

**Clinical Commissioning Group
Governing Body
Paper Summary Sheet
Date of Meeting: 22 July 2014**

For: PUBLIC session **PRIVATE session**

For: Decision **Discussion** **Noting**

Agenda Item and title:	GOV/14/07/18 Update on Operational Resilience and Capacity Planning 2014/15
Author:	Patrick Mulcahy, Associate Director of Commissioning, Urgent care
Lead Director/GP from CCG:	Jo Cullen, Group Director, WWYKD Mark Harris, Group Director, Sarum Simon Truelove, CFO
Executive summary:	<p>To update the Governing Body 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.</p> <p>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.</p> <p>The paper sets out an overview of the process and timeframe in place to submit a final report to NHS England that will detail 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</p> <p>The committee is asked to receive and discuss the information.</p>

Evidence in support of arguments:	The paper is a response to national guidance and requirements at http://www.england.nhs.uk/wp-content/uploads/2014/06/op-res-cap-plan-1415.pdf
Who has been involved/contributed:	The guidance and details have been widely circulated across all providers represented at the Urgent Care Working Group.
Cross Reference to Strategic Objectives:	Links the WCCG strategic 5 year plan and the Better Care Fund
Engagement and Involvement:	Not at this stage.
Communications Issues:	The final report submitted to NHS England will be public facing, and made available nationally and locally.
Financial Implications:	<p>Additional funding to support planned and urgent care resilience and increased demand will be coordinated through the System Resilience Group.</p> <p>Wiltshire CCG's view is that we want to continue focusing on the services that we have put in train which are funded through the Better Care Programme or the specific reserves within Wiltshire. This includes the investment around expanding our community teams which is being driven through the optimising community teams programme; Simple Point of Access and rapid response/urgent care at home services; intermediate care; and Transforming Care of Older People schemes across the CCG localities in developing pro-active care focussing on reducing avoidable admissions of frail elderly patients.</p> <p>Based on this it is Wiltshire objective not to commit the resilience monies on new services or ad-hoc services which could detract away from our core intentions. However we will consider using the money to support the local Trusts to cover the escalation costs that they are incurring as well as dealing with the CCG's pressure on non-electives.</p> <p>We will also consider small non-staff related initiatives which may be deemed to have a benefit on the urgent care system.</p>
Review arrangements:	Monitoring against delivery will be via the System Resilience Group
Risk Management:	NHS England will risk assess the CCG response. The CCG is utilising a programme methodology to support investments that have individual risk registers

National Policy/ Legislation:	http://www.england.nhs.uk/wp-content/uploads/2014/06/op-res-cap-plan-1415.pdf
Equality & Diversity:	All supporting CCG projects have an EIA
Other External Assessment:	N/A
What specific action re. the paper do you wish the Governing Body to take at the meeting?	For the Governing Body to agree that the Chair of the System Resilience Group, Chief Officer and Chief Finance Officer sign off the CCG Operational Resilience and Capacity Plan for Wiltshire CCG due to be submitted on 30 th July 2014.

UPDATE ON OPERATIONAL RESILIENCE AND CAPACITY PLANNING 2014/15

1 CONTEXT

In June NHS England confirmed to the CCG the requirements that need to be put in place to ensure operational resilience during 2014/15 for both urgent and planned care. <http://www.england.nhs.uk/wp-content/uploads/2014/06/op-res-cap-plan-1415.pdf>

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.

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).

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.

System Resilience Groups are the forum where all the partners across the health and social care system come together to undertake the regular planning of service delivery. The group will plan for the capacity required to ensure delivery, and oversee the coordination and integration of services to support the delivery of effective, high quality accessible services which are good value for taxpayers.

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].

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. This has allowed a healthy degree of joint working between health and social care partners and this is expected to continue.

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.

2 LOCAL OPERATIONAL SYSTEM RESILIENCE PLANING

Wiltshire CCG System Resilience Group has been established and will meet within updated and agreed terms of reference to ensure that a Wiltshire wide Operational System Resilience Plan is submitted to NHS England within the mandated timeframe of 30th July 2014.

The System Resilience Group, through this plan, will then be held to account for delivering safe, sustainable, high quality services for patients, and to assess the impact that non-recurrent funding is having on local health systems. In line with the principles of transparency and openness, the published plans will also allow patients to see how organisations in their local health system are preparing for episodes of increased pressure.

In order to achieve this, the CCG will expect and validate 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 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.

Whilst the system redesign and clinical pathways changes, as outlined within the CCG 5 year Plan, are being delivered to support care closer to home it was acknowledged at the last Urgent Care Working Group on 19th June 2014 that it would not be beneficial to embark on additional system changes without having had the opportunity to fully deliver and evaluate the programmes being put in place. In addition, and despite changes to health and social care pathways in place as part of a system wider response to potential winter capacity demands, the level of demand within the first month of 2014/15 has exceed expected and contracted levels and was 6.7% above the April 2013 position. Some of the system pressure has been managed by a reduction in non-elective bed days and a reduction in the average non-elective length of stay from 6.7 to 5.9 days, but the current financial impact for the CCG is an overspend of £190K.

