

## Governing Body Meeting In Public

<b>Date of Meeting</b>	<b>9<sup>th</sup> July 2014</b>	<b>Agenda Item</b>	8
<b>Paper Number</b>	123/14	<b>Strategic Objective Number</b>	1
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<b>Title:</b>	<b>Operational resilience and capacity planning for 2014/15</b>		
<b>Executive Summary:</b>	<p>Following the operational pressure experienced by the NHS during the winter of 2012/13 a tripartite agreement (NHS England, NHS Trust Development Agency, Monitor and Directors of Adults Social Services) established Urgent Care Working Groups. These groups were established around acute provider systems and brought together health and social care commissioners and providers to focus on urgent care resilience and capacity, especially during the winter period. Locally the Frimley System Urgent Care Board was established in response to this national policy.</p> <p>During 2013/14, Urgent Care Working Groups developed and implemented A&amp;E Recovery Plans (known locally as the Frimley System A&amp;E Sustainability Plan) to deliver operational performance. There was a particular focus on ensuring effective services, systems and processes were in place to maintain patient quality and experience of unscheduled care services and to ensure delivery of A&amp;E performance measures (such as 4 hour A&amp;E waits). The Frimley system, via the Urgent Care Board worked together to deliver the 4 hour target for each quarter in 2013/14.</p> <p>The latest guidance 'Operational resilience and capacity planning 2014/15' (published June 2014) requires local systems to build on their Urgent Care Working Groups remit to include both urgent and elective care. It is expected that current groups will develop into System Resilience Groups. These groups will now become the forums where sustainable year round capacity planning and operational delivery across the local health and social care system is co-ordinated.</p>		
<b>Actions/Recommendations</b>	.		
<b>Other Committee(s) where this paper or supporting information have been considered</b>	Joint Commissioning Forum 1 <sup>st</sup> July 2014 Clinical Executive 2 <sup>nd</sup> July 2014  To be discussed at Urgent Care Board 15 <sup>th</sup> July 2014		
<b>Date</b>	2 <sup>nd</sup> July 2014		

**Operational resilience and capacity planning 2014-5**

**1.0 Introduction**

- 1.1 The guidance, published June 2014, builds upon the success of Urgent Care Working Groups (known locally as the Frimley System Urgent Care Board). It sets out the requirement for Urgent Care Groups to expand their remit to include both urgent and planned care. This shift in focus is reflected in a change of name for Urgent Care Working Groups to System Resilience Groups.
- 1.2 The new System Resilience Groups will bring together both the urgent and planned care elements into one planning process. This demonstrates the importance of addressing both urgent care pathways and planned care pathways in order for local health and social care systems to effectively operate and deliver high quality and effective year round services.
- 1.3 The key principles of System Resilience Groups are:
  - Ensuring system resilience is delivered whilst maintaining financial balance
  - Establishing year-round sustainable delivery for planned and urgent care
  - Enabling health and social care partners (including independent and voluntary) to proactively manage year round operational resilience through working together in an integrated approach
  - Ensuring the allocation of, and monitoring the delivery and impact of, non-recurrent monies
  - Prepare local systems for the outcomes of the Urgent and Emergency Care Review

**2.0 System Resilience Groups**

- 2.1 System Resilience Groups will be the Forum where all partners across the health and social care system come together to undertake regular planning of service delivery. The Group will plan for the capacity required to ensure delivery of effective, high quality accessible services.
- 2.2 The Group should be chaired by a senior CCG leader and all local provider, commissioner and social care organisations should form the membership of the group. Independent and voluntary sector representation is also key to the System Resilience Groups. However, there should be a strong emphasis on a broad range of clinical representation on the group reflecting both planned and urgent care pathways.
- 2.3 The Group should focus on:
  - Rigorous and ongoing analytical review of the drivers of system pressures
  - Collaboratively develop solutions to system pressures
  - Ensure consensus across Group members and stakeholders on the use of non-recurrent funds and marginal tariff
  - Hold each other to account for delivery of actions
  - Share intelligence and pool resources to improve system delivery
- 2.4 It should be noted that System Resilience Groups are not statutory bodies and as such the relevant statutory bodies will need to make final decisions regarding funding and these groups do not supersede accountabilities between organisations and their regulators.

**3.0 Operational Resilience and Capacity Plans**

3.1 System Resilience Groups need to develop operational and resilience plans. These plans must be collaboratively developed and signed off by all System Resilience Groups members. There are a number of mandatory elements that need to be included in these plans. These include:

- Urgent and planned care good practice planning principles
- Wider planning considerations and local context
- Governance
- Build on existing work (e.g. flu planning, data sets, mapping of service etc)
- Take account of and use principles from; Better Care Fund, The Social Action Fund, The Care Act 2014 and plan to ensure all is delivered in an integrated approach

#### **4.0 Non-recurrent Funding 2014/15**

4.1 NHS England has published non-recurrent allocations for 2014/15 aimed at operational resilience and capacity for urgent and planned care, ensuring systems deliver on the relevant performance measures. The following summarises the contents of the letter:

- Non-recurrent funding for 2014/15 for urgent care has been allocated to Clinical Commissioning Groups on a fair share basis. This funding is to be shared amongst local system providers through System Resilience Groups, these plans must build upon last years plans
- Urgent care funding must include use of primary care, community care and mental health services as well as social services to support patients, with particular attention to be paid to ensuring that all patients who have mental health needs receive improved and swifter care.
- Incremental funding allocations calculated by NHS England Area Team to support the delivery of additional elective activity to improve performance on Referral To Treatment standards, clear backlog and reduce the number of long wait patients. To be allocated to Area Teams who will then agree its use with CCGs and local providers.

#### **5.0 Timescales**

5.1 There are challenging timescales published within the guidance which the System Resilience Group will need to deliver on. Key dates are:

- 13 June 2014: Operational Resilience and Capacity Plan Guidance published and non-recurrent allocation letters to CCG Accountable Officers
- 19 June 2014: Referral to Treatment submission – overview of specialty focus for backlog clearance (planned Care)
- 30 June 2014: Completion and upload of agreed Referral To Treatment templates to national database
- 2 July 2014: Lead Clinical Commissioning Group sign off of agreed Referral To Treatment templates
- 30 July 2014: System Resilience Groups to submit System Resilience and Capacity Plans to NHS England Area Team

- July 2014: Independent analytical review of 2013/14 to review the drivers of system pressures to inform the planning for 2014/15 – written report to be shared with full System Resilience Groups by end July 2014
- September 2014: Assurance of Plans and plans published on System Resilience Group Chairs organisation website
- October 2014: Refresh of plans for winter

## **6.0 Actions required**

- 6.1 The Governing Body is asked to note the contents of the Operational resilience and capacity planning 2014/15 guidance
- 6.2 Note the proposed governance process and timescales
- 6.3 Agree to the draft principles for the System Resilience Group