

Report of: CCG Chief Officers

Report to: The Leeds Health and Wellbeing Board

Date: 30 September 2015

Subject: Winter Planning and System Resilience in Leeds

2 Sentence Strap line: This report provides Board members with an overview of planning, investment, management and developments across the Health and Social Care system to achieve year round system resilience and the delivery high quality effective services to its population.

Are there implications for equality and diversity and cohesion and integration?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" 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 checked="" type="checkbox"/> No

Summary of main issues

System Resilience (SR) is the sustainable year round delivery of high quality services and is founded on the principle of ensuring patient flows both unplanned and planned throughout the health and social care systems consistently during the year.

The System Resilience Group (SRG) was established to develop a co-ordinated approach across all commissioner and providers to ensure one planning process across all areas of health and social care

Bringing together the systems planning processes underlines the importance of whole system resilience and that commissioner and provider processes need to be addressed simultaneously in order for Local Health and Social Care systems to operate as effectively as possible in delivering year-round services for patients.

Whilst winter is clearly a period of increased pressure, establishing sustainable year-round delivery requires careful co-ordination and for planning to be ongoing and robust. This will put Leeds Health and Social Care economy in a position to move away from a reactive approach to managing operational problems, and towards a proactive system of year round operational resilience.

This report provides Board members with an overview of planning, investment, management and developments across the Health and Social Care system to achieve year round system resilience and the delivery high quality effective services to its population.

Recommendations

The Health and Wellbeing Board is asked to:

- Note the content of the paper and the establishment of the System Resilience Group and its commitment to continue to work across the City to maintain a resilient Health and Social Care economy
- Consider the system challenges affecting both national and local delivery and how joint working in Leeds can support these
- Continue to support the integration of Health and Social Care and the critical part it plays in delivering a resilient city and maintaining a positive experience for patients and service users
- Support the further development of a system wide REAP plan, to initiate a system wide response to the immediate pressures and achieve further Health and Social Care integration to support resilience

1 Purpose of this report

The purpose of this report is to provide the Health and Wellbeing Board with an overview the Leeds Health and Social economy year round System Resilience plan.

The responsibility for the development, delivery and monitoring of the plan sits with the Leeds SRG. The plan outlines the system approach to resilience incorporating the priorities, investments, developments, management and risk.

The Leeds Joint Health and Wellbeing Strategy 2013-2015 sets out five outcomes for Leeds. System resilience of all health and social care services is critical in achieving these outcomes. Collaboration in planning, operational delivery and the management of risk will further strengthen the city's position in improving the health and wellbeing for the Leeds population.

2 Background information

System Resilience (SR) is the sustainable year round delivery of high quality services and is founded on the principle of ensuring patient flows both unplanned and planned throughout the Health and Social Care systems consistently during the year.

Whilst winter is clearly a period of increased pressure, establishing sustainable year-round delivery requires collaboration and partnership working to move away from reactive approach to managing operational problems, and towards a proactive system of year round operational resilience.

The Leeds System Resilience Group (SRG) was established to ensure the co-ordination of all elements of the Health and Social Care planning process. The membership, governance (Appendix 1) and frequency of the SRG reflects its remit to respond to make decisions that

have an immediate effect on the delivery of care. This approach underlines the importance of whole system resilience and the significance of co-operation and integration between local systems to deliver effective year-round services for patients.

National guidance “The Preparation for Winter 2015/16” has been issued from the Tripartite of NHS England Monitor and the Trust Development Agency (TDA) outlining the following elements and key points which the SRG are accountable:

- SRG Assurance
- The expansion of the SRG remit to include cancer and planned care (18 weeks referral to treatment target)
- The Nine High Impact Interventions for Ambulance Trusts.
- 24/7 Liaison Mental Health (LMH) services in A&E.
- Crisis Care Concordat
- The Enhanced Support Team.
- Delayed Transfers of Care.
- Communications and Marketing campaigns.
- Declaring a Critical Incident or Emergency, and the role of the Emergency Preparedness, Resilience and Response (EPRR) framework
- National Flu Programme

Leeds North CCG Chief Officer, Nigel Gray is the responsible accountable officer for the co-ordination of the System Resilience agenda for the city. The city wide Urgent Care team are responsible lead the co-ordination of the SRG including all NHS England submissions.

