Agenda item 11

Fit for the Future
Working together to keep people well

# Cambridgeshire and Peterborough Sustainability and Transformation Partnership

# STP Stakeholder Update

April 2019

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| What is this document for? | Provides an update on the outcomes from the most recent STP Board meeting, as well as on other STP progress and news. |
| Who is this document for? | Written for and distributed to:<br><br>▫ Partner NHS Trust Board members<br>▫ CCG Governing Body members<br>▫ Health & Wellbeing Board members<br>▫ Local Medical Committee<br>▫ All GP Practices (via CCG Gateway)<br>▫ Overview & Scrutiny Committee members<br>▫ Healthwatch<br>▫ Local MPs |
| How should this document be used? | ▫ Distributed to the above stakeholders<br>▫ Presented to partner NHS Boards by CEO/Chair<br>▫ Used as a prompt by STP colleague to brief patient groups and other Fora.<br><br>Although written to be publicly available, this update is not designed specifically for a general public audience. We produce a bespoke public Newsletter which can be found on our website here. |
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NHS Cambridgeshire and Peterborough Clinical Commissioning Group
NHS Cambridgeshire and Peterborough NHS Foundation Trust
NHS Cambridgeshire Community Services NHS Trust
NHS Cambridge University Hospitals NHS Foundation Trust
NHS North West Anglia NHS Foundation Trust
NHS Royal Papworth Hospital NHS Foundation Trust
Cambridgeshire County Council
PETERBOROUGH CITY COUNCIL
NHS East of England Ambulance Service NHS Trust

## STP Board Update

The most recent STP Board meeting in public was held on 14 March 2019 in Hemingford Grey. The agenda and Board papers can be read on the Fit for the Future website here. The next STP Board meeting in public will be held on 20 May 2019 at Ely Cathedral Conference Centre, Palace Green, Ely. CB7 4EW.

### A&E Performance

The national standard is for at least 95% of patients attending A&E to be either admitted to hospital, transferred to another provider or discharged within four hours. As a system, we are not achieving the A&E four hour wait standard and year-to-date performance, from the beginning of April 2018 to the end of January 2019, can be seen in the table below.

| | Year-To-Date A&E performance to end of Jan 2019 |
|---|---|
| England Average (type 1 and 3) | 88.52% |
| England Average (type 1 only) | 82.30% |
| Total CUH (type 1 and 3) | 86.65% |
| CUH type 1 only | 82.22% |
| NWAngliaFT incl. Minor Injury Unit (type 1 and 3) | 87.95% |
| Peterborough City Hospital (including Stamford) (type 1 and 3) | 81.57% |
| Hinchingbrooke A&E (type 1 only) | 92.41% |

Performance has declined further across all sites since the start of January 2019. This was an anomaly for Hinchingbrooke A&E, where performance had been above 90% for 24 out of 26 weeks.
Performance has varied at the other two sites in the most recent 6 week reporting period (14 January to 24 February 2019) – 75.13% to 82.67% at CUH (type1 and 3) and 60.33% to 73.82% at Peterborough City Hospital (PCH) (Including Stamford).

### A&E Activity trends

A&E departments are getting busier, with our three A&E departments treating, on average, 309 more patients each week than last year. This increase is unsustainable and requires urgent action. This increase has particularly been felt at Peterborough City Hospital at the start of the year, with an average of 129 more patients each week – a 7% increase.

### Projects to reduce A&E Attendances and Admissions

To ensure that as a System we are having the greatest possible impact on reducing A&E attendances and admissions, we are implementing projects with a potential immediate impact, and projects that aim to impact from next winter, as follows:

| Priorities with impacts over the next 3-6 months | Priorities for winter 2019/20 |
|---|---|
| In hospital<br>▫ High intensity Users<br>▫ Ambulatory Care Pathways<br><br>Out of hospital<br>▫ JET improvements<br>▫ Primary Care streaming/Out of Hours Primary Care Care Homes (ongoing) | Impact from Urgent Care 'Round Table', which covers:<br>▫ 111;<br>▫ Urgent Treatment<br>▫ Centres;<br>▫ Minor Injury Units;<br>▫ GP Home Visits;<br>▫ JET;<br>▫ GP Out of Hours; and<br>▫ Extended Access |

The above projects and programmes aim to convert unplanned admissions into planned care. To take care of people before they require urgent care services. This will ensure that those people who do attend our acute A&E departments are those patients who really need urgent acre.

## Delayed Transfers of Care (DTOC)

The national standard is that no more than 3.5% of hospital beds should be occupied by people who have been in hospital beyond the point at which they are medically fit to be discharged. However, in Cambridgeshire & Peterborough, the percentage has been as high as 8.2% in 2018/19. The STP Board heard that progress is being made on improving the situation and that, at one time or another over the past few months; all three hospital sites in the county had reduced DTOC to 3.5%. The challenge is now to make sure that all sites are consistently keeping DTOC at a low level. To support this, a programme is in place and has, for example:

- Co-located the NHS and social care teams that purchase care placements (brokerage) so that these teams work better together;
- Introduced new standard procedures across all sites to assess people for Continuing Health Care (CHC);
- Focused on winter pressures including, for example, admission avoidance teams 'pulling' appropriate patients out of Accident & Emergency (A&E) and short stay units, to treat them more appropriately in the community, as well as supporting nursing homes to keep residents out of hospital; and
- Review and adherence to standard operating procedures (SOP).

The next focus for this work is the launch of a system-wide training programme for staff across PCH, HH, CUH, CPFT and social care covering the following areas:

- How to gather a patient's collateral history;
- How to have an effective multi-disciplinary team (MDT) discussion at daily board rounds and MDT meetings;
- What discharge services are there and how do you refer to them;
- How to have difficult conversations (effective application of the Choice Policy).

