

**Report to STP Board: 20 May 2019**

<b>Agenda item:</b>	3.2		
<b>Title:</b>	North Alliance - Update		
<b>Lead:</b>	Neil Modha, GP, Co-chair North Alliance and Caroline Walker, Co-chair North Alliance.		
<b>Author:</b>	Aimee Venner, Head of Alliance Solutions and Intensive Support, System Delivery Unit (SDU)		
<b>Report purpose</b> ( <i>Please mark one in bold</i> )			
APPROVAL	DECISION	ASSURE	<b>INFORM</b>
<b>Link to STP Priorities</b> ( <i>Please mark all applicable in bold</i> )			
AT HOME IS BEST	SAFE & EFFECTIVE HOSPITAL CARE, WHEN NEEDED	WE'RE ONLY SUSTAINABLE TOGETHER	<b>SUPPORTED DELIVERY</b>
<b>Committees/groups where this has been presented to before</b> ( <i>including date</i> )			
Paper circulated to Caroline Walker and Neil Modha.			

**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;

- Support a system solution for the community IV antibiotic service in the North;
- Support a system solution and HR support for the recruitment of the Integrated Neighbourhood resource; and
- Ensure all system partners send appropriate representation to all meetings.

## 1. INTRODUCTION / BACKGROUND

The North Alliance is making progress and gaining momentum, particularly with its largest priority, Integrated Neighbourhoods. This report outlines the progress over March and April and the next steps for each of the priorities.

## 2. BODY OF REPORT

### *Integrated Neighbourhoods*

#### **IV Antibiotic Service**

In September the 'Ask and Offer' exercise highlighted a gap in service provision for people living within the geography of the North Alliance. Patients currently remain in hospital to receive IV antibiotics, whereas in the South of the county a service is commissioned to provide IV antibiotic at home.

Meetings have taken place between the Clinical Commissioning Group (CCG), North West Anglia Foundation Trust (NWAFT) and Cambridgeshire and Peterborough Foundation Trust (CPFT) and whilst partners see the value in having a community IV antibiotic service funding remains a barrier and progress is not being made.

The North Alliance will be discussing with the CCG the inequities in funding and provision of the community IV antibiotic service and request a decision and system commitment to a solution.

#### **Primary Care Networks (PCN)**

The PCN acts as the cornerstone to the Integrated Neighbourhood. Since the release of the GMS contract guidance in January members of the North Alliance have been working with Primary Care to support the formation of the PCN. The Federations have been completing practice visits to provide information on health data, current organisational boundaries and where the local communities already exist. In addition to this the CCG held a member's event on 28 February and the LMC held an event on 6 March. Following these events all practices were asked to submit their requested Primary Care Network group to the LMC by the 15 May and a final draft list for the Primary Care Network groupings has been created.

#### **Resource**

The North and South Alliances have been working together and developed a joint resource request for 2019/20. Where possible the Alliances will share roles for communications and analytics to ensure economies of scale and a common approach across the Alliances.

In principle approximately £600k has been outlined, utilising the underspend in the SDU budget for 2017/18 and 2018/19, to support the resource ask for the North and South Alliances. In addition to this, System partners were asked to transfer project resource into the Alliances to support the implementation of the Integrated Neighbourhoods.

Thus far partners have been unable to release staff to support the North Alliance. The CCG are however increasing the size of the Primary Care team to provide additional support to the Primary Care Networks.

The North Alliance recognise the success of the Integrated Neighbourhood Manager in Stamford and see this as a pivotal role in the formation of the Integrated Neighbourhood. Members of the North Alliance and Integrated Neighbourhood sub-groups have been shaping the details and job description for this role.

The Alliance are keen to progress with recruitment at pace and welcome support from STP workforce colleagues. The group want to think innovatively about recruitment and how they overcome challenges of recruiting from multiple organisations and the risk due to non-recurrent funding.

To progress the Integrated Neighbourhood programme the North Alliance requires appropriate attendance and representation from all system partners at the Alliance, sub meetings and working groups. The Chairs of the North Alliance will be working with system partners to ensure they send appropriate representation to all meetings.

## **Progress against Ask and Offers**

The E-referral process for GPs to refer to District Nursing Teams has received CPFT approval and is making progress.

There has been agreement that the Community Geriatrician will attend weekly MDT meetings if required and they are currently considering access in the community for each Integrated Neighbourhood once they are formed.

## **Key milestones and delivery**

The North Alliance have reviewed the milestones and project overview which was submitted to HCE in December. There is a recognised three month slip in delivery due to the lack of system resource and national timetable on the formation of the Primary Care Networks. The North Alliance will be refreshing the timeline but commit to holding two Integrated Neighbourhood launch events by the end of June.

## **Workforce and Communications**

The North Alliance focused the April meeting on the workforce and communication requirements to support the implementation of Integrated Neighbourhoods. Detailed discussion took place on the workforce challenges including the need for improved workforce and skill mix planning. Identifying career pathways and understanding how this information can be used as methods of both attraction and retention, including how this information may support third sector involvement. Better utilisation of apprenticeships across the system, exploration of the harmonisation of pay and conditions, gaining a greater understanding of movement within the workforce and the reasons for this and identifying time for new teams to work and learn together. Some solutions were discussed, largely focusing on getting the teams together to design their own solutions. The group recognise the needs for a detailed communication plan including stakeholder mapping and exploration of different communication methods. The North Alliance will require workforce and communications expertise to take this work forwards.

## ***Reducing Health Inequalities and Improving Health Outcomes***

The North Alliance support the review and option appraisal for the future of the Health Promotion and Prevention Steering Group. Discussions with the District Councils about the transformation of the Living Well Partnerships into Place Based Delivery Boards have been positive and a decision will be made at the Health and Wellbeing Board.

The Think Communities programme have confirmed funding of £1.3 million to fund behaviour change, workforce development. Programme managers and community co-ordinators for each District. The geographical footprints will align to Primary Care Network geographies, enabling fully joined up Public Service delivery arrangements. The North Alliance recognise and support the pooling of resources where possible to ensure a joined-up approach and provide greater coverage and resilience.

The North Alliance will be supporting the transformation of the Living Well Partnerships and are keen to ensure a joint approach to placed based care. In time it is expected the Place Based Delivery Boards will merge with the Integrated Neighbourhoods working groups.

### ***Admission Avoidance***

The North Alliance remain sighted on the system progress with urgent care, including the refreshed clinical community and round table discussions. The Alliance welcomes a systemwide review and decision on the governance and reporting of all Urgent Care workstreams.

### ***Patient Flow***

The North Alliance remain sighted on the progress with the Discharge to Assess programme.

### ***Better use of our Estates and Facilities***

The North Alliance is working with the Estates and Facilities group to determine where the projects related to Estates should be progressed and reported e.g., Peterborough City Care Centre, Hinchingsbrooke Hospital and community facilities to support integration.

The North Alliance remain concerned with the lack of progress for the Peterborough City Care Centre and did not received an update from the CCG at the March meeting. This was originally identified as an opportunity to support Winter Pressures and a rapid resolution was expected.

The North Alliance received an update on the programme of work taking place to increase utilisation of the Hinchingsbrooke Hospital site. There is interest in the border changes and how this will link with the Integrated Neighbourhoods. The North Alliance would like to highlight that this will also impact the South Alliance and may affect future boundaries for the Alliances.

## **3. RECOMMENDATIONS**

The STP Board are asked to;

- Support a system solution for the community IV antibiotic service in the North;
- Support a system solution and HR support for the recruitment of the Integrated Neighbourhood resource; and
- Ensure all system partners send appropriate representation to all meetings

**13 May 2019**