

Briefing for the Health and Wellbeing Select Committee Meeting

Wednesday 22 March 2017

1. A&E performance

Local system performance against the four hour target continues to fall significantly below the national standard. In February, 79.2% of patients were seen within four hours at the Royal United Hospitals Bath NHS Foundation Trust (RUH), against a target of 95%. The unsatisfactory performance is the result of poor flow and delays created when patients are ready to leave an acute setting but are waiting for a residential or nursing placement, package of care or a community hospital bed.

NHS England and NHS Improvement brought together local health and care leaders at a Discharge Summit last month to review some of the current issues and challenges. Following this, a key action for the RUH and wider community partners is to adopt a system-wide approach to the delivery of Home First. This initiative identifies patients who can be discharged early to be safely cared for by therapy staff in their own homes and assessed for their ongoing care needs.

All CCGs and NHS acute trusts received a letter on 9 March 2017 from Simon Stevens, Chief Executive of NHS England, and Jim Mackey, Chief Executive of NHS Improvement, setting out a series of actions to get A&E performance back on track.

These include:

- Every hospital has a front door streaming model by October 2017 under which GPs and nurses will assess patients to reduce pressure on A&E
- Improve access to clinical advice to people in care homes
- Implement response of national ambulance response programme
- Rollout of weekend and evening GP appointments to 50% of the population by March 2018 rising to 100% by March 2019
- An increase in the number of callers to NHS111 who receive a clinical assessment
- 30% of funding for Sustainability and Transformation to be subject to acute trusts achieving a 90% performance target (four hour wait) by September and 95% by March 2018.

We anticipate these requirements will need to be incorporated into revised service improvement plans overseen by each A&E Delivery Board.

2. Delegated Commissioning

The CCG's application to take over responsibility for the commissioning of primary care services from NHS England has been approved. This new responsibility takes effect from 1 April 2017. Delegated commissioning should support:

- The development of clearer, more joined-up visions for primary care, aligned to wider CCG and Sustainability and Transformation Plans for improving health services
- Improved access to primary care
- Improved quality of care being delivered to patients
- Improved CCG relationships with member practices, including greater local ownership of the development of primary care services
- Increased clinical leadership in primary care commissioning, enabling more local decision making
- Greater involvement of patients in shaping services
- A more sustainable primary care system for the future

The successful transition to delegated commissioning will rely on continued close working between the CCG and NHS England.

3. Financial Position

The CCG has regularly reported the rising pressure on its budget caused by the increasing demand for health and care services. We have made considerable efforts over the last twelve months to reduce our expenditure and whilst we anticipate that we will achieve a balanced financial position by the end of the 2016/17 financial year, we will not be able to deliver the required 1% surplus of £2.3m as required by NHS England.

This will impact on our financial allocation for 2017/18 and financial pressures are set to continue into future years. If we do not make further efficiency savings the funding gap is projected to be £10m in 2017/18, £15m in 2018/19 and rise to a total deficit of £21m in 2019/20.

Our priority is maintaining safe, high-quality health and care services for the local population. We perform well against most NHS Constitution targets and achieve good levels of satisfaction for patient experience. However there are some difficult choices to be made to help us achieve longer term financial sustainability.

We are developing a plan to deliver the significant savings required, balancing this with our determination to minimise the adverse impact on patients. The success of this plan will require greater levels of partnership working with local health and care organisations and our GP members. We will also work with our wider stakeholders and patients to identify how we can commission services appropriately to continue providing high quality health services for our local population.

4. Sustainability and Transformation Plan

Before the end of March, NHS England is expected to announce the next steps for STPs and how some STP areas will be supported to accelerate towards accountable care systems. An accountable care system takes accountability for the delivery of all care and care outcomes for a given population, for a defined period of time, under a contractual arrangement with a strategic commissioner. In doing so it designs and delivers services to best meet the needs of its population and improve health and wellbeing outcomes. In light of the national direction of travel we are giving some thought to how we might evolve local models of care in B&NES in the future into an accountable care system, building upon current arrangements.

There are plans for further engagement with patients, carers and other stakeholders to support the further development of STP proposals. This was due to begin in February but this has been pushed back to later in the spring. Many of the STP partner organisations have their own local programmes of public engagement about a wide range of health and care matters. This engagement is in line with wider STP plans and more details are available on individual organisation websites. There will not be any service changes undertaken, locally in B&NES or across the wider STP area, without engaging with patients, carers and other key stakeholders first.

5. Maternity Services Review

The RUH has begun a review of maternity services, seeking the views of women, families, staff, commissioners and the voluntary sector to understand what matters most to patients. The RUH wants to understand what families want from maternity services and what drives the choices they are making in relation to their care and decision-making around where to have their baby. They also need to understand what women feel is good about the current service provision and what they would like to see improved.

There are a number of national and local reasons why this review is taking place including ensuring the RUH is able to respond to:

- The Morecombe Bay investigation (Kirkup 2016) which detailed failings in that Trust's maternity service
- The national maternity review "Better Births: Improving outcomes of maternity services in England. A five year forward view for maternity care" (2015)
- The independent inquiry into the safety of maternity services Kings Fund (2008)
- Responding to learning outcomes of national reports and best practice.
- The RUH CQC report (2016).
- A RUH "birth in the community" focus day held in 2015.
- The service development ambition detailed in the tender document for maternity services (2014).

The review will be undertaken in four phases:

1. Informal patient and public engagement to understand what women and families, and staff, want from our maternity services.
2. Formal patient and public engagement presenting options for service change, based on the feedback received during the informal phase.
3. Agreement of changes to the service by the Trust's Management Board and Board of Directors. This phase will also include feedback to stakeholders in the form of "you said, we did" communications.
4. Consultation with staff on any change to working practices as a result of the agreed changes (if required).

A number of face to face meetings with different stakeholder groups are being held and patients can also feedback comments via an online survey. More details about how to get involved can be found on the RUH's website.

6. The Budget – Implications for Health & Social Care

The recent Budget included a number of announcements that will impact health and social care:

- An extra £2bn in funding for social care across the next three years, with £1bn available in the next year to allow Local Authorities to act now to commission new care packages
- The government will produce a Green Paper to be published in the autumn setting out the options for the future funding of social care
- £325m investment in a small number of STPs which are ready ahead of schedule, to allow the plans to proceed
- Further investment where necessary for other STPs, with a further announcement in the Autumn Budget around a multi-year capital investment programme for the implementation of STPs across England
- £100m investment to place more GPs in accident and emergency departments for next winter to support the establishment of front door streaming (as described in Section 1).