

# **REPORT FOR: HEALTH AND WELLBEING BOARD**

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<b>Date of Meeting:</b>	2 March 2017
<b>Subject:</b>	<b>London North West Hospitals Trust (LNWHT) A&amp;E Delivery Board</b>
<b>Responsible Officer:</b>	Sue Whiting, Assistant Chief Operating Officer, Harrow CCG
<b>Public:</b>	Yes
<b>Wards affected:</b>	N/A
<b>Enclosures:</b>	None

## **Section 1 – Summary and Recommendations**

This report provides the Harrow Health and Wellbeing Board with the following overview:

- London Northwest Healthcare Trust (LNWHT) performance achievement against Constitutional Standard Targets:
  - Accident and Emergency-A&E
  - Cancer treatment
  - Referral to Treatment Time –RTT
  - Access to diagnostics
- Overview of the latest changes to the Brent and Harrow Systems Resilience Group forming into the LNWHT A&E Delivery Board and its

focus on Harrow. The report gives a summary of what an A&E Delivery Board is. The report then presents the work of the LNWHT A&E Delivery Board in terms of Key Programmes and initiatives, and sets out the benefits of the A&E Delivery Board and other related programmes to the patients and population of Harrow.

**Recommendations:**

The Board is requested to: Note the report.

## **Section 2 – Report**

### **2.1 Local A&E Delivery Board (Formerly known as SRGs)**

A review of current arrangements for System Resilience Groups (SRGs) has identified the need for a local leadership structure to focus specifically on A&E. Therefore NHS England has come to the conclusion that SRGs are now to be transformed into Local A&E Delivery Boards. This happened with immediate effect from the 1<sup>st</sup> September 2016.

The focus of Local A&E Delivery Boards is to be entirely on Urgent and Emergency Care. Initially this will all be about recovery of the 4 hour target as well as working with Sustainability & Transformation Plan (STP) footprints on the longer term delivery of the Urgent and Emergency Care Review.

The change from SRGs to Delivery Board has displaced some Clinical Commissioning Groups (CCGs) that used to have SRGs of their own. This would have been due to the CCG not being a lead commissioner or the activity of the CCG flowing to multiple providers.

#### **2.1.1 Local A&E Delivery Board Core Responsibilities:**

For A&E Delivery Boards, important operational objectives include:

- Leading A&E recovery
- Developing plans for winter resilience and ensuring effective system wide surge and escalation processes exist
- Supporting whole-system planning (including with local authorities) and ownership of the discharge process

- Participating in the planning and operations for local ambulance services
- Participating in the planning and operations of NHS 111 services including oversight of local DOS development
- Agreeing deployment of any winter monies
- Agreeing how money used via sanctions and incentives is deployed for maximum benefit of the system
- Working with in the STP footprints (and U&EC Networks) to deliver the U&EC Strategy locally with specific focus to be given to:
  - Expanded access to primary care
  - Creating an out of hospital hub combining NHS 111 and OOH services
  - Delivering on the 4 key UEC hospital standards
- Supporting Vanguard and New Care Models (where applicable) to ensure good outcomes and supporting spread.
- Leadership of the BCF will continue to be at local CCG/LA level but the A&E Delivery Boards will have an important role in helping to implement action plans, particularly in the case of BCF DTOC plans where they could help align the discharge elements of A&E plans and DTOC plans.

## 2.2 London North West Healthcare Trust (LNWHT) A&E Delivery Board

The LNWHT A&E Delivery Board aligns Brent, Ealing & Harrow CCGs to the acute trust. It also includes participation from a variety of stakeholders such as the Local Authorities for the CCGs, London Ambulance Service, 111, Urgent Care Centres & Central & North West London FT. This ensures that all the players are in the same room.

