

Health and Wellbeing Board

28 January 2015



Winter Plan and System Resilience

Report of Stewart Findlay, Chief Clinical Officer, Durham Dales Easington and Sedgefield Clinical Commissioning Group

Purpose of the Report

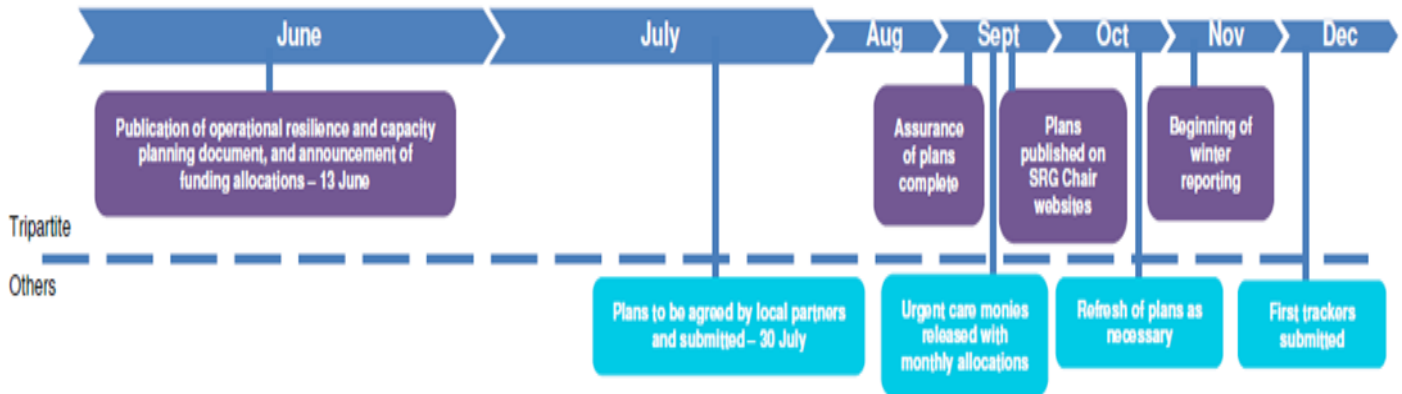
1. The purpose of this report is to provide an update on system resilience funding and winter planning following an initial report produced in August 2014. The role of the Systems Resilience Group (SRG) is to support and drive the delivery of operational resilience and capacity ensuring quality, performance and financial balance.

Background

2. The Systems Resilience Group is the forum where capacity planning and operational delivery across the health and social care system is coordinated for all urgent and emergency care services. Bringing together both elements of elective and urgent care within one planning process underlining the importance of whole system resilience and recognising that both parts need to be addressed simultaneously in order for local health and care systems to operate effectively in delivering year round services for patients.
3. In June 2014 the Planning for Operational Resilience in Health and Social Care during 2014/15 was published by NHS England, NHS Trust Development Authority, Monitor and the Association of Directors of Adult Social Services.
4. During the Summer of 2014 organisations involved in the delivery of urgent care and emergency care across County Durham and Darlington were invited to submit bids to the Resilience Fund, adding capacity to the system to ensure smooth delivery of services to patients over the winter period. As a general principle County Durham and Darlington SRG supported the bids with an expectation that Trusts deliver on the projects they have submitted bids for.
5. Organisations were asked to consider that the majority of their proposals were already funded through their core funding, existing contract agreements e.g Payments by Results (PbR) or through existing capital programmes. A robust analysis of 2013/14 winter activity and performance was carried out and each provider submitted potential

schemes based on the winter analysis of 2013/14 facilitating additional capacity to be put in place.

