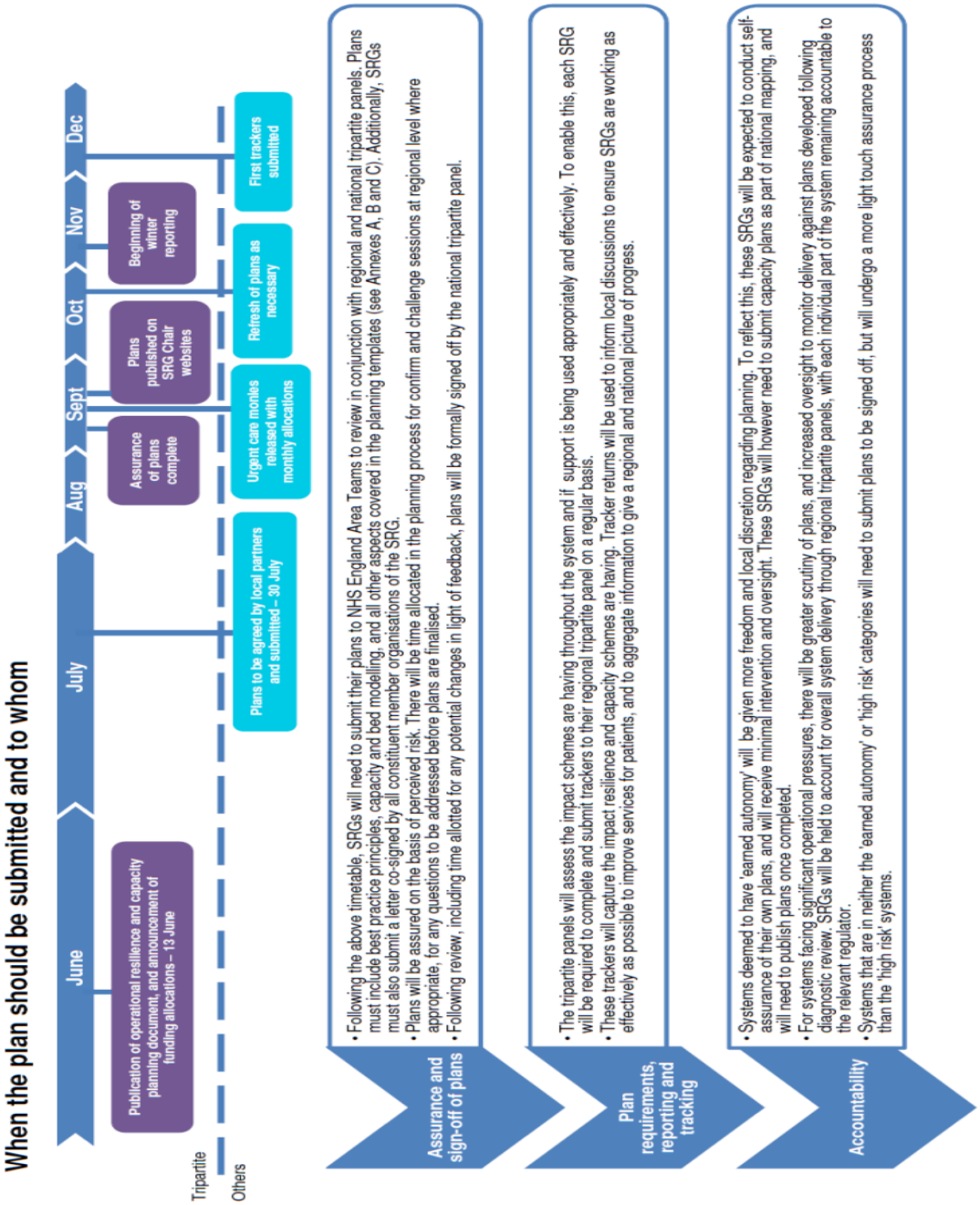
- Encourage providers to work together to generate collaborative schemes
- Encourage schemes that improve 7 day working
- To fund schemes to support senior front line staffing / decision making
- To fund schemes unblocking issues at the interfaces of services and organisations

10.2 Statutory sector bids were considered by the Systems Resilience Group and were assessed through criteria such as Strategic impact, Value for money, Implementation, Sustainability, Risk to system and Measurability and collaborative approach.

10.3 Bids were received and assessed and scored from 1-3; 1 being of the lowest priority and 3 being the highest priority.

