Agenda Item No: 10

STP UPDATE ON STRATEGIC DIRECTION FOR 2018/19

To:	**CAMBRIDGSHIRE HEALTH COMMITTEE**
Meeting Date:	**13 September 2018**
From:	**Roland Sinker, Interim Accountable Officer for the Cambridgeshire and Peterborough STP.**
Electoral division(s):	**All**
Forward Plan ref:	**Not applicable**
Purpose:	**The Cambridgeshire Health Committee is asked to consider the strategic direction for the Sustainability and Transformation Partnership for 2018/19.**
Recommendation:	**The Committee is being asked to discuss this strategic direction.**

Officer contact:	Member contact
Name: Catherine Pollard **Post**: Executive Programme Director **Email:** CAPCCG.transformationprogramme@nhs.net	Non-applicable

BACKGROUND

1.1 This report sets out the future model of leadership of the Cambridgeshire and Peterborough Sustainability and Transformation Partnership (STP System).

1.2 The system is a partnership between the organisations who plan, pay for and provide health and care on behalf of patients and the population within a geography covering 900,000 people. The ideas and proposals set out in this report have been developed in conjunction with all partners and will now form the basis of further co-production and engagement over the coming months.

1.3 The partners demonstrate real enthusiasm for the potential of the system; everyone wants to deliver benefits for local people. Crucially, they are also committed to tackling the profound underlying performance and financial challenges facing the system. Our approach must be grounded in our patients, citizens and staff.

1 MAIN ISSUES

1.1 **New leadership** Roland Sinker has been appointed as the Interim Accountable Officer for the Cambridgeshire and Peterborough STP for a period of six to nine months
Roland will undertake the STP Accountable Officer role on an interim basis in addition to his role as Chief Executive of Cambridge University Hospitals NHS Foundation Trust.
This has been formally approved by NHS Improvement and NHS England.

1.2 Progress

Over the past few months, progress has been made on matters that impact 2018/19 delivery as well as matters that are of strategic significance to the System.

2.2.1 North and South Provider Alliances

At the 23 May Health and Care Executive, the Health and Care Executive agreed to shift towards a more place-based approach to delivering transformation across the system. This shift was in recognition of the important of formalising natural relationships which tend to occur between providers all caring for the same population. This has resulted in changes to the STP Delivery Groups for 2018/19, creating North and South Alliance Delivery Groups to replace Urgent and Emergency Care (UEC) and Proactive Care and Integrated and Neighbourhoods (PCIN) Delivery Groups. This took effect from 1 June 2018.

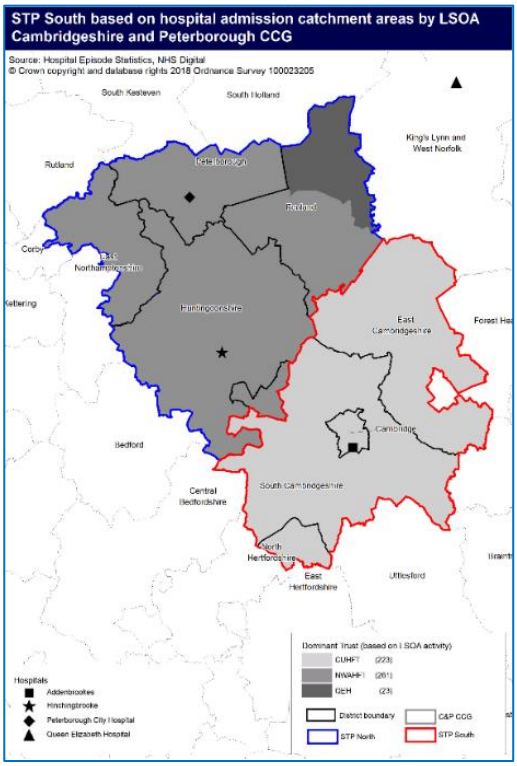
The boundary for the North area covers the local authority areas of Peterborough, Fenland, Huntingdonshire and the Papworth area of South Cambridgeshire. The registered population based on the practices within the North boundary is almost 543,000, whilst the South has almost 425,000. The

boundary for the South area covers the local authority areas of Cambridge City, East Cambridgeshire (including the Isle of Ely), South Cambridgeshire and areas of North Hertfordshire. (see map below)

