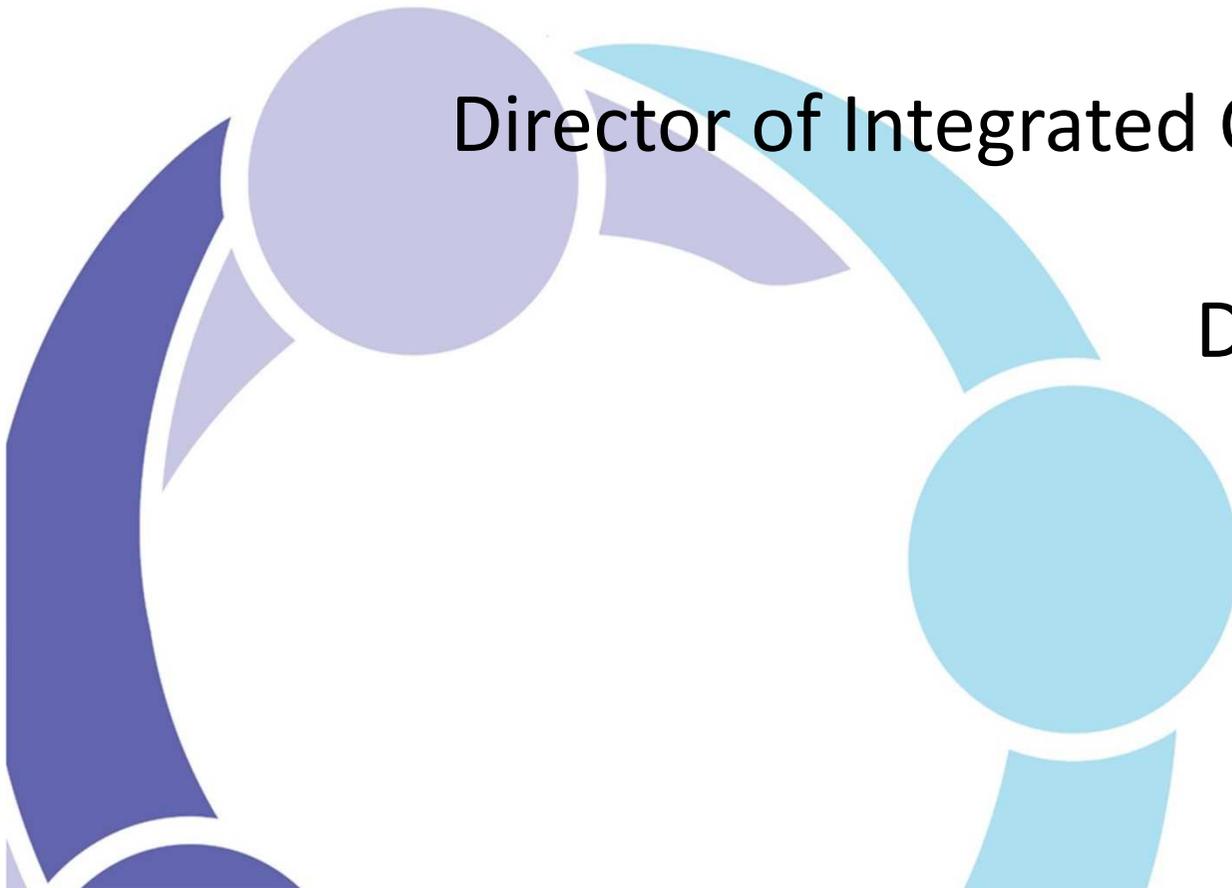




Erica Daley
Director of Integrated Commissioning
CCG update
December 2018



CONTENTS

- Performance – constitutional targets
- Urgent & Emergency Care

Strategy

- Integrated Care Centre – phase 2
- Beverley Road
- Community Paediatrics



A&E / Winter preparation

- The trust was successful in meeting the required performance trajectory in September of 91% with a further improvement reported locally in October as a system we hit 95% . Current performance in November has been challenging.
- The average attendances for September 2018 totalled 364, a day compared to 357 in August (375 YTD). Breach numbers for September showed an improved position of an average of 35.9 per day compared to the August position of 44.9 per day.
- 7 day winter reporting to NHSE commenced on 12 November
- Local Authority additional winter funding 1.4m to support winter and delayed discharge including support for care homes



Urgent and Emergency Care

- Integrated Urgent Care includes :

Service	Total	2017/18 Activity
Integrated Urgent Care Service referrals	74,965	Number of new referrals 2017/18
Walk In Centre Attendances	33,211	
Urgent Care - MIU referrals	27,948	- subset of Integrated Urgent Care Service referrals
Urgent Care - GP OOH referrals	41,533	- subset of Integrated Urgent Care Service referrals
Urgent Care - ECP referrals	5,484	- subset of Integrated Urgent Care Service referrals
Hull FIRST referrals	960	

