AGENDA ITEM 7

HEALTH AND WELLBEING BOARD

TO:	Health and Wellbeing Board
FROM:	Debbie Nixon
DATE:	30th June 2015

SUBJECT: Resilience Outcomes in 2014-15 and Planning for 2015-16

1. PURPOSE:

To provide an update to Health and Wellbeing Board members on the delivery of operational resilience in 2014-15 and how this is informing the development of the Pennine Lancashire Annual Resilience Plan for 2015-16

2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD:

Health and Wellbeing Board members are requested to:

- Note the content of this report and progress to date in relation to system resilience including agreed Pennine Lancashire governance arrangements.
- An update on plans for 2015-16 will be presented to HWBB and Executive JCG once agreed

3. BACKGROUND:

NHS England (NHSE) System Resilience guidance was published on 13th June 2014; this set out the requirements for operational resilience and capacity planning in 2014/15. The guidance outlined a collaborative approach to system resilience and expanded the remit of system resilience to elective care as well as urgent care and introduced how the Better Care Fund could bring further opportunities to work more widely across health and social care and the voluntary sector.

The Guidance outlined key actions to be undertaken by the CCG:

- **Establishment of a System Resilience Group** (SRG) with representatives from across the health and social care system to undertaken regular planning for service delivery. The Pennine Lancashire Chief Executive Officers Group fulfilled this function
- The completion of **System Resilience Planning Summary Templates for Elective and non-elective care for NHS England** to set out the use of non-recurrent resources for resilience.
- An agreed **System Resilience Plan**

The Urgent care system nationally experienced enormous pressure over the Christmas and New Year period and was both the focus of intense media scrutiny and intensive management by NHS England. This resulted in a focus on ensuring that similar plans for the Easter period 2015 were put in place by the SRG.

4. RATIONALE:

There is an acceptance of the need to establish sustainable year round delivery of the health and care system to ensure that patients receive the best outcome, performance targets are met and standards within the NHS constitution are achieved. This now establishes system resilience as an on-going task for the health and social care economy and has resulted in system resilience funds that were primarily ear-marked for winter now being placed within CCG baselines for use at any point within the calendar year deemed appropriate by the local SRG. The Board should though note that the funding for resilience 2015-16 is

reduced from the funding available in 2014-15.

5. KEY ISSUES:

Funding

In 2014-15, there were a number of tranches of non-recurrent funding in support of resilience:

- Tranche 1 - £1,085,905 through Blackburn with Darwen CCG. (£3,752,890 across Pennine Lancashire)
- Tranche 2 - £1,797,200 direct to ELHT for A&E from the Trust Development Authority (TDA) (Pennine Lancashire wide)Crisis concordat - £868,000 supporting Mental Health services through Crisis concordat. (Pennine Lancashire)
- NWAS specific - £2.6m for NWAS managed through Blackpool CCG (North West wide funding)

The funding supported a range of schemes across the width of the system including the implementation of Intensive Home Support, the Navigation hub, additional Intermediate care capacity, Social Work cover, Voluntary sector support, communications, extended Primary care capacity, Ambulance pathfinder schemes and a range of escalation investments within the Acute Trust including expanded bed base and supporting services. Spending plans were fully signed off by local governance structures and NHS England.

In 2015-16, there are changes to the funding of resilience:

- Tranche 1 funding is within the CCG baseline.
- Tranche 2 is not expected to be made available as current plans stand.
- It is not yet clear whether Mental Health resilience funding will be available
- £2.6m across the North West area for NWAS.

This means that the level of resilience funding is significantly reduced in 2015-16 for the following reasons:

- CCGs were instructed to maintain active resilience schemes through April 2015 so funding is expected to cover a greater period of the year
- Less resilience funding will be available.
- Resilience is now a full rather than part year issue.

Partners are currently engaged in the process of working through the proposed priority areas for resilience funding this year in line with the evidence of impact of schemes last year.

Governance

The Pennine Lancashire Health Economy agreed to the following arrangements in 2014-15 to ensure effective governance was in place to support resilience.