3 System Resilience Planning

Leeds commissioners and providers recognise that planning for winter and adverse weather does not reflect the surge and escalation pressures experienced by the system. Therefore the SR plan for the city needs to reflect year round resilience including surge and escalation plans, investment in both redesign and capacity, and business continuity/contingency arrangements.

Commissioners also recognise that non recurrent and short term provision of services are both more costly and creates an environment where recruitment is more challenging, as is maintaining quality and resilience. To this end the SRG are seeking to invest recurrently in contracts where possible to reflect the learning from the evaluation of 2014/15 national guidance on high impact interventions and the costs of transition to a recurrent position.

The SRG defines System Resilience as a system which can cope with that which might reasonably be expected to happen in any given year, and that one off occurrences such as a significant serious viral infection, require an associated planning process to ensure that contingency and business continuity plans are in place allied with the surge and escalation management, Resource, Escalation, Action Plan (REAP) approach.

Our 2015/16 Leeds SR Plan is therefore the beginning of a rolling plan and contains the following aspects:

1. Assurance and planning processes
2. System Resilience priorities
3. Investment in 2015/16 from System Resilience and other monies
4. Risks and mitigations
5. Surge and escalation management (REAP)

3.1 Assurance and Planning processes

Local assurance

As planning is a continual process it is incumbent on partner agencies to raise resilience issues with the SRG as soon as identified in order to support the transition from a reactive Health and Social Care economy to a proactive one.

Planning and assurance for the anticipated pressures of winter 2015/16 formally started in May 2015 and have continued with fortnightly SRG meetings to agree priorities and work plans.

The plans have progressed and there are continuous discussions regarding the level of assurance between all parties. The main system risks are outlined within section 3.4. Mitigating actions are agreed, reviewed and monitored and contingencies developed to provide further assurance across the system.

It must be acknowledged by the Health and Social Care Economy that the plan has been developed within the CCG's financial allocations. The SR plan and especially the elements to address winter pressures where possible have been built into a year round planning approach that considers all elements of the system and their contribution to delivering system resilience.

To maximise resources across all elements of the system the 2015/16 SR plan sees the inclusion of a broader spectrum of providers a shift from previous years of predominately concentrated on the acute sector. The shift will provide alternatives for patients at times of system pressure to maintain flow by moving patient's into the most appropriate care setting and where possible back into their homes. This whole system approach has received total commitment from all parties but has required an increased level of local assurance from the SRG.

Regional and national assurance

There is a close liaison between the CCG urgent care and planning teams and the NHS England Y&H team ensuring positive, two-way flow of information to ensure clarity and timely communication. In addition all planning and system resilience leads participate in the NHS England weekly planning teleconferences.

The steer of National Urgent and Emergency Care review is to ensure the regional delivery of services, for Leeds this is defined as West Yorkshire. The CCG Urgent Care team participate in all regional meetings to ensure consistent messages which are of particular value in driving services quality and performance from regional contracts to support system wide resilience.

3.2 System resilience priorities

The SRG will be accountable for the delivery of both the national and local key priorities to ensure system resilience. The SRG also recognise the need to be flexible to the changing commissioner and provider landscape and deal with any incidents that may affect the resilience of the system.

- 3.2.1 2015/16 local key priority areas requiring further investment, development and integration where identified through a robust evaluation process incorporating various channels of

system engagement. The priorities for 2015/16 were agreed by the SRG and signed off as follows:

- Understand the changing patient profiles of our population
- Enhanced the current city wide bed and capacity plan – acute and community and Social Care
- Review options for the commissioning of Domiciliary Care packages across organisations
- Understand and mitigate risks across system interfaces
- Scope options for bundle testing prior to referral
- Maintain 7 day flow
- Contingency response at times of significant pressure-workforce/capacity
- Develop the role of the 3rd sector
- Review out of hour's Primary Care provision

3.2.2 The national key priorities as defined by the tripartite of NHS England, Monitor and the Trust Development Authority cover the areas as outlined in section 2, background information.

The SRG will ensure that both the local and national priorities are integral to our System Resilience plan and build on the existing work across the city. In a number of the areas Leeds has made significant progress, including the Crisis Care Concordat, Emergency Preparedness, Resilience and Response (EPRR) and Capacity Planning. We will continue to progress this work recognising the national focus whilst reflecting local needs to secure the best outcomes for the Leeds population.