STP boundary	Resident population [1]	Registered population [2]
North	494,841	542,545
South	389,516	424,762
Total	884,357	967,307

Table 1: Population
1 Mid 2016 LSOA population estimates, Office for National Statistics
2 Based on location of GP practice. Quarterly registered population, April 2018, NHS Digital

The boundary is based on hospital admission catchment areas to NWangliaFT and CUHFT, as shown in the map (right)



Map 1: STP Boundaries

Each alliance, which has representation not only from health and social care commissioners and providers, but also from patients and the voluntary sector, has identified priorities for transforming care for their local people. These priorities include developing integrated neighbourhoods for populations of 30-60k, that support a preventative and holistic approach to care and support, enabling people to live longer and more independently.

Other priorities include, supporting the ongoing work around smoothing discharge pathways, ensuring consistent adoption of evidence-based care for specific groups of people (e.g., residents of care homes, or people with diabetes), enabling remote/ telephone access to hospital specialists and working with the public to adopt more healthy behaviours. These are all long-term projects to help address underlying health and care needs and are aligned with the councils' social care transformation priorities.

2.2.2 Other System successes

We have:

- implemented **Guaranteed Income Contracts (GICs)** between acute providers and the CCG for 2018-19 which will better incentivise whole system working, collective financial management and help to address the drivers of the deficit;

- co-ordinated CEO-level interventions to agree and implement a **plan to tackle Delayed Transfers of Care (DTOC)** in a sustainable way;
- agreed **system-level analysis to better understand and articulate the drivers of the deficit** as well as an emerging single system capacity, capital and estates plan;
- launched the stroke **Early Supported Discharge (ESD)** service from April 2018 leading to measurable reductions in length of stay within weeks of implementation –a great example of cross-organisational collaboration, including the third sector, to effect change for patients;
- implemented the **Primary Care Mental Health Service (PRISM)** across all the surgeries in Cambridgeshire and Peterborough to provide specialist mental health support so that patients with mental ill health can access prompt advice and support, receive help in a community setting and experience a more joined-up approach to care;
- put the **Epic electronic patient record into the Granta practice group,** South Cambridgeshire**,** as a first step towards wider roll-out across primary care.
- agreed an **external Communications and Engagement Plan**. This plan was endorsed by HCE on 12 July and has been published as part of the Cambridgeshire Health and Wellbeing Board papers for the meeting on 26 July. The Strategy sets out how the System plans to strengthen the role of partners, the public and key stakeholders in the planning, development and implementation of our programmes of work.
- Continued to develop **the System Road Map, and underpinning activity and finance models** to address our significant system challenges and demonstrate how we are tackling them head on, we are developing a System Road Map for discussion with Regulators in October. The Road Map represents a refreshed implementation plan for working towards an Integrated Care System.

1.3 Continued challenges

1.3.1 Operational Performance

However, a number of persistent system challenges remain, and they must be the focus of collective, targeted action over the next nine months:

- our delayed transfers of care (DTOC) are unacceptably high at 7.2% over 2017-18 (average across all acute providers) and have been as high as 8.3% in 2018-19;
- as a system we are also failing the A&E four hour wait standard (86.9% over 2017-18 and the Referral to treatment (RTT) standard (performance was 89.2% over 2017-18);
- A&E attendances were up 1.9% over 2017-18 (compared to the national average of 0.8%) and emergency admissions were up 5.5% over 2017-18 (compared to the national average of 3.4%);

- We have pockets of primary care at scale and the beginnings of integrated neighbourhood teams, but we are a long way behind other systems, including full involvement of mental health.

