

STP UPDATE AND STRATEGIC DIRECTION 2018/19

Peterborough Health Scrutiny Committee 17 September 2018

Appendix one – project specific six-month review

The Peterborough health Scrutiny Committee requested a six-month review of STP work. The main report gives an overview of progress so far as well as challenges and strategic direction for 2018/19. This appendix sets out specific progress made in a number of projects.

Atrial Fibrillation Stroke Prevention Programme

Atrial fibrillation (AF) is the most common form of heart arrhythmia (irregular heartbeat). Prevalence of AF increases with age and leads to an increased risk of experiencing one of the most severe forms of stroke. Improving the management of AF and increasing identification of undiagnosed AF provides an immediate opportunity to improve health and social outcomes for local residents as one stroke is prevented each year for every twenty-five AF patients treated with anticoagulants (blood thinners). Improving treatment also significantly reduces costs to the health and social care system through the avoidance of hospital admissions and care costs related to stroke.

An AF stroke prevention programme jointly funded by Peterborough City Council (iBCF funds), Public Health, Cambridgeshire and Peterborough Sustainable Transformation Partnership (STP) and NHS England has been undertaken with GP practices across Greater Peterborough and Wisbech in order to:

- Increase the proportion of people with known AF, being treated with blood thinners.
- Identify new undetected cases of AF through pulse checks in the over 65's as part of annual flu jabs.

Our work to date has led to:

- 6800 pulses checked, and 64 new cases of AF diagnosed through GP flu clinics (pilot in 9 practices across Greater Peterborough and Wisbech).
- An additional 289 patients prescribed with anticoagulation medication.

Overall, this should lead to the prevention of an estimated 12 strokes over the next year across Greater Peterborough and Wisbech.

Our next step is to roll out pulse checks to 21 practices for the 2018 autumn flu clinics.

STP Falls Prevention Programme Implementation in Peterborough

A one-year STP Falls Prevention Programme to reduce injurious falls and improve the quality of life and health outcomes of older people across Cambridgeshire and Peterborough entered the delivery phase in October 2017.

A key focus of the programme is to improve the quality and quantity of multi-factorial falls risk assessments (MFFRAs) and increase the provision and uptake of strength and balance exercise programmes in line with the evidence base.

Five posts have been created to support the delivery of these core components in and around Peterborough. (Note: the posts created are not specific to Peterborough but also cover East Cambridgeshire and Fenland). Existing staff will also receive training and supervision to support the implementation.

The criteria for people accessing the CPFT service is 65+ years, fallen at least once in the last year and cannot manage activities of daily living.

A new Solutions4Health Falls Prevention Health Trainer service employing one staff member will support the implementation of MFFRAs for those 50+ years, who have fallen or become unsteady on their feet in the last year and can manage activities of daily living. Strength and balance programmes are offered to those with a deficit in balance and/or gait.

Our work to date:

- The delivery of MFFRAs and strength and balance exercise programmes by CPFT Neighbourhood Teams in Peterborough will begin in September 2018.
- An experienced Falls Prevention Wellness Coach has mobilised and begun delivering the Falls Prevention service at Solutions4Health from April 2018.
- Interdependencies with the falls prevention pathway and Peterborough City Council's Home Service Delivery Model have been explored and referral pathways agreed. Processes and communications with staff are being developed to enable implementation in line with the roll out of Neighbourhood Teams from September.
- The Peterborough based leisure provider, Vivacity has agreed to deliver evidence-based strength and balance exercise classes with funding from Public Health. The initiation of two community classes is planned from September 2018 with three more planned over subsequent months.

Next steps:

- A marketing campaign designed to encourage the uptake of strength and balance exercise programmes is in the final stages of development. A communications toolkit is being finalised following engagement with the target audience, women aged 70-79 years. The campaign will launch on 1st October in line with International Older People's Day and with support from partners.
- North West Anglia NHS Foundation Trust have set up a working group, including representation from Public Health, the Clinical Commissioning Group and the National Osteoporosis Society, to develop a business case strengthening the Fracture Liaison Service (FLS) at Peterborough City Hospital and establishing an FLS at Hinchingsbrooke Hospital. The plan is for submission of a business case in summer 2018.

- The new Cambridgeshire and Peterborough Falls Prevention Strategy Group is driving forward key national priorities around falls prevention guided by recent Public Health England documents and Rightcare pathway.
- The Falls and Fractures Specialist Nurse in Peterborough City Hospital has agreed to work in partnership to strengthen links between the acute and community sector falls prevention pathways. Delivering more multi-factorial falls risk assessments in the acute setting has been identified as a priority. A workshop is being arranged to take this forward.

Expanded Community Heart Failure service in Peterborough

Referrals into the service have increased to by around 50 per month, up from 16-18 before the project began. The majority of these are from the acute Trusts, although referrals from GPs continue to increase.

97% of patients are receiving a first clinical contact within two weeks of referral.

The expanded service in Huntingdonshire is now receiving approximately 20 referrals a month.

The team attends multi-disciplinary team (MDT) meetings with the cardiologists and heart failure nurses at Peterborough City Hospital and Hinchingsbrooke hospital to discuss patient management.

8/10 of Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) community heart failure nurses will complete the distance learning chronic heart failure module run by Health Education England during August.

The Consultant Heart Failure Nurse continues to provide the heart failure nurses with support, education, supervision and ensures as equal service is offered to all our community patients.

Developing an Integrated Neighbourhood Team Approach in Peterborough

As a health and care system we are committed to developing a place-based approach, moving away from focusing on our own organisational needs to working collaboratively to deliver what is in the best interest of our patients and communities.