10.4 The developed schemes address key outcome measures:

- Reduction in A&E attendances
- Reduction in unplanned admissions for chronic ambulatory care sensitive conditions
- Reduction in unplanned admissions for acute conditions
- Reduction in Delayed discharges (DTOC)



The image above is the visual representation of the process. The funded schemes were discussed and agreed with Systems Resilience Group members who hold each other to account alongside formal contracting mechanisms. The submitted NHSE asks for a Unify submission on a monthly basis to show progress on the schemes identified for funding which are supported by Brent and Harrow CCGs, LNWHT and NHSE.

11.Tranches

11.1 Tranche 1 Schemes

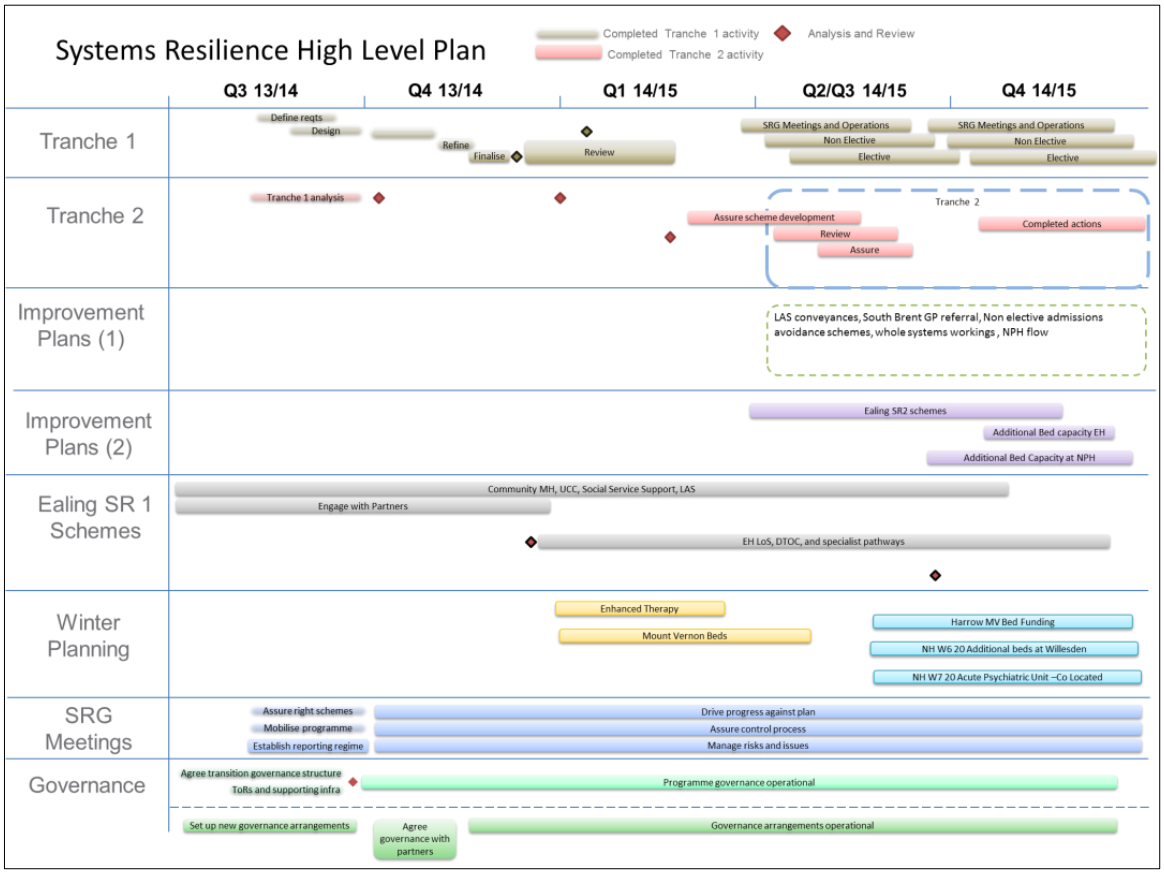
	Scheme	Scheme cost
1	20 step down beds on Furness Ward	£419,000
2	3 Neuro rehab beds on Robertson	£165,000
3	29 non-acute beds at Mount Vernon	£916,000
4	Mental Health Transit Lounge	£305,000
5	Nursing home beds to support outflow from NPH	£360,000
6	Social worker attached to STARRS to work directly in AE to facilitate discharge.	£40,000
7	Re-enablement beds in Harrow residential dementia care	£105,000
8	Additional capacity in Home Care market	£145,000
9	CAMHS Assessment service in A&E	£90,000
10	Social care staffing review in Harrow	£40,000

