

REPORT TO THE HEALTH AND WELLBEING BOARD

Date 14 April 2015

System Resilience Group – Highlight Report

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1. Purpose of Report

1.1 To provide the Health and Wellbeing Board with an overview of the purpose and function of the System Resilience Group and highlight the work undertaken by the Group to plan for and respond to operational resilience and capacity issues impacting on health and care services in Barnsley

2. Recommendations

2.1 Health and Wellbeing Board members are asked to:-

- Note the role and membership of the System Resilience Group.
- Note the key areas identified in the report which have been the focus of the work of SRG over the winter period and agree to receive regular highlight reports appraising the Board of the work of SRG.

3. Introduction/ Background

3.1 The System Resilience Group (SRG) provides strategic system wide leadership in the area of urgent care. It comprises representatives from the Clinical Commissioning Group, the local authority, principal NHS providers (including Yorkshire Ambulance Service) and NHS England.

3.2 The membership of the SRG is:

- BCCG Chief Officer / BCCG Chair
- BCCG Medical Director (Vice Chair)
- BCCG Chief of Corporate Affairs (Planning, Performance and Assurance)
- BCCG Chief Finance Officer (Finance and Contracting)
- BCCG Head of Service Development
- BHNFT Director of Operations
- BHNFT Emergency Department Clinical Director
- BMBC Adult Social Services and Children's Services Representative

- SWYPFT - Transition Director
- BMBC - Consultant in Public Health
- YAS Representative
- NHS England – Director of Operations and Delivery
- VAB – Representative

3.3 The purpose of the SRG is to develop a resilient, sustainable and integrated 24/7 model for urgent and emergency care in Barnsley and to ensure rapid and appropriate access to services.

3.4 The current terms of reference for the SRG are attached at Appendix 1

4. System Resilience Group – Key Activities 2014/15

4.1 During 2014/15, the SRG have met on a monthly basis to review system pressures and inform planning processes to ensure operational resilience and capacity in both elective (planned) and non elective (emergency care).

4.2 The group developed operational resilience and capacity planning proposals in July 2014 which were submitted to and approved by NHS England for the use of system resilience funding allocated to Barnsley. This resulted in investment of £1,885,441 in schemes aimed at ensuring capacity across the system, particularly over the winter period and included additional capacity in the acute and community sector, additional social work capacity (including 7 day working), increased capacity of the Independent Living at Home service, enhanced use of assistive technology, the introduction of Urgent Care Practitioners by Yorkshire Ambulance service and pilot projects for supportive volunteering and social prescribing.

4.3 Additionally, further plans were developed later in the year for the use of additional funding identified by NHS England to support the acute sector and to increase capacity and resilience of mental health services over the winter period. This resulted in an additional £1,315,110 being invested at Barnsley Hospital to increase bed capacity over winter, provide new equipment and improve discharge processes, and, £142,530 invested in mental health services.

4.4 The additional investment along with the hard work and partnership working throughout the year ensured that performance was maintained throughout the year and particularly that the Accident and Emergency, 4 hour standard was achieved in 2014/15. Barnsley Hospital NHS Foundation Trust along with Sheffield Children's Hospital were the only hospitals in South Yorkshire and Bassetlaw to achieve this target and ensure 95% of patients were seen within 4 hours.

- 4.5 Throughout the year the SRG receive performance analysis across the urgent care system to identify pressures in the system and support discussion and action to address any areas of concern. This is supplemented by organisations providing capacity updates and highlighting any current issues.
- 4.6 During 2014/15, there have been two main areas of concern identified and discussed by the group. The first being Ambulance response times on the back of an increased demand for ambulance services and the second being the potential risks and implications of funding reductions for Tier 1 Intermediate Care beds.
- 4.7 Ambulance waiting times for the most urgent calls have not been met in Barnsley during the year, however the discussions have been escalated via the CCG Governing Body and improvements have been seen during the last months of the year and working is ongoing by Yorkshire Ambulance Service to improve performance. The discussions at SRG have facilitated a wider understanding of performance of the ambulance service in relation to health outcomes as well as waiting times.
- 4.8 Following discussions at SRG relating to pressures in community services and the potential implications of the loss of Tier 1 beds from the Intermediate Care service, the issue was escalated through the Health and Wellbeing Board and this resulted in the utilisation of the Better Care Funding to ensure the continued provision of beds during 2015/16.
- 4.9 The SRG also have oversight of elective performance to ensure capacity to deliver waiting time standards for elective and cancer services. During 2014/15 all referral to treatment and cancer standards have been met for Barnsley patients.

5. Conclusion/ Next Steps

- 5.1 The System Resilience Group will continue to play a key role during 2015/16 in line with it's terms of reference and will provide highlight and exception reports to the Health and Wellbeing Board on a periodic basis to ensure members are aware of pressures and issues across the health and care system.