- The Pennine Lancashire Chief Executive Steering Group became the SRG
- The Pennine Lancashire Unscheduled Care Group (PLUCG) was the mechanism for ongoing leadership in relation to the Unscheduled Care Services and System driving forward the necessary plans for health and social care redesign and delivery. This exception reported any key issues monthly to the Pennine Lancashire Chief Executive Officers Group (SRG)
- A subsequent arrangement for a meeting for managing the Scheduled Care service and system has now been established. The first meeting with providers took place in September 2014.
- Clinical priorities are supported by the Pennine Lancashire Professional Transformation Board and informed by the CCGs commissioning intentions.

There has been discussion around the review of the governance arrangements in relation to the Urgent care system as it was felt that the CEO/SRG group had become extremely focussed on the operational issues around resilience and it is therefore being proposed that the scope and seniority of the PLUCG/ORG is enhanced significantly to give oversight to the whole unplanned system.

Performance

Accident & Emergency department

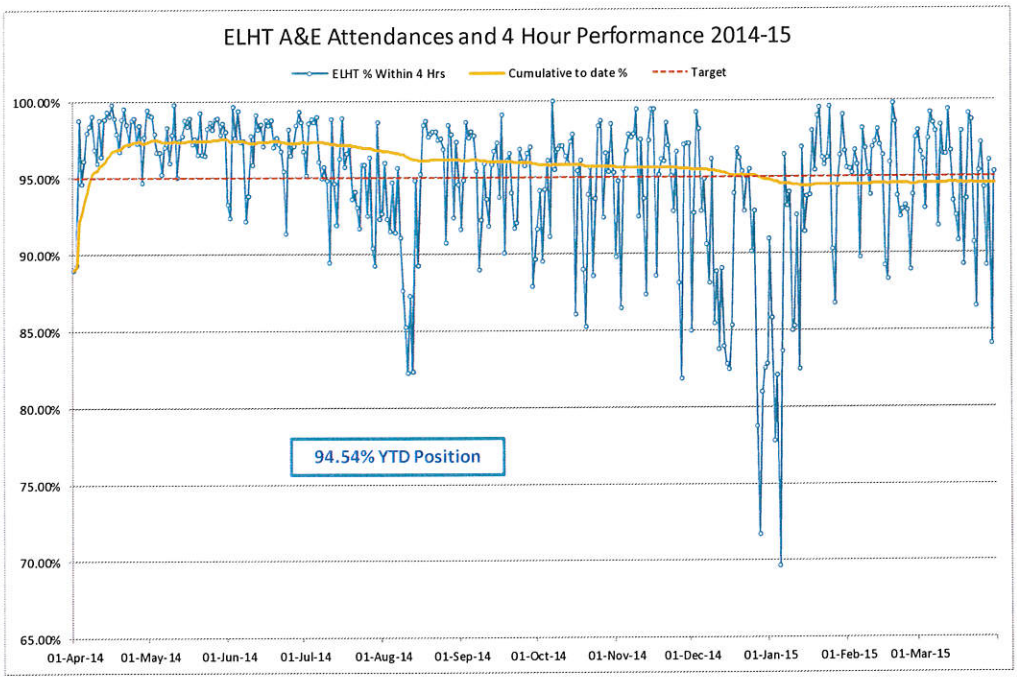
Overall performance in year was 94.54%, just short of the 95% target.

Pressure on the system has been extremely high with an 8.1%average rise in attendance at A&E in 2014-15 against 2013-14.

The graph below highlights that a significant reduction in performance at the end of December and into January were the reasons for the failure of the target. It must be noted that this was true of nearly all Trusts