11.2 Tranche 2 Schemes

	Scheme Title	Total Cost Q3/Q4
1	Support for internal flow review	£491,000
2	Continuing care assessment	£60,000
3	Additional step down beds - Willow ward	£1,400,000
4	Additional specialist RRU neuro-rehab beds	£263,000
5	Additional neuro-rehab beds - band 1, 2,3	£1,000,000
6	RTT (referral to treatment/18 weeks)	£298,000
7	Additional funding to NPH identified schemes to support the RAP (Recovery Action Plan) for A&E	£4,200,000

12.Systems Resilience High Level Plan

12.1 The High level plan shows Tranche 1 and 2 Schemes, improvement plans and winter planning funds as shown visually below:



13.System Monitoring Dashboard

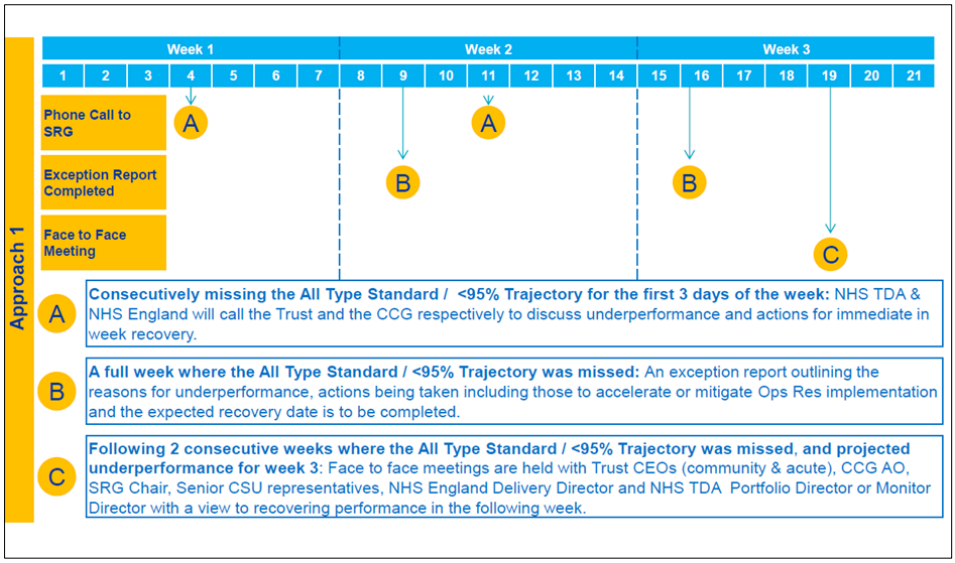
System Monitoring Dashboard for week ending 16 January

Key:	Description:
	Performance or activity within target or within normal operational range
	Performance or activity at limit of operational range
	Performance or activity outside operational range or target missed
	Data currently being collected
	Not collected or not applicable

