

# Fit for the Future

Working together to keep people well

**Cambridgeshire and Peterborough Sustainability and Transformation Plan**

**Cambridgeshire County Council Health Scrutiny Committee**

**12 January 2017**



# Agenda

- Headlines
- Finance
- Primary Care
- Workforce
- Risk management
- Engagement
- Future Health Committee meetings



## The headlines

- The NHS and local government officers have come together to develop a plan to keep Cambridgeshire and Peterborough Fit for the Future.
- It has been developed by our health and care organisations. We are working together and taking joint responsibility for improving our population's health and wellbeing, outcomes and experiences of care.
- Local clinicians are leading this work, supported by NHS England and NHS Improvement.
- The views of patients and local people will shape key decisions
- In developing Fit for the Future, we've already started to work as one system:
  - Changing the way we meet the health and care needs of our 900,000+ residents
  - Working differently, and working together
  - With a joint plan to turn our projected deficit into a small surplus.



# Fit for the Future

Fit for the Future  
Working together to keep people well

Through discussion with our staff, patients, carers and partners we have identified four priorities for change and developed a 10-point plan to deliver these priorities.

Priorities	10-Point Plan
At home is best	1. People powered health and wellbeing 2. Neighbourhood care hubs
Safe and effective hospital care, when needed	3. Responsive urgent and expert emergency care 4. Systematic and standardised care 5. Continued world-famous research and services
We're only sustainable together	6. Partnership working
Supported delivery	7. A culture of learning as a system 8. Workforce: growing our own 9. Using our land and buildings better 10. Using technology to modernise health



## Finances - Key messages

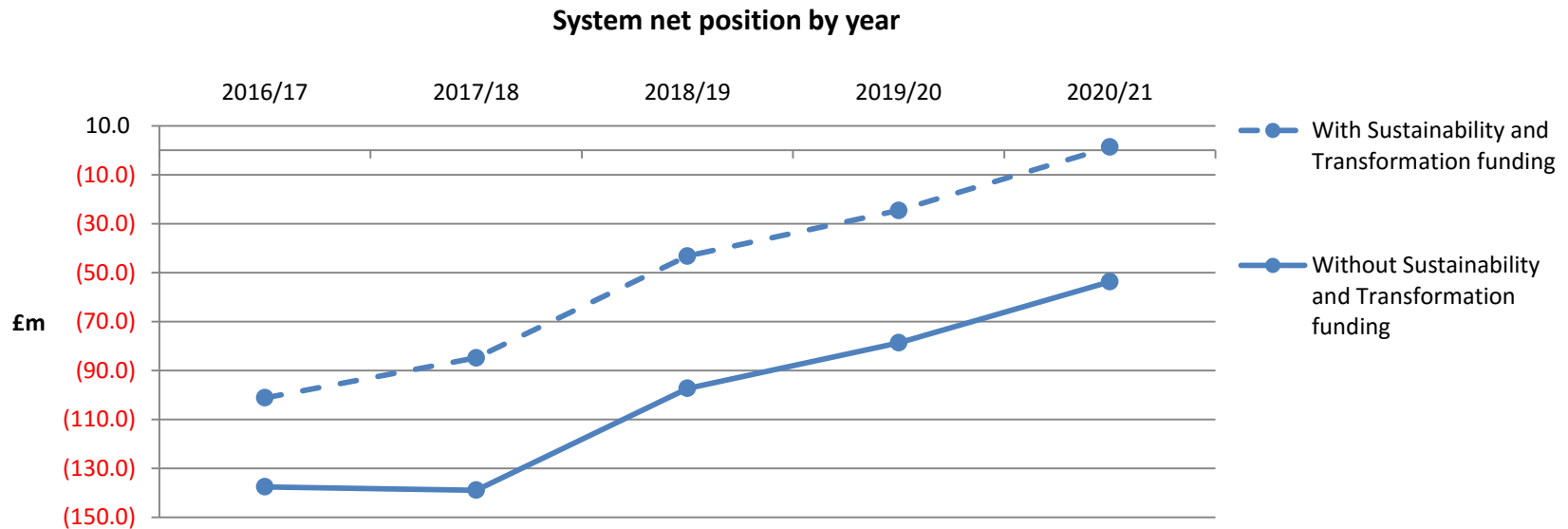
- Cambridgeshire and Peterborough (C&P) is one of the most financially challenged health systems in England.
- The October submission forecasts a **£503.7m** C&P system 'do nothing' gap by 20/21 and a total **£547.2m** pressure inclusive of investments
- Through a combination of top down benchmarking, including Right Care, Better Care Better Value and Carter Indices, and quantifying local opportunities, such as estates and income growth, we believe we can close the financial gap and deliver a small **£1.3m** system surplus by 20/21.
- This forecast position is subject to delivery of significant solutions outlined in the Sustainability and Transformation Plan (STP) and the ability to manage demand growth accordingly. In turn, delivery of solutions and demand management will require significant investment, particularly in the next two years and commitment from health and social care partners in primary and secondary care as well as across the community. We estimate by 20/21 **£43.5m** recurrent investment will support the ongoing delivery and continued transformation of services.
- Despite forecasting an improving position in each year the recent publication of control totals for 17/18 and 18/19 set a collective challenge to improve our system position more quickly.
- The system is collectively committed to tackling this challenge but believes this will only be possible with the support of national partners through access to transformation and wider revenue and capital funding. Investments will be funded through a combination of applications to the national transformation funding and supplemented by local resources prioritising schemes that will maximise financial and operational benefits.

