



Report of: System Resilience Assurance Board (SRAB)

Report to: Leeds Health and Wellbeing Board

Date: 11 December 2019

Subject: Leeds System Resilience Plan 2019/20

Are specific geographical areas affected? If relevant, name(s) of area(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" 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

- 1 To ensure we continue to deliver quality, safe and responsive services the Leeds system needs to be equipped, prepared and coordinated to respond quickly and appropriately to any change in demand or circumstances. It also requires us to develop a strategy to transform our system for the future and deliver the NHS Long Term Plan.
- 2 As stated in the NHS Long Term Plan, 2019/20 is seen as a transitional year giving us time to work in partnership to begin to shape our local implementation of the NHS Long Term Plan for our population. In Leeds, we continue to build on the progress we have made in previous years and developed an overarching system resilience plan that supports us to navigate the complexities of the unplanned health and care landscape and demonstrate how the system will continue to meet the needs of the population from an operational and strategic perspectives.
- 3 The plan describes the collective system vision, aims, objectives and priorities to achieve improved services and outcomes for our population and highlights the importance of their alignment in delivering real change in line with the Leeds Health and Wellbeing Strategy and Leeds Health and Care Plan.

Recommendations

The Health and Wellbeing Board is asked to:

- Note the positive work across the Leeds system over the last year to improve system resilience.
- Be assured that comprehensive plans for escalation are in place based upon good governance and communication between system partners.

1 Purpose of this report

- 1.1 The purpose of this report is to provide assurance to the Leeds Health and Wellbeing Board that the Leeds health and care system continue to work together to improve the resilience of service delivery.

2 Background

- 2.1 To ensure we continue to deliver quality, safe and responsive services the Leeds system needs to be equipped, prepared and coordinated to respond quickly and appropriately to any change in demand or circumstances. It also requires us to develop a strategy to transform our system for the future and deliver the NHS Long Term Plan.
- 2.2 Each year the system partners work to develop a Leeds System Resilience Plan (previously known as the winter plan). The Leeds System Resilience Plan is governed under the System Resilience Assurance Board (SRAB), which is attended by all senior system partners. It has recently had its terms of reference refreshed and an Operational System Resilience Partnership Board established to oversee all the actions. Attendance at both groups is excellent and there is a high level of interest and energy from all system partners in the resilience and winter planning activity undertaken working together as 'Team Leeds'.
- 2.3 In developing the Leeds System Resilience Plan for 2019/20 (Appendix 1), we undertook a review of last winter in Leeds and found the following:
- Overall the system agreed that we had a much improved winter in 2018/19 compared to 2017/18 with milder weather and low levels of flu presentations.
 - Emergency Care Standard (A&E delivery 4 hour standard) in April 2019 was 4.7% higher when compared to April 2018 despite a 6.4% average increase in attendances.
 - Planned cancellation of all electives resulted in more elective activity overall.
 - At times of pressure high patient acuity, especially respiratory illness, was a considerable factor.
 - Community investment and pathway improvements will support both attendances avoidance and reduce non-elective admissions improving outcomes and experience.
 - Discharge processes and outcomes have seen an improvement, but these can be further developed starting with a review of the Leeds Integrated Discharge Service (LIDS).
 - Our approach to planning, managing pressure and working together supported positive behaviours building on existing relationships across the system. The Operational winter group was a key vehicle in enabling this and in promoting the benefits of system co-operation.
- 2.4 The outputs from the evaluation have been used to inform the system priorities for 2019/20

3 Main issues

3.1 The Leeds System Resilience Plan (LSRP) has three components listed below which describe the elements of a well-functioning system which balances strategic ambition with effective operational delivery.

- Planning and priorities 2019/20
- Escalation and incident management
- Transformational plans

3.2 Within the plan our narrative to describe these components in detail is through a set of collective actions, initiatives and or projects based on the outcomes of our winter evaluation, system diagnostic exercises and our response the NHS long Term plan. We acknowledge that this can only be achieved by working as a system with strong leadership, commitment to support changes in culture and behaviour and an adopting an integrated approach to service delivery with clear jointly owned governance processes.

3.3 Urgent and emergency health and care services continue to be at the forefront of the NHS and citywide priorities due to the fall in national performance of the 4 hour Emergency Care Standard and the demands of an ageing population.

3.4 As stated in the NHS Long Term Plan, 2019/20 is seen as a transitional year giving us time to work in partnership to begin to shape our local implementation of the long term plan for our population. Our approach to develop an overarching system resilience plan will support us navigate the complexities of the unplanned health and care landscape and demonstrate how the system will continue to meet the needs of the population from operational and strategic perspectives.

3.5 In line with the Leeds Health and Wellbeing Strategy and Leeds Health and Care Plan, over the next five years the need for non-elective acute hospital beds will be determined by continuing pressures from an ageing population balanced against achieving a left shift in the provision of care. We will achieve the left shift through implementing a proactive care approach, embedding the 'Home First' philosophy; developing community capacity and ensuring process are in place to achieve effective discharge from hospital.