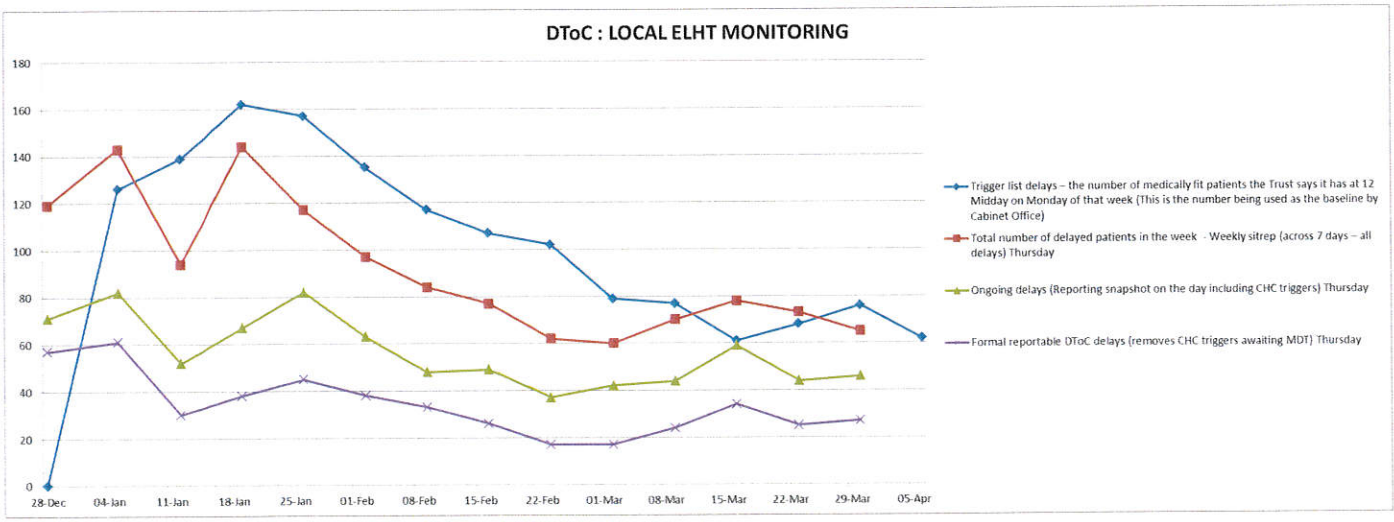
across the country and there are a number of positives to be drawn, even from this period:

1. No major incident was declared in Pennine Lancashire unlike other areas.
2. No individual 12 hour performance breaches took place at ELHT
3. Collaboration across agencies was constructive throughout the winter period despite the significant level of pressure on the system



Delayed Transfers of Care

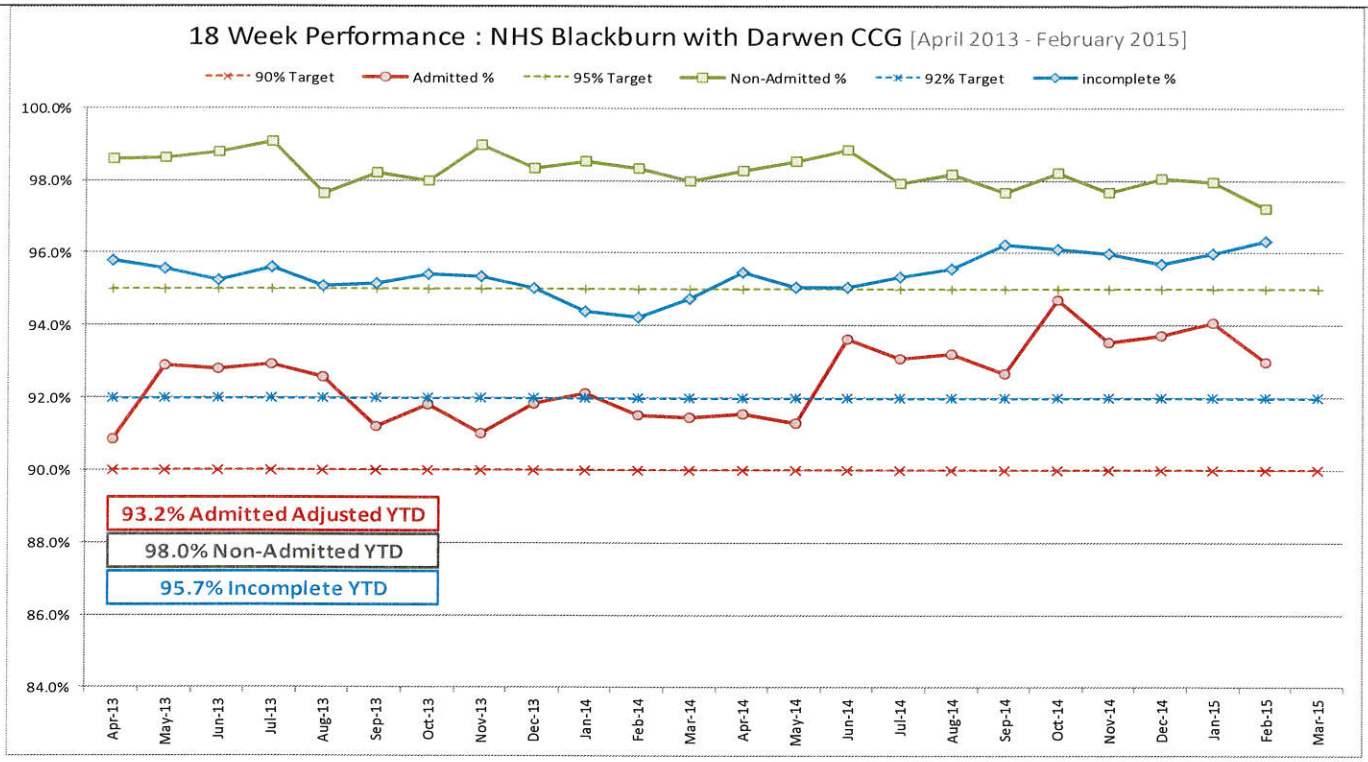
Delayed transfers of care is a measure of patients assessed as being medically fit and ready to transfer home or to the next relevant service for them. The graph below shows a variety of measures against delays at hospital from total numbers of patients to formally reportable delays. On all measures, the collaborative work of the system has resulted in a 50-60% reduction in delays over a 4 month period which is being sustained.



