Leeds Health and Care Local System Delivery Plan 2017- 18

Version Control

Date	Version	Status
7th August	0.6	DRAFT

Document Maintenance

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Agreed / Ratified :	
Issue Date:	
Review Date:	
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Executive Summary

The foundation of the Leeds system delivery plan is to deliver person centred safe & effective care through partnership working, building on lessons learned from 2016/17.

In 2016 /17 ‘winter’ had a marked impact on our services and the experience of care for our population. Our performance against national standards dropped and we saw a disruptive effect on flow across all points of delivery in our system. A more proactive approach to our plan for 2017/18 was therefore required.

Our planning process this year is aligned to the National 9 Point Plan for action on A&E incorporating a ‘lessons’ learned to consolidate the initiatives that worked well last year. We will make improvements on areas where things did not work so well and be ambitious in initiating new areas of development where we believe we can achieve efficiencies and demonstrate impact across our system.

Building on the partnership working in Leeds we continue to take a whole system collaborative approach to the planning and delivery of our services that is transparent, timely and transformational.

All partner organisations in Leeds must be clear that the success of the plan is dependent on commitment to collaborative working across organisational boundaries. We will collectively focus on new ways of working across localities, communities and acute settings to ensure people receive the care/response they need in the right setting first time.

To support our system at challenging times, a new OPEL escalation processes will permit a proactive system management approach that is built on mutual aid principles.

The plan’s effectiveness will be assessed by the flow of patients between services. This is crucial at times of surge in demand. Smooth patient flow is the key test of any system during peaks in demand.

Evaluation will be continuous. A dashboard will be developed to highlight this plan’s impact. By consistently assessing the impact, we will adjust delivery across our system ensuring sustainability and a timely recovery during significant pressures.

The associated Leeds system delivery plan (Appendix 1) and this narrative document will be referred to as the LSDP

1. National and regional context

Variation in the demands across a health and care system is normal and occurs throughout the year. Leeds Health and Care economy needs to be equipped, prepared and coordinated to respond quickly and appropriately in a systematic and co-ordinated way to manage any change in demand or circumstances.

There is an increasing national focuses on the resilience of local health and care systems. NHS England and NHS Improvement continue to emphasise the importance of improving the delivery of urgent and emergency care pathways through a national programme of workshops to ensure systems work together sharing good practice in an innovative and collaborative way.

Nine National work streams have been agreed to support developments, monitor progress and achieve national consistency. The nine work streams are:

- A&E streaming
- Patient Flow
- Community capacity
- Mental Health
- NHS 111 service developments
- Primary Care including GP access
- Care Homes
- Urgent Treatment Centres
- Ambulance response programme

In addition to the nine national work streams the Leeds LSDP has three additional work streams to build a comprehensive and inclusive system plan these are:

- Public Health
- Communication
- System management, Escalation and Mutual Aid

Local health and care economies area are required to develop a Local System Delivery Plan (LSDP) built around these nine priorities to support the delivery of the 4 hour Emergency Care Standard (ECS) and sustain their ability to flow people through services in a timely way preventing delays in meeting patient's needs.

The Better Care Fund (BCF) guidance also places significant focuses on the development of out of hospital services with a specific aim to improve system flow to reduce non-elective admissions and Delayed Transfers of Care (DToC).

2. Strategic objectives, system indicators and assumptions

Aligned to the National 9 point Action on A&E plan and the national Operational Pressures Escalation Levels (OPEL) the LSDP aims to provide continuity in safe, high quality services for people.

The objective of the plan is that the Leeds system delivers smooth and timely patient flow and remains functioning and resilient during time of demand surge and high pressure.

The strategic system assumptions of the plan are:

1. No patients in undesignated beds within Leeds teaching Hospital Trust
2. Achievement of 95% ECS 4 hour A&E target
3. Reduction in the number of non-elective admissions
4. No cancellation of elective surgery within 48 hours
5. Reduction in the number of lost bed days associated with Delayed Transfer of Care (DToC) system wide
6. Reduction in the number of people experiencing delays for community nursing support
7. Reduction in the number of people admitted into long term care
8. Management of clinical risk across the system
9. System status no higher than OPEL level 2

The assumptions will be realised by a range of initiatives at both local Leeds system and regional levels that will both improve services and the processes that underpin delivery. The work streams and initiatives set out:

- Executive and operational responsible leads
- Clear aims and objectives
- Key milestones with timescales
- Impact and system benefits
- Funding and contracting considerations
- Key risks
- Key performance indicators and the contribution to the system indicators

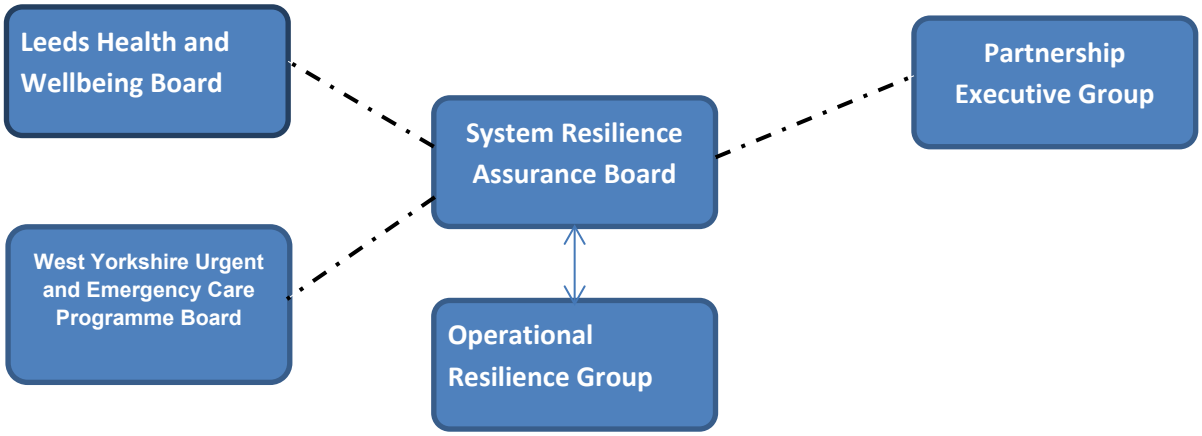
The plan will be monitored by the Operational Resilience Group reporting to the System Resilience Assurance Board.

3. Governance

A resilient health and care system is equally reliant on all partner organisations being able to deliver their care elements safely. Each organisation has individual business continuity and major incident plans monitored through their own Boards and through contracts.
The governance of the essential cross organisational communication and collaboration is harder to define, with several groups having a role such as the Integrated Commissioning Executive, the Partnership Executive Group, the SRAB and the Health and Wellbeing Board.

The LSDP is a partnership plan, to be owned by all partners, with executive commitment co-ordinated by the CCG's. The overarching principle of the plan is 'that the outcomes will only be achieved through a collaborative approach to the inputs' therefore responsibility and accountability for the delivery of LSDP lies with all participating organisations.

3.1 Leeds System Delivery Plan - Governance structure



3.1.1 Health and Wellbeing Board and the Partnership Executive Group

As a system plan the LSDP will be shared across all partnership forums to provide information and assurance. The plan will also be shared with the public. Both the Health and Wellbeing Board (HWB) and the Partnership Executive Group (PEG) have been involved in the development of the plan.

3.1.2 System Resilience Assurance Board

An executive level multi-agency system group, the System Assurance Resilience Board (SRAB) has responsibility for assuring the coordination and delivery of a sustainable system to maintain all health and care services including delivery of the Emergency Care Standard. (4 hour A&E target) A dashboard will be developed that will performance managed by the SRAB. The SRAB will also maintain oversight of the plan and drive improvement in performance and delivery.

3.1.3 Operational Resilience Group

An operational multi-agency system group, the Operational Resilience Group (ORG) has responsibility to deliver mandated actions from SRAB. The ORG is responsible for the implementation, monitoring, escalation and evaluation of the LSDP as well as the daily management of the system.

3.1.4 Regional West Yorkshire Urgent and Emergency Care Programme Board - Sustainability and Transformation Plan

The West Yorkshire Sustainability and Transformation Plan (STP) have established an Urgent and Emergency Care Programme Board to co-ordinate and monitor the progress of the individual health and care system across West Yorkshire. It provides a forum for understanding, discussing and highlighting both local and regional services and issues that have an impact on associated economies, e.g. ambulance and trauma services. We will remain part of this network and seek opportunities at WY level to improve services in Leeds.

4. Local Leeds context

4.1 Winter 2016/17 evaluation

An important element in informing the planning process for the LSDP for 2017/18 was the early evaluation of winter 2016/7 conducted by the ORG and SRAB.

Though we did not experience any adverse weather or significant outbreaks, last winter saw the highest system challenge and poorest patient experience and performance across our system. The stress both on services and individuals was apparent and relationships across organisations were highly tested.

Increased acuity saw high numbers of sick people admitted through non elective pathways resulting in prolonged delays in hospital for people requiring ongoing care. This placed additional pressures on our workforce in terms of capacity and case mix across all points of delivery. As a result the system became compromised and consequently we saw services become compacted. As a result we saw the following impacts on patients and services:

- Patients on trolleys and undesignated bed areas
- High numbers of people in outlying wards
- High delayed transfers of care and medically fit for discharge patients
- Delayed discharges in community beds comprising community capacity
- High demand for nursing and residential care
- High demand for community services, district nursing, packages of care, equipment, reablement
- Limited Critical Capacity across the system
- High level of Repatriations to Trusts post specialist care
- Cancelled electives including urgent and cancer surgery
- Addition risk across the system compromising quality and patient safety
- Increased pressure on workforce - impact on staff /service resilience
- System declaring OPEL 3 status for an extended period.
- Sustained non achievement of national performance targets

Our evaluation of winter 2016/17 was a valuable exercise and highlighted what worked well and identified areas for improvement. This enabled us to explore new opportunities, improve and develop services to maximise resources and scope options for mutual aid though the proposed initiatives within the LSDP.

4.2 What worked well in 2016/17?

The system historically prepares for the predictable challenges of winter but over the last three years in Leeds we have seen increased system pressure throughout the year. This has highlighted the importance of a collaborative year round planning approach with strong system leadership to address the ongoing challenges that was seen in 2016/17

Successes of 2016/17 to build on:

- Co-ordinated detailed A&E plan to promote a collaborative approach
- Primary Care Stream in A&E pilot to realign resources in the Emergency Department
- Admission avoidance through adult assessment and ambulatory care pathway developments
- Additional bed capacity within LTHT to address surges in capacity
- Leeds & York Partnership Foundation Trust (LYPFT) Rapid improvement events led to reduction in Out of Area Treatments
- Leeds Integrated Discharge Service (LIDS) across discharge wards in LTHT to support improved discharge and outflow
- Transfer of care group – Dedicated to discharge developments
- Short term ring-fenced investment – support additional services during surges in demand
- Mental Health Investment –Liaison psychiatry 24/7 in the ED, community services providing alternative places of safety e.g. crisis café
- Mutual aid – sharing workforce limited but positive impact
- 7 day community respiratory service to support admission avoidance and discharge
- Development of escalation processes -OPEL to support consistent approach and align to national requirements
- National communications campaign influenced people's behaviour

4.3 What did we not do so well in 2016/17?

The key highlights from the evaluation for improvement are:

- Communicate systematically and consistently- didn't talk the same language about escalation
- Plan ahead sufficiently
- Anticipate cross organisational impact early enough to respond appropriately/effectively – provide system wide support to each other
- 'Mutual aid' / system thinking
- Quantify community bed provision and services
- Dementia (complex) bed capacity
- Trusted assessor roles
- Transfer / discharge to assess
- Assess impact on, and contribution of, primary care to system pressures

4.4 What will be different in 2017/18

It was evident that if we were to have further impact in 2017/18 we needed a more proactive approach with early planning and strong system leadership and commitment. Planning started in March 2017 with system agreement on the priority areas building a vision of what would be different in 2017/18.

- **Long term condition management -** Respiratory 7 day service embedded throughout the pathway
- **Community capacity –** Neighbourhood team/practice nurse development, increased capacity within reablement, and equipment, action on care homes support and development, streamlined system referral processes, reconfiguration of the Minor Injuries Units (MIU) to meet national Urgent Treatment Centre standards plus additional primary care developments/ extended access to primary care.
- **Community Bed procurement -** Will deliver an additional 49 beds for both intermediate care and transfer to assess capacity.
- **Acute front door –** sustainable integrated primary care streaming service in A&E, multi-agency frailty unit with a strength based approach to need, expanded ambulatory care pathways, MH liaison and third sector involvement
- **Discharge** - Leeds Integrated Discharge service multi-agency discharge approach , Hospital social work realignment and trusted assessor to provide timely assessments and decision to transfer/discharge, transfer to assess bed capacity,
- **Ambulance Response Programme –** Continued revised coding of ambulance dispatch to support a more appropriate response, Urgent Care Practitioner development in Leeds to 'see and treat' reducing conveyance to A&E
- **System Management, escalation & mutual aid -** Agreed system wide escalation policy with consistent communication, agreement of support offered and what can be stopped at times of escalation

Delivering a comprehensive plan requires effective co-ordination, communication that promotes system commitment, accountability and transparency. This will be achieved through a detailed work plan (Appendix 1) setting out initiatives under the 12 agreed Leeds work streams with clear key performance indicators and risk to delivery.

