Wiltshire Council

Health and Wellbeing Board

20th November 2014

Subject: Operational Resilience and System Capacity Planning (ORCP)

Executive Summary

The paper outlines the re focus of the Wiltshire Urgent Care Working Group into a System Resilience Group, that will be mandated to ensure that health and social care capacity and demand, both elective and non-elective, is managed in a robust and systematic way across all local providers.

The paper sets out an overview of the process for submission of the final operational Resilience and Capacity Plan for Wiltshire to NHS England at the end of September that details the local provider capacity; how best practice within planned and urgent care is being implemented; and the health and social care investments to support operational resilience.

The paper provides a system wide confidence level of secondary care delivery against the 4hr Accident and Emergency Department target and details additional 2014/15 investments across the health and social care system that has a direct and indirect impact on delivery.

Proposal(s)

It is recommended that the Board notes the information.

Reason for Proposal

To update the Health and Wellbeing Board on the CCG response to recent NHS England guidance for operational resilience and system capacity planning, and to assure its members that the CCG has processes in place to ensure compliance. Progress against delivery will be monitored through the multi-stakeholder System Resilience Group (SRG) meetings and monthly mandated reports and monitoring tracker documentation to NHS England.

Jo Cullen, Group Director, West Wiltshire, Yatton Keynell and Devizes NHS Wiltshire CCG

James Cawley, Associate Director, Wiltshire Council

Wiltshire Council

Health and Wellbeing Board

20 November 2014

Subject: Operational Resilience and System Capacity Planning (ORCP)

Purpose of Report

1. To update the Health and Wellbeing Board on the CCG response to recent NHS England guidance for operational resilience and system capacity planning, and to assure its members that the CCG has processes in place to ensure compliance. Progress against delivery will be monitored through the multi-stakeholder System Resilience Group (SRG) meetings and monthly mandated reports and monitoring tracker documentation to NHS England.

Background

2. In June NHS England confirmed to the CCG the requirements that need to be in place to ensure operational resilience during 2014/15 for both urgent and planned care.

3. This guidance moved beyond planning for urgent care over winter, and brought together planned care into the system wide year round resilience framework. This wider remit was partly informed by the recent pressures that have been seen in delivery of the referral to treatment (RTT) standard, but was primarily driven by the principle of good local healthcare planning being equally focussed and resilient across planned and urgent care.

4. The guidance sets out best practice requirements across planned and urgent and emergency care that each local system should reflect in their local plan, and the evolution of Urgent Care Working Groups into System Resilience Groups (SRGs).

5. The guidance sets out the expectation that the System Resilience Groups will need to expand their remit to include elective as well as urgent care. They will become the forum where capacity planning and operational delivery across the health and social care system is co-ordinated. Bringing together both elements within one planning process underlies the importance of whole system resilience and that both parts need to be addressed simultaneously in order for local health and care systems to operate as effectively as possible in delivering year round services for patients.

6. As such, and within the programme management system implemented by the CCG to deliver the 5 year Strategic Plan, the CCG is leading a System Resilience Group, ensuring that all partners across health and social care are included, inclusive of commissioners and providers (the amended Terms of Reference for this Group are included as **Appendix 1**).

7. Health and social care delivery for the people of Wiltshire is met by a number of providers, many of whom due to geography are linked into not only the Wiltshire SRG, but also neighbouring SRGs co-ordinated by the Clinical Commissioning Groups. Whilst there is already this degree of cross representation within the SRGs it is likely that in the future, based on preliminary feedback from the national review

of urgent and emergency care that Wiltshire SRG will form part of a wider strategic resilience group responsible for the planning, oversight and governance of a regional or sub-regional urgent care system.

8. The CCG had to submit an operational resilience plan from all its major providers, including those who have a regional or wider geographical coverage, such as Care UK who provide NHS 111 and South Western Ambulance Service NHS Foundation Trust who provide emergency services. We will seek to ensure, and support, dissemination of provider and commissioner assumptions so that system resilience within Wiltshire, and with health and social care providers across boundaries is seamless and improves patient experience and clinical outcomes. The full submitted plan is at **Appendix 2**.

9. The CCG is strategically supporting the implementation of a number of redesign schemes, including, but not limited to, community transformation, additional primary care capacity through Transformation of Older People schemes, coordination of patient facing health and social care services through Simple Point of Access, increased capacity through intermediate care beds and patient flow initiative within our three local acute hospitals. This is being delivered through funding agreed in 2013/14 and through health and social care integration via the Better Care Fund programme. As such, the CCG has ensured that appropriate governance structures are in place to link the System Resilience Group through the both the CCG and Wiltshire Council Governance Groups as appropriate.

10. At the meeting of 18th September 2014 the Wiltshire System Resilience Group reviewed the operational resilience and capacity plan and supporting investment tables that identified the allocation of £6.876m to support health and social care provision in 2014/15. Based on this information, a peer review of provider resilience presented at the meeting, knowledge of historic provider performance during times of increased demand and an awareness of current provider challenges Wiltshire SRG have applied a confidence factor of 80% for the delivery of the 4 hour Accident and Emergency target at Salisbury Hospitals NHS Foundation Trust.

11. Working with the Swindon SRG, and based on this wider information, the impact of local GWH facing investment, Wiltshire SRG have applied a confidence factor of 50%, for the achievement of GWH delivering the 4 hr A&E target.

12. Working with BaNES SRG, and based on this wider information, the impact of local RUH facing investment, Wiltshire SRG have applied a confidence factor of 65%, for the achievement of RUH delivering the 4 hr A&E target.