3.2.3 In addition to the identified priorities the SRG recognise the importance of a number of other areas that are vital in supporting the resilience of the system. The SRG work closely with colleagues and partners to ensure all developments in these areas are aligned to the SR plan and its components to continually provide a whole system approach.

Key stakeholders are encouraged to escalate issues to the SRG that may impact on the resilience of the system to ensure high level actions can be taken to mitigate further escalation.

Other areas include but are not exclusive to:

- Children's services
- Primary Care extended services
- Pharmacy
- Integrated care and prevention programme including House of Care
- Flu campaign
- Adverse weather plans
- Public Health initiatives –High impact interventions for older people
- Workforce development
- Dementia services
- 3rd sector- winter friends

Children's Services

Analysis from 2014/15 highlighted a distinct link between peaks in children attendances and that of the elderly; assisting us in predicting our peak times. The SRG will continue to link with city wide collaborative commissioning teams to progress work to support resilience services including the transition between children's to adult services.

Areas of work with children's and maternity services include:

- Gaining an understanding of the changing patient profile including impact of increasing birth rate and the needs of children with complex disabilities
- Communication and marketing campaigns for example easy read advice for the unwell child
- Shared risk across system interfaces – further develop the relationship and service opportunities between Secondary, Community and Primary Care and with the services provided within schools and Local Authority children's services
- Primary care – if interest and demand from areas with high numbers of children consider provision of additional clinics specific for children
- Facilitate discharges and use of fast track processes
- A review of child and adolescent emotional Mental Health services was recently undertaken and there is a comprehensive work programme which includes submission of a transformation plan to NHS England
- A five year maternity services strategy has recently been launched expressing the commitment by a number of organisations to the continued improvement of maternity services and supporting the city's 'Best Start Plan'

Primary Care and Pharmacy

The three Leeds CCGs are all working with members to develop and commission approaches to extended access to primary care.

High-levels of system pressure across Acute, Community and Primary Care in April 2015 resulted in Leeds North CCG working with 111 and the Out of Hours (OOH) provider to commission member practices to provide additional primary care opening over the four day Easter 2015 period.

Following the success of this initiative, the three Leeds CCGs are already working together with the GP Out Of Hours provider to replicate this model for the Christmas 2015 and Easter 2016 periods. Beyond Leeds, other West Yorkshire CCGs are also planning to replicate this initiative.

Leeds recognises the important role that pharmacy services play within the health economy and are keen to expand the levels of services provided in community pharmacists. Two schemes have been funded across the city to redirect patient away from the traditional services such as Out Of Hours and A&E. Evaluation is extremely positive and we are will be securing recurrent funding for 2016/17

Flu Campaign

NHS England and Public Health England (PHE) are accountable for the delivery of the flu campaign across the city. NHS England lead a robust governance process which provides assurance to the Leeds Health Protection Board on performance and risks.

Public Health within Leeds City Council (LCC), Leeds CCGs, NHS England and PHE have worked together to develop a Leeds citywide approach to support the implementation of the seasonal flu campaign. All parts of the system are working together to provide consistent messages targeting the identified at risk groups (over 65s, at risk, pregnant women, children aged 2, 3 and 4 and those in years 1 and 2, aged 5 and 6). As part of this, LCC and CCG communication departments have developed one flu communications plan for the City and primary teams with support from NHS England and LCC Public Health are heavily involved in the promotion and operational delivery of the vaccination to the population and care staff.

The SRG plan incorporates and receives assurance from these parties regarding the forthcoming campaign and offers support when required. The Urgent Care team attend all city wide meetings regarding both the annual campaign to ensure a co-ordinated approach.

Winter Friends

The Adverse Weather Group has agreed to endorse the Winter Friends approach, including training for 'Friends' and the access to additional resources (expanded Winter Wellbeing Packs, developing a checklist). Public Health will co-ordinate a city wide programme supported by Adult Social Care commissioning.

