

Operational resilience planning template for non-elective care 2014/15

Lead CCG:	Pennine Lancashire CCGs
Lead acute trust:	East Lancashire Hospitals Trust

Central Resilience Funding	£3,419,900.0
Marginal Tariff savings to reinvest	TB D
Other funding available locally	TBD
Total non-elective care support funding for 2014/15	£3,419,900

Section 1: Narrative on local system configuration, key strengths and key challenges

Governance

A governance process has been agreed across Pennine Lancashire CCG’s which includes the development of a newly formed Chief Executive Officers Steering Group (CEO) for the purposes of providing the appropriate level of assurances; Pennine Lancashire CEOs Steering group will ensure sign off the System Resilience Plan to the Area Team. The System Resilience Group (SRG) will provide updates to the two Health and Wellbeing Boards (HWBB) covering both CCGs on the plan and associated progress and outcomes and will also provide regular reports into the local East Lancashire (EL)) HWBB, Lancashire County Council (LCC) and Blackburn with Darwen (BwD) Council Executive Boards and CCG Governing Bodies. A joint Programme Office for Integrated Care will be established by September 2014 with all our Pennine partners to ensure delivery of planned changes at ‘scale and pace’.

The Pennine Lancashire unscheduled care system operates the Pennine Lancashire Access and Flow Group (PLAF). This group draws together managers and clinicians from across organisations in this area to work collaboratively on the unscheduled care agenda and manage the system. A Pennine Lancashire Scheduled Care Steering Group will be formed in August 2014 to take forward the planning and provide oversight to future elective care system resilience. The meeting will be based upon the membership and purpose of the PLAF. This meeting will feed all recommendations and progress into the PLAF and SRG to ensure a joined up approach. There are multiple organisational boundaries across the system population which means that the CCGs and the Acute Trust are challenged to ensure that systems and processes are developed to suit a complex commissioning and provider landscape

System Challenges

Pennine Lancashire is recurrently experiencing some system challenges around scheduled care with increase in demand and patient expectation. A Re-commissioning exercise between EL CCG/ELHT has commenced focusing on 3 specialities. The failure to achieve the 62 day cancer wait is also a challenge that is being worked on together with ELHT. Ensuring that commissioned services have a high level of quality performance standards in a decreasing financial envelope and ensuring that these are sustainable with other considerations such as workforce pressures is a particular challenge, particularly given that ELHT has been subject to Keogh review over the last 12 months and has only recently come out of special measures. Consistent achievement of the A/E performance target has also been a challenge over the last 12 months and although ELHT have shown a massive improvement in this area there is still some further work to do around ensuring this target is sustainable throughout the year, key areas of challenge relating to this specifically have been increasing Delayed Transfers of Care (DTOCs), increased triggers for Continuing Health Care (CHC) assessment within an acute setting, high levels of activity and an ageing and increasingly complex population. Sustaining and recruiting a modernised workforce to meet the transformational needs of the system is a further critical challenge. The Local Authority have large scale budget challenges to manage that ultimately effect the resilience of their system and have impact on Health. The challenges in getting care right for the Elderly is a focus with commissioners and Social Care colleagues working together to improve pathways for complex health care and funded nursing care. Other system challenges that have occurred over the last 12 months include a lack of access on occasions to inpatient mental health beds for Children and Young People which has resulted in them having to be either cared for on paediatric wards or in adult Mental Health (MH) beds. Some services have seen workforce challenges, this has been notable in areas like Pulmonary rehabilitation, IAPT, ICAT and within some community services such as Advanced Nurse Practitioner roles which have at times affected delivery of services to patients. A further challenge to both Social care and the CCGs is a growing incidence of safeguarding alerts and concerns, with a sense that a greater incidence of need and acuity is developing in care settings with greater stretching of medical support, scrutiny and review of the system.

System Strengths

There is one Acute Trust across this system that is supported by two CCGs two local Authorities and five district councils. The governance arrangements between these organisations is robust and integrated. In Pennine Lancashire access is to a wide range of providers which include NHS, Community, Independent and Voluntary Sector. Planning arrangements are also robust with joint planning arrangements with Local Authorities. There are existing multi-agency planning & delivery networks which support the system and processes. A joint Pennine Lancashire Scheduled and Unscheduled System Resilience Planning and Delivery Group will exist to support the assurance and drive the planning and implementation of schemes which will deliver assurances required for a resilient system. There are strong programmes around Intermediate care with good performance in the national audit, there has been additional investment and development of community teams such as ITAR and ICAT, development of Virtual Ward and RATs, increased Therapy support, emerging Integrated neighbourhood teams, strong encouragement to the third sector and high levels of innovation (the VCFS IAPT consortium, Green Dreams, Community resilience, in-reach Memory Assessment Service (MAS) delivery in Primary care and the development of Integrated discharge teams. We have also undertaken significant scrutiny of the system in the last 12 months including a review of the Community Hospital estate, good knowledge of the A&E and Acute system from the Point Prevalence work, implementation of two Perfect Week projects supporting integrated and intensive learning about the acute and Intermediate care systems, two ECIST reviews of A&E and IAPT services that have informed our integrated strategic planning.



## Section 2: Minimum plan requirements. Please note that development of a sufficient plan to deliver all of these elements is a pre-requisite to qualify for any central resilience funding in 2014/15. More detail on these plan requirements can be found on page 8 of the operational

Ref	Minimum Plan Requirements	Summary of plan to achieve requirement	KPIs	Target Outcomes	Timeframe for Completion	Lead Accountable Officer	Estimated Costs in 2014/15
1	Enabling better and more accurate capacity modelling and scenario planning across the system	<ul style="list-style-type: none"> <li>We have undertaken work on modelling the capacity required across services in collaboration with Capita and the CSU business</li> <li>Intelligence teams with the involvement of all partner agencies. This is informing the proposed re-modelling of the transitional system and the range of support services required to manage and sustain resilience in the system. As a follow up to the capacity modelling undertaken, the point prevalence audit and the Perfect Week exercise, the collaborative system has agreed to undertake a further specific 2 week audit across unplanned acute admissions to properly understand the scale and types of community interventions that could support people who could be cared for in alternative settings. This will help inform the design of alternative community resilience services.</li> <li>Work on putting together across system escalation plans has also been informed by an understanding of surge and pressure across the system so we are aware of early indicators of problems developing. A System Resilience dashboard will be developed in time for December 2014. The basis of this is taking good practice from East Cheshire Colleagues and will provide oversight of the system activity and pressure points.</li> <li>Significant work on re-appraising the mental health inpatient model is part of a collaborative programme across Lancashire with active engagement for both CCGs and LAs.</li> <li>Key capacity within specialist elements of the system (ICU, stroke, and PICU will be mapped and close management arrangements coordinated through the appropriate networks.)</li> <li>EL MH - demand and capacity modelling being undertaken by IAPT supported by national IST team. 1st meeting 16th July.</li> <li>Airedale NHS Trust - additional short stay and ambulatory care capacity (25 beds) during the winter months. Additional nursing and medical staff will be recruited over the winter (mixture of substantive</li> </ul>	<p>To be further developed in line with standardised KPIs across Pennine Lancashire and in agreement with ELHT. Pathfinder KPIs are in place and will be monitored on a monthly basis.</p> <p>Maintenance of 95% NWAS turnaround</p> <p>Bed capacity across acute and MH</p> <p>Use of transitional elements of the system</p> <ul style="list-style-type: none"> <li>- crisis care</li> <li>- re-ablement</li> <li>- intermediate care</li> </ul> <p>EL MH -demand and capacity modelling as part of IAPT improvement plan which aims to improve IAPT prevalence targets</p> <p>To be developed in line with the resilience plan.</p>	<p>To agree Tariff with ELHT and also agree current pathway improvements around diagnostics. •Reduction in unnecessary hospital stays and unnecessary longer stay admissions. • Prevent readmission. • Improved management of winter pressures through effective streaming of ambulatory care patients</p> <ul style="list-style-type: none"> <li>• Reduction on mortality rates, LoS and institutionalisation rates for frail older people.</li> <li>• Improved patient experience and outcomes,</li> <li>• Transformed emergency care processes</li> </ul> <p>Pathfinder affords CCGs to further deflect attendances and admissions away from the Acute Trust.</p> <p>EL MH - 15% prevalence target met</p>	End October 2014	<p>Name: S Carberry with JA &amp; SH</p> <p>Email: sarah.carberry@eastlancscg.nhs.uk</p> <p>Job Title: Head of Unscheduled Care</p> <p>Organisation: East Lancashire &amp; Blackburn with Darwen CCGs</p>	
2	Working with NHS 111 providers to identify the service that is best able to meet patients' urgent care needs	<ul style="list-style-type: none"> <li>Work will continue with the current NHS 111 stability partner to ensure that the Directory of Service (DOS) is maintained and reflects commissioned services across Pennine and Lancashire CCGs. The finalised proposed footprint and subsequent local specification will be developed to ensure local service requirements are integral and accurately reflect local demand. A Further development will focus on bolstering the support for NHS111 DOS particular around its management locally. The communications and engagement strategy will also focus on promoting</li> <li>ELMS continues to work with all stakeholders to ensure a robust 111 system and responses to resultant triaged calls.</li> <li>ELHT to be linked into review of the DOS and wish to engage and use the DOS on a daily basis.</li> </ul>	<p>KPIs to be determined following development of local specification. Current KPIs in place with NWAS as the stability partner. KPIs for Local DOS management to be developed and will focus more on patient outcome/ disposition and admission avoidance.</p>	<p>Local specification requirements to be developed for October 2014. Local DOS that reflects the requirements of the population. Support for NHS111 outcomes locally.</p>	Specification- end of September 2014	<p>Name: S Carberry</p> <p>Email: sarah.carberry@eastlancscg.nhs.uk</p> <p>Job Title: Head of Unscheduled Care</p> <p>Organisation: East Lancashire &amp; Blackburn with Darwen CCGs</p>	
3	Additional capacity for primary care	<ul style="list-style-type: none"> <li>Primary Care is currently accessible on a 24/7 basis through core, extended and out of hours utilising the best communication to improve access and flow for patients and plans are underway to extend access across Pennine Lancashire which will result in the provision of community based services that are currently delivered in a hospital setting.</li> <li>-Blackburn with Darwen specific</li> <li>Delivery of these services will be as close to home as possible through a modern fit for purpose hub and spoke estates solution in Blackburn with Darwen. The GP Acute Visiting Scheme (AVS), which accepts acute visiting referrals from all BwD GP practices so releasing capacity in primary care to support improved access, will continue as a Pilot. The aims of the AVS are:</li> <li>To reduce unplanned admissions and ED attendances by targeting patients who are most at risk of being admitted to hospital.</li> <li>To improve patient flow.</li> <li>To improve patient access and choice to stay at home. Timely GP support reduces the risk of attendance at Accident &amp; Emergency and improves patient experience.</li> </ul> <p>60% of respondents to ELMS Patient Satisfaction Questionnaire said they would have contacted an ambulance without the AVS service. The AVS provided by ELMS supports the implementation of the NWAS Pathfinder Model.</p> <p>ELMS AVS service times have been extended to minimise handovers across unscheduled care services and to integrate services to improve patient experience and safety, without changing the referral cut off time to GPs, and within current service costs.</p> <p>BWD will develop Primary care triage model across the CCG which will be delivered by each GP practice.</p> <p>Explore opportunities for ELHT to refer/deflect appropriate patients</p>	<p>Acute Visiting Service KPIs are in place and are monitored on a monthly basis.</p>	<p>Improve access to Primary Care and same day appointments as appropriate</p> <p>To develop a local primary care quality improvement scheme that will ensure implementation of practical solutions to access issues identified as part of work undertaken in 2013/14. To develop a scheme that will enable providers to bid for resource as individual practices, neighbourhoods/localities that will support working towards 8am - 8pm working</p>	<p>November 2014 for winter Capacity AVS Pilot will run until March 2015.</p> <p>Quality Improvement Schemes and Extended Hours Scheme service specification to be completed by 1 September 2014</p>	<p>Name: S Carberry with LC</p> <p>Email: sarah.carberry@eastlancscg.nhs.uk</p> <p>Job Title: Head of Unscheduled Care</p> <p>Organisation: East Lancashire &amp; Blackburn with Darwen CCGs</p>	

