

Adults Wellbeing and Health OSC

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System Resilience Update

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1. Purpose of the Report

- 1.1 The purpose of the report is to give an update on the transformation of System Resilience Groups (SRGs) to Local A&E Delivery Boards.
- 1.2 The report provides an overview of the 2015/16 funded resilience schemes undertaken by County Durham and Darlington Foundation Trust (CDDFT) and other providers, and the outcomes of these schemes following evaluation. It also sets out the process for resilience planning in 2016/17 and summarises the Local A&E Delivery Boards financial position in terms of resilience funding at the end of 2015/16 and going into 2016/17.
- 1.3 The report also refers to the plan for improving A&E waiting time performance and plans for the recovery of national and local performance to 95% by the end of 2016/17.

2. Background

- 2.1 Until recently the County Durham and Darlington System Resilience Group (SRG) had overall responsibility for the capacity planning and operational delivery of urgent and emergency care across the health and social care system.
- 2.2 On 26 July 2016 a letter from NHS England, NHS Improvement and ADASS (Directors of Adult Social Services) was received by CCG Accountable Officers and CEOs from Foundation Trusts, Ambulance Services and Local Authorities to outline plans for improving A&E waiting time performance for the recovery of England's performance to 95% by the end of 2016/17.
- 2.3 The letter set out performance against the 95% standard in the Northern Region over 6 months to May 2016:

	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16
North Region	90.7%	88.2%	88.0%	87.5%	91.3%	91.0%

- 2.4 A review of current arrangements for SRGs identified the need for local leadership structures to focus specifically on Urgent and Emergency Care and to be attended at the Executive level by member organisations. Therefore SRGs were transformed to Local A&E Delivery Boards on 1 September 2016, with Chair responsibility from a local acute Foundation Trust.
- 2.5 A response from County Durham and Darlington was submitted to NHS England in August 2016 to address the following actions:
- The agreed local leader who will chair the Local A&E Delivery Board
 - Confirmation that the footprint of the Delivery Board had been reviewed and any appropriate mergers had been made as felt necessary
 - Confirmation of the individual member organisations within the Local A&E Delivery Board and their named Executive lead and title
 - Alignment of the Terms of Reference within the context of the North East Urgent and Emergency Care Network given the governance structure that had been established
- 2.6 The County Durham and Darlington Local A&E Delivery Board will comprise Darlington; Durham Dales, Easington and Sedgefield and North Durham Clinical Commissioning Groups (CCGs) and its focus will be on County Durham and Darlington Foundation Trust. The Chair will be Sue Jacques, Chief Executive of CDDFT, and Vice-Chair will be Stewart Findlay, Chief Clinical Officer from Durham Dales Easington and Sedgefield (DDES) Clinical Commissioning Group.

3. 2015/16 SRG Resilience Funding

- 3.1 In 2015/16, for the first time, CCGs received resilience monies from within their baseline funding allocation to facilitate 2016/17 funding being in place to manage year round surges in activity. This was a move away from previous years when resilience funding had been identified by NHS England later in the year.
- 3.2 In 2015/16 the available resilience funding, totalling £4,681,000, was split on a fair shares basis. CDDFT received the highest amount of resilience monies totalling £1,714,000. The Trust proposed six winter schemes they would use this funding for. CDDFT also received an additional £147,920 from SRG contingency monies for two further initiatives (Brokerage Scheme and A&E Ambulance Handover Nurse Scheme) at a later stage in the year.
- 3.3 In April 2016 providers were requested to evaluate their resilience funded schemes. They were asked to complete a standardised document which would provide specific detail to enable the SRG to determine the effectiveness of individual schemes and the impact they had on achieving the eight high impact interventions (appendix 2).

3.4 The SRG agreed that schemes considered not having had a positive impact and not contributing to the delivery of the eight high impact interventions would be stopped and not re-funded in 2016/17. The schemes that demonstrated a positive impact following evaluation would be rolled over in 2016/17. A summary of all provider schemes and the outcomes post-evaluation are listed in appendix 3.