The A&E Delivery Boards are focused on five mandated improvement initiatives. These have been developed by experts in the field of emergency care (such as Cliff Mann – President of the Royal College of Emergency Medicine and Vince Connolly – Consultant Physician & Medical Director, Emergency Care Improvement Programme). The initiatives that relate to streaming, flow and discharge represent actions that have already been adopted by the most successful systems. The A&E Delivery Board is tasked with implementing these actions and reviewing outcomes and processes:

- 1. Streaming at the front door – to ambulatory and primary care**  
This will reduce waits and improve flow through emergency departments by allowing staff in the main department to focus on patients with more complex conditions.
- 2. NHS 111 – Increasing the number of calls transferred for clinical advice.**  
This will decrease call transfers to ambulance services and reduce A&E attendances.
- 3. Ambulances – Dispatch on Disposition (DoD) and code review pilots; Health Education England (HEE) increasing workforce**

This will help the system move towards the best model to enhance patient outcomes by ensuring all those who contact the ambulance service receive an appropriate and timely clinician and transport response. The aim is for a decrease in conveyance and an increase in 'hear and treat' and 'see and treat' to divert patients away from the ED.

**4. Improved flow – ‘must do’s that each Trust should implement to enhance patient flow**

This will reduce inpatient bed occupancy, reduce length of stay, and implementation of the 'SAFER' bundle will facilitate clinicians working collaboratively in the best interests of patients.

**5. Discharge – mandating ‘Discharge to Assess’ and ‘trusted assessor’ type models**

All systems moving to a 'Discharge to Assess' model will greatly reduce delays in discharging and point to home as the first port of call if clinically appropriate. This will require close working with local authorities on social care to ensure successful implementation for the whole health and care system.

**The LNWHT Delivery Board will achieve this by:**

- Overseeing rigorous and on-going analytical review of the drivers in the system pressures so that solutions to these pressures may be developed with a collaborative approach
- Initiating and authorising the local changes needed to ensure good system working
- Considering the targets, standards, plans and progress of other relevant work streams in the local health economy
- Use the 8 High Impact Interventions assessment as a method of monitoring delivery, with stakeholder action plans aligned to this framework
- Approving Winter plans & funding
- Supporting strong inter-agency collaboration
- Developing demand, capacity and resilience plans based on evidence from independent analytical reviews of the drivers of pressure
- Resolving any operational issues that arise and ensuring that appropriate risk management strategies are in place
- Monitoring the process to ensure plans are published and made publically available when assured

Appendix 1 shows the membership of the LNWHT A&E Delivery Board.

## **2.3 LNWHT Planned Care Delivery Board**

Due to the SRGs focus being changed to predominantly focus on A&E performance, within Brent, Ealing and Harrow it was decided to split the meeting in two. The first part is to focus on the A&E Delivery Board and the second part is to focus on the Planned Care Delivery Board where Referral To Treatment (RTT), Cancer and Diagnostics are covered.

### Key roles and functions of the Planned Care Delivery Board

- Provide an opportunity for all parts of the local health and social care system to co-develop strategy
- Collaboratively plan safe and efficient services for patients
- Provide the forum for system wide planning of service delivery

For the Planned Care Delivery Board, important operational objectives include:

- Ensuring determination of need across the Ealing, Harrow and Brent geographical footprint
- Initiating local change as identified
- Eliminating barriers to whole system improvement
- Ensuring all relevant perspectives as to planned care within the local health and social care system are adequately considered
- Enabling the management of cancer and diagnostic targets and referral to treatment times, including all of the contributing factors to achieving these targets
- Improving patient experience
- Assurance that appropriate systems and structures are in place and managed on a day-to-day basis
- Taking community pressures into consideration
- Monitoring progress against the required metrics of the Better Care Fund