4	<p>Improve services to provide more responsive and patient-centred delivery seven days a week</p>	<p>ELMS provides an Out of Hours service, primary care Urgent Care and GP advice service 7 days a week across Pennine Lancashire and is working with commissioners to provide a better integrated and seamless unscheduled primary care model.</p> <ul style="list-style-type: none"> <li>• <b>Blackburn with Darwen</b> - Community Falls and Rehabilitation – The purpose of the service is to provide rehabilitation to the residents of Blackburn with Darwen. The Community Rehabilitation and falls Team (CRAFT) will function along an integrated health and social care pathway that places the patient at the centre of all service provision. The Community Falls and Rehabilitation Acute Visiting scheme will be provided 7 days per week to ensure appropriate clinical response to patients in the community.</li> <li>• <b>East Lancashire</b> - The Health Access centre will provide walk in facility for the public to access a primary care healthcare professional including GPs 7 days per week. 0800 -0830 hrs.</li> <li>• Pendleside community GPs will provide a new medical model to Clitheroe Community Hospital. This will be supported by a consultant geriatrician with access to his/her specialist advice.</li> <li>• ELMS currently provides ward rounds at Clitheroe Community Hospital at weekends which is unfunded and also visits outside of this centres contracted OOH times.</li> <li>• We have developed 7-day discharge services at the hospital (ELHT) and are undertaking wider integration across ELHT, LA and MH teams.</li> <li>• As part of the development of OOH services, are looking to re-invigorate Virtual Ward services into an integrated crisis and Rapid Response service with Crisis Social Care homes and additional therapy.</li> <li>• An enhancement of A&amp;E MH Liaison to offer 24/7 cover has also been established this year and we are looking to roll out the</li> </ul>	<p>KPIs will be developed to provide quality outcome measures</p> <p>95%</p> <ul style="list-style-type: none"> <li>- reduction in frequent A&amp;E flyers</li> <li>- admission avoidance for non-acute conditions: UTI</li> </ul> <p>NURMA</p> <p>75+</p> <p>KPIs for the GP Out of Hours, Urgent Care and Health Access services are in place and are monitored on a monthly basis.</p>	<p>Reduction in falls and falls attendances. The number of visits in the community and reduction in overall avoidable admissions and attendances.</p> <p>To maintain flow and capacity. Key discharge facilitation teams will support increased weekend discharges.</p> <p>To maintain flow and capacity and ensure compliance with the 4 hour wait in A&amp;E.</p>	<p>Concurrent</p>	<p>Name: S Carberry with LK/LC &amp; JA Email: sarah.carberry@eastlancscg.nhs.uk Job Title: Head of Unscheduled Care Organisation: East Lancashire &amp; Blackburn with Darwen CCGs</p>	
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5	SRGs should serve to link Better Care Fund (BCF) principles in with the wider planning agenda	<ul style="list-style-type: none"> <li>The aim of the BCF is for a whole system integration - people will experience one service, seamless care and support.</li> <li><b>Blackburn with Darwen</b> is working to establish GP led Integrated Locality Teams with services and supports wrapped round 4 localities of GPs including community health, mental health, social care, voluntary, community and faith sector and wider community assets delivered through local area coordination. Services and support will be accessible and operational 7 days a week, 365 days a year. BCF is looking to develop a intense home support System( Virtual ward Model) for vulnerable and elderly patients to be cared for in appropriate settings.</li> </ul>	Number of stepped up and stepped down. By source. Number of Virtual ward beds. Utilisation , Admissions avoided. DFGs / BCF	Appropriate Admissions to residential and care homes. Effectiveness of Reablement Reduction in delayed transfers of care Avoidable emergency admissions focus. BCF AW	April 2015	Name: S Carberry with PH/LK & AW Email: sarah.carberry@eastlancscg.nhs.uk Job Title: Head of Unscheduled Care Organisation: East Lancashire & Blackburn with Darwen CCGs AW + Ann Smith leads	BCF
6	Seven day working arrangements	<p>Lancashire County Council (LCC) will seek to provide voluntary cover at weekends to facilitate improved discharges over 7 days (linked to no 10) pending a level of service being structured in with our County review, or as a result of joint development of plans with East Lancs CCG. The Health Access Centre will provide walk in facility for the public to access a GP 7 days per week 0800-2030hrs. GP advice centre will continue to provide this service across Pennine and Lancashire. 24/7 Community Nursing Service, this service comprises District Nursing services and an Out of Hours nursing service. The service focuses on the care of patients following surgery, disability, accident, diagnosis of a long term condition or period of illness. Patients are supported to enable them to achieve their optimum independence, whilst managing any potential risks. Discharges versus re admissions of this cohort.</p> <ul style="list-style-type: none"> <li>Crisis hours and virtual ward - development of Rapid Access service, system</li> <li>ESD stroke development</li> <li>Take Home and Settle 7 days</li> <li>7 day discharge services</li> <li>Integrated rehab and reablement</li> </ul>	Referrals and discharges to partner organisations Number of advice calls via provider in hours and OOH. Nursing QPKIS and Activity are in place as per standard contract . Improved number of CRHT referrals/face to face and telephone contacts.	To ensure patients receive an equitable service in terms of day of week. To ensure patients have high quality and safe services across the system. Patients to be able to access appropriate services . To ensure appropriate services available when prevalence of mental health crisis is high over winter/xmas	July 2014 MH - March 14	Name: S Carberry with AW/JA & LK/CJ Email: sarah.carberry@eastlancscg.nhs.uk Job Title: Head of Unscheduled Care Organisation: East Lancashire & Blackburn with Darwen CCGs	
7	Expand, adapt and improve established pathways for highest intensity users within emergency departments. Organisations will want to review the pathways for the group(s) most relevant to them (e.g. frail/elderly pathways, minors pathways, and mental health crisis presentations) and there must be evidence of sign-up to local Mental Health Crisis Care Concordat arrangements.	<ul style="list-style-type: none"> <li>Rapid Assessment Team - The service will provide a proactive single point of referral to the range of rehabilitation services for <b>Blackburn with Darwen</b> patients via the Rapid Assessment Team (RAT) being present on the acute wards, seven days a week from 8.00am-8.00 pm. The team will triage and refer patients into the most appropriate care for their needs, which will include Intermediate Care, Community Rehabilitation/Re-ablement, Sub-Acute Rehabilitation (Community and Hospital).</li> <li>In <b>East Lancashire</b> the Crisis support service will be enhanced providing more capacity for Domiciliary support and open up access to this service. Therapies and reablement will form part of this enhanced access. Alcohol, Mental Health and Police Liaison services will be further developed to provide the cross working and collaboration around high intensity users and specific vulnerable groups</li> <li>Development of MH crisis and A&amp;E Liaison</li> <li>Transforming Lives</li> <li>Extensivist model - consistent outreach, working with GP - testing model in Ribblesdale.</li> <li>Springboard - increased vulnerability for aging identified to establish and early action approach, risk stratified and identified population to deliver prevention packages and quickly mobilise winter and heatwave plans.</li> <li>Crisis support and VW development</li> <li>Integrated CHC approaches.</li> <li></li> </ul>	Utilisation of RATS team number of admissions avoided Number of referrals and appropriateness, placement settings data. Pull police liaison, HALS and MH liaison KPIs	To provide a responsive quality service for patients requiring rapid assessment and appropriate disposition	Current and enhanced for April 2015	Name: S Carberry with AW/JA & LK Email: sarah.carberry@eastlancscg.nhs.uk Job Title: Head of Unscheduled Care Organisation: East Lancashire & Blackburn with Darwen CCGs	