4. 2016/17 Local A&E Delivery Board Resilience Funding

4.1 Following the recent transformation of SRGs, 2016/17 resilience funds will be deployed by the Local A&E Delivery Board. The funding allocation for winter resilience in 2016/17 is £4,708,000. Detail of how this is split by CCG is as follows:

CCG	Resilience monies (£,000s)	Mental Health resilience monies (£,000s)	Total resilience funding (£000's)
DDES	1,994	242	2,236
North Durham	1,531	197	1,728
Darlington	663	81	744
TOTAL	4,188	520	4,708

4.2 There are five mandated improvement initiatives which have been developed by experts in the field of emergency care. The initiatives that relate to streaming, flow and discharge represent actions that have already been adopted by the most successful systems. Local A&E Delivery Boards will coordinate and oversee these five actions of the A&E Plan:

- Streaming at the front door – to ambulatory and primary care
- NHS 111 – Increasing the number of calls transferred for clinical advice
- Ambulances – DoD and code review pilots; HEE increasing workforce
- Improved flow – ‘must do’s’ that each Trust should implement to enhance patient flow
- Discharge – mandating ‘Discharge to Assess’ and ‘trusted assessor’ type models

4.3 The County Durham and Darlington Local A&E Delivery Board will also continue to support CDDFT and other providers with the delivery of the eight High Impact Interventions in 2016/17.

4.4 Providers have been invited to submit revised templates for schemes that will roll over in 2016/17 and proposals for new resilience schemes (i.e. those that won’t continue in 2016/17) that are expected to achieve the five mandated improvement initiatives and the eight High Impact Interventions.

4.5 One provider member of the former SRG was opposed to decisions made following the outcome of 2015/16 resilience scheme evaluations. The provider failed to

submit evaluations for their 2015/16 winter schemes by the extended deadline. Brief evaluations of the schemes were received at a later date however these did not offer any substantive evidence that the schemes had a positive impact. The decision was made not to refund the schemes and not to allocate any 2016/17 resilience monies to the provider. This was formally communicated to the provider in August 2016. The provider has since appealed this decision and has requested a meeting with the former SRG Chair which is currently being arranged.

5. Winter planning and improvement assurance

5.1 Recent communication from NHS England acknowledged that performance this summer had not improved in line with expectations, and set out actions for Local A&E Delivery Boards in terms of winter planning as well as plans being put in place for the five mandated initiatives of the A&E plan.

5.2 As part of preparation for winter 2016/17 and assurance of the A&E plan NHS England has requested all Local A&E Delivery Boards to submit two plans by 30th September:

- A winter 2016/17 plan
- A plan for implementation of the five mandated improvement initiatives (and detailed recovery plans where appropriate).

To allow for variation of these plans at local level, no standardised templates have been developed to support this process.

5.3 To guide content of these plans, some basic principles to cover in winter planning have been provided from NHS England as follows:

A&E Improvement Plan	Plan for Winter 2016/17
<ul style="list-style-type: none"> • Plans/demonstration of new governance arrangements 	<ul style="list-style-type: none"> • Plans for flexible capacity that can be increased in the event of winter surge, across the acute, community, residential/home care sectors and packages of care. This should include the agreed multi agency triggers for extending and withdrawing this extra capacity
<ul style="list-style-type: none"> • Plans for delivering ED streaming (against criteria set out in RIG) 	<ul style="list-style-type: none"> • Plans for how Primary Care will work with the rest of the system to support the management of flow, particularly on Bank Holidays and out of hours
<ul style="list-style-type: none"> • Plans for delivering increase in NHS 111 calls being handled by clinicians (against criteria set out in RIG) 	<ul style="list-style-type: none"> • Robust plans for ambulance services and NHS 111 providers to deal with known activity peaks in demand across the winter period
<ul style="list-style-type: none"> • Plans for delivering ambulance response programme initiative (against criteria set out in RIG) 	<ul style="list-style-type: none"> • A comprehensive local flu strategy with a mechanism to monitor and performance manage provider and community uptake of vaccination. • An adverse weather plan which includes the clinical impact of cold weather and snow and also the impact on business continuity. • Plans for cascading advance warnings and briefings

