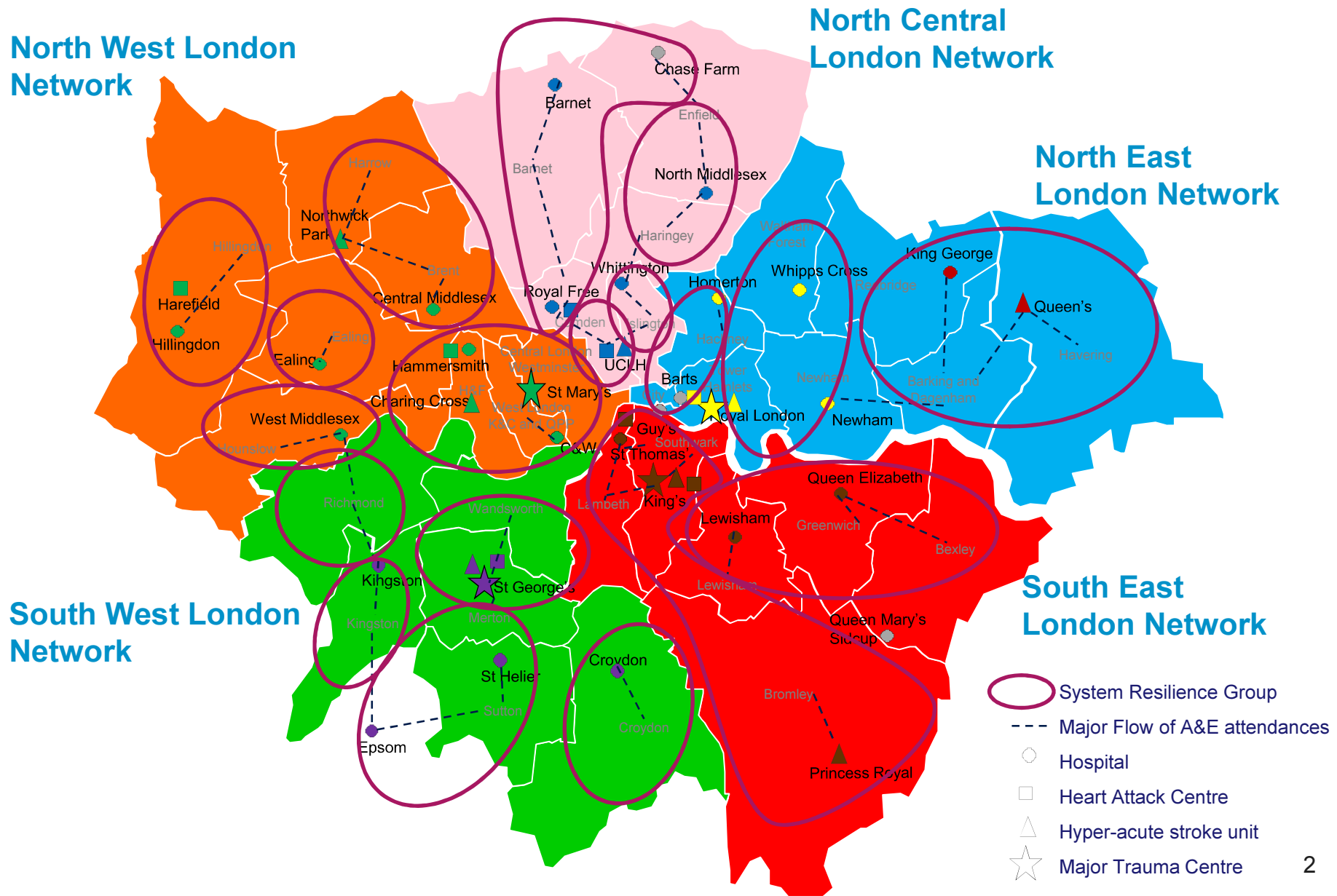


Winter Resilience Planning NCL

Paul Jenkins, SRO NCL Urgent Care Programme,
Chief Officer NHS Enfield CCG



4 System Resilience Groups in NCL



Who's involved

Clinical Commissioning Groups

Barnet, Camden, Enfield, Haringey & Islington

Acute Trusts

North Middlesex University Trust, Royal Free London Trust, University College London Trust and The Whittington Hospital.