- The timeline followed by County Durham and Darlington SRG for this process is shown in the diagram below:



Award of Resilience Funds – Tranche 1

- On 11th July 2014, an Extraordinary Systems Resilience Group meeting was held to determine the outcome of the bids submitted. During this meeting the Clinical Commissioning Groups recommended and the SRG, with the exception of County Durham and Darlington NHS Foundation Trust, agreed to allocate the resilience funding on a fair shares basis across all major providers. Providers have subsequently been asked to allocate their fair shares split across their resilience projects so that the planned spend on each project is clearly stated.
- Clinical Commissioning Groups agreed the allocation and their Executive meetings received a report on the outcome of the Extraordinary Systems Resilience Group meeting. During this meeting County Durham and Darlington SRG agreed that any remaining monies be allocated to a communications/media campaign around winter and better use of health care resources.
- Appendix 2** shows a full breakdown of the Tranche 1 funding allocations by Clinical Commissioning Group and Provider. The total amount allocated for Tranche 1 was £4,698,000.
- Appendix 3** provides the full list of providers and projects benefiting from the receipt of Tranche 1 County Durham and Darlington Systems Resilience Group funding.

Award of Resilience Funds – Tranche 2

- In October 2014 the Area Team advised all three Clinical Commissioning Groups within County Durham and Darlington that additional money may be available. The Area Team asked for details of the shortfall between

original bids made by organisations and actual allocations made on the fair shares basis.

12. This was provided by North of England Commissioning Support Unit to the Area Team for:

- County Durham and Darlington NHS Foundation Trust (CDDFT);
- North Tees and Hartlepool NHS Foundation Trust (NTHFT);
- City Hospitals Sunderland NHS Foundation Trust (CHSFT); and
- Tees, Esk and Wear Valleys (TEWV) NHS Foundation Trust.

13. The table below shows the total value of Trusts original bids, their fair shares allocation for Tranche 1 monies and the shortfall.

Organisation	Value of Bid	Total Funds Allocated by SRG	Shortfall
CDDFT Non - Elective	£3,639,589	£1,627,000	£2,012,589
TEWV	£1,224,000	£536,000	£688,000
NTHFT (Elective* and Non Elective)	£404,555	£171,000	£233,555
CHSFT (Non Elective)	£343,536	£201,000	£142,536
Total	£5,611,680	£2,535,000	£3,076,680

* NTHFT Elective Projects 15 and 16 totalling £25,170

14. As a result of this process the NHS England allocated additional monies as follows:

Organisation	Tranche 2 Resilience Monies Allocation
CDDFT (Non – Elective)	£1,781,141.00
TEWV	£ 608,880.00
Total Tranche 2	£2,390,021.00

15. For clarity, including Tranche 1 and Tranche 2 monies County Durham and Darlington NHS Foundation Trust have been awarded a total of £3,784,141 from the Resilience Fund.

16. Tees, Esk and Wear Valleys NHS Foundation Trust have been awarded a total of £1,219,880 from Tranche 1 (£536,000) and Tranche 2 (£608,880) and Tranche 3 (£75,000) to achieve their original bid plus a further £312,000 from Tranche 3 specifically for Early Intervention Psychosis projects.

Award of Resilience Funds – Tranche 3

17. Tranche 3 was made available for mental health services with a specific focus on crisis assessment and Early Intervention Psychosis (EIP).
18. Original bids from County Durham and Darlington SRG consisted of the following during November 2014:
 - A further two proposals amounting to **£600,000** for the 'improved service capacity for the Crisis Team' and 'improved service capacity for the Acute Liaison Service'
 - A range of services specifically targeted at addressing gaps within Early Intervention Psychosis totalling **£312,918**
19. Recently the Area Team have confirmed that County Durham and Darlington Systems Resilience group will receive £387,000 from Tranche 3 of the Resilience Fund.
20. The Area Team have asked for local prioritisation of their original Tranche 3 bid with a need to focus on Early Intervention Psychosis (EIP) in line with NICE guidance and the access and waiting standard will be introduced in 2015/16 which expects more than 50% of people experiencing a first episode of psychosis will be treated with a NICE approved care package within two weeks of referral.
21. Local priorities for the investment of this money were submitted to the Area Team. In December 2015 the Area Team agreed the local priorities as follows:
 - £312k to deliver all the EIP projects as attached
 - Remaining £75k to make up the remaining shortfall from TEWV's initial bid