## **2.4 Benefits of the Delivery Board to the Harrow Population**

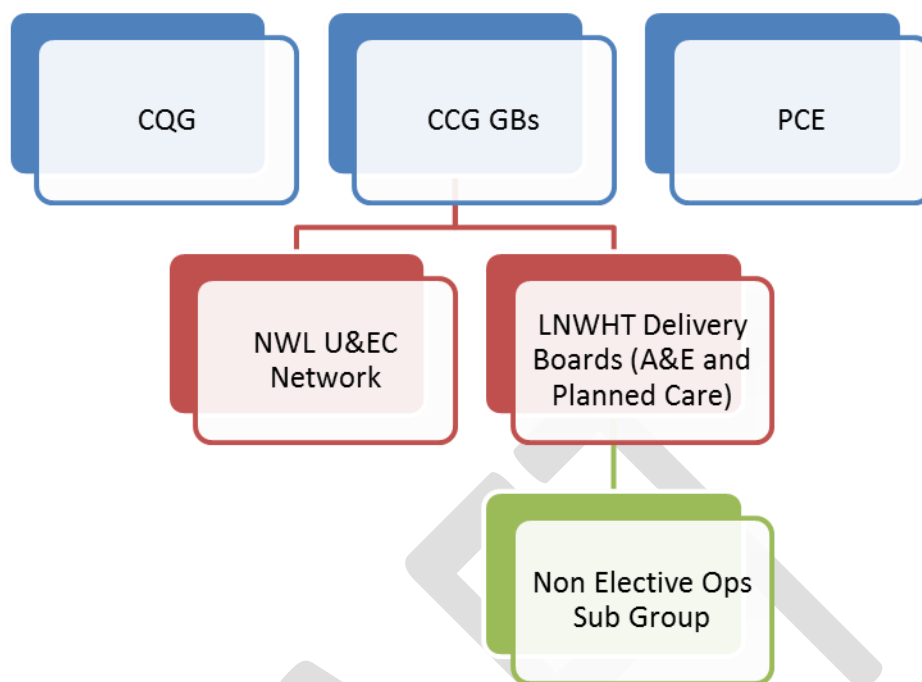
The Harrow-wide vision for whole systems integrated care is to improve the quality of health and social care for individuals, carers and families, empowering and supporting people to maintain independence and lead full lives as active participants in their community.

Partners across Harrow believe that truly empowering people to help themselves requires support to be provided around people, and not around existing organisational arrangements.

By working in this way through the BCF and the Delivery Board, the benefits for the patients and population of Harrow will be:

- Improvements in the quality of life for everybody in our Borough by providing proactive, joined-up services
- Stakeholder organisations working together, sharing information, expertise and experience better
- Delivering co-ordinated seamless care, in particular to those with the most complex health needs, including those with multiple long-term conditions
- Improving the efficiency of the existing system by reducing inter-agency referrals
- Reducing the utilisation of acute care resources to support our residents
- Making it easier for everybody, however sick or frail, to continue to live happily and safely at home.

## 2.5 Composition of the LNWHT Delivery Boards Sub-Groups



### 2.5.1 Non-Elective Sub-Group

This Sub-Group facilitates the delivery of non-elective (for unplanned, frequently urgent hospital admissions via A&E in most cases) projects that have been clinically agreed by members of the A&E Delivery Board.

In doing so, the Non-Elective sub-group identifies gaps in the delivery of target outcomes and initiates collaborative Task and Finish Groups. Risks are managed collaboratively through an agreed risk mitigation plan, and significant risks are escalated to the Delivery Board.

