

## Health and Wellbeing Board

3 November 2015



## Winter Plan and System Resilience Update

---

### 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 winter planning and resilience and to outline the processes that the County Durham and Darlington Systems Resilience Group are following to provide assurance and monitor the delivery of approved resilience schemes.

#### Background

2. The County Durham and Darlington System Resilience Group (SRG) has overall responsibility for the capacity planning and operational delivery of urgent and emergency care across the health and social care system.
3. In May 2015, the SRG asked members who delivered resilience projects during 2014/15 to complete an evaluation template by 31<sup>st</sup> May. A summary report was produced from the completed evaluations which was then presented to SRG in June 2015. The summary report outlined those projects that demonstrated successful outcomes for patients and for the system and those that did not.
4. In May 2015 a regional Winter Debrief event was held to examine how the health and social care system had managed over winter 2014/15, feedback on what had worked and look at what could be improved for this coming winter.

#### SRG Resilience Funding 2015/16

5. In 2015/16 Clinical Commissioning Groups received, for the first time, resilience monies from 1<sup>st</sup> April 2015 within their baseline funding allocation to facilitate funding being in place to manage year round surges in activity. This is a move away from recent years where resilience funding has been identified by NHS England later in the year.
6. The new process will increasingly enable Clinical Commissioning Groups and providers to embed resilience monies into contracts at a much earlier stage of the year, facilitating winter planning for both commissioners and providers.

7. In May 2015 the available funding, totalling £4,681,000 was split on a fair shares basis and presented to SRG for approval. The approved breakdown is detailed in Appendix 3. The total available funding for 2015/16 is significantly reduced from that available in 2014/15. To date NHS England have been very clear that there is no further resilience monies available.
8. In planning for winter 2015/16 the SRG has taken into account a number of elements:
  - Learning from local resilience project evaluations.
  - Outcomes from the regional Winter Debrief event.
  - National learning from winter 2014/15.
  - Current local urgent and emergency care system priorities.
  - Available resilience funding.
  - Contingency arrangements to enable the potential funding of additional capacity, or innovation.
9. In addition, from learning from winter 2014/15 around the Country, NHS England issued eight High Impact Interventions (Appendix 2) which are must do's for urgent and emergency care, the achievement of which all SRG's are now being monitored on as part of NHS England's SRG assurance process.
10. Providers allocated resilience funding through the SRG for 2015/16 were asked to complete a local template outlining their proposed resilience schemes for 2015/16. The template included:
  - Name and description of scheme/s.
  - Identification of Key Performance Indicators and outcomes.
  - Planned spend.
  - How each proposed project helps contribute to the delivery of the Eight High Impact Interventions.
11. All proposed schemes have now been approved by the SRG. Contract variations are currently being drafted to embed the approved schemes into existing contracts. A full list of approved schemes can be found in Appendix 4.

### **Monitoring and Accountability**

12. The SRG will be implementing a monthly monitoring template that providers in receipt of resilience funding will be required to complete and update on a monthly basis to provide the SRG, and CCG's with assurance in terms of delivery of planned resilience schemes, actual spend against planned spend and progress towards achievement of key performance indicators.
13. North of England Commissioning Support Unit (NECS) will co-ordinate responses on behalf of the SRG from organisations who have been allocated resilience monies to ensure that the monitoring template is kept up to date and submitted to the SRG on a monthly basis.

14. Any slippage in the original allocations will be quickly identified and appropriately re-allocated through the SRG, to ensure effective use of the total resilience funding allocation, in line with delivery of the Eight High Impact Interventions.

### **Winter Planning Assurance**

15. NHS England released its winter planning guidance on 17<sup>th</sup> August 2015 (NHS England Publications Gateway reference: 03815) detailing requirements for the SRG to provide assurance in terms of its winter plans for 2015/16.
16. The guidance included an SRG Assurance Template for submission back to NHS England on 2<sup>nd</sup> September. The template asked SRG's to report on progress on implementing local schemes to deliver on the Eight High Impact Interventions and provide overall assurance to NHS England of the SRG's readiness for winter. The template was completed with input from SRG partners and submitted on time.
17. NHS England are requesting updates to the initial SRG assurance template to report on progress made by the SRG to deliver on all the Eight High Impact Interventions and address any gaps identified in ensuring overall assurance for winter plans. It is anticipated that the SRG assurance template will be updated monthly to provide continued assurance to NHS England on local progress.
18. All providers were also asked, by the NECS Surge Management Team, to revise and review their winter plans, business continuity plans and North East Escalation Plans (NEEP) and these will be robustly tested on the 8<sup>th</sup> of October at a region wide event 'Getting Ready for Winter'.
19. The NECS Surge Management Team will be opening the Winter Hub from 1<sup>st</sup> of November until 31<sup>st</sup> March 2016 to provide co-ordination and communication to the health economy over the winter period. This proved very successful last year and has received good feedback from providers and commissioners.