A&E Improvement Plan	Plan for Winter 2016/17
	with a focus on admissions prevention amongst high risk groups
<ul style="list-style-type: none"> Plans to implement measures to improve flow through the system (against criteria set out in RIG) 	<ul style="list-style-type: none"> System wide escalation plans in line with the new national framework with agreed local multi agency triggers. These triggers should include both escalation and de-escalation Plans/processes for system- wide operational sitrep/ early warning & escalation reporting
<ul style="list-style-type: none"> Plans for implementing best practice measures to improve discharge processes (against criteria set out in RIG) 	<ul style="list-style-type: none"> Collaborative operational planning with social services and mental health services
<ul style="list-style-type: none"> Any other improvement actions being taken to get back to delivery of trajectory (if off track) and when this will be achieved This will include any actions agreed as part of ECIP, CQC, special measures etc, to ensure there is one overarching system improvement plan 	<ul style="list-style-type: none"> CCG, Provider and Local Authority on-call arrangements to include an executive level. Managed outbreak plans to avoid (and contain) any D&V/norovirus impact A multi-agency proactive and reactive communications plan to promote appropriate use of local services. Focus on high risk groups and admissions avoidance best practice. A mechanism to test these arrangements ahead of the winter period.

6. Emergency Care Improvement Programme (ECIP) Facilitated Workshop

- 6.1 An ECIP Facilitated Workshop with a focus on ambulance handovers and Delayed Transfers of Care (DTOC) was held on the 4 August 2016. The workshop comprised representation from CCGs and Foundation Trusts from each North East region and the North of England Commissioning Support Unit (NECS).

Regional Concordat for Ambulance Handovers

- 6.2 Following the event a regional concordat for A&E ambulance handovers has been agreed, with specific actions for each Local A&E Delivery Board across the North East. Representatives from CDDFT, CCGs and NECS agreed three priority actions for County Durham and Darlington to be implemented within 120 days. These are summarised in the table below:

Priority actions for County Durham and Darlington

	Objective	Action	CCG Area	Led by	Timescale
1	Directory of services (DoS)	<ul style="list-style-type: none"> A review of end dispositions to include Social Care** 	DDES, Darlington and North Durham	Helen Stoker (NECS)	<60 days
2	Activity review	<ul style="list-style-type: none"> Develop a wider system involvement in the evaluation of unnecessary ambulance usage in particular GP's (perfect week in primary care) 	DDES, Darlington and North Durham	Helen Stoker (NECS) on behalf of Local A&E Delivery Board	<60 days
3	Improve flow	<ul style="list-style-type: none"> Develop further the SAFER bundle improving flow 	DDES, Darlington and North Durham	Paul Peter (CDDFT)	< 60 days

****Note:** Work to develop the DoS is ongoing and is led by NECS. It has already been suggested that to support integration with Social Care links to LOCATE (a Directory of Services for Local Authority and Voluntary services) could be implemented.

Delayed Transfers of Care

6.3 In addition, an action plan on Delayed Transfers of Care for each Local A&E Delivery Board has also been drafted as a result of the workshop:

Regional action plan to reduce number of patients experiencing delayed transfer of care

	Objective	Action	CCG Area	Timescale
1	Reduce number of patients experiencing delayed transfer of care	<ul style="list-style-type: none"> Progress Discharge to Assess - 2 or 3 patients per day by 1 October 2016 	DDES, Darlington and North Durham	<60 days
2	Reduce number of patients experiencing delayed transfer of care	<ul style="list-style-type: none"> Implement Home First for 1 patient from next week 	Sunderland	<60 days
3	Reduce number of patients experiencing delayed transfer of care	<ul style="list-style-type: none"> Implement Home First for 1 patient within 2 weeks 	South Tyneside	<60 days
4	Reduce number of patients experiencing delayed transfer of care	<ul style="list-style-type: none"> Programme Model Ward – SAFER+ Implemented in 3 streams from 1st August 2016. Consider the requirements needed to undertake this fully and include external agencies 	South Tees	<60 days