Local Authority

London Borough of Barnet, London Borough of Camden, London Borough of Enfield, London Borough of Haringey and London Borough of Islington

Community Services

Central London Community Health, Central and North West London, Enfield Community Services (delivered by Barnet, Enfield & Haringey Mental Health Trust) and Whittington Health

Mental Health Trusts

Camden and Islington NHS Foundation Trust & Barnet, Enfield & Haringey

London Ambulance Service

Primary Care

Lessons Learnt from Winter 2014/2015

➤ **Communication and Information**

- Weekly/fortnightly meetings supported whole system joined up approach to tackling issues;
- Partners reported successful joined up Multi Disciplinary Team working between trusts and community;
- Positive media & market campaign, Choose Well.

➤ **People & Recruitment**

- Difficulties were reported around recruiting staff;
- Once recruited; the integration of new staff into the departments and processes and having the appropriate the skills-mix proved challenging;
- Need to identify opportunities for joint approach for recruitment and flexing roles across organisations and/or developing blended roles to maintain staffing resilience across each system to ensure staff are where they are most needed

➤ **Mental Health**

- Access to 24 hour mental health liaison services resulted in prevention of admission and decreased length of stay on acute sites

Lessons Learnt from Winter 2014/2015

➤ 7 Day Working & Discharge

- 7 day access to therapy for inpatient rehabilitation patients reduced length of stay and improved patient flow;
- 7 day working although in place from the community and social care side, did not translate into an improvement in the number of weekend discharges in all trusts;
- Need to improve discharge planning and processes, work programme underway;
- Having a dedicated resource at the centre of operations assisted in tackling operational blocks.

➤ Capacity

- Mobilising additional bed capacity at short notice proved difficult as staffing had to be stretched across a wider bed base, particularly impacted on middle grade medical staffing;
- Domiciliary Care capacity difficult to secure in certain areas; under review;
- Insufficient capacity for Neuro Rehab Beds across the piece; under review;
- Insufficient capacity for General Rehab Beds; under review.
- Mental Health acute bed capacity, national issue; under review Mental Health Stocktake.

A&E Summary for NCL

Analysis of 2013-14 and 2014-15 attendance data shows a year on year NCL increase in A&E attendance (all types) of 4.1%. The trend continues to rise in 2015/16 with 2.6% increase in A&E attendance in Q1 15/16 when compared to Q1 14/15.

Month	Attendances seen in 4 hrs	Total Attendances	Performance
October 14	68,388	72,197	94.72%
November 14	56,042	58,948	95.07%
December 14	53,820	57,849	93.04%
January 15	61724	65,719	93.9%
February 15	53945	57,035	94.5%
March 15	58097	61,137	95.03%
April 15	69,940	72,645	96.28%
May 15	59,303	56,977	96.08%
June 15	65,054	62,918	96.72%
July 15	62,133	64,721	96.00%

NCL A&E Performance

Current YTD performance across NCL highlights two Trusts failing the 95% Target, North Middlesex and The Whittington Hospital

Trust	Provisional 4-hr wait Performance Rating YTD 2015-16 (standard 95%)
Barnet & Chase Farm Hospitals	96.7% (w/e 13 th Sept15)
Royal Free London NHS Foundation Trust	
North Middlesex University Hospital NHS Trust	93.89% (w/e 13 th Sept15)
The Whittington Hospital NHS Foundation Trust	94.73% (w/e 13 th Sept15)
University College Hospitals NHS Foundation Trust	96.87% (w/e 13 th Sept15)
Moorfields Eye Hospital Foundation Trust	98.22% (w/e 13 th Sept15)
Total NCL	96.06% (w/e 13 th Sept15)

Approach to Resilience Planning

- NCL received a total of £9m new money in Clinical Commissioning Groups baselines for investment in resilience for 15/16;
- System Resilience Groups conducted an open and transparent process to allocate funding;
- All partners, providers and social care included in decision making process;

Some Key Initiatives

7 Day Access

- Both Barnet CCG and Enfield CCG are commissioning additional capacity in primary care in order to move to a 7 day model; 15,000 additional appointments will be delivered across both boroughs;
- Enhanced 7 day community services and social care in all boroughs;
- 7 day access to therapy for inpatient rehabilitation patients

Capacity

- Increased bed capacity on acute sites together with additional nursing, therapy and medical staff;
- Step down capacity commissioned from care homes to enable discharge to assess;

Communications

- New National Communications Campaign – Stay Well this Winter – NCL Communication Teams working together to deliver a consolidated local approach

Working Across London

Urgent & Emergency Care Context



The national Urgent and Emergency Care Review, led by Professor Sir Bruce Keogh, set out a vision for transforming urgent and emergency care services, including all components of the system, and new settings of care connected by overarching networks.