Monitoring and Accountability

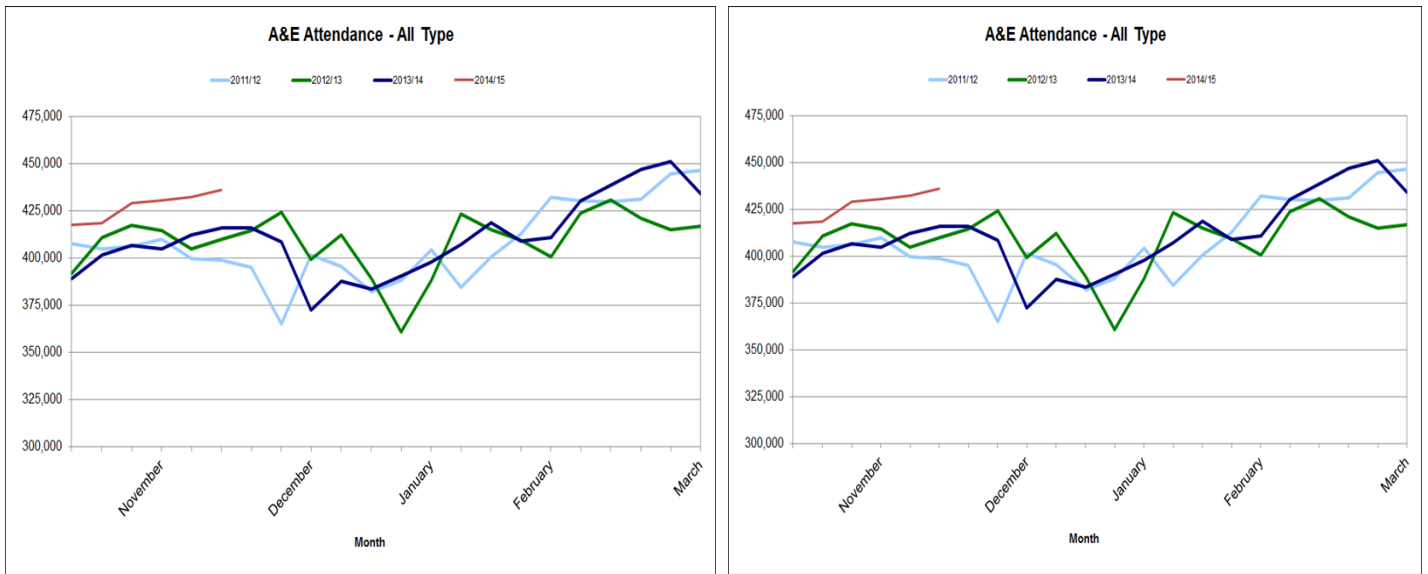
22. The SRG have implemented monthly monitoring of the system resilience plan & resilience funding allocated in accordance with the NHS England resilience monies tracker. In addition all recipients of resilience monies will be monitored through contract management arrangements as well as being required to complete a full evaluation of initiatives against agreed Key Performance Indicators and outcomes, for the SRG in April 2015.
23. To facilitate this process the North of England Commissioning Support Unit are co-ordinating responses from organisations who have been allocated resilience monies to ensure that the tracker is kept up to date and submitted in accordance with Area Team deadlines.

24. The resilience tracker will be shared with the SRG on a monthly basis, providing an opportunity to discuss progress, any outstanding data required and provide a checking mechanism that the money allocated is being spent in accordance with local resilience plan.
25. The key information collated and reported to the Area Team on a monthly basis, for each project being delivered, consists of:
 - Planned spend
 - Main Key Performance Indicator
 - Baseline for Key Performance Indicator
 - Monthly target for Key Performance Indicator
 - Actual spend per month
 - Actual Key Performance Indicator per month

Current Winter Pressures

26. The Urgent and Emergency Care System is used to seeing significant increases in demand over the Winter period. Fluctuations in demand are normally experienced due to a combination of factors including cold/damp conditions, severe adverse weather, increased circulation of coughs and cold related virus's, anticipated increase influenza. Wards may also be closed as a result of outbreaks of Norovirus (Winter Vomiting) over the winter period.
27. Hospitals are a crucial element of health care available to the public to help address acute healthcare conditions. Vulnerable people, particularly the frail elderly are at increased risk of suffering a deterioration in their usual health and wellbeing over the Winter period. The existing presence of one or more long-term conditions increases the likelihood of complications which may result in the need for acute care.
28. It is important to note that the use of acute care as a means of assessment and treatment is intended only for those with acute healthcare needs that cannot be managed safely in a community setting. Patients are directed to use community pharmacies and their local GP as a first port of call.
29. During 2014/15 the levels of people attending A&E both 'walk in' and by ambulance transfer have increased significantly beyond usual expectations. This trend is being seen locally, regionally and nationally.

