

HEALTH AND WELLBEING BOARD			
<b>Report Title</b>	<b>System Resilience Plans 2014/15 &amp; Winter Funds</b>		
<b>Contributors</b>	Tom Bunting, Urgent Care Project Manager – Lewisham, Greenwich and Bexley CCGs	Item No.	5
<b>Class</b>	Part 1	Date:	23 September 14
<b>Strategic Context</b>	The plans support whole system working on health and social care provision		
<b>Pathway</b>	The content of this report has been considered by the CCG Delivery Committee		

## 1. Purpose

- 1.1 The purpose of the paper is to provide an update on progress of the development of the System Resilience plans for Lewisham, Greenwich and Bexley, in line with the System Resilience Guidance published by NHS England on 13<sup>th</sup> June.

## 2. Recommendation/s

The Board is asked to:

- 2.1 Note the update on the development of the system resilience plans.

## 3. Policy Context

- 3.1 NHS England guidance proposes that Urgent Care Working Groups (UCWGs) evolves into System Resilience Groups (SRGs) which as well as having a remit to look at Urgent Care, also lead on demand and capacity, the coordination and integration of services and are responsible for achievement of both the 95% Accident and Emergency (A&E) standard and Referral to Treatment (RTT) times.

## 4. Systems Resilience Plans

- 4.1 The initial draft of the System Resilience plan for Lewisham, Greenwich and Bexley was submitted to the regional tripartite panel by commissioners on 30<sup>th</sup> July. The System Resilience plan is comprised of all key initiatives planned for 2014-15 across all commissioner and provider organisations in terms of managing demand and capacity for both unscheduled and planned care, and sets out how they will contribute to improvements in patient care, outcomes and performance.

- 4.2 The plan is a working document that will be updated throughout the year. Each System Resilience Group meeting will feature updates on the key initiatives within the plan in order to track progress. The group will collaborate on all schemes and work together to ensure these are delivered and work to mutual benefit.
- 4.3 The urgent and unscheduled care section of the plan consists of the following principles:
- Enabling better and more accurate capacity modelling and scenario planning across the system
  - Improvement of services to provide more responsive and patient-centred delivery seven days a week
  - Expansion, adaptation and improvement of established pathways for highest intensity users with emergency departments (eg frail/elderly or minors pathways, mental health crisis presentations)
  - Ensuring that consultant-led rapid assessment and treatment systems with emergency departments and acute medical units are in place during hours of peak demand
  - Ensuring that all parts of the system are working toward optimisation of patients' medicine prior to discharge
  - Enhancement of processes to minimise delayed discharge and embed good practice on discharge
  - Delivery of a considerable reduction in permanent admissions of older people to residential and nursing care homes
  - Assurance that cross-system patient risk stratification systems are in place and are being used effectively
  - Usage of real-time data to proactively plan and manage demand and capacity across the entire local health and social care system
  - Additional capacity primary care
  - Linking Better Care Fund principles in line with the winter planning agenda
- 4.4 The key initiatives contained within the unscheduled care section of the plan cover demand and capacity analysis and action plans, enhancement of 7 day working, develop and implement a real-time data and predictive modelling tool, closer working with LAS to drive higher utilisation of Appropriate Care Pathways (ACPs), developing a standardised approach for rapid response / Joint Emergency Teams.
- 4.5 Elective activity and RTT performance is also monitored by commissioners and this will continue over 2014/15 enhanced by agreed monitoring to assess delivery against the national RTT monies. Bexley, Greenwich and Lewisham CCGs have worked together to ensure that we have a coordinated plan in place to ensure that each population's longest waiters are treated as a priority.

## 5. **Next Steps**

5.1 System resilience plans are being refined following initial feedback from NHS England.

5.2 At the September and October SRG meetings we will review implementation/readiness of the winter plans and ensure that they are joined up across the system and that the means to evaluate them are set. NHSE have advised that winter resilience monies will not be released until plans have been fully assured.

## **6 Financial implications**

6.1 The three CCGs have received combined winter funding allocations of £5.18m.

## **7. Legal implications**

7.1 Members of the Board are reminded that under Section 195 Health and Social Care Act 2012, health and wellbeing boards are under a duty to encourage integrated working between the persons who arrange for health and social care services in the area. This is recognised in the strategic priorities identified in the development process.

## **8. Crime and Disorder Implications**

8.1 There are no specific crime and disorder implications arising from this report.

## **9. Equalities Implications**

9.1 Provider plans will focus on improvements to pathways for those residents who need to access to urgent care on a regular basis and those that have been identified as needing additional support and monitoring through the use of risk stratification tools.

## **10. Environmental Implications**

10.1 There are no environmental implications arising from this report.

If there are any queries on this report please contact Tom Bunting – Urgent Care Project Manager, Lewisham, Greenwich & Bexley, [tom.bunting@nhs.net](mailto:tom.bunting@nhs.net)