5	Reduce number of patients experiencing delayed transfer of care	<ul style="list-style-type: none"> DTA pathway to be reviewed on 5th August 2016 across 10 patients. Aiming for implementation by September / October 2016 	Hartlepool and Stockton	<60 days
6	Reduce number of patients experiencing delayed transfer of care	<ul style="list-style-type: none"> DTA and Trusted Assessor – implementing over next couple of weeks Implementing EDD / Red and Green days by September 2016. Need support for implementing Trusted Assessor across the region 	Gateshead Newcastle	< 60days

7. Recommendations

7.1 The Adults Wellbeing and Health OSC is recommended to:

- Accept this report for information
- Note the developments, achievements and targets set for new schemes

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Background papers: None

Appendix 1: Implications

Finance – Clinical Commissioning Groups will receive resilience monies from within their baseline funding allocation to facilitate 2016/17 funding being in place to manage year round surges in activity. This happened for the first time in 2015/16 which was a move away from previous years when resilience funding had been identified by NHS England later in the year.

Staffing – Providers in receipt of Local A&E Delivery Board funding to support resilience schemes in 2016/17 will be expected to ensure appropriate safe staffing arrangements are in place to support each of their projects.

Risk – Contract variations will be put in place to ensure contractual accountability for appropriate use of the allocated Local A&E Delivery Board funding.

Equality and Diversity / Public Sector Equality Duty – None

Accommodation - None

Crime and Disorder - None

Human Rights - None

Consultation - None

Procurement - None

Disability Issues - None

Legal Implications - None

APPENDIX 2 – Eight High Impact Interventions for Urgent and Emergency Care

No.	High Impact Interventions
1	No patient should have to attend A&E as a walk in because they have been unable to secure an urgent appointment with a GP. This means having robust services from GP surgeries in hours, in conjunction with comprehensive out of hours services.
2	Calls to the ambulance 999 service and NHS 111 should undergo clinical triage before an ambulance or A&E disposition is made. A common clinical advice hub between NHS111, ambulance services and out-of-hours GPs should be considered.
3	The local Directory of Services supporting NHS 111 and ambulance services should be complete, accurate and continuously updated so that a wider range of agreed dispositions can be made.
4	SRGs should ensure that the use of See and Treat in local ambulance services is maximised. This will require better access to clinical decision support and responsive community services.
5	Around 20-30% of ambulance calls are due to falls in the elderly, many of which occur in care homes. Each care home should have arrangements with primary care, pharmacy and falls services for prevention and response training, to support management falls without conveyance to hospital where appropriate.
6	Rapid Assessment and Treat should be in place, to support patients in A&E and Assessment Units to receive safer and more appropriate care as they are reviewed by senior doctors early on.
7	Consultant led morning ward rounds should take place 7 days a week so that discharges at the weekend are at least 80% of the weekday rate and at least 35% of discharges are achieved by midday throughout the week. This will support patient flow throughout the week and prevent A&E performance deteriorating on Monday as a result of insufficient discharges over the weekend.
8	Many hospital beds are occupied by patients who could be safely cared for in other settings or could be discharged. SRGs will need to ensure that sufficient discharge management and alternative capacity such as discharge-to-assess models are in place to reduce the DTOC rate to 2.5%. This will form a stretch target beyond the 3.5% standard set in the planning guidance.