30. NHS England released a Winter Health Check on week ending 7th December. It contained a summary of the current trends compared to recent years as shown in the charts below:



(NHS England Winter Health Check, week ending 7th December 2014)

31. These significant and unprecedented trends are being experienced locally across County Durham and Darlington and across the North East Region as a whole.
32. Key actions locally in place to support our local hospital Trust and the system as a whole currently include:
- North East Commissioning Support Unit (NECS) have a Surge Management Team in place operating on behalf of local Clinical Commissioners. Their remit includes:
 - Co-ordinating daily conference calls between Foundation Trusts regionally and the North East Ambulance Service (NEAS) to facilitate up to date communication and management of immediate A&E pressures
 - Agree actions with Foundation Trusts to address immediate pressures
 - Contacting Foundation Trusts regionally to facilitate the provision of mutual aid between Foundation Trusts to help with A&E pressures
 - Communications to the Area Team, Clinical Commissioning Groups, on call Senior Management and Primary Care to keep key personnel informed and support with surge pressure management
 - Provision of local response to regular urgent requests for updates to the Area Team, NHS England and Cabinet Office
 - Comprehensive Keep Calm communications campaign. Recently agreed by County Durham and Darlington System Resilience Group

to finance additional communications the detail of which is currently being worked up

- Monthly System Resilience Group meeting including all three local Clinical Commissioning Group Lead Officers and all partners involved in the urgent and emergency care pathway
- Extra Ordinary System Resilience Group conference call within 24 hours of National request held 7th January 2015 and resulting actions being proactively followed up
- Fortnightly A&E Executive Meetings between Lead Officers of County Durham and Darlington Clinical Commissioning Groups and Senior Management from County Durham and Darlington NHS Foundation Trust (CDDFT)
- Regional Flight Desk now established and drive from CCGs for Regional Foundation Trusts to come on board with this approach which will enable NEAS to take a Regional co-ordination role across all Foundation Trusts in managing all emergency ambulance conveyances
- Collaborative working across all partners who are part of the urgent and emergency care system
- Internal Command and Control Management of pressures internally by CDDFT, supported by partners, including Adult Care
- More proactive use of discharge processes already in place for the Integrated Short Term Intervention Service to facilitate faster but safe discharge, particularly with increased use of Time to Think Beds for people awaiting CHC assessment
- GP surgeries open on Saturdays over DDES and ND CCGs
- Increased clinicians in 111 to support call handlers
- Call for GPs to work in A+E in our local hospitals
- Extra ambulances from private providers to support NEAS particularly with GP Urgent admissions.
- Extra bed capacity, radiology and pharmacy support in CDDFT
- All health care staff encouraged to have annual flu immunisation
- £201,000 Resilience Monies allocation towards City Hospitals Sunderland NHS Foundation Trusts Resilience Plans which include
 - £43,266 towards escalation beds
 - £15,341 towards extending the hours of service between the Hospital Interface Team and Falls Team
 - £32,042 towards additional Orthogeriatrics support for elderly patients
- £196,000 Resilience Monies allocation towards North Tees and Hartlepool NHS Foundation Trust Resilience Plans which include:
 - £109,656.75 towards 16 Escalation beds
 - £24,315 towards expanding 7 day working
 - £18,136 towards improving patient flow through A&E
- Any slippage in the original allocations are currently being identified and will be re-allocated to ensure overall effective use of the total Resilience Money allocation.

Recommendations

33. The Health and Wellbeing Board is recommended to:

- Accept this report for information.