8	Have consultant-led rapid assessment and treatment systems (or similar models) within emergency departments and acute medical units during hours of peak demand	<ul style="list-style-type: none"> <li>• Paediatric Hot clinics will be established to run for a determined period. Paediatric advice line will be developed to provide support to Primary Care referrals. Medical Advice line will be developed for medical cohort adults. Increased resource in A&amp;T to meet demand - evenings and weekends.</li> <li>• Airedale NHS Trust - Emergency Nurse Practitioners (ENP's) in ED - expansion of nurse led minor injury. To increase nurse led minor injury capacity until 2am, 7 days per week during winter.</li> </ul>	ELHT to Provide information	ELHT to Provide information. LCFT to provide information but would improve response and quality patient experience.		Name: S Carberry with JA & SH Email: sarah.carberry@eastlancscg.nhs.uk Job Title: Head of Unscheduled Care Organisation: East Lancashire & Blackburn with Darwen CCGs	
9	All parts of the system should work towards ensuring patients' medicines are optimised prior to discharge	<p>Blackburn with Darwen CCG Meds Management team continue to develop close links with ELHT pharmacy team through Interface group to ensure seamless care and accept referrals from ELHT for med reviews to be undertaken in the patients own home if required.</p> <ul style="list-style-type: none"> <li>• Plans to flag patients for medication review immediately post discharge are being developed by practice based meds man team.</li> <li>• ELMS receives patients seeking medicines advice, repeat prescriptions and sign-posting to pharmacies out of hours across Pennine Lancashire. ELMS have engaged with ELCCG to proactively review the GP OOH formulary; Pharmacy Technician support for 2014/15 to review OOH medications systems.</li> <li>• Optimisation and reconciliation forms part of the admission/discharge pathway.</li> <li>• Refer to Pharmacy Pilot will help improve communication, improve patients outcomes and reduce hospital admissions with LTCs through referral into the NMS and subsequent use of MURs.</li> <li>• Medicines optimisation and clinical reviews in care homes is a priority to improve patient outcomes and reduce hospital admissions. The team has recently been strengthened. This needs to be closely stitched into the multidisciplinary, integrated neighbourhood teams and care home nurses to ensure adequate skill mix and build resilience.</li> <li>• The Pharmacy First Minor Ailments Scheme can improve access to clinical expertise and medicines both in and outside of standard GP hours while reducing demand on GP practices. The local scheme has saved 772 GP appointments across the 4 localities where the service is commissioned in Quarter 1 2014-15. There are plans to expand the service to include PGDs for minor conditions and supply of POMs for these conditions.</li> <li>• The Pharmacy Palliative Care scheme improves access to medicines</li> </ul>	to be developed	Improved timely discharges. Improved patient experience on discharge for secondary care. Improved appropriate use of medicines in the community. Reduced Gp appointments.		Name: S Carberry with LR/RD Email: sarah.carberry@eastlancscg.nhs.uk Job Title: Head of Unscheduled Care Organisation: East Lancashire & Blackburn with Darwen CCGs <b>ELHT Pharmacy (part of discharge process)</b>	
10	Processes to minimise delayed discharge and good practice on discharge	<ul style="list-style-type: none"> <li>• Improvement plans for CHC include streamlining the CHC process with secondary care and community setting.</li> <li>• Capacity modelling for the service delivery will inform commissioners and match capacity and capability to the demand.</li> <li>• A detailed training programme is underway and being reinforced and re invigorated to target front line key workers in the acute setting.</li> <li>• Discharge pathways will be extended to provide more discharge facilitation capacity at weekends and evenings. This links to 7 day working model. Step up and Step down facilities are continuously under review and links closely to the discharge flow process and will enable patients to move through the system.</li> <li>• Social Care capacity will increase across weekends to ensure provision of seven day working. Multi agency working will be further developed.</li> <li>• Medicines optimisation and reconciliation forms part of the admission/discharge pathway. Refer to Pharmacy Pilot will help improve communication, improve patients outcomes and reduce hospital admissions with LTCs through referral into the NMS and subsequent use of MURs.</li> <li>• Implementation of Discharge Lounge for ELHT which will facilitate flow through the hospital and ensure earlier bed availability.</li> </ul> <p>Improved processes and additional capacity to support therapy input both reaching inwards and outwards into the community supporting wrapping care around the patient.</p>	reduced delayed discharges. Reduced LOS. Improved access to beds. Earlier access to beds.	Improved co ordination of CHC. Improved CHC process to facilitate discharge and improve flow. To prevent unnecessary admission and re admission of vulnerable patients.		Name: S Carberry with AW/RD Email: sarah.carberry@eastlancscg.nhs.uk Job Title: Head of Unscheduled Care Organisation: East Lancashire and Blackburn with Darwen CCGs	
11	Plans should aim to deliver a considerable reduction in permanent admissions of older people to residential and nursing care homes	<ul style="list-style-type: none"> <li>• As part of the DES - avoiding admissions, all GP practices are signed up to produce care plans for the top 2% of their practice population with a high risk of admission. This will involve practices and the Integrated Locality Teams working together to ensure elderly patients are cared for in their homes.</li> <li>• BCF project to look at intermediate care will also aim to ensure patients are discharged to be assessed in the most appropriate setting, this may be a persons home and care be wrapped around them. BCF will establish intense home support covering the borough for those at risk patients.</li> <li>• The older Adult prevention package will be initiated. Telehealth models are being used in East Lancashire to promote self care and provide support to nursing/residential home settings.</li> <li>• Airedale NHS Trust Frail Elderly ANP and Senior Nurse scheme to provide complex geriatric assessment prior to admission for the frailest patients. Patients are assessed for frailty either in ED or MAU using a pre-defined established scoring tool. Frail patients are then subject to a complex geriatric assessment undertaken by a multi professional team. Outcomes from the assessment are either discharged home with support from community, transferred to an intermediate care bed or admit.</li> </ul>	Reduction in attendances and admissions. Care plans Percentage completed per practice.	To reduce avoidable admissions. To reduce admissions to care homes. Reduce step downs to care homes.	Aug-14	Name: S Carberry with LK & AW Email: sarah.carberry Job Title: Head of Integrated Primary & Community Care Organisation: East Lancashire & Blackburn with Darwen CCGs	