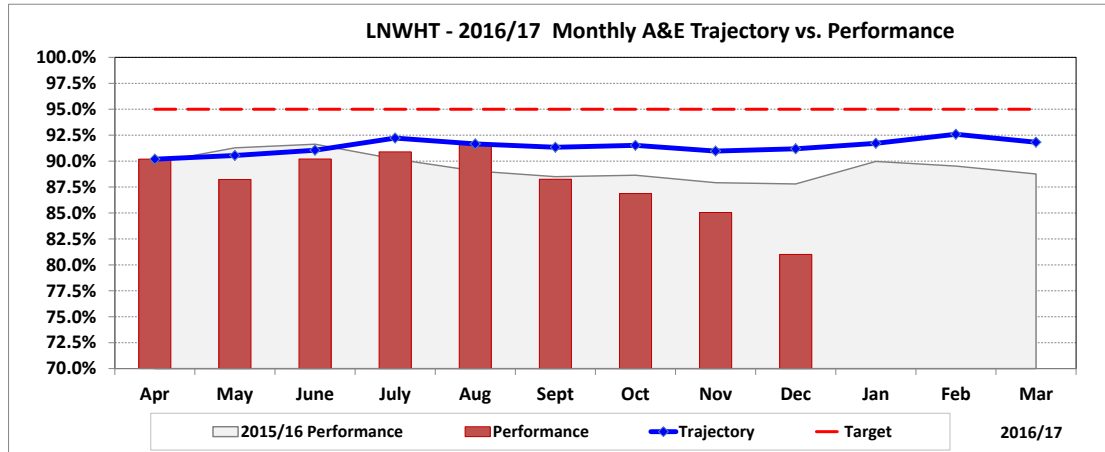
Workstreams for the group include:

- Winter Planning
- Operational Resilience Plan
- Discharge Protocol
- LNWHT EUC Improvement Action Plan
- LAS Updates
- Better Care Fund

#### 2.5.1.1 A&E Performance Update

The London North West Hospital Healthcare (LNWHT) Trust's A&E position is currently below trajectory at 81.01%. The A&E Delivery Board is in place for LNWHT with senior whole system representation and the Trust is working with Emergency Care Improvement Programme (ECIP) to improve A&E processes across sites.

13 additional general beds have been opened in January on Fletcher ward and 7 additional beds on the new critical care unit opened on the 16<sup>th</sup> January 2017. LNWH T has plans in place to manage winter pressures including a pit stop nurse to support ambulance flow, as well as additional staffing over the weekend to support A&E flow and discharges. This work is being led via the Non- Elective subgroup that has health and social care representation.



### 2.5.2 Elective Sub-Group

This sub-group facilitates the delivery of elective (an admission to hospital that has been arranged in advance: it is not an emergency admission, nor a maternity admission nor a transfer from a hospital bed to another health care provider) projects that have been clinically agreed by members of the Delivery Board.

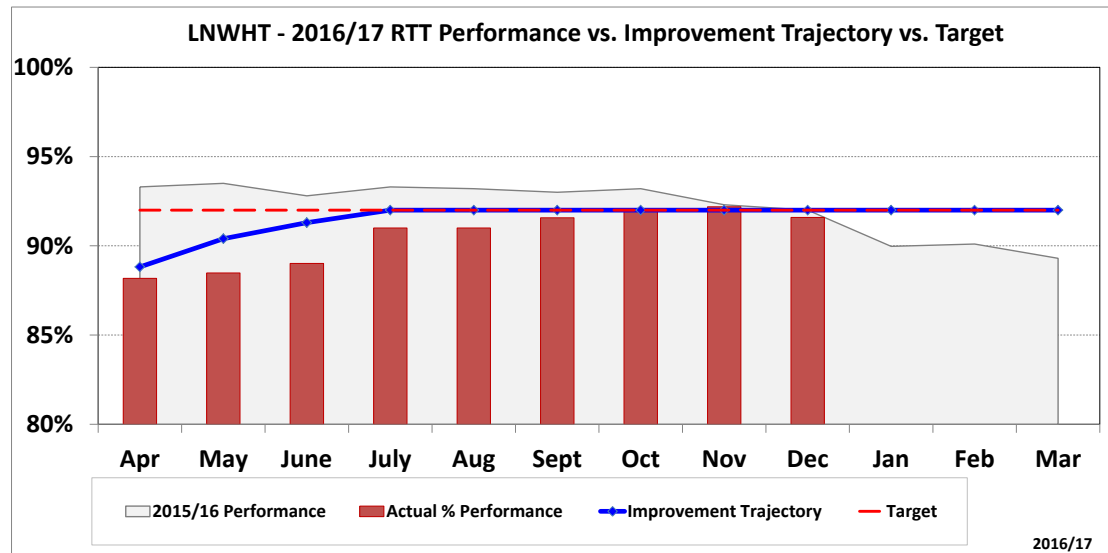
The sub-group also oversees the performance management and quality assurance of elective schemes. In doing so, the elective sub-group identifies gaps in the delivery of target outcomes and initiates collaborative Task and Finish Groups. Risks are managed collaboratively through an agreed risk mitigation plan, and significant risks are escalated to the Delivery Board.