13. This has been arrived at by Wiltshire SRG applying a confidence factor against individual provider delivery and weighting this against each provider's impact to whole system delivery. Further funding was announced on 27 October as additional national A&E funds, and allocations to local providers are being confirmed.

Jo Cullen
Group Director, West Wiltshire, Yatton Keynell and Devizes
NHS Wiltshire CCG

Appendices
Appendix 1: Terms of Reference for the System Resilience Group
Appendix 2: Wiltshire Operational Resilience and Capacity Plan submitted

APPENDIX 1: TERMS OF REFERENCE FOR THE WILTSHIRE SYSTEM RESILIENCE GROUP (SRG)

1 PURPOSE, SCOPE AND FUNCTION

1.1 The purpose of the Wiltshire System Resilience Group is to;

- To provide a strategic, delivery and monitoring forum to ensure operational resilience and referral to treatment requirements are achieved throughout 2014/15 for the local health and social care systems for the people of Wiltshire.
- To co-develop strategies and collaboratively plan safe, efficient services for patients for elective and non-elective care.
- To review, analyse and challenge drivers of system pressures in order to support the development of solutions through a collaborative approach.
- To build consensus across members and stakeholders, advising especially on the use of non-recurrent funds and marginal tariff.
- To develop and sign off operational and resilience capacity plans, ensuring compliance with all mandatory elements and involvement with all key local organisations.
- To support the reporting requirements and deadlines set out by NHSE within 'Operational Resilience and Capacity Planning for 2014/15', published 13th June 2014.
- Support, as required, appropriate resources to the Wiltshire CCG urgent care programme structure / project teams to deliver the outputs contained within the CCG Five Year Plan.
- Collaborate, share and learn from other SRG's
- To be a member and participate in any strategic resilience group that may operate at a sub-regional or regional level

2 MEMBERSHIP

2.1 Core Membership

The SRG will be chaired by the Clinical Chair of Wiltshire CCG. In addition, core membership will comprise of;

- Clinical GP Chair of each Locality Group in Wiltshire CCG
- Chief Officer, Wiltshire CCG

CEO or delegate of the following provider organisations;

- Salisbury Hospitals NHS Foundation Trust
- Great Western Hospitals NHS Foundation Trust (acute and community services)
- Royal United Hospital
- South Western Ambulance Service NHS Foundation Trust
- Avon and Wiltshire Mental Health Partnership Trust
- Wiltshire Council commissioner representative
- Wiltshire Council provider representative
- Medvivo Limited
- Care UK Limited
- Arriva Transport Solutions

Additional members (or delegate) will include;

- CFO for Wiltshire CCG.
- Group Director from each Locality Group in Wiltshire CCG.
- Director of Integration for Wiltshire CGG and Wiltshire Council.
- Director of Quality and Patient Safety for Wiltshire CCG.
- Director of Planning, Performance and Corporate Services for Wiltshire CCG.
- Medical Advisor for Wiltshire CCG
- Associate Director for Commissioning Urgent Care Wiltshire CCG.
- Head of Information for Wiltshire CCG.
- Director of Commissioning NHSE Area Team.
- Director of Public Health (Emergency Planning).
- CEO of Wiltshire Healthwatch.
- Representation from Vocare Group
- Chief Executive of Care Partnership
- Representative from Help to Live at Home providers
- Wessex LMC Representative.
- Chair of Swindon SRG.
- Chair of BaNES SRG.

2.2 SRG Secretariat
The Associate Director of Commissioning Urgent Care for Wiltshire CCG will ensure the provision of the secretariat to the group in respect to:
- Agenda setting
- Circulation of papers;
- Support and develop the delivery of the work plan

3 AUTHORITY
The SRG is authorised to require the provision of such information and access to such personnel, as it is required to discharge its duties/responsibilities. The SRG is authorised to take outside professional advice as appropriate in particular to make external comparisons.

4 ACCOUNTABILITY
Accountability for the effective functioning of the Wiltshire SRG will be to Wiltshire CCG Governing Body, via Wiltshire CCG Programme Governance Group (PGG), and where applicable, will ensure appropriate governance with the Wiltshire Better Care Fund Programme Governance Group, (BCG PGG).

5 PERFORMANCE MANAGEMENT
The SRG will monitor and evaluate its performance against appropriate thresholds and locally agreed performance metrics. These may include but not be limited to;
- Where applied the use of the 70% marginal tariff.
- Accurate capacity modelling in non-elective demand.
- Disposition data from NHS 111.
- Effectiveness of seven day working within primary and social care.
- Linkages to Better Care Fund (BCF).
- Review and monitoring of established pathways for high intensity users.
- Review and monitoring of processes to minimise delayed discharge
- Reduction in permanent admissions of older people from care facilities
- Monitoring the use and outcomes of risk stratification tools
- The development and benefit of real time data capture to inform system wide intelligence, including ED capacity management tools.
- Analysis of capacity and demand for elective services
- Delivery of an agreed RTT timeline for common pathways including a review of local rules against national guidance.
- Review and monitoring of 'right acre, right time, right place' principles

6 FREQUENCY OF MEETINGS
Meetings will be held (quarterly / bi-monthly / monthly) or as required and will be arranged 12 months in advance. All communications relating to meetings will be disseminated and papers/reports circulated in a timely manner.
Agenda items should be forwarded to the Associate Director of Commissioning Urgent Care for Wiltshire CCG Secretariat one week prior to meetings.

7 QUORUM
A quorum of 6 members must be present to constitute a valid meeting with a minimum representation of 4 core member organisations. There must be one additional Clinical Member in addition to the Chair. The Chair will determine the appropriateness of the represented organisations to make decisions.

Date 16th June 2014