The Winter Friends scheme is focused predominately at vulnerable people to foster a positive conversation around what's affecting them in order to offer support. The training for volunteers will be no longer than 3 hours and will focus on how to promote, use and access available services and resources as well as identifying additional support if required e.g. flu vaccinations, energy efficiency and eating well. The training will also bring added value by allowing networking activities to take place and foster a consistent and appropriate approach.

In addition the procurement of the Winter Wellbeing Service will be announced shortly (though should be in place by end of October); the application of the winter small grants scheme to third sector organisations will also be available and some community committees are providing additional funding for winter initiatives.

3.3 System Resilience Investment

In previous years the Leeds system has received non-recurrent in-year resource allocations to support 'winter planning'. Centrally allocated and determined by the likely need in any year, commissioners responded rapidly to purchase short term, non-recurrent, additional capacity which did not always address the real system pressures.

3.3.1 2015/16

Over the last year the national dialogue has changed to reflect the surge and escalation pressures experienced year round and the need to recurrently commission solutions to ensure resilience. As a result the CCG recurrent baseline allocations were increased by £5.1m for 2015/16 allowing commissioners to invest recurrently in contract baselines to support system resilience.

To date Leeds has invested their allocation both recurrently and non-recurrently in provider's baseline contracts and in addressing significant system pressures throughout the first half of 2015/16. The SRG has agreed a further spending schedule to support a number of initiatives as we approach winter which brings the total investment in system resilience for 2015/16 to £8.4m. This brings the required investment £3.3m above the CCG allocation.

Additionally through the implementation of the community beds strategy, increasing Community Intermediate Care (CiC) bed capacity was identified as a priority following 2014/15 evaluation as these beds have a critical role in admission avoidance and system flow. As a result a further 21 beds will be available to the system resourced through Better Care Fund (BCF) (£651k) for 2015/16 which will come on stream during September and October 2015.

This brings the investment in system resilience for 2015/16 to £9.1m

With no further allocation anticipated in 2015/16 the city will not have any further resources to support any contingency actions required which poses a system risk.

Additional there are various initiatives within the BCF that support resilience of the whole system and contribute to the effective flow of patients through the system. These include:

- Development of Dementia services £885K
- Falls service development £250K
- Enhancing neighbourhood teams £2m
- High Volume Service Users £70K
- Primary Care £2m

Though the BCF schemes are monitored and reported through the BCF delivery group, it is important for the system to act as a whole to maximise existing resources, eliminate duplication and prevent waste, especially in light of the current and future financial constraints.

It is imperative that resilience is delivered while maintaining financial balance. There can be no trade-off between finance, quality and performance which will be monitored across the whole system by the SRG and escalated when appropriate.

3.3.2 2016/17

The planning process for 2016/17 has commenced, system resilience is a top priority for commissioners with the anticipated recurrent commitment for 2016/17 as a result of the actions in 2015/16 totals £11.8m, broken down as follows:

- Contract baselines - £4.2m
- Contingency funds – £1m
- Additional 21 community beds - £1.4m
- BCF schemes totals – £5.2m

Committing funding at the start of the financial year will allow providers to plan for year round services and support a sustainable workforce. Providers will have the ability to flex their capacity, workforce and infrastructure to support the times of high pressure maximising resources to achieve efficiencies and value for money.

3.4 Risks and mitigation

The Leeds Health and Social Care economy is a complex system delivered by multiple agencies which initiate's a risk in itself. All organisations are responsible for managing their own individual risks with the SRG responsible of identifying, agreeing mitigating actions and monitoring system risks through the SR plan.

3.4.1 The following table provide an example of the high level risks across the system in delivering system resilience and the SRG's mitigating actions.

Risk	Mitigation
Ability to consistently manage patient flow 7 days a week across the whole system.	Develop city wide bed plan that considers the type of beds required to meet the changing profile of our patients and establishes consistent approach to managing the varying levels of