Based on Apr-Sep 2017, compared to Apr-Sep 2018

- Walk In Centre attendances increased by 14.9%
- Integrated Urgent Care service referrals increased by 12.8% (MIU referrals; GP OOH referrals; and ECP referrals)
- Care homes project regional finalists at A&E action on – top 20 care homes system wide. Baseline and dash board on place working toward 10% reduction in admissions
- All Hull care homes MDT assessment and given direct access to CHCP OOH service as part of divisionary plan
- GPs and HEYT now have access to ICC slots for fast track assessment



Referral to treatment times (RTT)

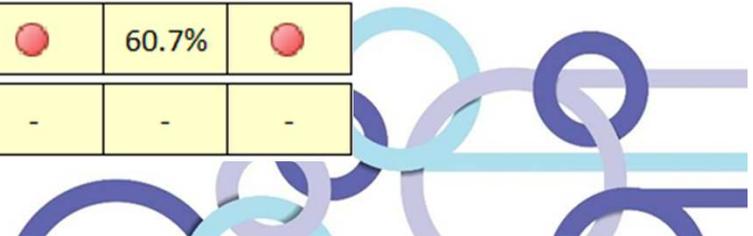
- RTT HEYHT performance maintains compliance with the local improvement trajectory to date, reporting 81.65% in September 2018.
- RTT Hull CCG September position 83.77%
- March 2018 HEYHT baseline was 54,642 for March 2019 with planned total list size was 52,045
- Actual position at the end of September was 56,050 (variance +1,408 against baseline)
- Understand pressure areas and have agreed funding to address top 3 specialties are ENT, General Surgery, Urology A recovery plan has been agreed and implemented.
- Overall number of over 18 week patients has decreased, down by 263 since April position - overall decrease is 2.56%.



Hull CCG Cancer performance

September 18

		TARGET BASELINE	SELECTED MONTH %	SELECTED MONTH RAGS	LATEST YTD %	LATEST YTD RAGS
Two week wait	E. B6 Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	93.0%	93.4%	●	94.8%	●
	E. B7 Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms	93.0%	87.8%	●	89.2%	●
31 Days	E. B8 Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers	96.0%	94.0%	●	95.9%	●
	E. B9 Maximum 31-day wait for subsequent treatment where that treatment is surgery	94.0%	82.4%	●	89.8%	●
	E. B10 Maximum 31-day wait for subsequent treatment where that treatment is anti-cancer drug regime	98.0%	97.3%	●	98.9%	●
	E. B11 Maximum 31-day wait for subsequent treatment where that treatment is episode of radiotherapy	94.0%	95.5%	●	98.9%	●
	-- Maximum 31-day wait for subsequent treatment where that treatment is palliative	98.0%	100.0%	●	100.0%	●
	-- Maximum 31-day wait for subsequent treatment where that treatment is other	96.0%	75.0%	●	90.9%	●
	-- Maximum 31-day wait for subsequent treatment where that treatment is all treatments	98.0%	91.3%	●	96.1%	●
62 Days	E. B12 Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer	85.0%	70.9%	●	70.7%	●
	E. B13 Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers	90.0%	0.0%	●	60.7%	●
	E. B14 Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers)	90.0%	-	-	-	-



Out of Hospital Care/services

- Phase 2 of Integrated Care Centre (ICC) pathway redesign – COPD, Parkinson's, Dementia, Care Homes, End of Life Care
- Place Plan - early intervention and prevention across the public sector (Beverley Road) Our People Our Place
- Community Paediatric ICP approach with HEYT CHCP, Humber FT





Creating a
healthier
Hull

ICC Key Deliverables Phase 2



- COPD
- Care Homes
- Dementia
- Parkinson's
- Palliative Care
- Full Independent evaluation of Phase 1



Beverley Road

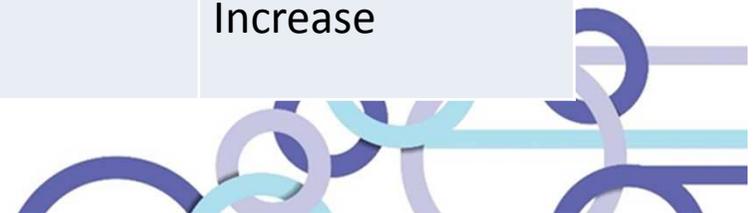
Our People Our Place

- Data /Intelligence sharing
- Community Engagement
- Estates Review
- Social Media Campaign – ‘Got your back’
- Operational response
- Co location of teams
- Scale up across city
- Jan – Dec 2019



Paediatrics - Local Intelligence

	Hull	Trend
GP Population	299,420	Increase
	70,245 23% = 0-19 yr	Increase
Birth Rate (2017)	3,430	Decrease
SEND (2018)	EHCP - 1270 SEN Support -5840	Increase
LAC (Sept 2018)	747 (av 750)	Increase
CAMHS	330 referrals pcm	Increase
ASD	47 ref pcm	Increase
ADHD	71 caseload	
Therapies (SLT)	1,200 caseload	Increase