### **Recommendations**

20. The Health and Wellbeing Board is recommended to:
  - Note the content of this report.

---

**Contact: Anita Porter, Senior Commissioning Support Officer, North of 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 4 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– 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 - System Resilience Group Funding Split 2015/16

<b>2015/16 Resilience Funding - Proposed Summary Split (£'000s) - (SRG 15/05/2015)</b>				
	<b>Darlington CCG</b>	<b>DDES CCG</b>	<b>North Durham CCG</b>	<b>Total</b>
<u>Acute</u>				
CDDFT	252	535	590	1,377
NTHFT	6	156	-	162
CHSFT	-	156	29	185
Mental Health	75	242	187	503
<u>Community</u>	-	-	-	-
CDDFT	55	155	128	337
Local Authority	47	90	68	205
Primary Care	193	643	497	1,333
Communications	17	65	53	135
Ambulance Services	20	69	52	140
Contingency	74	125	105	304
<b>Total</b>	<b>737</b>	<b>2,236</b>	<b>1,708</b>	<b>4,681</b>

#### Appendix 4 - List of Providers and Resilience Schemes 2015/16

Organisation	Project Name
Durham Police Authority	Paramedic Rapid Response
	Paramedic Support
	Dedicated Police Support in A&E
North Tees and Hartlepool NHS Foundation Trust	Resilience Beds including estates
	Front loading elective activity
	Therapy led discharge team
	Expansion of CIAT
	Pharmacy support
	Ambulatory overnight
	Day Case Unit overnight
	Manager on Call payments
	GPs in A&E (full year)
County Durham and Darlington NHS Foundation Trust	Additional A&E staff to support rapid assessment and see & treat
	Additional A&E staff to support majors practitioners care stream.
	Additional Medical staff in ED
	Additional Physician of the Day capacity
	Discharge Management and facilities
	Extended access to diagnostics
North Durham CCG Primary Care Projects	Vulnerable Adults Weekend Scheme
	GP Practice Weekend opening
City Hospitals Sunderland NHS Foundation Trust	CHSFT Front of House staffing
	7 day Therapies and diagnostics
	7 day Pharmacy
	7 day Discharge nursing team including specific front of house discharge team
	Speciality ambulatory care
Durham County Council	Social workers to support the Delayed Transfers of Care joint discharge team pilot
Tees, Esk and Wear Valleys NHS Foundation Trust	Funding for mental health resilience scheme s136 – additional registered nurse staffing.
Darlington Borough Council	Additional Assessment Staff
	Rapid Response Domiciliary and Overnight Support Service
	OT Equipment/Adaptations
	Additional Re-ablement Capacity
Darlington CCG Primary Care Projects (delivered by Darlington Health Federation)	Saturday clinics
	Evening Telephone advice service
	Sunday MDT

Organisation	Project Name
DDES CCG Primary Care Projects (delivered by South Durham Health Federation)	SDHCIC ANP Team Sunday Morning
	SDHCIC ANP team Weekdays 6pm - 8pm
	SDHCIC Tackling Social Isolation COPD continuation
	SDHCIC Suicide Prevention - expansion Spennymoor
	SDHCIC Christmas 2015/New Year 2016 additional capacity weekend opening
	SDHCIC Admissions Reduction with additional locum cover / practice pharmacists for Frail/ Elderly
DDES CCG Primary Care Projects (delivered by Intrahealth)	IntraHealth Federation Resilience Scheme 2015/16
DDES CCG Primary Care Projects (delivered by Durham Dales Health Federation)	Increase clinical capacity within all member practices to provide additional GP and NP appointments and targeted interventions in hours, aligned to High Impact Interventions 1 and 5.
	Increasing access to practice GPs at weekends additional to current DDHF merged extended opening weekend service in a target area to explore how this may be achieved more widely and sustainably.
	Provide localised patient education and communication resources in relation to patient navigation and prevention to encourage patients to present at the most appropriate clinical service when needed; this is a sustainability element of this bid in aiming to affect positive patient behaviour in the long term.
	Develop current IT and communications systems to enhance GP and NP capacity and achieve some sustainable benefit from this funding.
	DDHF will include as a condition of practices receiving SRF funding member practices ensure they keep up to date their entries on the Director of Service.
	Individual practices will allocate money based on local decision making to fund additional staffing as required to meet outcomes. No additional central DDHF staff time will be funded.
North East Ambulance Service	Contribution to regional ambulance service innovation fund
Winter Communications	Contribution to regional winter communications campaign