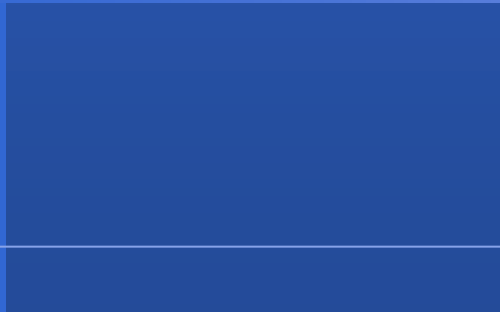


# REPORT TO BRENT OVERVIEW AND SCRUTINY COMMITTEE

Systems Resilience Group and Winter Pressure Update

February 2015



**Bernard Quinn - NWL CCGs Director of Delivery & Performance**

# Context

- To update Brent Overview and Scrutiny Committee on the work of the Systems Resilience Group.
- To note the programme of work and provide the committee with a framework to assist it to understand the work and its future status.
- To build up the committee's knowledge base about key drivers and System Resilience decision-making processes.

# Aims of the Systems Resilience Group

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.

## **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

# Mapping to National to Local Initiatives

The Brent and Harrow Systems Resilience Group oversees the coordination and integration of services to support the delivery of effective, high quality accessible services.

## Local and national initiatives

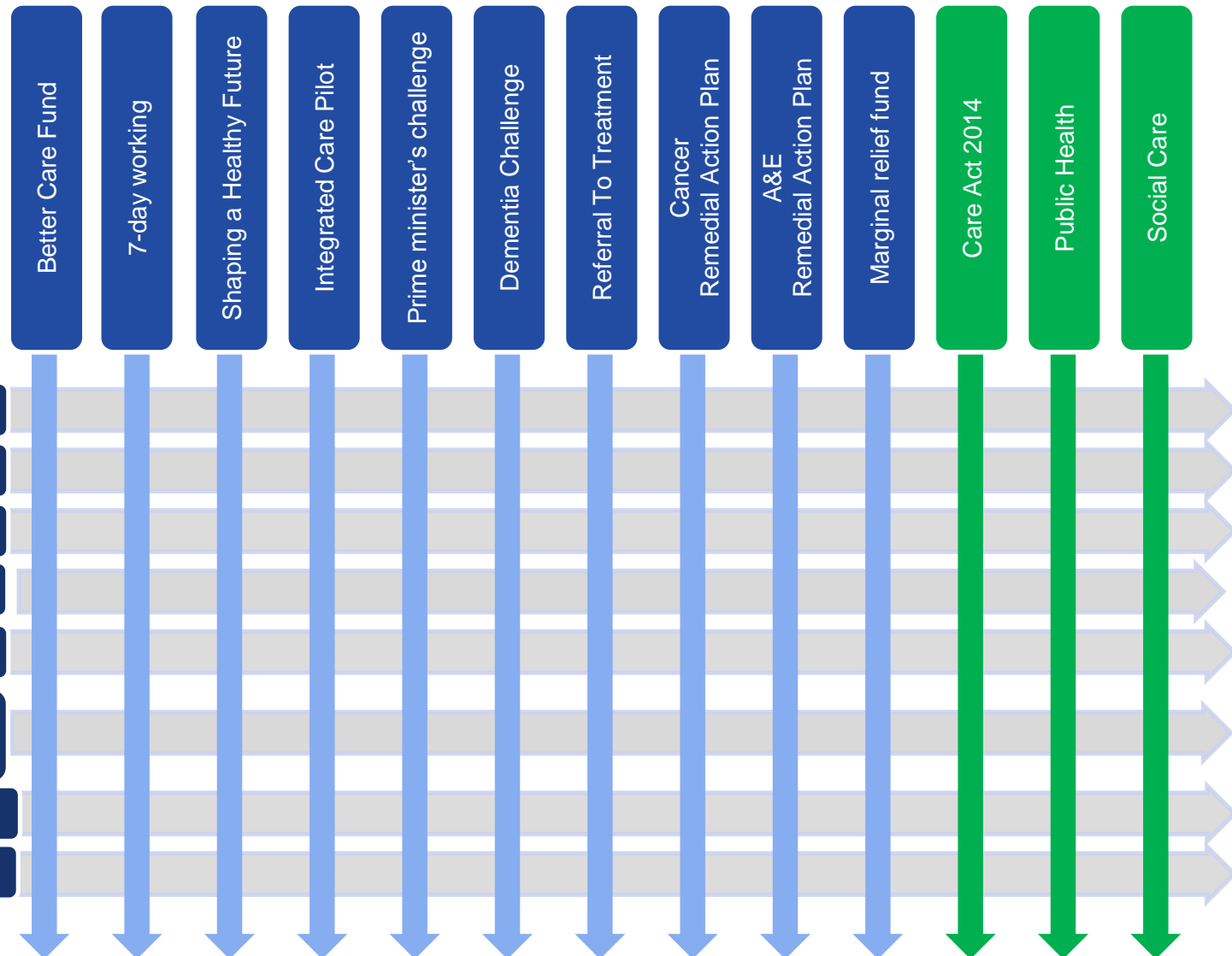
Examples of existing national and local initiatives with existing governance, some with funding.