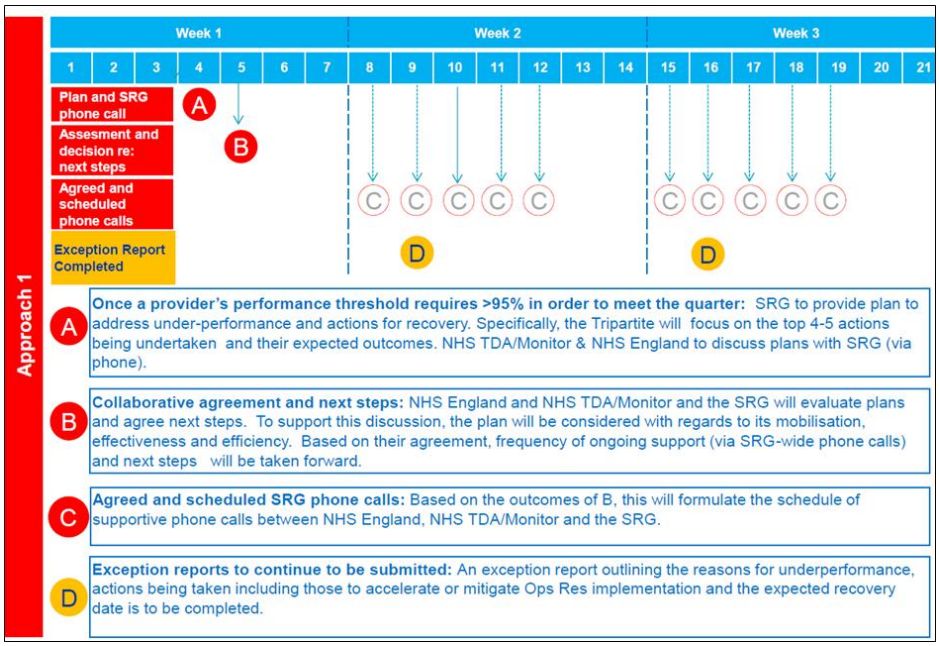
			ICHT			LNWH					
Care setting	#	Indicator	SMH	HH	CXH	NPH	CMH	EHT	CW	WMUH	THH
			Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual
LAS	1	LAS conveyance to A&E	459		290	598		337	255	378	422
	2	% LAS arrival to handover < 30 mins	91.9%		96%	86%		92%	97%	97%	89%
	3	% LAS arrival to handover < 60 mins	100.0%		100%	55%		100%	100%	100%	98%
	4	LAS blue lights to A&E	71		16	93		25	18	37	0
	5	LAS conveyance to UCC	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	6	LAS conveyance to UCC triaged to A&E	0	N/A	N/A	0	0	0	0	N/A	N/A
	7	LAS conveyance to UCC refused	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
UCC	8	UCC SUIs	0	N/A	N/A	0	0	0	0	N/A	N/A
	9	UCC incidents	0	N/A	N/A	1	0	0	0	N/A	N/A
	10	UCC attendances	781	547	691	1666	694	1075		1474	1262
	11	UCC 4 hour performance	99%	100%	100%	100%	100%	100%		100%	100%
	12	% of UCC patient transferred to A&E on triage	19%	N/A	N/A	12%	0%	15%	23%	N/A	N/A
	13	% of patients using single point of access (where offered)		N/A							
	14	% of UCC patient transferred to A&E within 60 minutes	20%	N/A	N/A	61%	75%	89%	N/A	N/A	N/A
A&E	15	A&E SUIs	0		0	0		0	0	0	0
	16	A&E Incidents	0		0	10		0	9	0	0
	17	All A&E Type attendance	2110		1357	3179		1805	2030	2484	2292
	18	Type 1 A&E attendance	1372		692	1513		823	2225	1127	1095
	19	All type A&E - 4 hour performance	90%		90%	83%		96%	98%	98%	93%
	20	Type 1 - 4 hour performance	85%		81%	64%		91%	98%	95%	84%
	21	Treat & transfer	18		13	N/A		0	11	15	0
	22	Transfer to ITU	8		1	3		3	1	1	0
	23	12 hour trolley wait	0		0	0		0	0	N/A	0
	24	Friends & Family test score	-		-	N/A		62	19	63	0
	25	Unfilled A&E rotas	-		-	0		1	56	N/A	0
Ward & ICU	26	Emergency admissions	389	0	315	695	8	402	308	303	0
	27	% of beds occupied by medically fit for discharge	1.6%	0.7%	1.3%	1.1%	2.7%	1.1%	9.3%	1.6%	0.0%
	28	DTOC (% of available bed days lost)	0.8%	0.8%	1.7%	N/A	N/A	3.6%	N/A	2.1%	0.0%
	29	Bed balance	-7	14	-12	5	9	-3	-28	-12	-8
	30	Bed occupancy	98%	93%	96%	97%	93%	93%	81%	59%	0%
	31	Level 2/3 occupancy	N/A	N/A	N/A	101%	48%	79%	79%	N/A	0%
	32	Non surgical LOS	N/A	N/A	N/A	3.39	11.49	4.04	6.30	6.80	0.00
	33	18 week RTT - admitted	84.5%			85.3%		67.7%	N/A	94.3%	90.8%
	34	Critical Care transfers (clinical)	0	0	0	0	0	0	0	0	0
	35	Critical Care transfers (capacity)	0	0	0	0	0	0	0	0	0
	36	DTOC		104			70		55	35	10
	37	Repatriation in/out	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC

14.The Tripartite Monitoring Arrangements for Assurance

14.1 **Process 1 this is for providers on track:** The Tripartite Arrangement for Assurance will be for those System Resilience Groups where providers are on track to meet the quarter and only applied when the Trust's performance drops below the standard.