12	Cross system patient risk stratification systems are in place, and being used effectively	<ul style="list-style-type: none"> <li>Currently practices are using a risk stratification tool that includes secondary care data and enables the practices to identify those patients that are at risk of hospital admission. Following identification practices hold MDTs to discuss patient care and allocate case managers</li> </ul>	Number of MDTs and number of care plans produced.. Care plans to accurately reflect needs of patients.	To identify high risk patients and those that requires case management input. In order that patients with LTC are managed effectively in primary/ community care setting.	Sep-14	Name: S Carberry with LK & LC Email: sarah.carberry@eastlancscg.nhs.uk Job Title: Head of Unscheduled Care Organisation: East Lancashire & Blackburn with Darwen CCGs	
13	Communication and engagement	<ul style="list-style-type: none"> <li>A proposed campaign to build on the simple messages to the population to THINK about which services are the right services to influence the behaviours around accessing Urgent Care services</li> <li>ELMS will look to incorporate a lookup for THINK website in its app due to be updated with the next iteration of the IOS software.</li> </ul>	To positively influence the behaviour of people needing urgent care in order to increase the numbers accessing care appropriately and reduce numbers using services inappropriately, particularly in urgent care and A & E.			Name C Booth Email: colette.booth@lancashirecsu.nhs.uk Job Title: Head of Locality: Communications & Engagement Organisation: Midlands & Lancashire CSU	
14	The use of real time system-wide data	<ul style="list-style-type: none"> <li>Collaboration and sharing of information between Mental Health; Alcohol; Police Liaison and Transforming Lives will be used to improve whole system working on identified vulnerable groups and High intensity users. Information sharing agreements will be established in order to implement this. Teleconference shares current position in acute and transitional system (will we be further developing this as part of a single care bureau approach with live monitoring. The urgent care group will be developing short and long term solutions aimed at sharing system wide data to enable more efficient and joined up system management.</li> </ul>	Kpis are in place for individual provider services specific KPIS are also to be developed in terms of future monitoring and management system, using the Snow white model as	Responsive services using real time data to flex capacity on a daily basis. Understanding the status of the system for plans to prepare escalation at earlier points	Dec-14		

Total costs of all minimum requirement schemes:



Section 3: Local Plans for Innovation. Plans over and above the minimum requirements to meet local patient needs. If there is any funding gap between the total emergency care support funding and the total costs of the minimum plan requirements, SRGs must present plans to

Ref	Local Requirements	Summary of plan to achieve requirement	KPIs	Target Outcomes	Lead Accountable Officer	Estimated Costs in 2014/15
15	Intense Home Support	There have been a number of prior developments around intensive home support for individuals across Pennine Lancashire including the development of Virtual Ward and Care Home support services, Intermediate and Transitional care services, Admissions avoidance, Rapid Assessment teams, Crisis social care support and Geriatrician outreach into the community. These have though often been isolated developments and not seen the level of integration and co-ordination that would maximise the effectiveness of these approaches. Further plans as part of resilience this year are to therefore substantially enhance and co-ordinate these approaches. This will include multi professional and cross agency working which will provide integrated health and social care packages that wrap around the patients needs and requirements from a light touch wrap around to highly intensive support..	Reduced LOS for frail older people. Reduction in Emergency admissions in key target groups	To both step up and step down care for patients in their own home and appropriate community settings for those with intense care needs who are medically fit for discharge or could avoid a hospital admission. To support a discharge to assess model to ensure that on-going assessment needs that would currently keep people in hospital are undertaken within a non-acute setting in the community. To develop models of integrated care fusing the skills of multiple agencies in single service supports to individuals, including a fusion of secondary and Primary care expertise, as well as social care and the VCFS.	Name: S Carberry Email: sarah.carberry@eastlancscg.nhs.uk Job Title: Head of Unscheduled Care Organisation: East Lancashire & Blackburn with Darwen CCGs	
16	Provision of Locality services community and Primary care	• As part of Integrated Neighbourhood Team development across Pennine Lancashire, plans are to develop models of support around clusters of GP practices. This will form the basis on which we develop integrated locality teams, which will deliver and co ordinate case management in the community (this will also be referenced within emerging BCF plans and forms part of the development of Primary care within local use of funding to support patients over 75 years of age). Localities will support patients and families and each other to provide local solutions built around the community assets within a neighbourhood, including VCFS providers as key partners. This will provide additional pre discharge support and case management of socially isolated and vulnerable patients. Mental health practitioners will also case manage in the community to provide further admission avoidance and care for patients in the community setting.	To be developed and enhanced	create an environment where people, families and communities have the best life they can within the resources they have.	Name: S Carberry Email: sarah.carberry@eastlancscg.nhs.uk Job Title: Head of Unscheduled Care Organisation: East Lancashire & Blackburn with Darwen CCGs	
17	Transforming Lives: Strengthening Communities across Pennine Lancashire	• Pennine Lancs: Approach is currently being developed which aims to reduce the increasing demand on public sector services at the greatest pressure points (e.g. A&E; urgent care and police custody) by those individuals who are victims or perpetrators of a violent crime and/or have an alcohol/drug misuse concern and, four or more childhood adversities. The details of this approach are yet to be developed across Pennine Lancs, however the key ambitions are to develop a multi-faceted prevention approach; embed Transforming Lives; Strengthening Communities principles into our partnership working; bring about cultural change underpinned by local intelligence, evidence base & economic impacts; develop a range of operational models for people who are presenting with concerns, or a level of risk to themselves/their community and improve outcomes Within BwD specifically: Multi-agency locality teams are already meeting to test the transforming lives approach as a recipient of MASH referrals not requiring a safeguarding solution. This includes the delivery and co-ordination of case management within the community, for those families and individuals who considered to be presenting concerns, or a level of risk to themselves or their community. Teams will then work closely with those delivering integrated health and care arrangements, in order to ensure consistency of approach and effective transfers of care between the two pathways. This prototype approach will expand across Pennine Lancashire. Commissioners are also in discussion with wider elements of the public sector to explore prevention approaches to people with increasing frailty amongst the older population. This will look to triangulate health data with wider data sources to build a database of vulnerability to support prevention packages and winter and heatwave planning.		Create an environment where people, families and communities have the best life they can within the resources they have Reduce costs associated with crisis services Reduce attendances at A&E Reduce offending and re-offending Reduce the number of children subject to child protection plans Reduce the number of adults safeguarding investigations Reduce alcohol/substance misuse Improve mental well-being	Name: S Carberry Email: sarah.carberry@eastlancscg.nhs.uk Job Title: Head of Unscheduled Care Organisation: East Lancashire & Blackburn with Darwen CCGs	
18	Age Concern	• Age UK Blackburn with Darwen has submitted a bid to the Social Investment Business programme to support older people and reduce pressures on hospitals. This model will be supported across the Pennine & Lancashire footprint to enhance and support delivery of the 4 hour target and to improve delivery of health and social care for patients on discharge.		This funding will support a partnership approach to support the expansion of CWHY to deliver across key wards, 7 days a week	Name: Vicky Shepherd Email: vicky.shepherd@ageukbwd.org.uk Job Title: Chief Executive Organisation: Age UK	

19	SPORT (Specialist Paediatric Physiotherapy Out-Reach Team) - East Lancashire CCG only	• East Lancashire pilot - commenced on 1st July 2014 - 12 month pilot	Reduction in A&E attendances for children with respiratory conditions Reduction in NEL admissions/re-admissions for children with respiratory conditions	Target patients aged 0 - 18 years with underlying respiratory conditions such as asthma, cystic fibrosis, bronchiectasis, or complex needs patients with a secondary chest complication who have an East Lancashire GP. To facilitate hospital discharge and safely manage and sustain patients in community	Name: Steve Flynn Email: steve.flynn@eastlancscg.nhs.uk Job Title: Service Transformation Manager Organisation: East Lancashire CCG	
20	Children's Community Nursing (CCN) Service Step-Up provision - Pennine Lancashire	• Small scale pilot that launched 23rd June 2014 1 practice in BWD and 3 practices in EL included in first wave of pilot	Reduction in direct GP referral for paediatric emergency admissions Reduction in paediatric A&E attendance	To provide a direct referral service to GPs to access the CCN service to provide support for GPs managing common childhood illness To provide acute paediatric nursing/assessment and management within the home environment	Name: Steve Flynn Email: steve.flynn@eastlancscg.nhs.uk Job Title: Service Transformation Manager Organisation: East Lancashire CCG	
21	Advanced Paediatric Nurse Practitioner (APNP) Service - Pennine Lancashire	• Service expanded from a BWD provision to provide within East Lancashire from February 2014, providing Pennine service.	Reduction in avoidable Paediatric hospital attendances Reduction in avoidable Paediatric hospital admissions Reduction in the number of patients categorised as Paediatric A&E and UCC VHIU (Very High Intensity Users)	To provide high quality, easily accessible, effective and cost efficient APNP provision, inclusive of direct clinical interventions, pathway development and a comprehensive training and development programme. The service will provide both community led services (inclusive of patient monitoring and follow-up) and direct clinical interventions whilst based within Urgent Care settings at both Burnley General and Blackburn Royal Hospitals.	Name: Steve Flynn Email: steve.flynn@eastlancscg.nhs.uk Job Title: Service Transformation Manager Organisation: East Lancashire CCG	
22	Enhanced Health Visitor Service - East Lancashire CCG only	• Service launched on the 1st June 2014 - to be delivered for a 12 month pilot across the East Lancashire locality	To raise awareness of local pathways and self-help, self-management strategies around common childhood illnesses Increase in parental confidence and reduction on anxiety in the management of minor illnesses with their children. To reduce the number of attendances at A&E/UCC settings for the targeted population	To provide an Enhanced Health Visiting (EHV) service as part of the Children and Families Integrated Service for the population of East Lancashire. To provide high quality, easily accessible nurse led services to all eligible children and families identified via GP Practices, Paediatric Liaison Service and the Advanced Paediatric Nurse Practitioner (APNP) Service – targeting the VHIU patients aged between 0-2 years.	Organisation: East Lancashire CCG	
23	Children's Community Nurse	One extra nurse to increase capacity in the Children's Community team to allow them to facilitate keeping children at home avoiding admission to hospital and facilitating early discharge from hospital e.g. to give IV antibiotics at home also supporting in UCC to follow up children at home again preventing admission. The investment would allow increased capacity with more in-reach to UCC/EDs and support more deflection at the front door. Our current CCN team is regularly saturated with demand and there is scope for the team to work alongside APNPs in UCCs to deflect more patients and to get children reliably out of hospital as soon as able, and to operate an intermediate follow up service of high risk discharges over winter to prevent unnecessary readmission.			Name: Vanessa Hollings Email: vanessa.hollings@elht.nhs.uk Job Title: Divisional General Manager - Family Care Organisation: East Lancashire Hospitals NHS Trust	
24	Monitoring equipment for the Community nursing team so that they can provide a greater level of community provision.	Monitoring equipment for the Community nursing team so that they can provide a greater level of community provision. We request funding for 4 oxygen saturation monitors, Tympanic thermometers, one Dash Vital signs monitor and 20 nebulisers. The vital signs monitor supports increased HDU provision and increased flow of patients to the children's ward.			Name: Vanessa Hollings Email: vanessa.hollings@elht.nhs.uk Job Title: Divisional General Manager - Family Care Organisation: East Lancashire Hospitals NHS Trust	
25	Improving Quality in Primary Care	• Quality Improvement scheme aimed at Primary Care in hours working schedules and re organisation of session times within GP practices.	to be established	to be established	Name: Lisa Cunliffe Email: lisa.cunliffe@eastlancscg.nhs.uk Job Title: Head of Primary Care Organisation: East Lancashire CCG	