The FYFV reiterated the recommendations of the review describing how we will increasingly need to manage health care systems through networks of care, not just by, or through, individual organisations. The Planning Guidance for 2015/16 subsequently signalled that Urgent and Emergency Care (U&EC) Networks should form from April 2015.



The London Health Commission's report Better Health for London reinforced the need to ensure that the London quality standards are implemented to move the capital's providers to providing a more consistent quality of care across all seven days of the week, a service that Londoners rightly expect.

National vision for urgent and emergency care

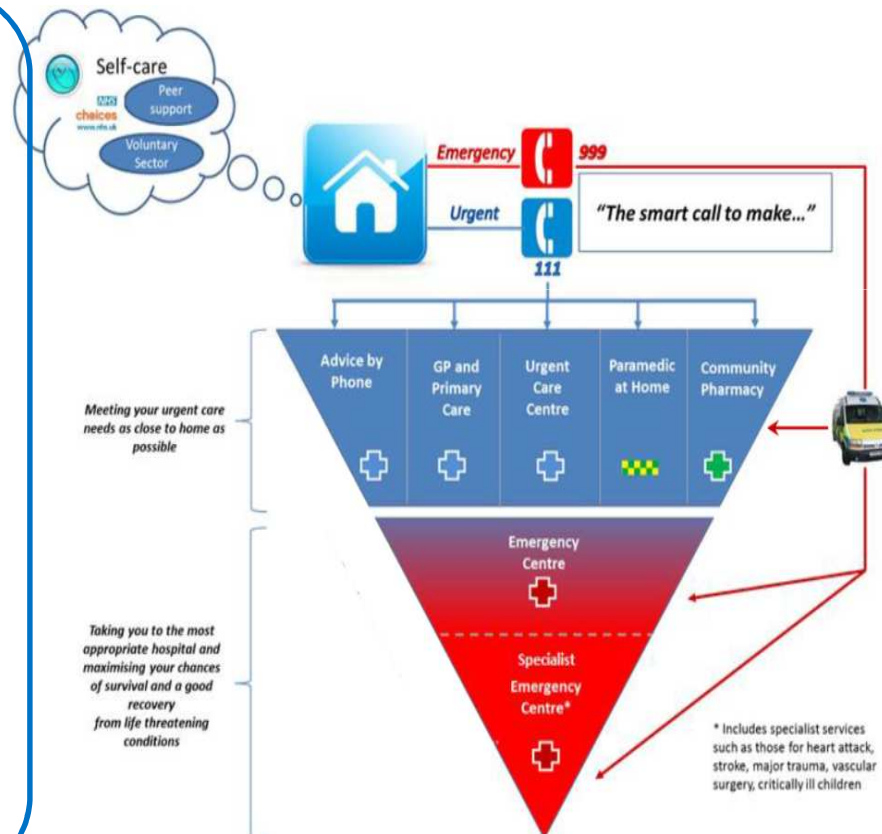
U&EC Networks

Aim:

UEC networks will improve the consistency and quality of UEC through delivering the vision of the national U&EC Review.

They will operate over a larger geographical area and serve a greater population size to address system challenges that cannot be managed by a single SRG.

U&EC networks will focus on the delivery of networked care, joint learning, sharing of best practice and a collective responsibility for equitable provision of care and outcomes across their network footprint.



System Resilience Groups (SRGs)

Aim:

SRGs will retain an operational focus for their local health economy, addressing most of the service coordination functions and local operational leadership (blue section of the pyramid).

They work with commissioned providers and stakeholders in a local network to deliver national targets, develop bespoke local solutions and drive local, clinically led innovation.

A key role for SRGs will be the implementation of high impact interventions in advance of winter 2015/16.

Next Steps

The System Resilience Groups in NCL recognise the challenge for winter and the benefits of working more closely together.

- Development of NCL Urgent and Emergency Care Network; workshop held 24th September 2015;
- NCL urgent and emergency care work plan to be developed by January 2016;
- NCL Pre-Winter Resilience Workshop to be held 16th October 2015;
- October 2015 – March 2016 System Resilience plans operationalised and delivered