APPENDIX 3 - SRG winter monies 2015/16, evaluation outcomes at a glance

Scheme	Provider	High Impact Areas delivered Y/N/P	KPIs Y/N/P	Comments	Recommendations Roll Forward New Proposal	R/A/G
Additional A&E staff to support rapid assessment and see and treat	County Durham & Darlington FT	N	N	Didn't achieve the desired expected outcomes feedback given	New proposal To do something different to address the gaps identified in the evaluation	R
Additional A & E staff to support majors practitioners care stream	County Durham & Darlington FT	P	P	Didn't achieve the desired expected outcomes feedback given	New proposal To do something different to address the gaps identified in the evaluation	R
Additional Medical staff in ED	County Durham & Darlington FT	P	P	Didn't achieve the desired expected outcomes feedback given	New proposal To do something different to address the gaps identified in the evaluation	R
Additional Physician of the Day capacity	County Durham & Darlington FT	P	N	Didn't achieve the desired expected outcomes feedback given	New proposal To do something different to address the gaps identified in the evaluation	R
Discharge Management & Facilities	County Durham & Darlington FT	N	N	Didn't achieve the desired expected outcomes feedback given	New proposal To do something different to address the gaps identified in the evaluation	R
Extended Access to Diagnostics	County Durham & Darlington FT	N	N	Didn't achieve the desired expected outcomes feedback given	New proposal To do something different to address the gaps identified in the evaluation	R
						£1,714,000
Front of House staffing	City Hospitals Sunderland FT	Y	Y	Achieved scheme objectives. Good case studies. Good evaluation	Roll Forward 16/17	G
7 day therapies and diagnostics	City Hospitals Sunderland FT	Y	Y	Achieved scheme objectives. Good case studies. Some text was repeated. Could therapists be based in A&E next time (would this improve the impact)?	Roll Forward 16/17	G

7 day pharmacy	City Hospitals Sunderland FT	Y	Y	Achieved scheme objectives. Good case studies. Good evaluation	Roll Forward 16/17	G
7 day discharge nursing team including specific front of house discharge team	City Hospitals Sunderland FT	Y	Y	Achieved scheme objectives however data limited	Roll Forward 16/17	G
Speciality Ambulatory care	City Hospitals Sunderland FT	P	Y	Achieved scheme objectives Good evaluation	Roll Forward 16/17	G
						£185,000
Resilience Beds including estates	North Tees & Hartlepool FT	NO EVALUATIONS RECEIVED BY EXTENDED DEADLINE Feedback through contract lead that funding for NTHFT will not be an SRG priority in 2016/17.				
Front Loading elective activity	North Tees & Hartlepool FT					
Therapy led discharge team	North Tees & Hartlepool FT					
Expansion of CIAT	North Tees & Hartlepool FT					
Pharmacy Support	North Tees & Hartlepool FT					
Ambulatory Overnight	North Tees & Hartlepool FT					
Day Case Unit Overnight	North Tees & Hartlepool FT					
Manager On-call payments	North Tees & Hartlepool FT					
GPs in A&E (full year)	North Tees & Hartlepool FT					
						£165,000
Funding for additional MH nurses	Tees, Esk & Wear Valley FT	Y	Y	Achieved scheme objectives Good evaluation - feedback through contract lead	Roll Forward 16/17 with tweaked/revised elements	G
						£503,000
Saturday Clinics	Darlington CCG	Y	Y	Achieved scheme objectives. Good evaluation	Roll Forward 16/17	G