26	ELHT	<ul style="list-style-type: none"> <li>• Mental Health Liaison-This initiative was implemented to provide additional 24hr support 24 to ED staff, provide earlier assessments and therefore improve discharge times. The aim was for a reduction in the number of waiting time breaches and improved flow and capacity for the Acute Trust.</li> <li>• Alcohol Liaison services -The Hospital Alcohol Liaison team provides intervention and support for patients referred from either Royal Blackburn Hospital Emergency Department or other clinical areas within ELHT with alcohol related issues. The HALS service is available 7 days a week but not 24 hrs a day (7.30-5.30 on weekdays, with cover until 8pm for three days per week and 9-1 at weekends).</li> <li>• The Police Liaison is a third Liaison service located in A/E which provides support and also targets frequent attenders.</li> <li>• The important focus for all three services is that there is some collaboration and triangulation of data and information to provide a seamless support network which is aimed at reducing avoidable admissions and people who get "bounced around" the Urgent care system.</li> </ul>	KPIs are in place around admission reduction and Frequent attenders.			
	ELHT	ELHT would establish discharge beds/ward. We may move to this as a transitional step as part of the ongoing health economy discussions re improving discharge arrangements across the health economy, with an objective of moving to a discharge to assess system.	KPIS to be developed	to be developed	Name: Martin Hodgson Email: martin.hodgson@elht.nhs.uk Job Title: director of service development Organisation: East Lancashire Hospitals NHS Trust	
27	HOT Clinics and Telephone Consultation Pennine Lancashire	Continuation of successful pilot in 2012/13. Currently working up with ELHT the HOT clinic model so that HOT clinic slots will be available each day within current out-patient clinics	Reduction in direct GP referral for paediatric emergency admissions Reduction in paediatric A&E attendance	To provide direct GP access (phone and email) to paediatric consultants for advice/guidance around NEL emergency admission referrals Increase the provision and capacity in out-patient clinics to deflect where appropriate NE activity to planned activity.	Job Title: Service Transformation Manager	
28	Paediatric Nurse Led Service at Walk-In provision of Health Access Centre (HAC) at Accrington Victoria Hospital - East Lancashire CCG only	<ul style="list-style-type: none"> <li>• Model and service specification agreed with ELMS. CV completed with NHS England who are the current lead for the contract. Funding agreed for 6 month pilot to be completed within 2014/15. Post currently out to advert pending contract issue (wef November 2014). Pilot will run for 12 months to November 2015</li> </ul>	Contingency plan for all patients to be seen, treated and discharged within 120 minutes (for those patients that cannot be met within the paediatric pathway (120) minutes they will be moved to the core service). Reduction in avoidable A&E Attendances for children and young people with minor illnesses (ambulatory care sensitive conditions) Reduction in avoidable non-elective emergency admissions for children and young people minor illnesses (ambulatory care sensitive conditions) <del>Better understanding of safe management and</del>	To provide a paediatric nursing service for children and young people that present as walk-in patients at the HAC.	Steve Flynn: East Lancashire CCG	
29	Paediatric Community Respiratory Nursing (PCRN) Service - East Lancashire CCG Only	<ul style="list-style-type: none"> <li>• Working with procurement team within CSU to complete full procurement of the PCRN for East Lancashire. Progress is being made and monitored by dedicated asthma task and finish group and PLPPG. On-track for service to be operational by October 2014</li> </ul>	Reduction in unnecessary A&E attendances and emergency admissions for children and young people with respiratory/asthma conditions Reduce the number of patients that are Very High Intensity Users (VHIU) due to respiratory conditions attendances at hospital Improved quality and patient experience	To address the service gap between acute and primary care and provide a service closer to home for the management of respiratory conditions. There are 3 distinct elements to the service, namely treatment, monitoring and prevention	Steve Flynn: East Lancashire CCG	

30	Enhanced housing support to avoid hospital admission and support timely discharge	The Decent and Safe Homes (DASH) Service would provide a responsive and out of hours Handyperson Service to facilitate timely discharges, across 7 days. During normal working hours 8.30am - 4.30pm Monday to Friday the service will be incorporated into the existing Council Handyperson Service, the funding being applied for will pay for the additional hours of availability at evenings and weekends.	Reduction in unnecessary A&E attendances and emergency admissions for adults and older people with LTC timely discharge Improved quality and patient experience	To care for patients in their own home and appropriate community setting; ensuring houses of those referred are properly heated	Name: Steve Tingle Email: stephen.tingle@blackburn.gov.uk Job Title: Director of Commissioning and Adults Organisation: BwD Council	
31	Falls Liaison ( NWAS)	This scheme is still being developed and will focus on response to falls in the community, to avoid admission where appropriate.	to be developed	to be developed	Name: S Carberry / Ian Walmsley ( Locality Manager NWAS) Email: sarah.carberry@eastlancscg.nhs.uk Job Title: Head of Unscheduled Care Organisation: East Lancashire and Blackburn with Darwen CCGs	
32	frequent Callers	continued collaboration work which identifies frequent callers to the urgent care system, to be further developed, They could make particular reference to Nursing Homes, Care / Rest Homes where NWAS regularly get called to and work with these establishments to understand reasons etc for the frequent activity	to be developed	to be developed	Name: S Carberry / Ian Walmsley ( Locality Manager NWAS) Email: sarah.carberry@eastlancscg.nhs.uk Job Title: Head of Unscheduled Care Organisation: East Lancashire and Blackburn with Darwen CCGs	
	Green RRV Senior Paramedic	Green Car', where a Senior Paramedic (Band 6) would be allocated to Green calls, triage the patient using Paramedic Pathfinder and then decide on the best outcome for that patient, which may be UCS (NWAS Urgent Care Service) transport, GP referral, other Community Care Pathway, or self care pathway	to be developed	to be developed	Name: S Carberry / Ian Walmsley ( Locality Manager NWAS) Email: sarah.carberry@eastlancscg.nhs.uk Job Title: Head of Unscheduled Care Organisation: East Lancashire and Blackburn with Darwen CCGs	
33	East Lancashire will continue to develop the implementation of Paramedic pathfinder in conjunction with NWAS.	• Pathfinder is established in BWD and is intended to be extended through East Lancashire. Discussion and plans will be implemented over the next few months. ELMS Acute Visiting Service supports current pathfinder for those paramedics wishing to speak to a GP about patients eliciting pathfinder discriminators at 'Amber' or below.	To be established and standardised across Pennine Lancashire system	To increase deflections from A/E department. To improve patient UC pathways. To decrease A/E attendances.	Name: S Carberry / Ian Walmsley NWAS Locality Manager Email: sarah.carberry@eastlancscg.nhs.uk Job Title: Head of Unscheduled Care Organisation: East Lancashire and Blackburn with Darwen CCGs	
34	Pathfinder Liaison and ALO Liaison	an East Lancs specific post to work with the existing team, to provide more focus on Pathfinder outcomes, giving training, audit and challenging staff at RBH ED as necessary, which in turn should improve the AVS referral rate to ELMS. The ALO element dedicated ALO at Blackburn, it would benefit most of the above NWAS projects, but in particular the Pathfinder	to be established, evidence from B pool that this role has positive impact on increasing deflections	to be developed	Name: S Carberry / Ian Walmsley NWAS Locality Manager Email: sarah.carberry@eastlancscg.nhs.uk Job Title: Head of Unscheduled Care Organisation: East Lancashire and Blackburn with Darwen CCGs	
34	Common Childhood Illnesses Booklet - electronic version - Pennine Lancashire (BWD version and EL version)	• Common Childhood Illnesses booklets have been developed and distributed in hard copy to all practices across Pennine Lancashire as part of resilience planning 2013/14. Commissioned interactive electronic version of booklet to be hosted by CCG websites - to be launched July 2014 and linked to all partner and GP practices websites	Reduction in avoidable Paediatric hospital attendances Better understanding of safe management and self-care of common childhood illnesses in the local population.	The Common Childhood Illnesses booklet is a comprehensive resource that provides advice and guidance on how to safely manage common childhood illnesses and when and where to seek support and help from health services	Steve Flynn: East Lancashire CCG	