6. Appendices

- 8.1 Appendix 1 – SRG Terms of Reference

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Date: 10 April 2015



Barnsley Clinical Commissioning Group

Putting Barnsley People First

System Resilience Group (SRG)

Terms of Reference

**Barnsley System Wide
System Resilience Group (SRG)
Terms of Reference**

1. Introduction

- 1.1 Members of the SRG should seek to hold each other to account for actions resulting from internal review, with member organisations sharing intelligence and pooling resources where possible to improve system delivery against agreed key performance indicators.

These arrangements do not supersede accountabilities between organisations and their respective regulators.

- 1.2 The SRG will be the forum where all partners across the health and care system come together to undertake regular planning of service delivery. The group should 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 provide good value for tax payers.
- 1.3 The SRG will provide strategic leadership, performance and assurance oversight to ensure system wide operational resilience; this will include urgent, elective and wider resilience planning in the delivery of health and care services for the people of Barnsley.
- 1.4 These Terms of Reference set out the membership, remit responsibilities and reporting arrangements of the System Resilience Group.

2. Purpose

- 2.1 To develop a resilient, sustainable and integrated 24/7 models for urgent and elective health and care in Barnsley and to ensure rapid and appropriate access to services in order to effectively meet presenting need;
- 2.2 To ensure that emergency resilience and business continuity planning is robust and that plans are fully aligned to meet the system pressures in Barnsley in a collaborative and cohesive way.
- 2.3 To make recommendations to the BCCG Programme Boards, The Stronger Barnsley Together Programme Boards for commissioning stances, revision of pathways and service design, that will facilitate the development of commissioning business cases and specifications; to meet the system pressures identified by this group.
- 2.4 To ensure robust monitoring and evaluation of system wide health and care capacity and demand.

3. Responsibilities

- 3.1 Whist decisions on any aspect of funding will inevitably need to be made by the relevant statutory body or through shared governance arrangements where pooling is in place, the SRG has a key role in building consensus across members and stakeholders and advising especially on the use of non-recurrent funds and marginal tariff.
- 3.2 To undertake rigorous and ongoing analytical review of the drivers of system pressures, so that solutions to these pressures can be developed collaboratively.
- 3.3 To review the full range of appropriate information and assurance reports.
- 3.4 To ensure that evidenced best practice is adopted across the Barnsley health and care system.
- 3.5 To ensure that the effectiveness of all health and care providers is reviewed, including; primary care out of hours and admission avoidance schemes, understanding how these services integrate with each other and their impact on the Hospital's Emergency Department.
- 3.6 To ensure that there are local plans in place to support the care of patients who frequently attend or are admitted to hospital.
- 3.7 To ensure that care is effective for patients with multiple co-morbidities especially those with poorly controlled chronic disease such as frail, elderly, especially those with mental health problems, sick children and high dependency individuals, especially vulnerable adults (homeless, drug and alcohol related problems, mental health problems).
- 3.8 To ensure that a full range of services is available to the acute trust for those patients in the Emergency Department who need out of hospital services rather than acute care.
- 3.9 To work with local authorities to ensure that discharge pathways are effective.

4. Membership

4.1 The Membership of the System Resilience Group will be:

- 4.1.1 BCCG Chief Officer / BCCG Chair
- 4.1.2 BCCG Medical Director (Vice Chair)
- 4.1.3 BCCG Chief of Corporate Affairs (Planning, Performance and Assurance)
- 4.1.4 BCCG Chief Finance Officer (Finance and Contracting)
- 4.1.5 BCCG Head of Service Development
- 4.1.6 BHNFT Director of Operations
- 4.1.7 BHNFT ED Clinical Director
- 4.1.8 BMBC Adult Social Services and Children's Services Representative
- 4.1.9 SWYPFT - Transition Director
- 4.1.10 BMBC - Consultant in Public Health
- 4.1.11 YAS Representative
- 4.1.12 NHS England – Director of Operations and Delivery
- 4.1.13 VAB – Representative

5. Reporting Arrangements

- 5.1 The decisions of the SRG will be formally recorded in appropriate minutes and disseminated to member organisations, the Health & Well Being Board and SYCOM.
- 5.2 The Board Chair shall report to the Clinical Commissioning Group's Governing Body's Programme Boards, the Stronger Barnsley Together Programme Boards and the Health & Well Being Board on its proceedings after each meeting through the approved minutes. (see diagram)
- 5.3 Members will disseminate the proceeding through their own organisation.

6. Accountability

- 6.1 Individual members will be accountable through their own organisations

7. Administration

- 7.1 The Chief of Corporate Affairs will oversee the management of the group supported by their PA.

8. Frequency

- 8.1 The Group will meet on a monthly basis.

9. Review

- 9.1 The Group should review at least annually its own performance, membership and the Terms of Reference.

SYSTEM WIDE SYSTEM RESILIENCE GROUP