The non-recurrent funding for operational resilience for 2014/15 has been allocated to CCGs on a fair shares basis; Wiltshire CCG's allocation is £2,763,138. Wiltshire CCG's view is that we want to continue focusing on the services that we have put in train which are funded through the Better Care Programme or the specific reserves within Wiltshire. This includes the investment around expanding our community teams which is being driven through the optimising community teams; Simple Point of Access and rapid response/urgent care at home services; intermediate care; and Transforming Care of Older People schemes across the CCG localities in developing pro-active care focussing on reducing avoidable admissions of frail elderly patients.

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Based on this, it is Wiltshire objective not to commit the resilience monies on new services or ad-hoc services which could detract away from our core intentions. However we will consider using the money to support the local Trusts to cover the escalation costs that they are incurring as well as dealing with the CCG's pressure on non-electives.

We will also consider small non-staff related initiatives which may be deemed to have a benefit on the urgent care system.

The System Resilience Group will, where practicable, support the development of an integrated capacity and demand dashboard that utilises existing reporting mechanism wherever possible. It is expected that this system overview will not only support the day to day delivery of a safe high quality health and social care service, but will also support wider system surveillance of pressures, and reporting requirements of NHS England. It is also expected that the Wiltshire System Resilience Group will use this data source to assess compliance with system robustness.

3 ELECTIVE CARE – REFERRAL TO TREATMENT (RTT) STANDARD

Funding has been allocated to NHS England Area Teams to support the delivery of additional elective activity to improve performance on RTT standards, clear backlog and reduce the number of long wait patients. This money is being allocated to Area Teams who will then agree its use with CCGs and local providers. The funding is intended to ensure that:

- all three RTT operational standards are met at a national level; and
- this is achieved in the September 2014 RTT data (published in November 2014)

and that this is done through:

- reducing backlog by focusing additional activity on patients that are waiting more than 16 weeks for treatment; and
- reducing the total number of patients waiting over 16 weeks by 115,000 nationally, bringing us back to the level of over 18 week waiters seen in January 2013.

The return requested from providers requires a split of additional activity into completed pathways (1) up to 18 weeks and (2) over 18 weeks. This will enable the impact of additional activity on the RTT operational standards to be assessed. CCGs should review the provider returns and assure them in partnership with the Area Team. Once all parties are content, the CCG should sign off the Unify return. The CCG has to give commissioner sign off to the plans submitted from our acute providers.

It will be for Regional and Area Team colleagues to determine the criteria for assuring that the activity commissioned is appropriate and sufficient to achieve the aim of reducing the number of long waiters. However, if when plans are submitted and activity aggregated to a national level, it is found that this amount of activity is insufficient to reduce the number of long waiters, we will need to work together to agree which plans can go further.

4 NEXT STEPS

The Wiltshire System Resilience Group will 'sign off' the Operational Resilience and Capacity Plan prior to submission to NHS England by 30th July. This will follow the broad principles of a local template from Bath Gloucestershire Swindon Wiltshire (BGSW) Area Team that providing the CCG with guidance on the layout, structure and information that they required

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This plan will be risk assessed in relation to the likelihood of the acute provider at the centre of the system, likely to be Salisbury Healthcare NHS Foundation Trust, being able to maintain high quality services for patients, and delivering key performance standards. Perceived risk will be assessed on the basis of past performance, financial position, previous ability to successfully implement plans, as well as on local intelligence.

'High risk' systems are those whose acute provider(s) have historically struggled to meet and maintain the A&E and RTT waiting time performance standards, and who may have also experienced regular organisational and financial difficulties. Similarly, 'earned autonomy' systems will be the opposite - strong A&E and waiting time performance, and on a sound organisational and financial footing.

5 CONCLUSION

Wiltshire CCG is well placed to implement appropriate processes to meet the required outputs of the Operational Resilience and Capacity Planning for 2014/15 guidance published on 13th June 2014.

It has a well received and clear 5 year strategic plan that supports much of the best practice models of care within the guidance and has a robust integrated Better Care Plan with Wiltshire Council to fund and support care pathways that cross traditional health and social care boundaries.

Wiltshire CCG has also implemented a robust programme management structure that aligns urgent care and elective resources to each of the three health and social care systems accessed by the people of Wiltshire. This foundation provides a degree of confidence that system changes will have a beneficial impact on wider system resilience as we potential move towards periods of ever increasing demand.

Patrick Mulcahy
Associate Director of Commissioning
Date 8th July 2014

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 CCG 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.

Patrick Mulcahy

Associate Director of Commissioning

Date 16th June 2014