14.2 **Process 2 for challenged systems which are underperforming:** The Tripartite Arrangement for Assurance will be for those more challenged System Resilience Groups, where performance of greater than 95% per week is required to recover the quarter, and they consistently struggle to achieve the standard.



14.3 The CCGs working with LNHT identified schemes to address existing and predicted future pressure over the winter period is measured effectively through informatics and metric dashboards. The plans are monitored via the system resilience group, specifically to evaluate their impact across the whole urgent care system.

14.4 Systems Resilience Groups are tasked to develop operational resilience and capacity plans by involving key local organisations, in order to fulfil both planning requirements and ensure good system working in the future. These plans, collaboratively developed and signed-off by Systems Resilience Group member organisations, have a number of mandatory elements that need to be included.

14.5 Systems Resilience Group Operations Group/Executive works in partnership with the community, local authority, and clinicians to ensure Systems Resilience Group money funding is working towards the outcomes agreed and the Trust schemes are operationally seeing increased benefit.

15.Examples of Partnership Arrangements

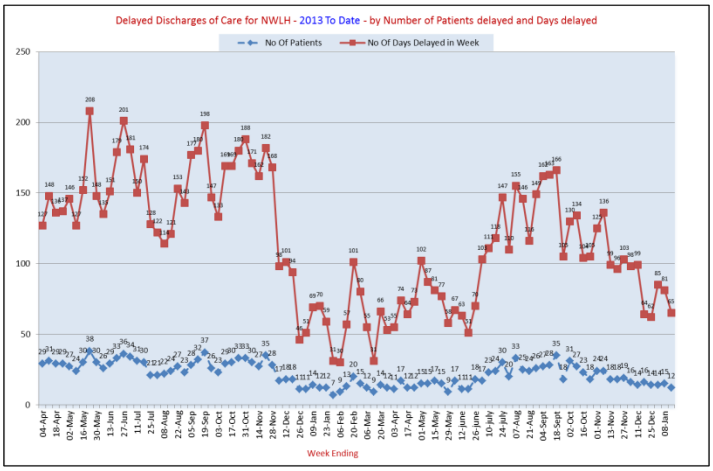
15.1 CCGs ensure that local protocols are developed between themselves, the acute Trusts, Local Authorities and other relevant partners, setting out each organisation's role and how responsibilities are to be exercised in relation to delayed discharges and NHS continuing healthcare, including responsibilities with regard to the clear and unambiguous decision-

making on eligibility. Investment schemes are supported through partnership working and continued investment such as DTOC, Community Beds Investment and Mental Health Assessment Unit.

15.2 DTOC- Delayed transfers of care as example of partnership working - Delayed transfers, where patients are ready to return home or transfer to another form of care but still occupy a bed, are part of the SRG and where partnership working ensures the delivery of the right care, in the right place, at the right time.

15.3 Below is a graph of the Delayed Discharges of Care for NWLH - 2013 To Date - by Number of Patients delayed and Days delayed. The Situation Report collects data on the number of patients delayed and the total delayed days during the month for all patients delayed.

15.4 **Graph 1: Delayed Discharges of Care for NWLH - 2013 To Date - by Number of Patients delayed and Days delayed**



16.Local Authority Grant funding - Delayed Transfers of Care

16.1 A letter dated 28 January 2015 stated a new, ring-fenced grant has been made available from the Department of Health to help support specific local authorities in reducing the number of Delayed Transfers of Care (DTOC) attributable to social care in your local area.

16.2 Local authorities were written to on 16th January, asking to confirm that they were able to sign up to the grant conditions by 19th January. The funding will be made available from the end of January to support immediate implementation of initiatives.

17.Mental Health Assessment Unit

16.2 Working across CNWL a Mental Health Assessment Unit was introduced to reduce the A&E delays for the patients to have a varied range of different mental health professionals, e.g. nursing and medical staff, occupational, and physiotherapy staff supporting their care.

18. Conclusions

18.1 The national policy on system resilience, planning both urgent and elective care are intended to improve the quality of patient care by ensuring more timely access to the right care. The service modelling that has been completed is making winter's position transparent for the System Resilience Group on information to make informed decisions about both risks and benefits.

18.2 The plans contained in this paper will be monitored via the System Resilience Group, specifically to evaluate their impact across the whole system. Initiatives which support a shift from hospital to home will inform the local integration programme which in turn will inform future commissioning for services.

19. Recommendations

19.1 Members consider the report and the arrangements for operational resilience.
19.2 Note the report of the Systems Resilience Group outlined above.