Evening Telephone Advice Service	Darlington CCG	Y	Y	Achieved scheme objectives; expensive service for the low activity; potentially this duplicates current urgent care service, so recommend this is further discussed before rolling forward as other options may be available	To discuss further for confirmed outcome	A
Sunday MDT	Darlington CCG	Y	Y	Achieved scheme objectives. Good evaluation	Roll Forward 16/17	G
Flu Vacs	Darlington CCG		Y		Roll Forward 16/17	G
						£172,514
Vulnerable Adults Weekend Scheme	North Durham CCG	Y	Y	Achieved scheme objectives. Good evaluation, scheme does not seem to be value for money	Potentially roll forward 16/17 but requires follow up discussion	G
GP Practice Weekend Opening	North Durham CCG			Achieved scheme objectives. Good evaluation	Roll Forward 16/17	G
						£497,000
SDHCIC ANP Team Sunday Morning	DDES CCG	Y	Y	Achieved scheme objectives. Needs increased evidence	Roll Forward 16/17	G
SDHCIC ANP team Weekdays 6pm - 8pm	DDES CCG	Y	Y	Achieved scheme objectives. Needs increased evidence	Roll Forward 16/17	G
SDHCIC Tackling Social Isolation COPD continuation	DDES CCG	Y	Y	Achieved scheme objectives.	Roll Forward 16/17	G
SDHCIC Suicide Prevention expansion - Spennymoor	DDES CCG	P	Y	Further evidence to demonstrate success of scheme was received post evaluation	*Evidence demonstrated that the scheme was successful and has informed a plan for a new link service which is now rolling out (CPN will be aligned to practices to carry out this work). For this reason the scheme will not be rolled forward in 2016/17. Invitation for new proposal.	R* (see comments in previous column)

SDHCIC Christmas 2015/New year 2016 additional capacity weekend opening	DDES CCG	Y	P	Achieved scheme objectives. Needs increased evidence	Roll Forward 16/17	G
SDHCIC Admissions reduction with additional locum cover / practice pharmacists to Frail Elderly	DDES CCG	P	P	Unsure whether this scheme has been successful or not based on evaluation	Potentially roll forward 16/17 but requires follow up discussion	A
SDHCIC Screening >5yrs non-attenders >50 yrs	DDES CCG	<p style="text-align: center;">SCHEME DID NOT START AS PLANNED – Will commence in July 2016</p> <p>SDHCIC planned to commence the scheme in Spring 2016 but it was delayed. Expressions of interest have been sought from practices and the scheme is ready to go. Agreed that scheme will commence in July 2016 with last years funding. The scheme will be evaluated in October 2016 to inform the decision as to whether the scheme will run again in 2016/17. SRG will protect the 2016/17 funding (£61,833) until then.</p>				A
						£378,497
Intrahealth Federation - Frail Elderly Additional Support	DDES CCG	Y	Y	Achieved scheme objectives. Good Evaluation	Roll Forward 16/17	G
						61,000
DDHF SRF	DDES CCG	P	P	Achieved scheme objectives.	Roll Forward 16/17	G
						£203,735
Social worker to support the DTOC pilot	Durham County Council	Y	Y	Achieved scheme objectives. Qualitative evidence is good, there are some conflictions with CDDFT evaluation conclusions, could explore further.	Roll Forward 16/17	G
						£158,000
Additional Assessment staff	Darlington Borough Council	Y	Y	Achieved scheme objectives.	Roll Forward 16/17	G

Rapid response Domiciliary and Overnight Support Service	Darlington Borough Council	Y	Y	Achieved scheme objectives.	Roll Forward 16/17	G
OT Equipment / Adaptations	Darlington Borough Council	Y	Y	Achieved scheme objectives.	Roll Forward 16/17	G
Additional Reablement	Darlington Borough Council	Y	Y	Achieved scheme objectives.	Roll Forward 16/17	G
						£57,000
Paramedic Rapid response	Police Authority	Y	Y	Achieved scheme objectives, small nos. However scheme was for 1 month	Roll Forward 16/17	G
Paramedic Support	Police Authority	Y	Y	Achieved scheme objectives, small nos. However scheme was for 1 month	Roll Forward 16/17	G
Dedicated Police Support in A&E	Police Authority	Y	Y	Achieved scheme objectives, small nos. However scheme was for 1 month	Roll Forward 16/17	G
						£20,716

Y = Yes
N = No
P = Partial

R	Scheme will not roll forward in 2016/17. New schemes to be proposed
A	More information required. Scheme will roll forward in 2016/17 on receipt of additional information
G	Scheme will roll forward in 2016/17