A	Independent Sector non-acute bed capacity (intermediate care, nursing homes, etc.)	Colleagues were consulted with and engaged with to contribute towards inputting directly into the template, the template has been shared and lead person involved throughout this short process
B	Other Independent Sector capacity (e.g. healthcare at home etc.)	
C	Voluntary Sector capacity and expertise	colleagues have been involved, consulted and engaged throughout the short process of acquiring information to populate the template and provide relevant context.
D	Flu vaccination of healthcare workers	Public health commissioners consulted and engaged with to provide information in same context as other key stakeholders.
E	7-day a week commencement of new care packages (including over holiday periods)	This is an important part of ensuring robust systems across Pennine Lancashire and have had a lot of consideration and discussion to get to this point.
F	Improvement in access to psychiatric liaison service teams in A&E	This is an important part of ensuring robust systems across Pennine Lancashire, given population need, particularly as this service is in place and working well. The service will continue over the next 8 months until service review is imminent.
G	Collaboration with and development of Children's services	Children's services are of particular interest and focus given the level of unscheduled care attendances and admissions. Admission avoidance schemes in the community and internal medical models to assist with assessment in A&E departments have been of particular focus.
H	Engagement with patient representative groups	Patient representatives via Urgent care group have been given the opportunity for involvement in the same way as other stakeholders. Locality groups also have patient representation and have been involved as key stakeholders. Services in place will have had rigorous engagement and involvement processes afforded as part of the commissioning cycle and implementation of services that are currently in place.

**Section 5: Key Partner Organisation Sign-Off.** By signing this document you are stating both that you have been fully involved in developing this plan and that you will commit to attending all SRG meetings (or sending an appropriate deputy when unavailable).

Representative of:*	Name	Email	Job Title	Electronic Signature
SRG (Chair)	Harry Catherall	<a href="mailto:harry.catherall@blackburn.gov.uk">harry.catherall@blackburn.gov.uk</a>	Chief Executive Officer	
NWAS	Saman desai	Salman Desai <Salman.Desai@nwas.nhs.uk>	head of Service development	
Lead Acute Trust	Jim Birrell		Chief Executive Officer	
Lead Community Care Provider	Jim Birrell		Chief Executive Officer	
Local Authority - BwD	Sally Mc Ivor	<a href="mailto:sally.mcivor@blackburn.gov.uk">sally.mcivor@blackburn.gov.uk</a>		
Local Authority - LCC	Steve Gross	<a href="mailto:stephen.gross@lancashire.gov.uk">stephen.gross@lancashire.gov.uk</a>		
Lead Mental Health Provider	Heather Tierney-Moore	<a href="mailto:Heather.Tierney-Moore@LancashireCare.nhs.uk">Heather.Tierney-Moore@LancashireCare.nhs.uk</a>	Chief Executive	
East Lancashire Medical Services	Diane Ridgway	<a href="mailto:d.ridgway@nhs.net">d.ridgway@nhs.net</a>	Chief Executive Officer	

\*please add rows as appropriate

**Section 6: CCGs and Trust Finance Directors sign off that the plans are affordable, and will be delivered whilst maintaining or improving their financial position**

Representative of:*	Name	Email	Job Title	Electronic Signature
CCG representative				
Acute Trust Representative				
Lead Community Care Provider				
Local Authority				
Lead Mental Health Provider				
Ambulance Service				

\*please add rows as appropriate

## Operational resilience planning template for elective care 2014/15

Lead CCG:	Pennine Lancashire CCGs
Lead acute trust:	NHS East Lancashire Hospitals Trust

Central Resilience Funding	£333K
Other funding available locally	NIL
Total elective care support funding for 2014/15	£333K

### Section 1: Narrative on local system configuration, key strengths and key challenges

<p><b>Strengths -</b></p> <p>Pennine Lancs</p> <ul style="list-style-type: none"> <li>* Access to a wide range providers which include NHS, Community, Independent and Voluntary Sector</li> <li>* Robust joint planning arrangements with Local Authorities for joint governance and planning arrangements</li> <li>* Existing multi- agency planning &amp; delivery networks</li> <li>* Aggregate level achievement of 18 week RTT Standard</li> <li>* Strengthened Commissioner and Provider relationship</li> <li>* Joint Pennine Lancashire Scheduled and Unscheduled System Resilience Planning and Delivery Group</li> <li>* Increased demand and patient expectation</li> <li>* Additional scrutiny and challenge</li> <li>* Speciality level pressures</li> <li>* Meeting the QIPP Challenge</li> <li>* Increase quality standards in a decreasing financial envelope</li> <li>* Sustainability</li> <li>* Workforce Pressure</li> </ul>	<p style="text-align: right;">* One Acute Trust across</p> <p style="text-align: right;"><b>Challenges -</b></p>
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**Section 2: Minimum plan requirements.** Please note that development of a sufficient plan to deliver all of these elements is a pre-requisite to qualify for any central resilience funding in 2014/15. More detail on these plan requirements can be found on page 10 of the operational resilience and capacity planning document.

Ref	Minimum Plan Requirements	Summary of plan to achieve requirement	Timeframes for completion	Assurance Mechanisms	Lead Accountable Officer	Estimated Costs in 2014/15
1	Review and revise the Trusts' patient access policy, and supporting operating procedures. The policy should include reference to cancer and other urgent patients, and should be made accessible to patients and the public. A revised policy should be publicly available by September 2014	<ul style="list-style-type: none"> <li>• CCG and ELHT to review and revise Access Policy and supporting standard operating procedures as part of the Pennine Lancashire System Resilience Planning and Delivery Group (PLSRPG).</li> <li>• An action plan with jointly agreed timescales to be developed and monitored by the PLSRPG on a monthly basis. Agree a central coordination role within ELHT by August 2014 to provide effective management of the System Resilience work.</li> </ul>	By 31 August 2014	SRG to ratify and review the requirement in July	Name: Gill Rose Email: gillian.rose@elht.nhs.uk Job Title: Divisional General Manager - DCS Organisation: East Lancashire Hospitals NHS Trust	
2	Develop and implement a RTT training programme for all appropriate staff, focussing on rules application, and local procedures, ensuring all staff have been trained during 2014/15	<ul style="list-style-type: none"> <li>• The Trust will develop a RTT full training programme (face to face and e-learning styles) and monitor the progress via the PLSRPG on a monthly basis.</li> <li>• Explore the possibility of a continuous training programme for all staff as part of their mandatory training programme.</li> </ul>	31st March 2015	SRG to ratify and review the requirement in July	Name: Gill Simpson Email: gillian.simpson@elht.nhs.uk Job Title: Divisional General Manager - SAS Organisation: East Lancashire Hospitals NHS Trust	