## Finances

The collective 2018/19 financial plan for our system-wide NHS partners is an overspend of £135.1m. At year-to-date (April 2018 to January 2019), the System is worse than plan by £15.3m, reflecting cost pressures that have crystallised during the year across multiple system partners. The System is anticipating a deficit of £156.9m for the year, after adjustments for receipt of Provider Sustainability Funding (PSF).

2019/20 Financial Planning – Progress towards Alignment and System Control Total

System-wide NHS partners are in discussion with NHS Regulators (NHS England/NHS Improvement) regarding a Control Total of for 2019/20. This is the amount of financial overspend that Regulators will accept in a financial year. The Board heard that this will be an extremely challenging control total, given local cost pressures and the CCG allocation being lower than anticipated.

We are currently unable to submit plans that match the regulatory expectations and we are in discussions with our Regulators regarding this. The Board emphasised that the System's credibility is fundamental and, therefore, we must not make promises to Regulators regarding financial performance that we cannot keep. Rather, we must continue working together collaboratively and make sure we deliver on our commitments.

The Board acknowledged the work being done across the System and the improved collective understanding of our finances. Shared analysis and open book transparency are key along with the need to keep patients at the heart of what we do.

## South Alliance

The Alliance have recently completed an 'Ask and Offer' workshop with members of staff; visited Torbay and South Devon to learn about their Integrated Neighbourhood models; and are working to establish the key next steps which will include a core work programme and to identify the required resourcing to deliver this programme.

It was confirmed that proposed solutions to the resourcing requirements of both the South and North Alliances will be presented to the Health and Care Executive at their April meeting. Recommendations will include a proposal to re-allocate an underspend of approximately £500k of the 2018/19 System Delivery Unit budget to the Alliances (£250k each). Re-distribution of other System resources may also be recommended.

## North Alliance

The North Alliance reported on its progress since the last Board meeting and discussion took place regarding the refreshed priorities, namely:

- Integrated Neighbourhoods;
- Reducing health inequalities and improving health outcomes;
- Admission Avoidance;
- Patient Flow: right place, right time;
- Better use of our estates and facilities; and
- North Alliance medium/long term plans.

Some practice visits have been completed to discuss neighbourhood working across the patch, as well as to debate whether the Alliance should set a savings target in 2019/20.

The Board heard about how the Local Medical Committee is assisting with supporting practices to identify and agree their Networks.

Discussion took place about the work that the Alliances plan to complete together, over the coming months, to create a strategy to include in our local response to the Long Term Plan.

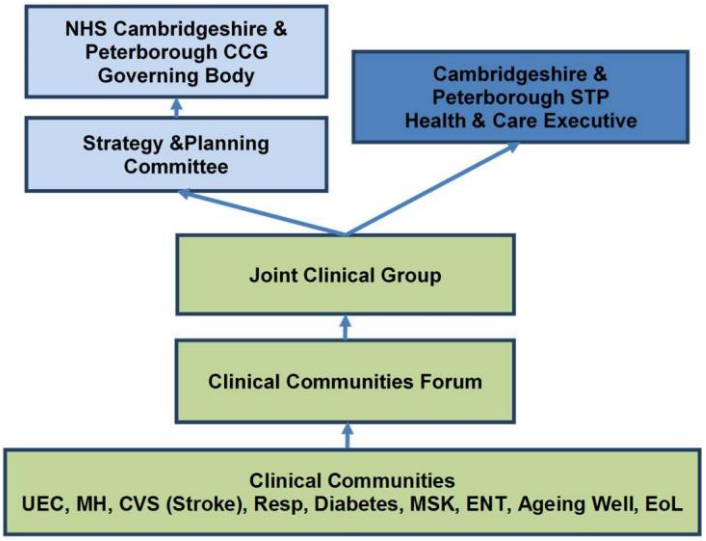
## Selecting clinical areas for radical transformation

The Board agreed that Cardiovascular Disease, Respiratory Medicine and a radical prevention agenda around Obesity, Diabetes and health inequalities should be targeted for redesign in order to improve population health outcomes, patient experience and value for money.

## Clinical Leadership – developing a single System-wide Clinical Voice

The STP Board agreed to replace the CCG Clinical Executive Committee (CEC) and STP Care Advisory Group (CAG) with a Joint Clinical Group (JCG) and Clinical Communities Forum (CCF) (see diagram over).

The JCG will be a subgroup of both the CCG and STP.




# Other news

## Dr Katie Bramall-Stainer appointed as the next Chief Executive of the LMC

Guy Watkins retires as Chief Executive of the Local Medical Committee at the end of July this year. It was recently announced that Dr Katie Bramall-Stainer will take over as the next Chief Executive from 1 August 2019. Katie, as well as being a GP in Hertfordshire, has been working as Deputy Chief Executive of the LMC for the past year.

## National politicians visit Peterborough City Hospital

The Rt Hon Matt Hancock MP, Secretary of State for Health and Social Care, and the Rt Hon Vince Cable MP, Leader of the Liberal Democrats have recently made separate visits to Peterborough City Hospital.

Matt Hancock held a question-and-answer session with staff and toured a number of clinical areas. Caroline Walker, Chief Executive, said: "I'd like to thank the Secretary of State for taking the time to visit our hospital and for giving our staff the chance to discuss, at length, the great things we are doing and the challenges we, like many other hospitals across the country, are facing right now."

Vince Cable discussed with managers and staff the potential consequences of exiting the EU for the hospital.