Current work streams include:

- Referral to treatment initiatives (RTT)
- Cancer
- Diagnostics

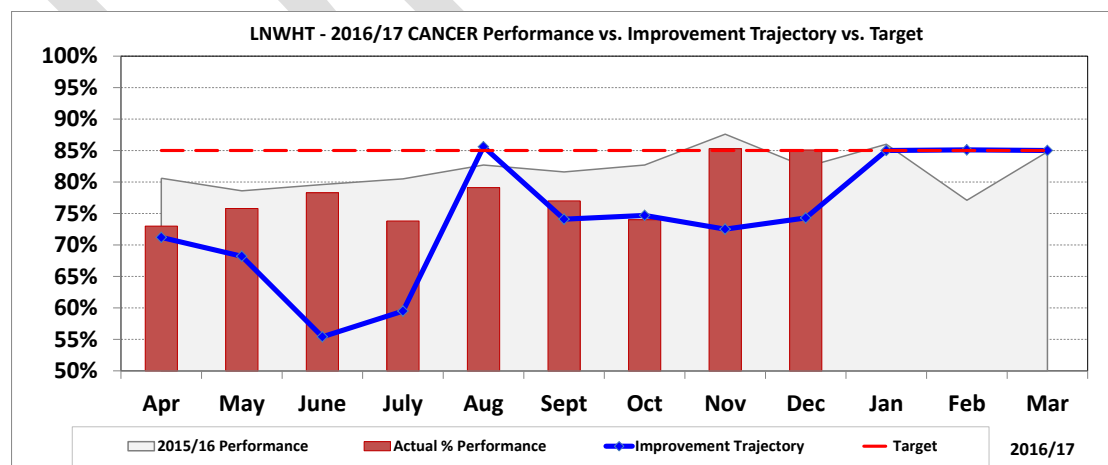
### 2.5.2.1 RTT Performance Update

The London North West Hospital Healthcare (LNWHT) Trust's RTT position is that the national standard for incomplete pathways of 92% was achieved in October 2016. The Trust has developed an elective delivery plan which has been shared with CCGs to ensure that the maintenance of cancer and RTT standards are delivered sustainably in Q4.



### 2.5.2.2 Cancer Performance Update

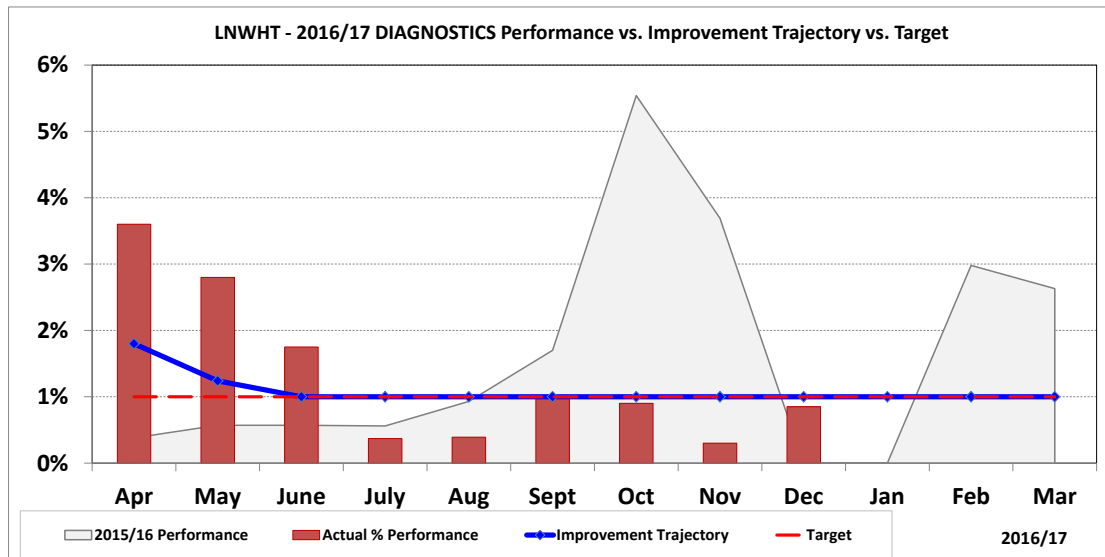
Following an agreed revised trajectory between LNWHT, Commissioners and NHSE, the Trust's Cancer position is that the trajectory target is being met since September 2016. The Trust has developed an elective delivery plan which has been shared with CCGs to ensure that the maintenance of cancer and RTT standards are delivered sustainably in Q4.