We know that by working together in an Integrated Neighbourhood Team approach, we can better identify those most at risk of becoming vulnerable or whose needs could escalate. By taking proactive steps, we can reduce their need for in hospital care.

We want to build upon the Neighbourhood Team approach that is already established and develop this further, putting in place leadership teams made up of a GP, Neighbourhood Team Manager and Social Care Lead who will jointly unblock issues, oversee the prioritisation of resources and support new ways of working.

This is an important first step to working closer together, removing barriers and supporting each other to deliver better and more joined-up care to our patients.

By bringing together the different skills, assets and resources within a neighbourhood, drawing upon the wealth of expertise and experience in a collective way will help us jointly address the challenges we all face.

Dementia update

The aims of the project are:

- A reduction in non-elective admissions of dementia patients
- Increased End of Life Care Training (EOLC) training delivered to CPFT staff
- An increased number of Care Homes receiving dementia training
- Deliver Dementia training to GP practice staff

The dementia project has been very successful in its recruitment of staff to date.

In the first six months the project has:

- Trained 51 out of the target of 100 staff in End of Life Care
- Engaged 61 members of staff in workshops on the incidence of Advanced Care Planning to support this and the conversations around this being reported by staff on the patients record
- Delivered training at 33 out of a target of 41 care homes, training 313 out of 639 staff by the end of June
- Increased Dementia Intensive Support (DIST) activity in the North of the area, with the service now having approximately two thirds more face to face contacts than before the project commenced

Diabetes Update

Cambridgeshire and Peterborough STP have been successful in securing national funding through the national diabetes treatment and care programme to help improve outcomes for people with diabetes in Cambridgeshire and Peterborough. This includes: increasing attendance at Structured Education, improving achievement of NICE recommended treatment targets, and implementation of a multidisciplinary foot care team at North West Anglia NHS Foundation Trust. We are now in year 2 of implementing the diabetes programme using the national bid funds.

- **Structured Education.** The national funding means that Diabetes Education and Self-Management for Ongoing and Newly Diagnosed (DESMOND) courses are now available for all people with Type 2 diabetes, and not just those who are newly diagnosed. In Peterborough 350 attendees were recorded from 1st April -30th June 2018 exceeding a target was 336. A big part of our plans for 2018/19 is to focus on a public communications campaign to help raise awareness of the additional sessions, and the importance of attending. An

additional 19 trainers have been trained to deliver DESMOND courses, bringing the total trained up to 41 people.

- For Type 1 diabetes education; the Peterborough Dose Adjustment Course (PDAC) 4-day courses and PDAC bites courses being offered for young people in the Peterborough area. We have exceeded the target attends for these courses.
- **Treatment & Care.** We have implemented Healthy Conversation courses for Primary Care, Virtual Clinical reviews and practice visits with diabetes specialist teams, including the new Diabetes Care Technicians team. Specifically, in Peterborough to date they have been able to offer 10 practices this specialist team support.
- The **Multidisciplinary Footcare Team** at NWAngliaFT has been in place since October 2017 and is delivering six-monthly multidisciplinary footcare clinics, alternating between Hinchingsbrooke Hospital and Peterborough City Hospital. The Multidisciplinary Footcare Team has developed a foot care training programme for acute and primary care staff that is delivered by the podiatry team.
- The **National Diabetes Prevention Programme** has been rolled out across the area. We have had good engagement with practices with the programme and this has been seen particularly in the Peterborough area which has a high prevalence of type 2 diabetes. For the National Diabetes Prevention Programme, they have received 1,456 referrals (April 2018 – June 2018).
- There is a **local enhanced service** in place that 24 Peterborough practices have signed up to. This is to support their engagement with the diabetes specialist teams, and part of this is to attend Virtual Clinical Review sessions with Consultant Diabetologists and Diabetes Specialist Nurses. This is designed to be an educational session to support patient management in primary care. The aim is to support improvement in treatment outcomes for patients, specifically control of the NICE recommended treatment targets. Practices that haven't taken up the local enhanced offer can still refer to the specialist teams and virtual clinics.

Future Focus is to:

- increase attendance at diabetes structured education;
- continue improvements in achieving the NICE recommended treatment targets;
- ensure full implementation of multidisciplinary foot care team at NWAFT
- continue Implementation of the National Diabetes Prevention Programme

We have been working with Diabetes UK (DUK) to set up Public Engagement Events in each of the four localities (Cambridge, Fens, Hunts and Peterborough) to enable people to feedback their views on current diabetes services and future plans. The ones in Cambridge and Peterborough took place in November 2017, with the Hunts and Fens events taking place in April 2018. We have had good engagement with the local diabetes specialist teams and will collate and review the feedback we have received with the DUK team to help inform our plans for 2018/19.

Training GPs in Suicide Prevention Update

This project is led by the GP Training Coordinator at MIND, having engaged the community through the STOP Suicide campaign, the next stage of the project was to ensure that practical professional support is available in Peterborough and Cambridgeshire to those who need it

MIND have been implementing and delivering the evidence based 'Connecting with People' suicide prevention training to GPs.

We know that 40% of all GP appointments now involve mental health ill health but that current initial training for GPs can be limited - only one of the 21 compulsory modules is specifically dedicated to mental health.

This is an area for concern as GPs are likely to encounter individuals in mental health crisis and are in a prime position to identify the warning signs of suicide in others.

The aim of the project is to train at one GP from every surgery in Peterborough and Cambridgeshire to ensure that individuals in our community can access high-level, appropriate support when necessary.

Although still in its early stages, 35 GPs and a further 56 Primary Care staff have already been trained with more sessions planned