## System resilience schemes

Projects to deliver year round system resilience encompassing elective, urgent and emergency care for Brent and Harrow patients.

# System Resilience Matrix

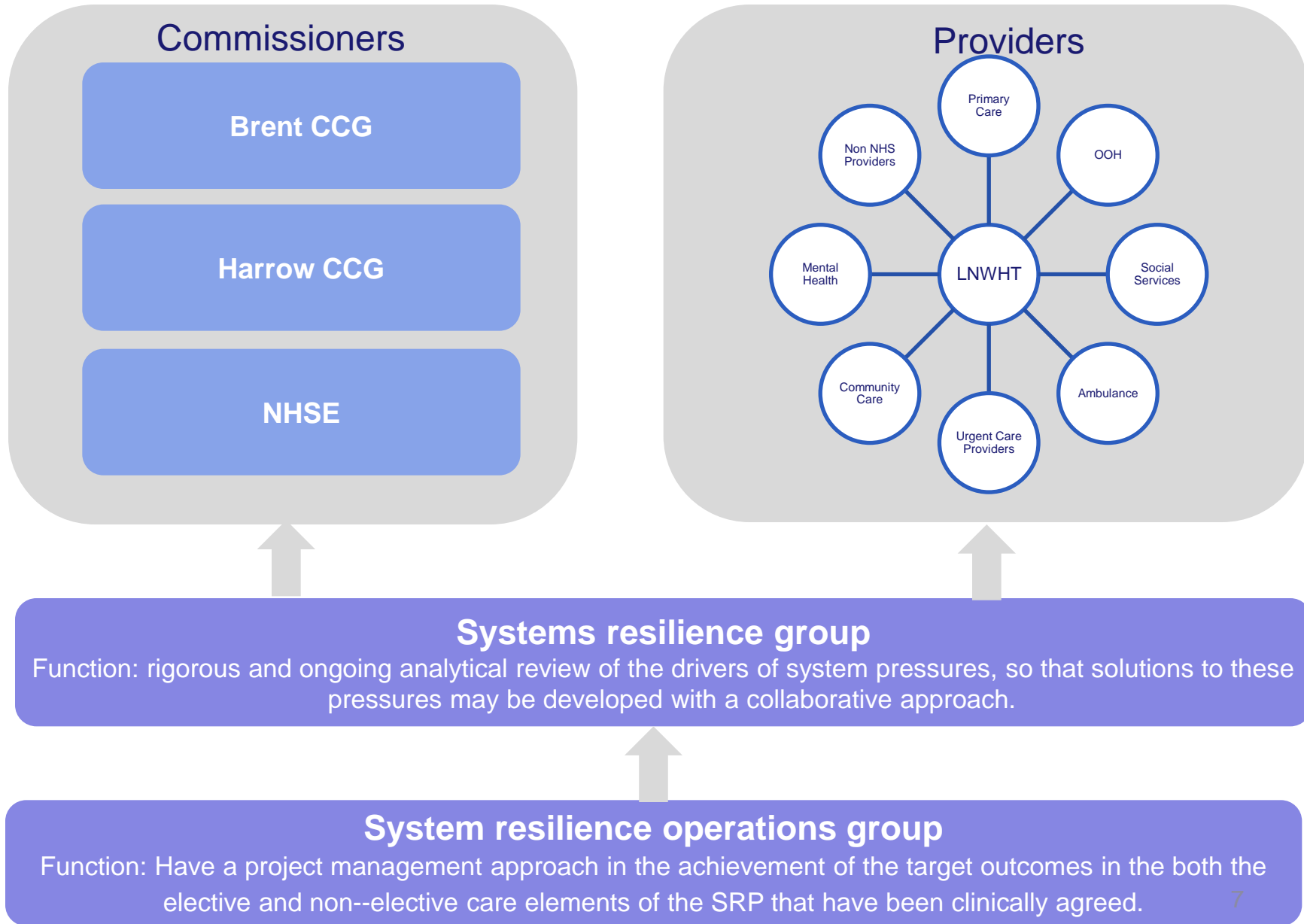
Bringing together elements (elective and urgent care) process recognising the interdependencies of emergency and elective care in order for local health and care systems to operate as effectively as possible in delivering year-round services for patients.



