

Report to STP Board: 14 March 2019

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| Agenda item: | 2.2 | | |
| Title: | North Alliance - Update | | |
| Lead: | Neil Modha, co-chair, North Alliance and Caroline Walker, co-chair, North Alliance | | |
| Author: | Aimee Venner, Head of Planning and Delivery, System Delivery Unit | | |
| Report purpose <i>(Please mark one in bold)</i> | | | |
| APPROVAL | DECISION | ASSURE | INFORM |
| Link to STP Priorities <i>(Please mark all applicable in bold)</i> | | | |
| AT HOME IS BEST | SAFE & EFFECTIVE HOSPITAL CARE, WHEN NEEDED | WE'RE ONLY SUSTAINABLE TOGETHER | SUPPORTED DELIVERY |
| Committees/groups where this has been presented to before <i>(including date)</i> | | | |
| No committees / groups – paper circulated to Caroline Walker and Mustafa Malik <i>(deputising for Neil Modha)</i> | | | |

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| Purpose of the paper |
| This paper updates the Sustainability and Transformation Partnership (STP) Board on the progress to date, successes of the North Alliance and outlines the next steps. |
| The STP Board is invited to: |
| The STP Board are asked to note the North Alliance report. |

1. INTRODUCTION / BACKGROUND

The North Alliance is making progress and gaining momentum, particularly with its largest priority, Integrated Neighbourhoods.

On 30 January 2019 the group reviewed its current priorities and decided to revise the list to reflect the Alliance's current position and future aspirations. A criterion was used to ensure appropriate priorities were selected.

Revised North Alliance Priorities:

- 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 plan.

From February the group will report against these revised priorities and will broaden its scope and sphere of influence. This report outlines the progress since January and the next steps for each of the priorities.

2. BODY OF REPORT

Integrated Neighbourhoods

Greater Peterborough Integrated Delivery Board (IDB)

The IDB's primary focus has been completing a paper to facilitate the Integrated Neighbourhood groupings. It details how the Integrated Neighbourhoods could be grouped and draws on current organisational boundaries, population health data and local knowledge of where communities lie. The paper was approved by the Greater Peterborough Network (GPN) Board and circulated to all GP practices in Greater Peterborough. The GPN Federation has completed GP practice visits to every practice in Greater Peterborough. These visits provided opportunity to discuss the Primary Care Network and thus Integrated Neighbourhood groupings and provide information to help Primary Care make an informed decision.

The IDB generated many ideas for how to improve integration across organisations via an 'Asks and Offers' process. A programme of work has now been created with eight workstreams identified. Some progress has been made, particularly with electronic GP referrals into the District Nursing teams. The ability for the group to progress these workstreams is however limited due to a lack of resource.

Huntingdonshire and Fenland Working Group

Abby Richardson has been appointed as the Integrated Neighbourhoods Clinical Lead for Hunts and Fenland (including Wisbech). A small working group was formed in January and has met on two occasions to date. The initial focus of this group is to support the Integrated Neighbourhood groupings using a similar methodology to Greater Peterborough and by engaging with stakeholders, in particular Primary Care. The working group will establish where there is energy and enthusiasm, identifying early adopters who would be willing to progress into an Integrated Neighbourhood first.

Resource Requirements

The North Alliance recognises the need for resource to support the Integrated Neighbourhoods programme and would like to highlight this to the STP Board. This includes project support (Change Agents), GP leadership and recurrent posts (Integrated Neighbourhood Managers).

The North Alliance has submitted the following resource requirements to the Resource Task and Finish group along with a recommendation that the underspend in the SDU budget is used to fund new posts.

- System partners to release four WTE Change Agents (B7/B8a) to support the first wave of Integrated Neighbourhoods and the programme of work associated with Ask and Offers workstream (12-month secondment);
- System partners to release one WTE Programme Manager (B8b/c) for Huntingdonshire and Fenland;
- Recurrent funding for four WTE Integrated Neighbourhood Managers (B8a) for Greater Peterborough; and
- Recurrent funding for four Integrated Neighbourhood GP Leads (one session/week).

2019/20 Financial Savings

The North Alliance have been requested by Health and Care Executive to review the financial savings for the Integrated Neighbourhoods programme.

In June 2018 an ambition of 4% bed day reduction was set for the Integrated Neighbourhoods which would be achieved through a mix of admission avoidance and reduction in Length of Stay. In October 2018 both Alliances requested no activity reduction or savings attached to Integrated Neighbourhoods in 2019/20. The new GP Contract guidance released in January 2019 adds pace to the development of Primary Care Networks and supports the Integrated Neighbourhood programme.