<p>The lack of patient flow will result in blockages across the system which has the potential to impact on patients care and result in a poor patient experience across both urgent and planned care.</p>	<p>need and risk across organisations.</p> <p>The development and implementation of robust multiagency structures, processes and services to manage patients through the system to ensure they are in the most appropriate place to meet both their medical and social needs.</p> <p>Dedicated work stream to reduce the levels of delayed transfer of care across all providers with an agreed priority areas and reduction trajectory.</p>
<p>Insufficient workforce skill, capability and capacity to deliver the commissioned services, resulting in a fatigued workforce and poor quality experience for patients.</p>	<p>Dedicated city wide transformation work stream to address the main issues to drive a re-configuration of workforce to align with both national and local priorities across the system.</p> <p>Create a shared workforce culture built on common values and more staff able to work flexibly across the system.</p>
<p>Lack of a consistent communication and escalation plans across all parts will result in the system inability to support areas experiencing significant pressure.</p>	<p>Continuous development and agreement of the implementation of the city wide Resource, Escalation Action Plan (REAP) approach, with the focus on mutual actions to achieve recovery as quick as possible.</p>
<p>Lack of finance to support contingency within the system for 2015/16 winter pressures</p>	<p>Robust evaluation of previous winter initiatives to inform appropriate investment of 2015/16 monies. Continuous monitoring and data analysis to assure delivery of all investments and identify any financial slippage.</p>

There is a complex matrix of services, processes and structure that support the delivery of a resilience system across such a large and diverse Health and Social Care economy such as Leeds. In recognition of the importance of maintaining the system for our population the SRG are developing a full risk register for Leeds SRG 2015/16 to ensure the appropriate monitoring, escalation, and provide both internal and external assurance.

3.4.2 Delayed Transfers of Care (DToC)

DToC's are a direct result of the system ability to maintain patient flow and are a key focus of the SRG. The high level of DToC currently within Leeds has received increased scrutiny from the NHS Trust Development Authority with the level of DToC consistently between 4-5% of the acute bed base within Leeds Teaching Hospital Trust (LTHT).

There are significant issues with maintaining patient flow in certain patients cohorts/DToC codes. As a result the SRG has agreed to continue to work with partners on the four focus areas:

- A1 – Completion of Assessment NHS
- A2 – Completion of Assessment Adult Social Care
- C - Further Non-Acute NHS Care (Including Rehabilitation)
- G - Patient or Family Choice

Leeds has actively worked with the Department of Health 'Helping People Home' team, welcoming their support and advice in addressing the issue of DToC. It has been agreed that a further workshop will be held to do a deep dive on the whole process of patient discharge and uncover the root cause before the pressures of winter are upon us.

We are aware that our current level of DToC places the city as an outlier in performance. We will be working with the TDA in the forthcoming weeks to address this. System leaders across Leeds including all Chief Executives and Chief Officers committed to reducing the DToC levels and have set an ambitious city wide trajectory to reduce this within the next 4-6 weeks. Dedicated resources have also been allocated.

3.5 Resource, Escalation, Action Plan

System resilience planning aims to address all possible risks to prevent the varying levels of system failure. The implementation of Resource, Escalation, Action Plan (REAP) has provided the Leeds system with a common framework for predicting, communicating and escalating immediate risks within the system and proved invaluable in 2014/15.

Individual providers along with commissioners are continuing to develop their REAP process internally and collectively to improve their response and continue to support the transition from a reactive Health and Social Care economy to a proactive one.

The aim is to develop a system wide REAP plan, which would enable a system wide REAP declaration that incorporates all partners and reflect city wide pressures at any given time. This would initiate a system wide response to the immediate pressures with clear system actions for recovery and achieve further Health and Social Care integration to support resilience. This work is currently underway but requires Board level agreement from the systems organisations for the true benefit to be realised.

3.6 Data Modelling

The Leeds Health and Social Care economy has commissioned a data modelling tool that provides a patient level detailed analysis of the activity across the whole system. This tool has assisted commissioners and providers to understand the peak pressure times in the system and the cohorts of patients that pose the most significant risks to the overall resilience of the system. Using this tool further supports the move to a more proactive than reactive system allowing us to target capacity, investments, resources and monitoring to the areas of high risk and have influenced the priorities and investments for 2015/16 resilience plan.

Through a detailed analysis of available data sources, the following factors have been identified as areas of risk that are currently impacting the resilience of the health and social care system in Leeds that need to be reflected within the developing SRG risk register:

- Data demonstrates continued growth in emergency admissions to hospital for patients aged 75 and over of 2% per year above what would be expected from demographic change alone. This growth is also a national trend, and growth rates in Leeds are lower than comparable health economies. Given projected demographic changes in the coming decade, it is imperative that work focusses on this population group to stem projected increases in admissions.
- Unwarranted geographic variation in emergency admission rates: A two-fold variation in standardised emergency admission rates occur between the 13 IH&SC neighbourhood team areas, which correlates with proximity to A&E departments and relative rates of deprivation.