# 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 Account Director NWL Commissioning Support Unit
NHS Providers	London North West Healthcare Trust (LNWHT) Chief Executive (Vice Chair) Deputy Chief Executive / Chief Operating Officer Clinical Director General Manager
LOCAL Authorities	Strategic Director, Adult Services, Brent Assistant Director, Adult Services, Harrow
LNWHT – ICO (Integrated Care Organisation – previously known as Ealing ICO)	Chief Operating Officer Clinical Representative
Central and NW London NHS FT providing community services, rapid response teams and mental health services	Chief Operating Officer Clinical Representative
London Ambulance Service	Chief Operating Officer Senior Manager
NHS England	Head of Assurance
Patient representative	Lay representative from Brent and Harrow
Urgent care centres- Northwick (LNWHT) and CMH (CareUK)	General Manager Clinical representative

# Governance



## Tranches 1 and 2

	Tranche 1	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

	Tranche 2	Scheme Description	Scheme Cost
1	Support for internal flow review	Internal flow review to support A&E pathway (starting actions from review will be implemented in February 2015)	£491,000
2	Continuing care assessment	2 continuing care assessors at NPH. Reduce DTOC	£60,000
3	Additional step down beds - Willow ward	10 additional step down beds to help relieve bed pressures at NPH for Delayed Transfer of Care.	£1,400,000
4	Additional specialist RRU neuro-rehab beds	Increase bed capacity at NPH for band 1 patients. RRU. Additional 5 neuro-rehab beds (Willesden) targeted at NPH DTOC reduction (COMPLETE)	£263,000
5	Additional neuro-rehab beds - band 1, 2,3	Increase bed capacity through spot purchasing. Additional 8 neuro rehab beds targeted at NPH DTOC.	£1,000,000
6	RTT (referral to treatment/18 weeks)	Additional waiting list work to reduce backlog	£298,000
7	Additional funding to NPH identified schemes to support the RAP (Recovery Action Plan) for A&E	Extension of schemes funded by Trust during tranche 1. Reduce DTOCs, NWL bed capacity, breaches, readmission rates and LoS.	£4,200,000



# Systems Resilience High Level Plan