18 weeks Referral to Treatment (RTT)

The 18 week referral to treatment pathway for planned hospital care has been seen as a further key measure of the resilience and performance of the system, ensuring that for all care specialties the initiation of treatment is within 18 weeks of the initial referral. .

In 2014-15, for Blackburn with Darwen, the overall performance targets around RTT were met as shown by the graph below:



Future plans

High Impact Actions

System Resilience Groups (SRG) have been asked to ensure that they have factored key high impact actions for the delivery of transformed Urgent care into their Operational plans for delivery this year. The nationally set high impact areas expected are below:

- No patient should have to attend A&E as a walk in because they have been unable to secure an urgent appointment with a GP.
- Calls categorised as Green calls to the ambulance 999 service and NHS 111 should have the opportunity to undergo clinical triage before an ambulance or A&E disposition is made.
- The local Directory of Services supporting NHS 111 and ambulance services should be complete, accurate and continuously updated.
- SRGs should ensure the use of See and Treat in local ambulance services is maximised.
- Each care home should have arrangements with primary care, pharmacy and falls services for prevention and response training, to support management falls without conveyance to hospital where appropriate.
- Rapid Assessment and Treatment should be in place, to support patients in A&E and Acute Medical Units to receive safer and more appropriate care as they are reviewed by senior doctors early on.
- Daily review of in-patients through morning ward or board rounds, led by a consultant/senior doctor, should take place seven days a week so that hospital discharges at the weekend are at least 80% of the weekday rate and at least 35% of discharges are achieved by midday throughout the week.
- Many hospital beds are occupied by patients who could be safely cared for in other settings or could be discharged. SRGs will need to ensure that sufficient discharge management and alternative capacity such as discharge-to-assess models are in place to reduce the DTOC rate to 2.5%.

These have been integrated into the Blackburn with Darwen operational plan and there are therefore local plans in place to ensure that the CCG is overseeing these changes to the local health system within the next 12 months.

6. POLICY IMPLICATIONS:

The development of the Resilience plan aligns to a number of national policy drivers including the Better Care Fund, reducing Emergency Admissions, & the national Referral to Treatment (RRT) 18 week standard

7. FINANCIAL IMPLICATIONS:

There are no financial implications for Health and Wellbeing Board as a result of the annual resilience plan. Any financial requirements of additional service development will be met by the non-recurrent funding set out within the plan.

8. LEGAL IMPLICATIONS:

N/A

9. RESOURCE IMPLICATIONS:

There are no additional resource requirements for the HWBB in relation to this development.

10. EQUALITY AND HEALTH IMPLICATIONS:

The aim of the resilience plan is to improve access to services and ensure that standards within the NHS constitution are met.

11. CONSULTATIONS

VERSION:	**2**

CONTACT OFFICER:	Debbie Nixon
DATE:	8th May 2015
BACKGROUND PAPER: