

Leeds Health & Wellbeing Board

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Report of: Jason Broch, Chair, Leeds North CCC

Report to: The Leeds Health and Wellbeing Board

Date: 10 June 2015

Subject: Health and Social Care winter pressures in Leeds: building a resilient system

2 Sentence Strap line:

This report provides Board members with an overview of health and social care winter pressures in Leeds, and planning to build a resilient health and care system. It describes the allocation of non-recurrent funds, the evaluation of system demands and performance through winter 2014/15, and outlines the areas of investment in 2014/15 and recommendations for 2015/16.

Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Summary of main issues

Within Health and Social care, the term System Resilience (SR) refers to the sustainable, year-round delivery of high quality services to patients, and such resilience is founded on the principle of ensuring patients flow consistently through the health and social care system during the year, within both unplanned and planned care.

This report provides Board members with an overview of planning for system resilience, including describing the allocation of non-recurrent funds, evaluating the system demands and performance through winter 2014/15, and outlining the areas of investment in 2014/15 and recommendations for 2015/16.

Recommendations

Board members are asked to:

- Discuss the key findings of the evaluation of health and social care winter pressures in Leeds in 2014/15
- Agree future actions to better enable the Leeds Health and Social care economy to deliver system resilience and ultimately secure good patient experience.

1 Purpose of this report

1.1 This report provides Board members with an overview of planning for system resilience, including describing the allocation of non-recurrent funds, evaluating the system demands and performance, and outlining the areas of investment in 2014/15 and recommendations for 2015/16.

2 Background information

2.1 During 2014/15 Leeds Clinical Commissioning Groups (CCG) were allocated £7,888,064 (in 3 tranches) System Resilience non-recurrent monies by central government, directed by the “Operational Resilience and Capacity Planning for 2014/15” guidance released by the Department of Health/NHS England. The Strategic Urgent Care Board on 7 July 2014 agreed the governance and process for the allocation of the System Resilience (SR) monies.

2.2 Leeds CCG invested the SR monies across the Leeds Health and Social Care economy (figure 1), to support the delivery of non-elective care (monitored primarily through delivery of the Emergency Care Standard).

2.3 The local allocation of this money was agreed and signed off by the Strategic Urgent Care Board (SUCB) 18 November 2014, it was also agreed to reallocate identified slippage monies into other schemes to assist with delivery and resolve

Figure 1

Areas of 2014/15 System Resilience investment – Non Elective



Mental Health	Community Care	Third Sector	Pharmacy
£820,362	£2,041,719	£115,000	£41,736

Primary Care 111	Ambulance	Acute Care	Social Care
£485,828	£40,000	£94,250	£3,589,584
			£140,000

3.4 In total the SUCB supported fifty six SR schemes for implementation across the Leeds Health and Social Care economy (Appendix 1). Short term issues as they occur have been highlighted.

3.5 The monitoring process via Unify 2 enables commissioners to identify the schemes status in terms of implementation and progress on delivery, and enabled us to reallocate funds as agreed to different schemes and alternative organisations to ensure that we maximised the impact SR monies.

4 Main issues

Evaluation

- 4.6 It is extremely important for the Health and Social care economy to understand the impact of any SR schemes within their own organisation and across the wider system. The information collected through Unify provides high level information but it is the robust system wide data and soft intelligence that the system requires to inform commissioning conversations and transformation change.
- 4.7 It was proposed to conduct the evaluation in 2 stages with a Desktop assessment in March and then a system wide workshop April/May with recommendations to Strategic Urgent Care Board 5 May.
- 4.8 To ensure an inclusive approach and a robust evaluation process, it was deemed critical to gain views across all providers and commissioners throughout our health economy, therefore we asked for cooperation in collating and providing the following pieces of information and intelligence:
- A. Qualitative feedback form - When completing this form we asked for a holistic view of the system to ensure we gained a feel of the impact of their organisation/service as well as considering their impact on other services and other services impact on you.
 - B. Provider data and trend analysis (Sept 2014 to date, and Sept 2013 to May 2014) - we made a request of each organisation for focussed and specific data and trend analysis.
 - C. Hypotheses for testing and informing recommendations – A number of hypotheses were proposed based on the collected data and feedback.
- 4.9 The second part of the evaluation process was a Senior Level Workshop held on Wednesday 22nd April.

System resilience priorities

- 4.10 High level data demonstrated how the system with regards acute activity performed the over winter 2014/15, this in conjunction with front line managers qualitative feedback and executive level discussions the following 8 priorities have been agreed by Strategic Urgent Care Board, 5 May 2015 and Transformation Board, 6 May 2015 as SR priorities:
- Capacity planning and modelling – patient profiling, bed plan, workforce
 - Admission avoidance and bundle testing – non elective pathways (all providers)
 - Staff to support system wide 7 day flow including discharge, clinical & support
 - Contingency plans – beds/staff
 - Domiciliary care
 - Leeds Equipment service
 - Primary Care additional clinics

- Communications

4.11 Delivery against these priority areas will be the responsibility of the System Resilience Group.

Governance

4.12 To address the challenges of maintaining system flow, from both an operational and strategic perspective System Leaders across Leeds have reached a consensus to review current governance structures of existing Boards etc. to ensure a more streamlined and co-ordinated approach. This is outlined in appendix 2.

4.13 As a result the following groups have been established:

- System Resilience Group – Executive level membership concentrating on the operational issues – tomorrow, next week, next month, next season, next year.
- Merging the Strategic Urgent Care Board and the Effective Admission and Discharge as a major transformation work stream.

4.14 The SRG is currently working through the action plan to deliver the 8 priorities, meeting on a weekly basis, reporting to System Leaders. The Terms of Reference for the Strategic Urgent Care Board and the Effective Admission and Discharge are currently in development with Chief Executives.

5 Health and Wellbeing Board Governance

5.1 Equality and Diversity / Cohesion and Integration

5.1.1 Since this paper reports on internal mechanisms within the partnership to ensure systems resilience in Leeds, there are no direct Equality and Diversity / Cohesion and Integration issues raised. All the organisations concerned undertake patient involvement work, and urgent and emergency services in Leeds have been subject to extensive recent public consultation.

5.2 Resources and value for money

5.2.1 Winter pressures, delayed discharge and unintegrated care pathways cause major cost pressures within the health system, and as such the process and planning outlined in this paper is designed to contribute to a sustainable health and social care system in Leeds.

5.3 Legal Implications, Access to Information and Call In

5.3.1 There are no legal or access to information implications of this report. It is not subject to call in.

5.4 Risk Management

- 5.4.1 The major risks relating to this work (the risks it is designed to mitigate) include: poor patient safety and quality of care under a pressurised health system; poor patient experience of health and social care; the sustainability of the system and the financial consequences of poorly integrated services.

6 Conclusion

- 6.1 The 2014/15 system resilience evaluation and reconfiguration of the governance structure demonstrates a whole system approach to addressing the challenges at both an operational and strategic level to deliver robust health and social care services. The 8 priorities will provide a focus for the ongoing work ensuring ownership and accountability across the system.

7 Recommendations

Board members are asked to:

- Discuss the key findings of the evaluation of health and social care winter pressures in Leeds in 2014/15
- Agree future actions to better enable the Leeds Health and Social care economy to deliver system resilience and ultimately secure good patient experience.