The North Alliance is going to review the implementation plan and potential savings for Integrated Neighbourhoods. At this stage the group agree the following;

- It is too early to create targets and savings against the Integrated Neighbourhoods as structures and groupings not yet in place (slipped to July due to DES & resource);
- Creating a saving profile at this stage could impact on engagement;
- There is a risk of double counting and the Integrated Neighbourhoods and the group feel the Integrated Neighbourhoods will be an enabler and support savings which are already included within the System Operating Plan and internal CIPs (DTCO, admission avoidance); and
- A review of the data is required to identify hotspots across the North that are an outlier on admissions, A&E attendance, DTCO. This could then be a focus for year one.

IV Antibiotic Service

The Greater Peterborough 'ask and offer' process highlighted the need for an IV antibiotic service for patients living within the North Alliance footprint. This service is currently funded by the Clinical Commissioning Group (CCG) and provided by Healthcare at Home for patients living within the South Alliance. The service was originally offered to North West Anglia NHS Foundation Trust (NWAFT) in early 2018 however was declined due to the poor service received from Medihome in 2015. The North Alliance now recognise that this service would be

positive for the patients and the organisations. It would provide care in the right place, at the right time, improving patient experience and reducing hospital demand. The North Alliance have therefore been working with the CCG, the current provider and potential other providers however have not been able to progress. The CCG and NWAFT report additional funding is currently not available in either organisation to allow this service to be commissioned in the North Alliance. This issue requires system resolution to support the Integrated Neighbourhood model, reduction in hospital demand and to ensure equitable services for our patients.

Reducing health inequalities and improving health outcomes

The prevention and health promotion steering group have been sited on various community projects that are being developed within the North footprint including, the Huntingdon Community Action Project, Wisbech Collaboration Hub. The group remains aware of the need for Prevention and Health Promotion projects to be delivered, where possible, through the same footprint as the Integrated Neighbourhoods. Workplace Health within the public sector is one of the steering groups priorities. An initial meeting between Public Health and NWAFT has taken place to support the NWAFT workplace strategy.

Due to the close links between prevention and health promotion, Integrated Neighbourhoods, Think Communities and the Living Well Partnerships the group are currently reviewing the governance and future remit of the group. This will include establishing working groups which focus on delivery and a steering group to focus on the system strategy for prevention.

Admission Avoidance

The North Alliance has been sited on the re-formed Urgent and Emergency Care (UEC) Clinical Community which is being led by the newly appointed clinical lead, Vaz Ahmed. The group welcome the review and streamlining of all the urgent care projects that are taking place within the system and will be sited on the outcome of this in March. Various members of the North Alliance are involved in the CCG Urgent Care Round Table and the group were sighted in the progress being made at the February meeting.

The North Alliance recognise the close link between the admission avoidance schemes, Integrated Neighbourhoods and health inequalities and health outcomes priorities. Once the Integrated Neighbourhoods are established, they will support and deliver elements of the admission avoidance strategy.

Patient Flow: right place, right time

The North Alliance continue to have visibility of the DTOC programme and support the actions and progress being made. The North Alliance remain concerned about the DTOC position and challenge the system faces in making any significant and sustainable improvements. Members of the North Alliance will continue to contribute to the DTOC programme and the group will support with any actions required.

Better use of our estates and facilities

The CCG hosted a marketing event for the vacant space within the Peterborough City Care Centre on 6 November. Partners submitted their expressions of interest by 16 November and the North Alliance requested a rapid solution on the use of the space to support the winter pressures. Unfortunately, the process has been delayed and is currently with the NHS Property Services team. The North Alliance welcome a rapid resolution as better use of this facility will support the integration agenda.

The North Alliance are sited on the project to improve utilisation of Hinchingsbrooke Hospital which was identified as part of the Drivers of the Deficit report. Hinchingsbrooke Hospital contributes £10m of the system wide structural deficit and Peterborough City Hospital and Cambridge University Hospital continue to face increased service demand which is affecting capacity issues resulting in outsourcing of elective work to the independent sector.

NWAFT have received £25.5m of national funding to support expansion of the Hinchingsbrooke site to create additional bed capacity, expand ambulatory care and acute assessment units, and a complete main theatre refurbishment or replacement. Four work streams are being explored looking at potential propositions that would seek to utilise Hinchingsbrooke sites assets to their best capacity:

- Shifting the 'catchment boundaries' between Hinchingsbrooke and Cambridge University Hospital, including ambulance conveyances and GP referrals;
- Expansion of planned Musculoskeletal activity;
- A potential central centre of excellence for stroke-neuro rehab excellence; and
- The redistribution of trauma.

Before any of these propositions can be worked into proposals there will be full engagement with members of the public and key stakeholders.

North Alliance medium-long term plan

Over the next six months the North Alliance will be working with the South Alliance to create the Alliance strategy and medium to long term plan. This will include a gap analysis of the NHS Long-Term Plan, GP contract changes and pending Social Care Green Paper.

3. RECOMMENDATIONS

The STP Board are asked to note the North Alliance report.

5 March 2019