Section 5 provides more detail around a number of the key areas of development within the 12 work streams:

5.1 A&E streaming

LTHT piloted A&E streaming in 2016 / 17 which was positively evaluated and informed new service developments. We have been working with an alliance of providers to deliver a more sustainable and integrated service from October 2017. Patients presenting at the Emergency Department (ED)will be triaged by a clinician and streamed into the most appropriate service allowing the ED resource to be focussed on patients with greater needs.

5.2 Patient Flow

We have learned that smooth patient journeys are critical for a positive patient experience and effective service delivery. The LSDP is reflective of the importance of effective flow and the impact it has on the system and our population at all points of delivery. The Leeds Integrated Discharge Service (LIDS) and the realignment of hospital social work teams are two areas of focus which will see patients assessed and discharged in a more timely way.

We are progressing options to ensure the sustainability of the LIDS service and expand the service to increase trusted assessors capacity to maximise the opportunities offered by other out of hospital services i.e. equipment.

5.3 Community capacity

There is a national focus on services that maintain people in their own homes and promote self-care and independence. The Hospital to Home element of the LIDS service supports patients to be discharged home directly from the emergency department or an assessment ward thus avoiding and admission.

Leeds City Council's new reablement service has been a major development in the city in 2017. We are already seeing the benefits of this service that supports patients being transferred out of hospital to receive support to recover. The availability of equipment 7 days a week is a key enabler for reablement and we are also benefitting from the processes developed in early 2017/18.

The procurement of a new community beds model has been a significant piece of work during 2017. The mobilisation of the beds from November 2017 will increase system capacity by 49 beds delivering a flexible bed base for both discharge to assess and intermediate care providing both step up and step down beds with 7 day admission supporting both non-elective admissions and DToC's. Comprehensive mobilisation plans have provided a high confidence in delivery within the timescales.

In 2017/18 the LIDS may expand to cover more wards across both sites and incorporate a trusted assessor model once additional funding is secured.

5.4 Mental Health

Leeds continues to deliver a rapid bio-psychosocial and risk assessment of individuals who present to A&E with deliberate self-harm and acute mental health problems within 3 hours of referral by LTHT. The crisis café delivered by the Third Sector continues to provide a place of safety as an alternative to A&E supporting social needs and signposting with positive outcomes.

5.5 NHS 111 service developments

Co-ordinated at a regional level the ambition is to roll out NHS 111 Online nationally, increase the clinical input into the triage of patients and when appropriate book patients directly into onward services, Leeds was part of the pilot and we await the evaluation report.

Leeds participated in the pilot for the direct booking of patients from 111 into local GP practices; though the impact was minimal this remains a key national priority and Leeds are keen to support developments at a regional level.

5.6 Primary Care including GP access

We need to recognise that Primary care is also under growing pressure from workload, workforce issue and demand on services.

There is an NHS national ambition and trajectory for delivering extended primary care. Leeds has plans in place to meet these and currently exceeds the national target of 50% with 53% of the population accessing weekend and evening appointments in primary care.

The areas of focus for primary care within the LSDP are to support community capacity especially at times of real pressure. A significant programme of work commenced in 2017 on System Integration and the development of Primary Care. This will see GP Practices increasingly working together in groups or hubs. This provides an opportunity to maximise the current skills and services in place to meet patient's urgent care needs. We are working closely with the GP Alliance to scope options for the Leeds Urgent Care Strategy.

5.7 Care Homes

Leeds is significantly involved with the regional care home work led by NHS England. Within Leeds we have developed a cross organisation care home quality group to support standards of care. We also have engaged in several innovative projects including telehealth into 15 care homes, (availability of skype type calls to a clinical support hub in Airedale Hospital) red bags scheme to ensure people have their medication ready if admitted to hospital implemented in all care homes. Red 'book bag' accompanies patients into hospital with standardised paperwork and support for subsequent discharge)

We have strong working links developing with Leeds Care home forums with positive early discussions regarding the development of a care home trusted assessor model. The trusted assessor model would support discharge as a key priority for further work before winter 2017/18.

In addition a number of primary care schemes from across the city to support care homes is being evaluated to develop a standardised model for 2017/18.