3	Carry out an annual analysis of capacity and demand for elective services at sub specialty level, and keep under regular review and update when necessary. This should be done as part of resilience and capacity plans and then updated in operating plans for 2015/16	<p>The DH 18 week modelling toolkit and waiting times has been used to assess appropriate demand and capacity to agree the annual contracting plan.</p> <ul style="list-style-type: none"> <li>The Trust will undertake annual capacity and demand modelling for elective services at sub specialty level and will continue to be completed and reviewed as part of the Contract Monitoring Meeting and other appropriate Performance and Quality Monitoring Meetings already in place. This will feed into the PLSRPG and inform future operating plans for 2015/16.</li> <li>Pennine Lancashire CCG's have referral management systems in place which include the Advice and Navigation Scheme and Specialist Advice Service. These Schemes and Services aims to ensure the clinically appropriate flow of patients into secondary care, by enabling GPs the opportunity to seek advice on appropriate management of key specialities prior to making a referral into secondary care.</li> <li>CCG regular review and monitoring tools include the Integrated Business Report and other bespoke performance reports on the Aristotle system (monthly).</li> </ul>	Monthly Review	SRG to ratify and review the requirement in July	<p>Name: Gill Simpson</p> <p>Email: gillian.simpson@elht.nhs.uk</p> <p>Job Title: Divisional General Manager - SAS</p> <p>Organisation: East Lancashire Hospitals NHS Trust</p>	
4	Build upon any capacity mapping that is currently already underway, and use the outputs from mapping exercises as an annex to resilience and capacity plans. This will avoid duplication and integrate capacity mapping into 'business as usual' arrangements	<ul style="list-style-type: none"> <li>The Trust will also undertake annual capacity and demand modelling for elective services at sub specialty level and will continue to be completed and reviewed as part of the Contract Monitoring Meeting and other appropriate Performance and Quality Monitoring Meetings already in place. This will feed into the PLSRPG and inform future operating plans for 2015/16</li> <li>We have worked with Capita across the Local Health Economy to assess capacity requirements.</li> </ul>		SRG to ratify and review the requirement in July	<p>Name: Gill Simpson</p> <p>Email: gillian.simpson@elht.nhs.uk</p> <p>Job Title: Divisional General Manager - SAS</p> <p>Organisation: East Lancashire Hospitals NHS Trust</p>	
5	Ensure that all specialties understand the elective pathways for common referral reason/treatment plans, and have an expected RTT 'timeline' for each (e.g. DTA by week x). This should be in place by September in order to ensure that activity is maintained at a level where waiting lists are stable	<ul style="list-style-type: none"> <li>The Trust will undertake annual capacity and demand modelling for elective services at sub specialty level and will continue to be completed and reviewed as part of the Contract Monitoring Meeting and other appropriate Performance and Quality Monitoring Meetings already in place. This will feed into the PLSRPG and inform future operating plans for 2015/16</li> </ul>		SRG to ratify and review the requirement in July	<p>Name: Gill Simpson</p> <p>Email: gillian.simpson@elht.nhs.uk</p> <p>Job Title: Divisional General Manager - SAS</p> <p>Organisation: East Lancashire Hospitals NHS Trust</p>	
6	'Right size' outpatient, diagnostic and admitted waiting lists, in line with demand profile, and pathway timelines (see IMAS Capacity and demand tools)	<ul style="list-style-type: none"> <li>The Trust will undertake annual capacity and demand modelling for elective services at sub specialty level and will continue to be completed and reviewed as part of the Contract Monitoring Meeting and other appropriate Performance and Quality Monitoring Meetings already in place. This will feed into the PLSRPG and inform future operating plans for 2015/16</li> </ul>		SRG to ratify and review the requirement in July	<p>Name: Gill Simpson</p> <p>Email: gillian.simpson@elht.nhs.uk</p> <p>Job Title: Divisional General Manager - SAS</p> <p>Organisation: East Lancashire Hospitals NHS Trust</p>	
7	With immediate effect, review local application of RTT rules against the national guidance, paying particular attention to new clock starts and patient pauses	<ul style="list-style-type: none"> <li>Review local RTT Rule compliance already undertaken. Ensure that the Acute Trust undertake an audit of RTT Rule compliance to be agreed at the PLSRPG in August 2014. Agree regular audit intervals and monitor via contract monitoring and performance meetings.</li> </ul>	Sep-14	SRG to ratify and review the requirement in July	<p>Name: Gill Simpson</p> <p>Email: gillian.simpson@elht.nhs.uk</p> <p>Job Title: Divisional General Manager - SAS</p> <p>Organisation: East Lancashire Hospitals NHS Trust</p>	
8	Pay attention to RTT data quality. Carry out an urgent 'one off' validation if necessary if not done in that last 12 months, and instigate a programme of regular data audits	<ul style="list-style-type: none"> <li>Review local RTT Rule compliance already undertaken. Ensure that the Acute Trust undertake an audit of RTT Rule compliance to be agreed at the PLSRPG in August 2014. Agree regular audit intervals and monitor via contract monitoring and performance meetings.</li> <li>RTT 18 week submission has been made to work towards a 16 week waiting time position and ensure backlogs are cleared.</li> </ul>		SRG to ratify and review the requirement in July	<p>Name: Gill Simpson</p> <p>Email: gillian.simpson@elht.nhs.uk</p> <p>Job Title: Divisional General Manager - SAS</p> <p>Organisation: East Lancashire Hospitals NHS Trust</p>	

9	Put in place clear and robust performance management arrangements, founded on use of an accurate RTT PTL, and use this in discussion across the local system	<ul style="list-style-type: none"> <li>• Review Trust PTL and process of how this is utilised across the Trust. Trust response required.</li> <li>• Ensure a robust process for identifying 18 week RTT standard breaches including plans for remedial action.</li> <li>• In terms of cancer waiting time targets, analysis of breaches has shown the reasons for delays in treatment are multi-factorial. Common themes are delays in diagnostics, organisation of services and capacity. Additional trackers are common denominator that can have a positive influence on all these issues. There is an opportunity to use an additional tracker as a lever to ensure all cancer waiting time targets are met.</li> </ul>		SRG to ratify and review the requirement in July	Name: Gill Simpson Email: gillian.simpson@elht.nhs.uk Job Title: Divisional General Manager - SAS Organisation: East Lancashire Hospitals NHS Trust	
10	Ensure that supporting KPIs are well established (size of waiting list, clearance time, weekly activity to meet demand, RoTT rate, etc) and are actively monitored	<ul style="list-style-type: none"> <li>• It is felt that the Trust is particularly strong in this area, however we will review and agree minimum data set to develop KPI's and monitoring mechanism.</li> </ul>	Aug-14	SRG to ratify and review the requirement in July	Name: Gill Simpson Email: gillian.simpson@elht.nhs.uk Job Title: Divisional General Manager - SAS Organisation: East Lancashire	
11	Demonstrate how good practice in referral management is being followed	<ul style="list-style-type: none"> <li>• Scope opportunities for single point of Access and Clinical Triage across key specialities. Part of BCF programme is to produce a service description to create an integrated discharge hub that will be PL wide and will improve onward referral management.</li> <li>• Pennine Lancashire CCG's have referral management systems in place which include the Advice and Navigation Scheme and Specialist Advice Service. These Schemes and Services aims to ensure the clinically appropriate flow of patients into secondary care, by enabling GPs the opportunity to seek advice on appropriate management of key specialities prior to making a referral into secondary care.</li> </ul>	Nov-14	SRG to ratify and review the requirement in July	Name: Sarah Carberry Email: sarah.carberry@eastlancscg.nhs.uk Job Title: Head of Unscheduled Care (Resilience Co-ordinator) Organisation: East Lancashire CCG	
12	Demonstrate that patients receiving NHS funded elective care are made aware of and are supported to exercise choice of provider	<ul style="list-style-type: none"> <li>• Link into Single Point of Access to ensure informed choice is made.</li> <li>• Explore opportunities to systematically utilise Patient Decision Aids.</li> <li>• Pennine Lancashire has 100% take up for Choose &amp; Book usage to ensure choice can be exercised consistently. AQP exercises have been undertaken to exploit the market opportunities and ensure a broader range of services for patients.</li> </ul>	Nov-14	SRG to ratify and review the requirement in July	Name: Sarah Carberry Email: sarah.carberry@eastlancscg.nhs.uk Job Title: Head of Unscheduled Care (Resilience Co-ordinator) Organisation: East Lancashire CCG	
13	Provide assurance during Q2 2014/15 at Board level on implementation of the above	<ul style="list-style-type: none"> <li>• An agreed governance and assurance structure across Pennine Lancashire in quarter 2 and all system resilience plans will be tabled and ratified at the SRG and Board level meetings.</li> </ul>	Sep-14	SRG to ratify and review the requirement in July	Name: Sarah Carberry Email: sarah.carberry@eastlancscg.nhs.uk Job Title: Head of Unscheduled Care (Resilience Co-ordinator) Organisation: East Lancashire CCG	

Total costs of all minimum requirement schemes:

*Sum of cells above*

**Section 3: Local Plans for Innovation. Plans over and above the minimum requirements to meet local patient needs. If there is any funding gap between the total elective care support funding and the total costs of the minimum plan requirements, SRGs must present plans to close such gaps such that the minimum requirements are deliverable**

Ref	Local Requirements	Summary of plan to achieve requirement	KPIs	Target Outcomes	Lead Accountable Officer	Estimated Costs in 2014/15
14	Refine existing referral pathways across Pennine Lancashire footprint at sub speciality level to ensure right time, right care, right place principles	<ul style="list-style-type: none"> <li>• Develop referral pathways including any software platforms for all suitable elective referrals</li> <li>• Single point of access and triage for target specialities</li> <li>• Extend the use of one stop shop approach for targeted specialities</li> <li>• Consultation on most effective approach to system referral management in GP practice (GP referral decision aid software)</li> </ul>	<ul style="list-style-type: none"> <li>• Reduction in unnecessary secondary care attendances</li> </ul>	Shorter Waiting Times *Improved Patient Experience * Reduced Costs • Alleviate pressures on healthcare system	TBA	