3.6 It is vital that we continue to learn from our operational behaviour and activities to develop our longer term vision and inform our strategic decision making. Leeds has been fortunate to undertake a number of reviews and diagnostics in the last year across our system to support our strategic thinking and identify opportunities for improvement over the next 12-18 months. We have used the outcomes from these exercises and the winter 2018/19 evaluation to refresh the Leeds System Resilience Plan for 2019/20.

3.7 The aims of the Leeds System Resilience Plan is to:

- We will provide an equitable and fully integrated urgent and emergency care service for people with physical, mental health or social care needs, across Leeds.

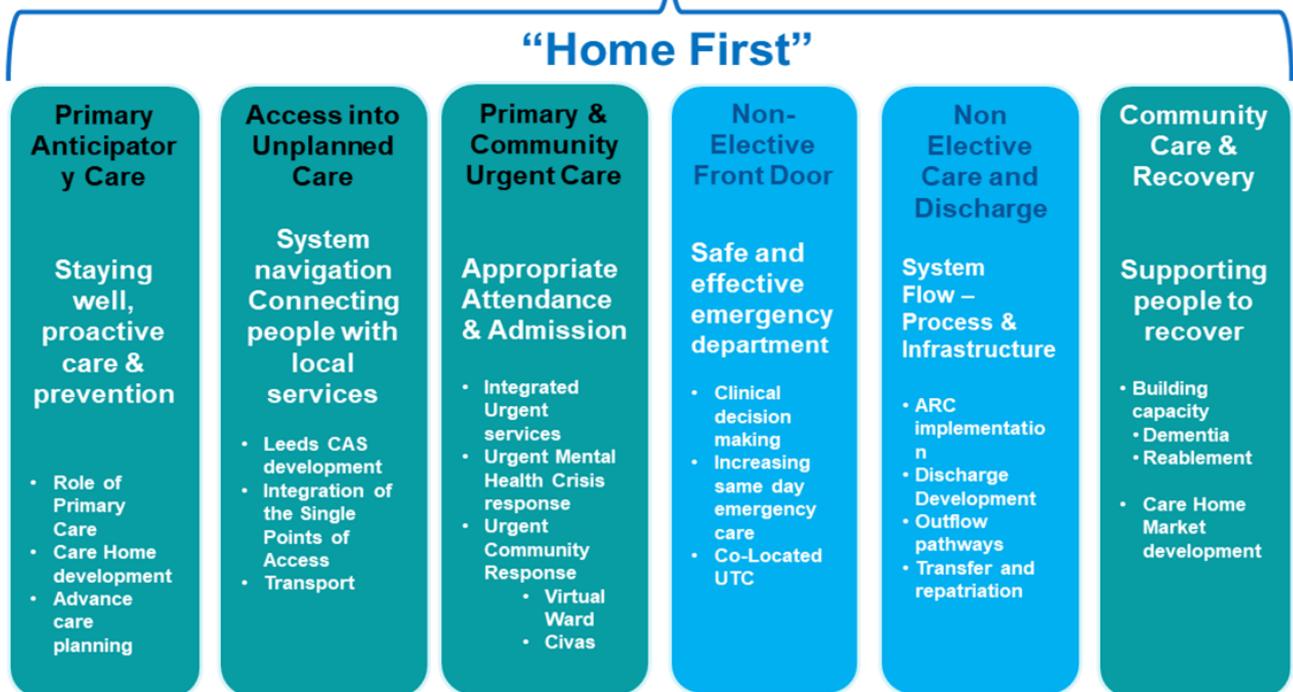
- At every point in the persons' journey we will consider 'home first'.
- We will harness technology so that the people of Leeds only tell their story once and get the best outcome for them.
- We will remove steps that do not add value to the patient or people of Leeds.

3.8 Our priorities for 2019-2021 focuses on the following enabled by predictive system modelling, robust surge & escalation processes, making best use of technology and a well-supported workforce:

- Role of Primary Care in the Urgent Care System
- Connecting people quickly with local services
- Appropriate attendance /admission across the system
- Mental Health Crisis response and Dementia care
- Safe and effective Emergency Department
- System Flow – Process, Infrastructure and capacity

3.9 Our priorities for this winter are:

System Resilience Priority Work Streams 2019-20



3.10 We recognise that strong communication and engagement approach is essential component of delivering the Leeds System Resilience Plan. As part of this, we will continue to work in partnership to run health awareness, signposting and direct action campaigns as below:

- We will engage with local citizens and health and care professionals to develop a significant behaviour and culture change programme. This will be

through a 'Home First' approach, which is about educating and supporting people to leave hospital as soon as they are medically fit as well as proactively supporting people so they get well at home rather than getting admitted to hospital where safe and appropriate to do so.

- Where appropriate, we will also support NHS England and NHS Improvement's 'Where Best Next' campaign targeting acute settings in an effort to reduce long stays
- The 'Looking out for our neighbours' campaign will be running again over winter to get people to look out for those around them (www.ourneighbours.org.uk)
- With over 1600 messages received last winter and regular positive media coverage we'll be running the Big Thank you campaign again (www.bigthankyouleeds.co.uk).
- We have a number of campaigns running that help further and higher education students make the right healthcare choices. This includes No Regrets that promotes safer drinking (www.noregretsleeds.co.uk) and Feel Better that encourages use of pharmacies and NHS 111 (www.feelbetterleeds.org.uk).
- We're currently considering options for a mass mailout to promote NHS 111, pharmacies and extended GP opening hours as well as actions that support the 'left shift' approach.

