

HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 6
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Report of:	Dr Neil Modha, GP Partner and Co-Chair North Alliance Caroline Walker, CEO, North West Anglia NHS Foundation Trust and Co-Chair North Alliance	
Contact Officer	Catherine Pollard, Executive Programme Director, Cambridgeshire and Peterborough Sustainability and Transformation Partnership (STP)	CAPCCG.transformationprogramme@nhs.net

SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP (STP) UPDATE ON STRATEGIC DIRECTION 2018/19 AND SIX MONTH REVIEW

R E C O M M E N D A T I O N S

It is recommended that the Health Scrutiny Committee notes the update report of the Sustainability and Transformation Partnership (STP), as well as the work of the North Alliance.

1. ORIGIN OF REPORT

1.1 Following the September 2018 STP report, the Committee requested a six-month update.

2. PURPOSE AND REASON FOR REPORT

2.1 This report provides an update on:

- the key short-term priorities of the STP;
- progress of the North Alliance; and
- the NHS Long Term Plan.

2.2 This report is for the Health Scrutiny Committee to consider under its Terms of Reference Part 3, Section 4 - Overview and Scrutiny Functions, paragraph No. 2.1 Functions determined by Council - Public Health and Scrutiny of the NHS and NHS providers.

2.3 Committee members are reminded that the STP is led by a Board, which meets in public, and whose membership is the leaders from all the NHS organisations in the county, our partners in general practice as well as elected members and executive directors from Peterborough City Council and Cambridgeshire County Council.

3. BACKGROUND AND KEY ISSUES

3.1 System Priorities

As reported to the Committee in September 2018, STP health and care partners agreed to focus on fewer operational priorities, in the short term, in order to address persistent system challenges

and have a greater impact on ensuring the future sustainability of health and care services in Peterborough and Cambridgeshire. Short, medium and longer-term operational priorities were agreed as follows:

Short term:

- A&E performance;
- Delayed Transfers of Care (DTOC); and
- System Finances (including capital).

Medium term:

- North and South Alliances with Integrated Neighbourhoods, underpinned by Primary Care Networks, providing proactive person-centred care that takes account of local needs and reduce health inequalities;
- Developing an integrated health and care record for staff, patients and carers, able to interface with other systems in our region and provide a platform for population health management; and
- Prioritising three pathways for radical redesign, as well as starting work on technologically enabled alternatives to face-to-face outpatient appointments.

Longer-term:

- Address sustainable solutions to workforce shortages;
- Make better use of our existing assets to drive transformation, as well as developing new business cases for capital investment in community facilities;
- Maximise the impact of clinical networks and the development of world class services (Cancer hospital, children's hospital); and
- Reform the NHS alongside wider public services, with a strong emphasis on addressing the wider determinants of health and well-being, to enable prevention and early intervention of health needs.

3.2 Short-term Priorities – Progress Update

This section provides an update on progress against our short-term operational priorities.

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. We are not currently meeting this four-hour standard, although performance across all our A&E departments, is comparable to the national average.

Our A&E departments are getting busier, year on year, and this increase has particularly been felt at Peterborough City Hospital (PCH), with an average of 117 more patients each week, a 7% increase on each year.

We are taking action to improve A&E performance at PCH, and this includes:

- A new ambulance streaming process;
- Reviewing A&E medical staffing rotas;
- Embedding a new computer system (Symphony) within A&E;
- Better GP/A&E telephone liaison; and
- Joint clinical triage.

Delayed Transfers of Care

Cambridgeshire and Peterborough has high levels of Delayed Transfers of Care (DTOCs) compared to other health and care systems. Consequently, patients are staying too long in hospital, beyond the point at which they are medically fit to be discharged. The national standard is that no more than 3.5% of beds should be occupied by DTOCs. At the most recent reporting period (January 2019), DTOC levels at PCH were 5.5%.

As a key short-term system priority, we have an intensive programme in place across all our NHS and social care partners to tackle DTOCs, owned by a DTOC Programme Board. Progress is being made on delivering this programme, including:

- Co-locating the NHS and social care teams that purchase care placements (brokerage) so that these teams work seamlessly together;
- A Care Test model and new Continuing Health Care (CHC) Standard Operating Procedure (SOP) across all sites;
- Focussing on winter pressures including, for example, admission avoidance teams 'pulling' appropriate patients out of A&E and short stay units, as well as supporting nursing homes to keep residents out of hospital.

We have a 'stretch' target to achieve the national target of 3.5% by the end of March 2019.

Finances

The Cambridgeshire and Peterborough health and care system faces significant, on-going financial pressures. Our level of overspend is not sustainable and we, therefore, worked with our regulators to set a challenging financial target for 2018/19.

The System budget is an amalgamation of our NHS partners (not including Social Care partners), who each remain accountable to their Board and regulators for delivering their own individual budgets.

Our collective financial plan for 2018/19 is an overspend of £133m; within this is an assumption of delivery against certain targets which will, if delivered, attract funding of £56m. If financial performance does not deliver against these targets, then it is possible that some of £56m may be forfeited and our *planned* overspend could be as much as £190m.

At the most recent reporting period (December 2018), our System is worse than plan by £11.8m year-to-date, reflecting cost pressures that have crystallised during the year across system partners. These pressures present an emerging risk to delivery of the 2018/19 plan and, in turn, receipt of the additional funding alluded to in the previous paragraph.

Our partners have been developing in-year mitigations to maximise the opportunity of delivering against the financial plan which include:

- Additional organisational specific recurrent or non-recurrent in year cost improvement programmes (CIP); and
- Additional initiatives in collaboration with System partners

We are also underway with our operational and financial planning for 2019/20. Initial indications are that the System will face a significant financial challenge in the coming year and that partners will be required to continue to work together to deliver sustainable efficiencies to begin to address that challenge. NHS partners are currently committed to working together closely – aligning expectations and avoiding cost shifting.

3.3 The North Alliance – Progress Update

See appendix 1.

3.4 The NHS Long Term Plan

The NHS Long Term Plan was published on the 7 January 2019, and follows the June 2018 funding settlement, which will see an additional £20.5 billion going into the NHS by 2023/24.

Some elements of the plan are clearly defined whilst others are still under development. In some places, we will have the opportunity to shape, influence or decide how and when we implement the content, but other elements will be mandated and the delivery mechanisms more clearly set

out. We are also awaiting the green paper for social care, which was expected in early 2019.

The Long-Term Plan creates an important context for the strategic choices we will be making as a system over the next few months. The Plan sets out five main themes which are:

1. All systems will become Integrated Care Systems (ICSs) by 2021;
2. A new model for integrated primary and community services will be implemented which enhances out-of-hospital care;
3. Systems will receive real-term investment and work together to use resources collectively;
4. There will be better care for major health problems, supported by research and innovation; and
5. Delivery of care will be supported by an enhanced workforce and digital approach.

We are working together as a System to implement the next steps for each of the key messages of the Plan. This will be driven by the Longer-Term Models programme of work which the STP has already established.

4. APPENDICES

- 4.1 Appendix 1 – Update on North Alliance
- Appendix 2 – NHS Glossary of Terms