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England Commissioning Support Unit Tel: 0191 374 2751**

Appendix 1: Implications

Finance – Additional funding resource has been provided to support all the projects listed in Appendix 3 from NHS England

Staffing – Providers in receipt of additional funding to support the projects listed in Appendix 3 will be expected to ensure appropriate safe staffing arrangements are in place to support each of their projects

Risk – Contract variations are being put in place to ensure contractual accountability for appropriate use of the allocated funding

Equality and Diversity / Public Sector Equality Duty – No implications at this stage

Accommodation - No implications at this stage

Crime and Disorder - No implications at this stage

Human Rights - No implications at this stage

Consultation - No implications at this stage

Procurement - No implications at this stage

Disability Issues - No implications at this stage

Legal Implications - No implications at this stage

Appendix 2 - Tranche 1 funding allocations by Clinical Commissioning Group and Provider.

Resilience Funding Proposed Split (£'000s) 30-09-14					
		Darlington	DDES	North Durham	TOTAL
Acute					
	CDDFT	340	580	707	1627
	NTHFT	0	171	0	171
	CHSFT	0	164	37	201
Mental Health					
	TEWV	80	259	197	536
Community					
	CDDFT	62	172	142	376
	NTHFT	0	16.5	8.5	25
Continuing Care					
	Darlington Borough Council	48	0	0	48
	Durham County Council	0	87	65	152
Primary Care					
	North Durham Primary Care Alliance	0	0	497	497
	DDES CCG to allocate	0	647	0	647
	Darlington CCG to allocate	143	0	0	143
Other Programmes					
	Police	4	8	6	18
Ambulance Services					
	NEAS	22.5	63	48.5	134
Media Campaign/Comms					
		30.5	72	20.5	123
TOTAL		730	2239.5	1728.5	4698

Appendix 3 - List of Providers and Projects

Organisation	Project Name
Durham Police Authority	Paramedic Rapid Response
	Paramedic Support
	Dedicated Police Support in A&E
North Tees and Hartlepool NHS Foundation Trust	7 Day Working
	Improve patient flow through ED system
	See and Treat
	Open 34 resilience beds to meet the increased demand in activity from 1st November 2014 to 31st March 2014
	Increase bed management arrangement to weekends and out of hours to improve patient flow from 1st November 2014 to 31st March 2015
	Direct admission to access lounge.
	Front load elective surgery by providing 16 additional elective lists at weekends prior to Nov 2014 to sustain RTT
	Expand Community Integrated Assessment Team (CIAT)
County Durham and Darlington NHS Foundation Trust	UHND and DMH beds
	Additional Emergency Department staffing
North Durham Primary Care Alliance	GP Practice extended weekend opening
City Hospitals Sunderland NHS Foundation Trust	Nurse Led Catheter Clinic
	Escalation beds
	7 Day Working - Diagnostics
	7 Day Working - OT and Physio
	Extension of Hospital Interface Team and Falls Service Hours
	Orthogeriatrics
Durham County Council	7 Day Social Care Worker and Discharge Nurse
	Increased Capacity for Occupational Therapy Assessments
Tees, Esk and Wear Valleys NHS Foundation Trust	Expansion of Home from Hospital Service
	Acute Trusts reviewing pathways for patient groups
	MH assessment in A&E 24/7
	Section 136 Suite
Darlington Borough Council	Attached AMH Professionals, linked to GP Practices
	Increased capacity for Occupational Therapy, and Hospital Discharge Services, and funding for additional care packages/equipment
Darlington CCG Primary Care Projects	Darlington CCG Primary Care Projects
Intrahealth	Additional Capacity in DDES CCG Area
South Durham Health CIC	Patient Transport in DDES CCG Area
	Home Visits in DDES CCG Area
	GP Surgery Extended Hours in DDES CCG Area
	Support Post Discharge for Pulmonary Rehabilitation in DDES CCG Area
Dales - CIC	Patient education for vulnerable patients, enhancing service provision for patient and signposting to other Primary Care service as required
North East Ambulance Service	7 Day Patient Transport (<i>Regional Project with CD&D SRG Contribution</i>)