5.8 Urgent Treatment Centres

Alignment of the current urgent care services with the national directive for the development of Urgent Treatment Centres (UTC) is a more strategic ambition in Leeds and sits currently within the Leeds Plan. The ambition will be to deliver urgent care differently integrating extended hours, GP out of Hours, minor injuries services, diagnostics and walk-in-centres into one service.

A full review of the minor injuries and walk-in services has been completed and will be the starting point for the developments along with the current primary care hub working across the city. Analysis of the National guidance and early discussions with providers is ingoing and Leeds feels that it is in a good position to progress the development of a UTC during winter 2017/18.

We aim to redesign one of the Leeds walk in centres to National UTC specification by the end of winter 2017.

5.9 Ambulance response programme

As a pilot site for the national Ambulance Response Programme, Yorkshire has successfully implemented the change in the triage of people and dispatching the appropriate vehicle. This has seen an improvement in the ambulance performance for emergency calls by 8% targets for the city.

The LSDP continues to maximise opportunities to develop our local ambulance workforce assisting community pathway developments including the Falls Service, Frailty Unit, urgent vehicle services and the development of up to 6 Urgent Care Practitioners in the city for winter 2017/18.

5.10 Public Health

With a focus on self-management, reducing falls and managing outbreaks there are range of public health initiatives that contribute to the effectiveness of the LSDP. These include:

- Leeds City Council (LCC) to commission to deliver Infection Control audits within the care home economy and manage outbreaks of infection effectively.
- LCC facilitate the delivery of infection control training into schools through a workshop and distribution of appropriate promotional material such as hand washing leaflets.
- NHS England to commission Primary Care services, providers and community pharmacies to deliver an influenza immunisation programme targeting at risk groups.
- NHS Leeds CCG, LCC and partners to support promotional campaigns through coordinated communication plans.
- Providers to deliver influenza immunisation programmes for staff.
- LCC to deliver Winter Friends programme, administer Winter Wellbeing Small Grants programme and commission Warmth For Wellbeing service
- Promote Public Health England Cold Weather Plan high impact interventions to the health and care workforce.

5.11 Communications

It is recognised that we need to change the conversation with our population regarding how they access and use services. Building on previous experience and evidence, Leeds will need to agree the conversations with the public regarding the optimal use of services. The Leeds Winter communications plan will be developed by October 2017.

5.12 System management, Escalation and Mutual Aid

Operational Pressures Escalation Levels (OPEL) is the NHS England Mandated framework for all NHS health organisations which aims to provide consistency in the reporting and managing escalating situation across system both locally and nationally. The Leeds Operational Pressures Escalation Levels (LOPEL) policy has been developed to provide a local framework with clear roles and responsibilities for orgainisations both in and out of

hours and will aligned to organisational On Call procedures and national reporting requirements.

The overall aim is to provide systematic processes that underpin the management of the system at times surge and capacity pressures. It is essential that we develop a process that is able to identify building pressures in order for us to be proactive and deploy mitigating actions.

Collecting information daily in a consistent way will allow us to collate, analyse and share system wide information to inform organisations, internal and external actions to promote recovery. Adopting this approach will ensure partners work together within agreed escalation processes and a clear principle of mutual aid to support each other will ensure patient care is optimised.

The LOPEL Policy will:

- support organisational compliance with the 2017/18 Emergency, Preparedness, Resilience and Response standards with comprehensive action plans
- ensure mutual understanding of the parameters of the OPEL Levels and how they work within Leeds to ensure they reflect and meet our local needs.
- Align organisational triggers to OPEL to ensure consistency in the interpretation
- Ensure all organisations provide assurance regarding their OPEL levels and internal actions they will take to ensure de-escalation
- Agree the reporting format, analysis and sharing information
- Develop a data collection for primary care to assess flow and demand
- Desk top exercise to test process and mutual aid in an escalating scenario, to include adverse weather and flu and system management at OPEL 4/critical, major incident
- Provide system leaders and clinicians with a mutual aid document with agreed cross organisational actions, Including communications
- Implement a structured approach which drives and supports assurance of a timely system management promoting a recovering system (SiTRep calls)

All of this process will be sufficiently flexible to allow an effective response to a whole spectrum of incidents and events that may create a surge in demand for health and care services, irrespective of situation, duration, scale and type.