### 2.5.2.3 Diagnostics Performance Update

Diagnostic performance has continued to meet the 1% target since July 2016 in regards to the 6 week diagnostic wait.



## 2.6 Progress and Update Against 2016/17 Objectives

### 2.6.1 Winter Planning

Harrow CCG Winter Schemes for 2016/17 are shown in the table below.

Harrow CCG Local Winter Schemes 2016/17
CNWL Urgent Care SPA
Winter Resilience – Continuing Health Care Assessment
STARRS Social Worker
Social Care Harrow
Reablement
Care UK Green Ambulance
Winter Pressure Campaign
Woodland Hall (12 beds)
Edgware CLCH – Interim Rehab Beds (17 beds)
Denham / CMH (30 beds)
LNWHT Acute Contract
Patient App
End of Life Care SPA

### 2.6.2 Better Care Fund

The Better Care Fund<sup>(5)</sup> (BCF) is a Programme spanning both the NHS and Local Government in each footprint area. It has been created to improve the lives of some of the most vulnerable people in our society, placing them at the centre of their care and support, and providing them with ‘wrap-around’ fully

integrated health and social care, resulting in an improved experience and better quality of life.

Working with Harrow Local Authority, the agreed BCF schemes for 2016/17 will be

Protection of Social Care Services (provided by the Local Authority) and Whole Systems & Transformation of Community Services (provided by Harrow CCG).

The funding will be supported by a Section 75 agreement between the CCG and the Local Authority (such a S75 agreement allows the two bodies to enter into partnership agreements in relation to certain functions, where these arrangements are likely to lead to an improvement in the way in which those functions are exercised).

#### *2.6.2.2 BCF Future Plans for 2016/17*

In 2016/17, the WS Programme will focus on providing anticipatory, multi-disciplinary care for those 5,000 people within the cohort who, through a systematic approach to case identification, are identified as most likely to benefit from the support available.

In particular, the following 3 patient groups have been identified as those that will be supported through the WS Programme in 2016/17:

- People over 65, with one or more long-term conditions, and an EMIS IQ Risk Score of 40 or over
- People over 65, with one or more long-term conditions, recently discharged from hospital and who have had 3 or more hospital admissions in the last 12 months
- People over 65, with one or more long-term conditions, currently living in a residential or nursing care home in the Borough

By focusing support on a proportion (approximately 20%) of the over 65s with one or more long-term conditions cohort it is anticipated that through multi-disciplinary working, partners will have a bigger overall impact on health outcomes and hospital admissions than if the resources available were spread over a larger cohort of people.

The target for the programme is that within the cohort of 5,000 people, 500 fewer hospital admissions will be recorded in the six months following referral compared to the six months prior to referral.

