

HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 6(a)
11 DECEMBER 2014		PUBLIC REPORT
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OPERATIONAL RESILIENCE - SYSTEM RESILIENCE PLAN

RECOMMENDATIONS	
FROM : Cambridgeshire & Peterborough CCG on behalf of the Peterborough System Resilience Group	Deadline date : N/A
1. For Information	

1. ORIGIN OF REPORT

1.1 This report is submitted to Board following a request from the Board.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to:

(a) provide an update on the Peterborough Resilience Groups delivery of winter pressures across health and social care.

2.2 This report is for the Board to consider under its Terms of Reference.

3. BACKGROUND

3.1 Following the winter funding to support systems in 2013/14 the Government has issued guidance requiring systems to create System Resilience Groups (SRGs) with their primary remit to oversee the sustainable delivery of the A&E 4 hour 95% standard and the 18 week Referral to Treatment target. System Resilience Groups are made up of commissioners and providers; statutory and third sector within each locality.

3.2 There is a clear link between acute trusts struggling to deliver the A&E 4 hours target with high levels of non-elective admissions that leads to elective care capacity and operations being compromised. Within the Peterborough system the Strategic Urgent Care Board has been renamed and taken on this wider remit.

3.3 The guidance sets out resilience plans requirements. The CCG was required to submit plans to NHS England by 31st July 2014. The plans are a 'living' document and subject to ongoing refinement. The CCG has allocated funding on a fair shares, this gives the Peterborough system £1,154,495.

3.4 Following submission there was a process of evaluation by NHS England. The Peterborough system was rated as a high risk system due to its lack of delivery of the 95% standard. The Peterborough plan under went a number of further iterations and developments between all Partners(Peterborough City Council, Cambridgeshire County Council, Cambridgeshire and Peterborough CCG, South Lincolnshire CCG, Peterborough & Stamford Hospital, Cambridgeshire Community Services, Cambridgeshire and Peterborough Foundation Trust) and NHS England. The plan was approved in October.

4. PROGRESS ON DELIVERING THE PLAN

4.1 Delivery against the milestones contained in the plan is set out below.

Scheme	Was this delivered on time and in full?
1. Care Home Educator	Yes
2. 24/7 Community mode	On time but with phased delivery over 8 weeks
3. Frailty Unit	Yes but plan to incorporate social worker to further improve pathway.
4. EOI Information to flow to EEAST	Yes – however long term IT solution needs to be fully implemented, plus evaluation of current solution to be tested.
5. Perfect Fortnight	Delayed by 3 days from original start, but then implemented.
6. Integrated CHC Team	Co located, however further work to be done to assess without prejudice
7. Interim beds managed by one organisation	Yes agreed CCS, further work to be done on embedding model and flow.
8. Sub acute ward	Delayed, further discussions with clinicians on allocation of beds and staffing
9. Front Door GP/ ENP service	08/12/14
10. Psychiatric Liaison	01/12/14- risk to start date of staff recruitment
11. Single Assessment form for discharge	01/12/14
12. Patient Flags to show complex cases on arrival	01/12/14

4.2 Flu that plans are being delivered and are on target to deliver 75% or greater uptake of flu vaccine for over 65yrs, 75% uptake for clinical risk groups and pregnant women, and for health care workers and carers in line with the DH/PHE/NHS 2014 Flu Plan

4.3 management of the delivery of the schemes is through the System resilience group with the operational Urgent Care board working on the delivery of the specific schemes.

5. ANTICIPATED OUTCOMES

5.1 The outcomes of the resilience plan are for:

- PSHFT to deliver the 95% A&E standard consistently
- the 18 week Referral to Treatment standard to be met
- reduction in the number of non-elective (unplanned) admissions to be reduced
- reduction in the number of A&E attendances

6. REASONS FOR RECOMMENDATIONS

6.1 The Board is asked to note the progress to date.

7. IMPLICATIONS

7.1 The delivery of the key national targets of 95% A&E and 18 week RTT are imperative for good patient care. All parts of the system have a role to play in ensuring the health and social care system works as effectively as possible to avoid admissions, see and treat patients in an acute setting with a smooth, prompt discharge to their place of residence, and to prevent avoidable admissions.

8. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985)

Operational Resilience Guidance

<http://www.england.nhs.uk/wp-content/uploads/2014/06/op-res-cap-plan-1415.pdf>