3.11 Our proactive communications approach includes the following:

- A year round social media calendar with messages adapted to meet seasonal needs (e.g. flu vaccine, summer health advice, etc.).
- Planning ahead for bank holidays with advice issued on social media, through local media and internal communication channels.
- Regular reprint of fridge magnets with advice for parents and carers of children aged 0-5, distributed to health and care settings.
- Promotion of national Help Us Help You campaign.
- Reprint of information leaflets and social media advertising targeting members of the Eastern European community backed up by a dedicated website www.healthinleeds.org.uk.
- Proactive messaging ahead of extreme weather to help people plan ahead, this is often supported by paid for social media advertising
- Providing communication resources and advice for GP practices including a web portal with information resources <https://www.leedsccg.nhs.uk/help-us-help-you-comms-resources/>.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

4.1.1 We recognise that strong communication and engagement approach is essential component of delivering the Leeds System Resilience Plan, which is why we have a dedicated communications plan and a citywide winter / system resilience communications group.

4.2 Equality and diversity / cohesion and integration

4.2.1 The Leeds System Resilience Plan covers all areas and citizens of Leeds. It strives to deliver cohesive services and demonstrates real organisational and service integration.

4.3 Resources and value for money

4.3.1 A robust governance approach for the Leeds System Resilience Plan supports a focus and clarity around the roles and responsibilities of system leaders across our system. This includes clear lines of accountability and an overall system commitment to work in an integrated way to deliver care maximising resources and making best use of the 'Leeds £'. Though the West Yorkshire Integrated Care System (ICS), Leeds will be has been allocated £775.000 to invest in winter initiatives. Priority Projects have been agreed by SRAB in August 2019 and in turn by the ICS Urgent and Emergency Care Board. We are now in the process of working with the projects leads to identify the required resources including workforce. Leeds proposed projects are:

- Social Workers to support the Discharge 2 Assess pathway
- Development of the Community IV antibiotic service
- Expansion of the Primary care advice line function within LTHT
- Community Dementia capacity

4.3.2 There will also be a continued focus on new ways of working across organisations to maximise existing investment, capacity and ensure resources are used effectively and efficiently to support the delivery of quality services for our population.

4.3.3 Due to the Aligned Incentive Contract (AIC) the CCG and LTHT have agreed a financial envelope based on previous years costs with CCG setting aside a budget for winter pressures. In the event of activity and/or demand significantly above expected levels the health and care system will take joint responsibility and develop mitigation plans. Demand levels will be monitored through the System Resilience Assurance Board and within the CCG and LTHT.

4.4 Legal Implications, access to information and call in

4.4.1 There are no legal, access to information or call in implications arising from this report.

4.5 Risk management

- 4.5.1 The Leeds System Resilience Plan has a risk assessment that is proactively managed through the System Resilience Assurance Board. NHS Leeds CCG holds a risk register, which includes system resilience and is presented at each CCG Quality and Performance Committee and Governing Body through a Governing Body Assurance Framework.

5 Conclusions

- 5.5.1 In conclusion, the Leeds System Resilience Plan seeks to provide a high level of assurance that there is agreed system wide initiatives in place that address both the short and long term priorities within the unplanned health and care services across Leeds. In addition the plan demonstrates that we have clear escalation processes in place for the management of surges and incidents that place additional pressure on our system and the resilience of services. We can also demonstrate clear cross organisation governance arrangements, and a comprehensive communications plan.

6 Recommendations

The Health and Wellbeing Board is asked to:

- Note the positive work across the Leeds system over the last year to improve Leeds system resilience
- Be assured that comprehensive plans for escalation are in place based upon good governance and communication between system partners.

7 Background documents

- 7.1 None.

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How does this help reduce health inequalities in Leeds?

By supporting good access into services for those in urgent need, plus consistent communications to the public to help them make correct choices in accessing services to have their needs met.

How does this help create a high quality health and care system?

Through coordinated service provision and integration across partners.

How does this help to have a financially sustainable health and care system?

People access the right level of service at the right time, be that Primary care, ringing 11 or 99 or presenting at a walk in centre or A&E.

Future challenges or opportunities

The future potential challenges are identified in the risk register (e.g. flu epidemic, severe winter weather, etc.).

Priorities of the Leeds Health and Wellbeing Strategy 2016-21	
A Child Friendly City and the best start in life	
An Age Friendly City where people age well	
Strong, engaged and well-connected communities	
Housing and the environment enable all people of Leeds to be healthy	
A strong economy with quality, local jobs	
Get more people, more physically active, more often	
Maximise the benefits of information and technology	
A stronger focus on prevention	
Support self-care, with more people managing their own conditions	X
Promote mental and physical health equally	
A valued, well trained and supported workforce	X
The best care, in the right place, at the right time	X