If this is achieved, then this would be equivalent to a saving of £1,314,000. 7 further outcome measures have also been developed for the WS Programme in 2016/17 and performance against each will be measured throughout the year. These measures are:

- Falls
- Dementia
- End of Life Care

- Non-Elective Admissions
- Hospital Discharge Support
- Patient Activation
- Patient Satisfaction

## 2.7 Summary

The LNWHT A&E Delivery Board is a senior leaders' group that is tasked with ensuring that the different organisations and stakeholders – including the voluntary sector – all work together to ensure that, operationally, patients with more serious or life threatening emergencies receive treatment in centres with the right facilities and expertise, whilst also assuring that individuals can have their urgent care needs met locally by services as close to home as possible.

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## APPENDIX 1

### Membership of LNWHT A&E Delivery Board

Group	Organisation	Named member	Title
NHS Commissioners	Brent CCG	Dr Ethie Kong	Co-Chair
	Harrow CCG	Dr Amol Kelshiker	Co-Chair
	BHH Federation	Rob Larkman	Chair
	BHH Federation	Ann Jackson	Interim Director of Quality & Safety
	BHH Federation	Alex Faulkes	Director of Delivery and Performance
	BHH Federation	Jeff Boateng	Deputy Director of Delivery & Performance
	Brent CCG	Sarah Mansuralli	Chief Operating Officer
	Brent CCG	Dr Sami Ansari	Co-Clinical Director
	Brent CCG	Sheik Auladin	Ass Chief Operating Officer
	Harrow CCG	Paul Jenkins	Interim Chief Operating Officer
	Harrow CCG	Sue Whiting	Ass Chief Operating Officer
NHS Providers	London North West Healthcare	Dame Jacqueline Docherty	Chief Executive Officer
	London North West Healthcare	Lee Martin	Chief Operating Officer
	London North West Healthcare	James Walters	Deputy COO
	London North West Healthcare	Charles Cayley	Acute Clinical Director
	Central London Community Services – Community Services	Peter Coles	Chief Executive
	CNWL – Mental Health	Claire Murdoch	Chief Executive
		Robyn Doran	Chief Operating Officer
	London Ambulance Service	Fionna Moore MBE	Chief Executive
		Pauline Cranmer	Assistant Director (NWL)
Private Providers	111 service	Miles Boyden	111 Lead
	UCC	Parmjit Rai	Service Manager
	Care UK	Sinthu Anand	Service Manager
	Care Homes	TBC	
Local Authorities	Brent	Phil Porter	Strategic Director Community Wellbeing
	Harrow	Bernie Flaherty	Director of Adult Social Care
NHS England	NHSE	Jo Ohlson	Director Of Commissioning Operations (NWL)
		Matt Bailey	Deputy Head of Assurance (NWL)

## **REFERENCES:**

1. "Transforming urgent and emergency care services in England - Urgent and Emergency Care Review End of Phase 1 Report"; NHS England; <http://www.nhs.uk/nhsengland/keogh-review/documents/uecr.ph1report.fv.pdf>
2. "NHS Five Year Forward View"; NHS England; <https://www.england.nhs.uk/ourwork/futurenhs/>
3. "Better Care Fund"; NHS England; <https://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/>
4. "CCG Improvement and Assessment Framework 2016/17", NHS England; <https://www.england.nhs.uk/commissioning/ccg-auth/>

## **Financial Implications/Comments**

These are contained in the relevant Programmes documentation - e.g. Better Care Fund, or in the individual Action Plans.

## **Legal Implications/Comments**

<https://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/risk-sharing/>

## **Risk Management Implications**

These risks are owned by the individual organisations and jointly through the Section 75 Agreements where applicable.

## **Equalities implications**

Was an Equality Impact Assessment carried out? Yes

EIAs to be carried out under each individual Programme of work

## **Council Priorities**

The Council's vision:

**Working Together to Make a Difference for Harrow**

### **Section 3 - Statutory Officer Clearance (Council and Joint Reports)**

Not required

Ward Councillors notified:

NO

### **Section 4 - Contact Details and Background Papers**

**Contact:** Sue Whiting,  
Assistant Chief Operating Officer, Harrow CCG  
020 8966 1006

**Background Papers:** None