A Children's Integrated Care Partnership (ICP): Local Context and Drivers



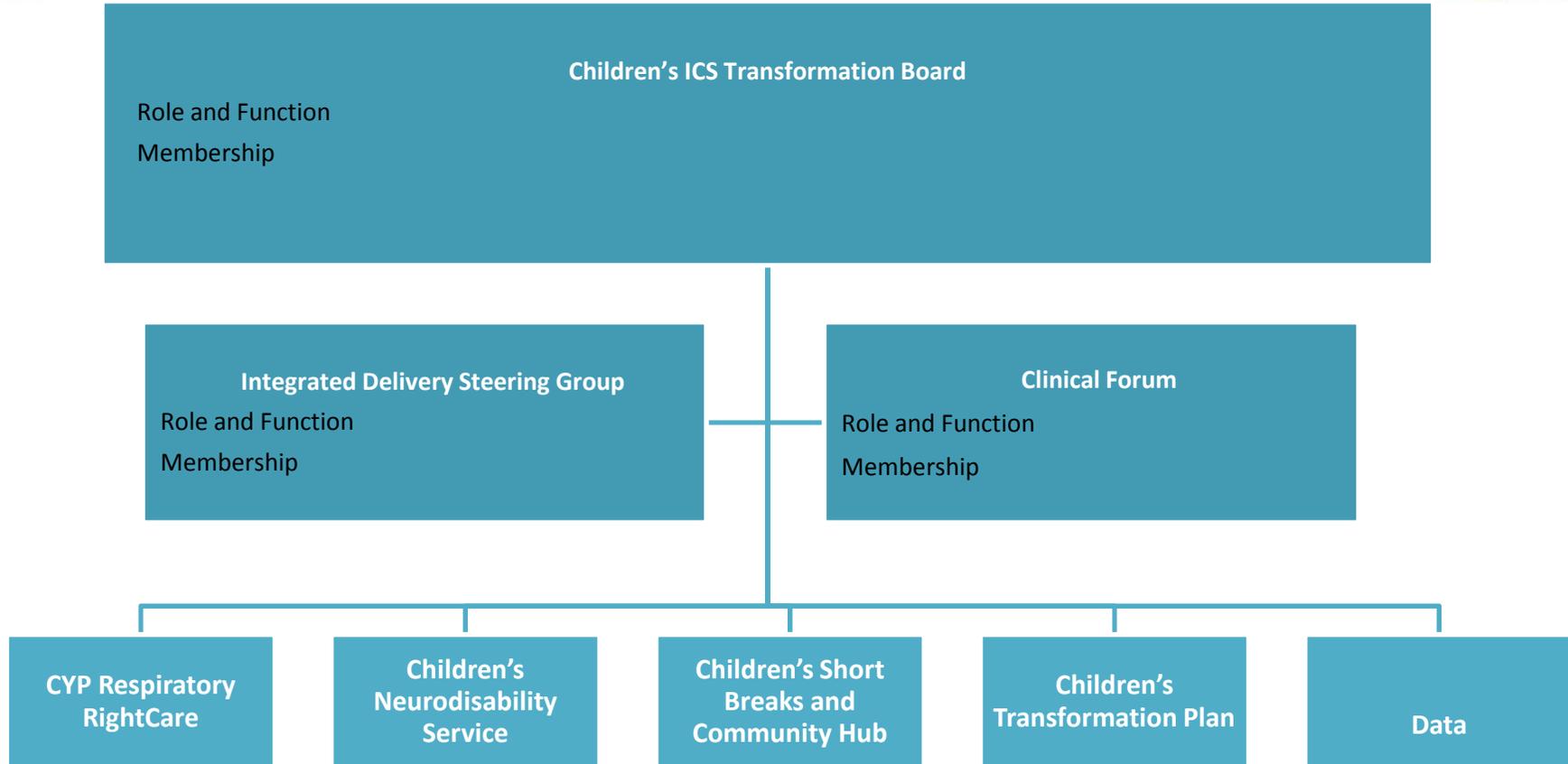
- New opportunities for workforce and Integration
- New ways of working – 3 key providers HEYT, HUMBER, CHCP
- Clinical Leadership
- Commissioners facilitate provider led model
- Clinical system in the first instance
- Continued and effective engagement with Local Authorities is essential
- Co production with parents



Current Projects

- Children's Respiratory RightCare (Hull & ERY)
- Children's Short Breaks and Community Hub (Hull)
- Children's Neurodisability Service (Hull & ERY)
- CAMHS Transformation Plan (Separate Hull and ERY Plans)
- Community Services Service Specifications - 2019





Interdependencies

Communication and Engagement plan /needs
 Local Authority: CYPS and PH
 Education and Learning (Schools, Academies and MATT's),
 LAC , SEND, Safeguarding (EHASH), Early Help, Maternity (MVP), Continuing Care and Personal Budgets,
 Specialist Commissioning: NHSE and PHE
 Voluntary and Community Sector Services
 Parents/carers, children and young people