The new system management process will be in operation from 1st Novemeber 2017, there is an acknowledgement that this winter will be a testing period as we work though some the challenges of data collection and circulation in a timely way. The diagram of the proposed system for escalation for Leeds can be found. (Appendix 2)

Mutual aid definition

> ‘*At its most simple level, mutual aid can be described as people with similar experience and common objectives helping each other to manage and overcome issues……..members both offer and receive support as part of the group’*

The Leeds Mutual aid agreement will

5.13 Gaps: Areas for further development in 2017/18- 19

The SRAB recognise that there are a number of gaps across the Leeds system where improvements, investments and developments are essential. These include:

- Options to increase EMI community capacity and beds
- Urgent community dental services – led by NHS England
- Care home developments – trusted assessor, discharge flexibility
- Live bed state including the independent care home sector
- Securing funding to expand the Leeds Integrated Discharge Service
- Review of whole system beds capacity and requirement in the next 5 – 10 years
- Further review and development of the Urgent Treatment Centre model for Leeds
- System transport review commenced
- System estates review commenced

6. Monitoring and reporting

The LSDP will be monitored by the ORG through agreed Key Performance Indicators (KPI's) to demonstrate a contribution to the 9 overall assumptions to deliver winter referenced in section 2.

6.1 Logic Model Approach

To co-ordinate this effectively a model logic approach has been agreed to provide a diagrammatical view of the plan and demonstrate links across the inputs, initiative/activities, and the 9 agreed system assumptions (Appendix 3). An each initiative lead will be required to submit a monthly highlight report (Appendix 4) to the ORG providing the group with the tools to monitor the plan and take actions to maximise impact, redirect resources or scope further opportunities. It is to be noted that there are a number of baselines outstanding for us to be able to confirm our trajectory ambitions but an assurance that these will be in place October 2017.

A monthly high level overview will then be produced for the SRAB to provide system assurance by monitoring progress against the 9 system assumptions, escalating unresolved issues and managing system risk.

7. Resourcing the Local System Delivery Plan

This year 2017/18 there is no CCG non recurrent financial allocation to the SRAB for winter initiatives, as has occurred in previous years.

Without any additional funding the success of the plan is dependent on our commitment to enable collaborative working across organisations to maximise existing investment, capacity

and ensure resources are used effectively and efficiently to support quality experiences for our population.

There will be a focus on new ways of working across localities, communities and acute settings to ensure people receive the care/response they need first time and when appropriate enable them to retain their independence where appropriate.

An excellent example is the current development of a frailty service for Leeds that is under development through the Action on A&E programme. This involves all partner organisations, including the Third Sector working together to deliver a frailty pilot to inform a new service model for winter.

All initiatives within the LSDP have been assessed for cost impact and resource solutions agreed, with the exception of the LIDS business case which will be presented to the CCG in August 2017.

8. Risks

The high level risks and mitigating actions to support the delivery of a resilient health and care system in 2017/18 are identified within 2 areas:

- Variable risks are those which we cannot predict but where we can put mitigating plans in place, 9 high level risks have been identified.
- Impact risks are those we have assessed and highlighted the probabilities and consequences of the risk, 8 high level risks have been identified

The high level risks have been RAG rated pre and post the agreed mitigating actions, the full risk register for the LSDP are included in Appendix 5.

9. Conclusion

Leeds has taken a far more proactive approach this year to planning for those predictable challenges that face our health and care system. Evaluation of previous winters has informed the LSDP along with national guidance although it is recognised that there are many varying factors identified within the section 8 system risks that will support or impede the success of the plan.

We can provide assurance that for 2017/18 there are agreed system wide initiatives in place with robust monitoring, clear lines of accountability and overall system commitment to work in an integrated way to deliver care, benefit from the impact of achieving the assumptions and achieve performance targets.

Glossary

BCF – Better care fund
CCG – Clinical commissioning Group
DTOC – Delayed transfer of care
ED – Emergency department
ECS – Emergency Care Standard
EDAT – Emergency duty assessment team
EMI - Elderly mentally infirm
EPRR – Emergency preparedness resilience & response
HWBB – Health and wellbeing board
KPI – Key performance indicator
LCC – Leeds city council
LDSP – Leeds system delivery plan
LTHT – Leeds teaching hospitals trust
LCH – Leeds community healthcare
LYPFT – Leeds & York partnership foundation trust
LIDS – Leeds integrated discharge service
ORG – Operational resilience group
OPEL – Operational resilience escalation level
PEG – Partnership executive group
STP – Sustainability and transformation plan
SiTREP – Situation report
SRAB – System resilience assurance board
UTC – Urgent treatment centre

Appendices

Appendix 1 Leeds system delivery plan
Appendix 2 Stages of escalation
Appendix 3 Logic model