15	Reconfiguration of workforce capacity and skill mix to alleviate demand on senior medical staff	<ul style="list-style-type: none"> <li>• Commission alternative capacity in primary, community and secondary care to effectively manage demand</li> <li>• Training and Education package including backfill to cover course attendance</li> </ul>	<ul style="list-style-type: none"> <li>• Reduction in secondary care attendances</li> <li>Learning Outcomes and increased uptake of non consultant activity</li> </ul>	Shorter Waiting Times *Improved Patient Experience * Reduced Costs • Alleviate pressures on healthcare system	TBA	
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\*please add rows as appropriate

**Section 4: Local Stakeholder Engagement. Please describe how you have considered each of the elements listed below and how you have included them in your resilience plans (as appropriate)**

A	Independent Sector non-acute bed capacity (intermediate care, nursing homes, etc.)	Additional capacity has been commissioned during contracting round. Contracts in place with independent sector providers.
B	Other Independent Sector capacity (e.g. healthcare at home etc.)	N/A
C	Voluntary Sector capacity and expertise	To be reviewed as part of Case for Change service re-design process.
D	Flu vaccination of healthcare workers	See Non-elective template.
E	7-day a week commencement of new care packages (including over holiday periods)	To be reviewed as part of Case for Change service re-design process.
F	Collaboration with and development of Children's services	To be reviewed as part of Case for Change service re-design process.
G	Engagement with patient representative groups	Undertaken as part of Case for Change re-design process.

**Section 5: Key Partner Organisation Sign-Off. By signing this document you are stating both that you have been fully involved in developing this plan and are committed to its delivery**

Representative of:*	Name	Email	Job Title	Electronic Signature
CCG representative				
Acute Trust Representative				
Lead Community Care Provider				
Local Authority				
Lead Mental Health Provider				
Ambulance Service				

\*please add/delete rows as appropriate

**Section 6: CCGs and Trust Finance Directors sign off that the plans are affordable, and will delivered whilst maintaining or improving their financial position**

Representative of:*	Name	Email	Job Title	Electronic Signature
CCG representative				
Acute Trust Representative				
Lead Community Care Provider				
Local Authority				
Lead Mental Health Provider				
Ambulance Service				

\*please add rows as appropriate



## Non-elective care costings template 2014/15

### Section 1: Minimum Plan Requirements

Minimum Plan Requirements	Itemised net costings ELCCG	Itemised Net Costings BwD	Itemised net costings Lancashire Pennine	WTE Nurse increases	WTE Doctor increases	WTE other staff increases	Increases in bed capacity	(Please add additional columns as necessary)
Enabling better and more accurate capacity modelling and scenario planning across the system								
Working with NHS 111 providers to identify the service that is best able to meet patients' urgent care needs	£56,000	£24,000	£80,000					
Additional capacity for primary care	£338,500	£170,000	£508,500					
Improve services to provide more responsive and patient-centred delivery seven days a week								
SRGs should serve to link Better Care Fund (BCF) principles in with the wider planning agenda								
Seven day working arrangements	LCC £125,000 Comm £336,500	£200,000 BwD BC £100,000 Details TBC	£761,500					
Expand, adapt and improve established pathways for highest intensity users within emergency departments. Organisations will want to review the pathways for the group(s) most relevant to them (e.g. frail/elderly pathways, minors pathways, and mental health crisis presentations) and there must be evidence of sign-up to local Mental Health Crisis Care Concordat arrangements.	LCFT £233,300 LCFT £80,000 To be funded from Mental Health Resilience	LCFT £100,000 LCFT £35,000 To be funded from mental Health resilience						
Have consultant-led rapid assessment and treatment systems (or similar models) within emergency departments and acute medical units during hours of peak demand			await elht response					
All parts of the system should work towards ensuring patients' medicines are optimised prior to discharge								
Processes to minimise delayed discharge and good practice on discharge	£56,000	£24,000	£80,000					
Plans should aim to deliver a considerable reduction in permanent admissions of older people to residential and nursing care homes								
NWAS schemes	£157,500	£67,500	£225,000					
Cross system patient risk stratification systems are in place, and being used effectively								
The use of real time system-wide data	Communications £70,000	£30,000	£100,000					

<b>Sub Totals</b>	<b>£1,139,500</b>	£615,500	£1,755,000					
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Section 2: Local Plans for Innovation

Minimum Plan Requirements		Itemised Net Costing's		WTE Nurse increases	WTE Doctor increases	WTE other staff increases	Increases in bed capacity	(Please add additional columns as necessary)
Admissions avoidance, Discharge facilitation and consultant led rapid assessment within the acute sector	£1,177,600 Schemes to be confirmed	BwD £370,600 Details TBC	£1,548,200 Schemes to be confirmed					
Provision of Locality services community and Primary care			See section 3 for detail of schemes					
Transforming lives in Blackburn with Darwen / Transforming Lives:Strengthening Communities across Pennine Lancashire			See section 3 for detail of schemes					
Age Concern - 3rd Sector top up	£116,700		£116,700					
<b>Sub Totals</b>	<b>£1,294,300</b>	£370,600	£1,664,900					

<b>Total Capacity Increases*</b>	<b>£2,433,800</b>	£986,100	£3,419,900					
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\* needs to link to capacity plan

Elective care costings template 2014/15

Section 1: Minimum Plan Requirements

Ref	Minimum Plan Requirements	Itemised costings ELCCG	Itemised costings BwDCCG	Itemised costings Pennine Lancs	WTE Nurse increases	WTE Doctor increases	WTE other staff increases	Additional Outpatient Appointments	Additional Inpatient/Daycase procedures	Add more columns as required
1	Review and revise the Trusts' patient access policy, and supporting operating procedures. The policy should include reference to cancer and other urgent patients, and should be made accessible to patients and the public. A revised policy should be publicly available by September 2014									
2	Develop and implement a RTT training programme for all appropriate staff, focussing on rules application, and local procedures, ensuring all staff have been trained during 2014/15									
3	Carry out an annual analysis of capacity and demand for elective services at sub specialty level, and keep under regular review and update when necessary. This should be done as part of resilience and capacity plans and then updated in operating plans for 2015/16									
4	Build upon any capacity mapping that is currently already underway, and use the outputs from mapping exercises as an annex to resilience and capacity plans. This will avoid duplication and integrate capacity mapping into 'business as usual' arrangements									
5	Ensure that all specialties understand the elective pathways for common referral reason/treatment plans, and have an expected RTT 'timeline' for each (e.g. DTA by week x). This should be in place by September in order to ensure that activity is maintained at a level where waiting lists are stable	£22,500	£9,500	£32,000						
6	'Right size' outpatient, diagnostic and admitted waiting lists, in line with demand profile, and pathway timelines (see IMAS Capacity and demand tools)									
7	With immediate effect, review local application of RTT rules against the national guidance, paying particular attention to new clock starts and patient pauses									
8	Pay attention to RTT data quality. Carry out an urgent 'one off' validation if necessary if not done in that last 12 months, and instigate a programme of regular data audits									
9	Put in place clear and robust performance management arrangements, founded on use of an accurate RTT PTL, and use this in discussion across the local system									
10	Ensure that supporting KPIs are well established (size of waiting list, clearance time, weekly activity to meet demand, RoTT rate, etc) and are actively monitored									
11	Demonstrate how good practice in referral management is being followed									
12	Demonstrate that patients receiving NHS funded elective care are made aware of and are supported to exercise choice of provider									
13	Provide assurance during Q2 2014/15 at Board level on implementation of the above									
Sub Totals		£22,500	£9,500	£32,000						

Section 2: Local Plans for Innovation

Local plans for innovation			Itemised Net Costings	WTE Nurse increases	WTE Doctor increases	WTE other staff increases	Additional Outpatient Appointments	Additional Inpatient/Daycase procedures	Add more columns as required
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12	Ophthalmology Referral Management Software and Triage System	£105,000	£45,000	150,000				
13	Physiotherapy 'Open Access' pilot	£64,750	£27,750	92,500				
14	Pump prime web site design for You Tube MSK Physiotherapy exercise work and official launch to GPs	£3,500	£1,500	£5,000				
15	Pump prime booking resources to integrate rheumatology referrals which would allow rheumatology triage to take place (phase in chronic pain)	£3,500	£1,500	£5,000				
16	Admin support to audit 'decision making tools' through EMIS	£2,100	£900	£3,000				
17	Training and Education: The delivery of training and educational programmes targeted at upskilling the primary and secondary care workforce to ensure patients are seen at the right time, right place, right person principles	£31,850	£13,650	£45,500				
* Add more rows as required								
Sub Totals		£210,700	£90,300	£301,000				
Total Capacity Increases*								
		£233,200	£99,800	£333,000				

\* needs to link to capacity plan