- Predictable seasonal peaks in demand for respiratory disease: Significant peaks in emergency admissions for respiratory conditions for children (Nov-Dec) and the very elderly (late Dec into Jan) occur each year. Whilst the timings of these peaks are relatively predictable, the magnitudes are less so, with the respiratory spike for the very elderly in early Jan-15 being over twice the size of any peak for the previous five winters (which has since been linked to the seasonal flu vaccination being ineffective against the seasonal flu strain). Although the magnitude of the respiratory peak last year may be considered exceptional, we cannot rule out a similar peak this coming winter.
- Weekly variation in bed occupancy due to low rates of discharge at weekends: An analysis of hospital admission and discharge data has demonstrated significant variation in bed occupancy by day of the week, with occupied beds for emergency cases peaking on Monday evening before gradually falling to a low on Friday evening. By smoothing out emergency presentations over the week, for example by proactivity managing at risk patients on weekends to mitigate their risk of emergency admission on a Monday, it should be possible to better manage the flow of patients through the system, again supporting improved system resilience.
- Barriers to the timely discharge of elderly patients: Based on a number of measures and audits it is recognised that a sizeable proportion of the hospital beds (upwards of 50% on some wards) are occupied by mainly elderly patients who could be managed elsewhere whether that be in their own home or another community setting. Given the large number of organisations that may be involved in managing a patient's discharge, the challenges associated with achieving these improvements whilst appropriately mitigating the risk of patients being re-admitted inappropriately shouldn't be underestimated.

3.7 West Yorkshire System Resilience

3.7.1 The delivery of a resilient system in Leeds has an impact on our neighbouring economies and vice versa. Since LTHT is the major emergency, trauma and cancer centre for West Yorkshire and beyond, the flow of patients through our system is significant and is a constant consideration in our planning processes.

As lead commissioner on the LTHT contract the Leeds CCG works very closely with neighbouring CCG's across West Yorkshire to quantify and monitor the demands for the specific services. This process is replicated for Leeds to ensure that needs of our population are reflected within other trust contracts.

The flow of patients across the system is multifaceted especially for patients on complex pathways across a number of different services. This can be exacerbated when dealing with patients that require continuing health care outside of hospital involving community service providers and ASC services which cross commissioning and contracting boundaries where there are different processes and structures.

Through the West Yorkshire SRGs and the Local Health Resilience Partnership (which is Yorkshire and Humber wide), a set of repatriation principles are being developed to ensure consistency across the region to assist the trusts in maintaining patients flow. These will include community services and local councils.

The flow of patients across all services will be closely monitored this winter to ensure coherence with these principles and organisations held accountable for agreed actions to improve flow and patient experience.

3.7.2 NHS England's review of Urgent and Emergency Care proposes a fundamental shift in the way urgent and emergency care services are provided, delivering more care closer to home where clinically appropriate. West Yorkshire has successfully bid to become an Urgent and Emergency Care Vanguard site. Though the approach to the Vanguard work is predominately urgent care and health focused it recognises how the reconfiguration of front end services will impact on both acute, community and social care services ability to maintain flow through the system to achieve resilience.

The Vanguard will work with partners, including five local System Resilience Groups, to build on progress already made in transforming primary, community and acute care services.

The collective local vision is that:

All patients with urgent and emergency needs in West Yorkshire will get the right care in the right place - first time - every time.

There are clear targets that the West Yorkshire Network has set them in securing the Vanguard bid that reflect the passion, commitment and ambition that already exists throughout West Yorkshire that will enable us to deliver and go further faster. The targets state that they will:

- have worked with and through the 5 SRGs on the pace and scale of integrating community health and social care services recognising the role these services play in maintaining 'flow' through the UEC system
- have reviewed a number of 'specialist emergency care' pathways building on our baseline analysis and developed recommendations that may see changes in the way place that patients receive highly specialised care
- have front line clinicians actively using a shared clinical record based on the learning from the Leeds Care Record and are considering West Yorkshire wide roll out
- have completed a West Yorkshire service review and gap analysis of urgent mental health services
- have developed and agreed a Crisis Care Concordat approach for children and young people, West Yorkshire wide

Leeds SRG and the acute trust are heavily involved in the delivery of the Vanguard work streams and will be responsible for reporting all progress to the SRG and Health and Wellbeing Board.