1.3.2 Financial Deficits

We are forecasting a collective system deficit of £500m by 2021 – only one system in the country has a higher deficit as a proportion of total income. We have undertaken detailed work on the drivers of our deficit and are focusing our efforts on areas within our control. Cambridge and Peterborough's emerging deficit drivers are not unique to this system, and are likely to include:

- **Funding** – Funding per head is inadequate, for both local and specialised services
- **Structural** – Some of our hospital assets are too highly-specified, purchased at a premium through lease contracts (e.g., PFI), while other hospital assets are too small
- **System capacity** – There is a lack of beds (in part due to forced closure), exacerbated by avoidable admissions & high DTOC levels
- **Disjointed commissioning** – The legacy of layered services with multiple organisations

2.4 Strategic direction for 2018/19

2.4.1 Diagnostic

Our failure to deliver greater change cannot be explained by some unique combination of underlying conditions which make it harder to progress here than elsewhere. Six key themes have come out of conversations with system partners:

- Starting with outcomes for local people
- Prioritising and planning sensibly
- Resetting accountability
- Build open, trusting relationships
- Using data to guide action
- Support Primary Care to lead

2.4.2 System priorities for 2018-19

Based on these themes for improvement and the core challenges faced by our system, our proposed system priorities for 2018/19 will: a) deliver core operational basics this year; and b) build for the future.

Delivering the operational basics this year

- **System finances:** collective action to tackle the drivers of the deficit and deliver whole system savings. This includes commissioner savings

of £35m of which £12.9m will be delivered through the Guaranteed Income Contracts (GIC). We will agree a single system capacity and capital plan, agree to shadow a single system control total underpinned by open book accounting, and design the whole population payment approach for 2019-20.

- **Delayed transfers of care (DTOC):** sustainable, system-wide reductions in DTOC. Our DTOCs will not exceed 3.5% over Q4 of 2018-19.
- **A&E:** interventions to reduce the growth in A&E attendances by one third when compared with the three-year run rate.

Building for the future

- **Integrated neighbourhoods:** deliver year one of a three-year plan for integrated neighbourhoods focusing on piloting with one primary care network in each of the North and South of the system, as well as supporting the development of integrated neighbourhoods covering 30,000 – 60,000 population across the whole of the patch.
- **Safe & effective hospital care:** developing networks of care that maximise use of acute capacity, spread world class research & evidence based care (GIRFT and RightCare); reimagine outpatients;
- **Digital:** improving digital capability as a vital enabler of change through the development of a Digital Innovation Hub and Local Integrated Care Record Exemplar (LICRE) and in support of cross-organisational transformation.
- **Workforce:** ensuring our workforce are fit, healthy, skilled, motivated and proud to work in our system – by providing support, development and flexible career pathways; addressing our people pipeline;
- **Estates:** capturing benefits from implementing our Estate Strategy, including progressing a range of major capital projects that address our significant capacity shortfalls and emerging safety concerns;
- **Shared services:** cost effective back office, aligned purchasing and joint contracts;
- **Continued work on existing organisational strategies:** including NWAngliaFT's clinical services strategy, the relocation to new Royal Papworth, as well as the potential developments of a Cancer Research Hospital and regional children's services.

3. WHAT'S NEXT

In addition to the priorities outlined above, we recognise we need to give more attention to how we engage our staff and local residents about system working.

We need to further encourage them to be active participants in this work in whatever way they can. This will require senior leaders to demonstrate their trust in each other and commitment to this direction of travel. In order to achieve this we must continue to develop and demonstrate a common view

about approaching our longer-term financial sustainability. We must address this issue at a pace that reflects the scale of behaviour change required and enables us to redirect resources to where it needs to be. Tackling these big issues will be the focus of the STP Board at the end of September, with the aim of agreeing our Road Map for System working – in advance of conversations with the NHS regulators. We should be in a position to share publicly the conclusions of these conversations in November.

Source documents	**Location**
None	