4 Health and Wellbeing Board Governance

4.1 Consultation and Engagement

The SRG members represent the key stakeholders across the Leeds Health and Social Care economy. All decisions relating to the delivery of the System resilience performance, priorities and actions are signed off by the SRG members. It is the responsibility of the members to adhere to their internal governance processes to ensure full engagement of the wider system.

4.2 Equality and Diversity / Cohesion and Integration

System resilience and winter planning is the co-ordination, escalation and improvement of the whole system including the services, infrastructure and governance across organisations including health social care and 3rd and independent sectors. The SRG are assured that the commissioned services/organisations through their internal and external governance processes

have evidenced the impact of any service change on the population accompanied with robust action plans.

4.3 Resources and Value for Money

Section 3.3 details the level of system resilience investment for 2015/16 along with the predicted investments for 2016/17.

4.4 Risk Management

Section 3.4 outlines the main risks and mitigating actions associated with the delivery of the Leeds System Resilience Plan 2015/16.

5 Conclusions

- The SRG are accountable for the delivery of the System Resilience plan and managing system risk to ensure year round system resilience is achieved across the Leeds Health and Social Care Economy.
- The SRG have invested recurrently and non-recurrently in 2015/16 to address both local and national priorities and will continuously ensure these reflect the need of the Leeds population and address the outcomes of the Health and Wellbeing Strategy
- Acknowledge the significant capacity and funding challenges within the current system and note the Board of all the organisations commitment to work together in the most challenging of times
- The implementation of REAP has been invaluable to the operational delivery of the system. The SRG are committed to further support the development of a city wide REAP plan that incorporates all partners and reflect city wide pressures at any given time with clear system actions for recovery.
- The system will continuously learn from the available data to further inform priorities and address operational issues and move towards a proactive Health and Social Care economy. This will ensure that we target developments and investments to realise the most benefit and improve patient outcomes.
- The Leeds Health and Social Care economy is committed to support and develop regional services to support the national steer of the Urgent and Emergency Care review. The SRG will work with regional colleagues to achieve the ambitious targets laid out within the Vanguard bid to deliver the best possible services for the people of Leeds locally and on a regional footprint.

6 Recommendations

The Health and Wellbeing Board is asked to:

- Note the content of the paper and the establishment of the System Resilience Group and its commitment to continue to work across the city to maintain a resilient Health and Social Care Economy
- Consider the system challenges affecting both national and local delivery and how joint working in Leeds can support these

- Continue to support the integration of Health and Social Care and the critical part it plays in delivering a resilient city and maintaining a positive experience for patients and service users
- Support the further development of a system wide REAP plan, to initiate a system wide response to the immediate pressures and achieve further Health and Social Care integration to support resilience

Appendix 1

Leeds System Resilience Group membership and governance:

Leeds Clinical Commissioning Groups

- Leeds North CCG - Chair/Chief Officer
- Leeds North CCG - Director of Commissioning
- Leeds West CCG -Chief Officer
- Leeds West CCG - Director of Commissioning
- Leeds South & East CCG - Chief Operating Officer
- Leeds South & East CCG - Clinical Chief Officer
- Identified Urgent Care Leads form General Practice
- Urgent Care Team

Leeds Teaching Hospital Trust

- Chief Executive
- Chief Nurse/Deputy Chief Executive
- Assistant Director of Nursing/Director of Nursing

Leeds Community Health Trust

- Chief Executive
- General Manager-Adult Services

Leeds & York Partnership Trust

- Chief Executive
- Chief Operating Officer/Deputy Chief Executive
- Associate Director of Mental Health

Yorkshire Ambulance Service (999,111, out of Hours)

- Locality Director – West region

Leeds City Council

- Director of Adult Social Services
- Deputy Director, Adult Social Services
- Chief Officer Access & Care Delivery

NHS England North

- Locality Director - West

3rd Sector

- AGE UK/Red Cross representatives

Leeds System Resilience Group Governance