## Next Steps

- The scale of the financial challenge facing the system is significant and we are starting from a position of capacity constrained providers, rising demand and a paucity of available funding to support investment.
- The October STP submission, supported by the delivery plan, represents a significant step forward in developing a path to system recovery and now the focus needs to switch from solutions development to delivery.
- Our delivery groups have been tasked with producing project initiation documents to support benefits realisation and tracking of progress. As part of this process each project will consider the financial, quality and activity impacts on the system. In turn, we will continue to:
  - Validate our existing solutions and continue to explore new areas for potential savings; and
  - Develop investment cases to maximise the use of system investments, funded nationally and locally, and deliver significant returns particularly in primary and community care.

# What is the system's financial challenge?

The system is planning to reach a **£1.3m** surplus by 2020/21.



Under a 'do nothing' scenario the system would face a total cost pressure of **£547m** in 2020/21.

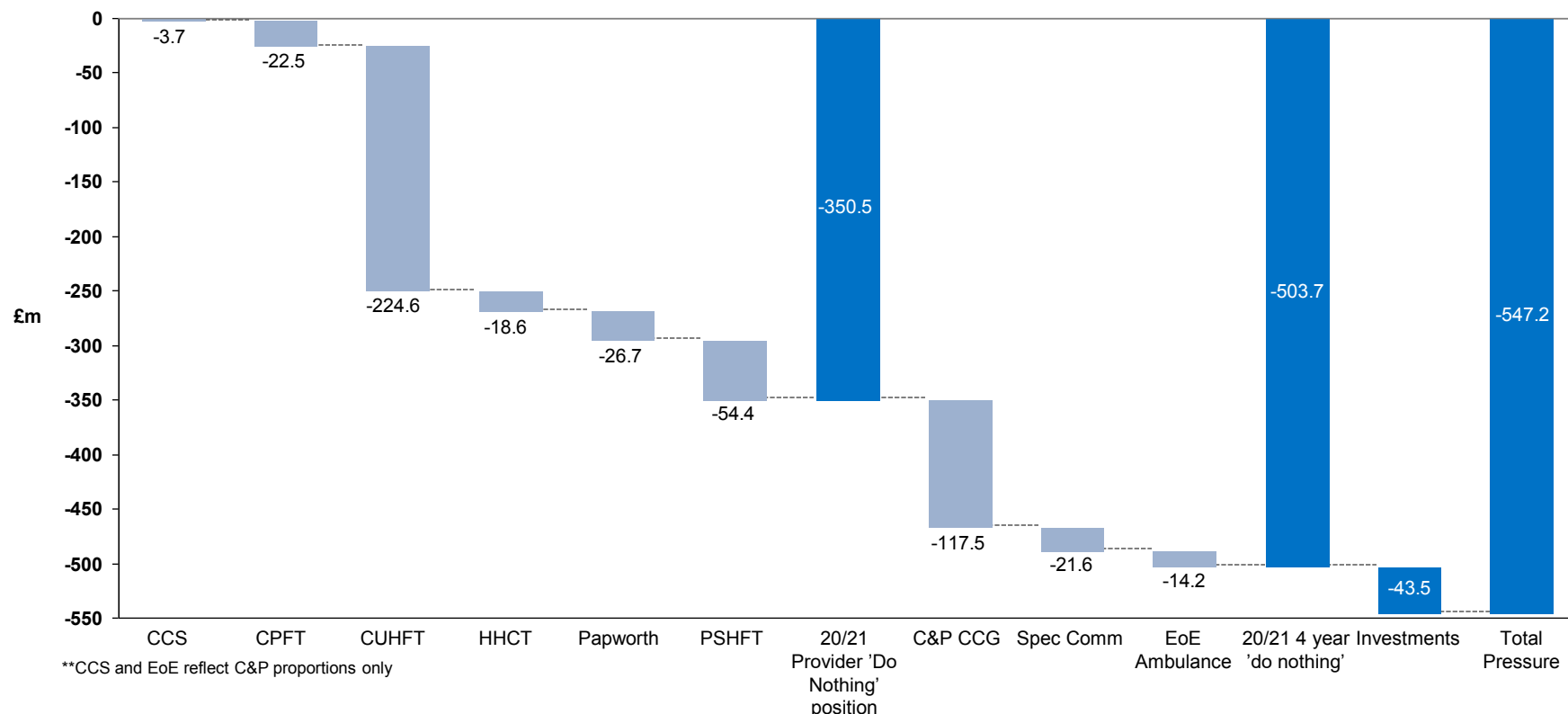
The 'do nothing' scenario assumes the system does not deliver the expected national efficiencies, reduce costs or manage activity growth.

The system plans to close the financial gap through a combination of:

- providers and the CCG implementing solutions within their own organisations
- delivery groups implementing projects across their improvement areas
- sustainability funding and returns on investment from transformation funding

## System view – 20/21 ‘Do Nothing’

As a system in the October STP submission we forecast a **£503.7m** Cambridgeshire and Peterborough health system ‘do nothing’ gap by 20/21 and a **£547.2m** pressure inclusive of investments...



This broadly represents:

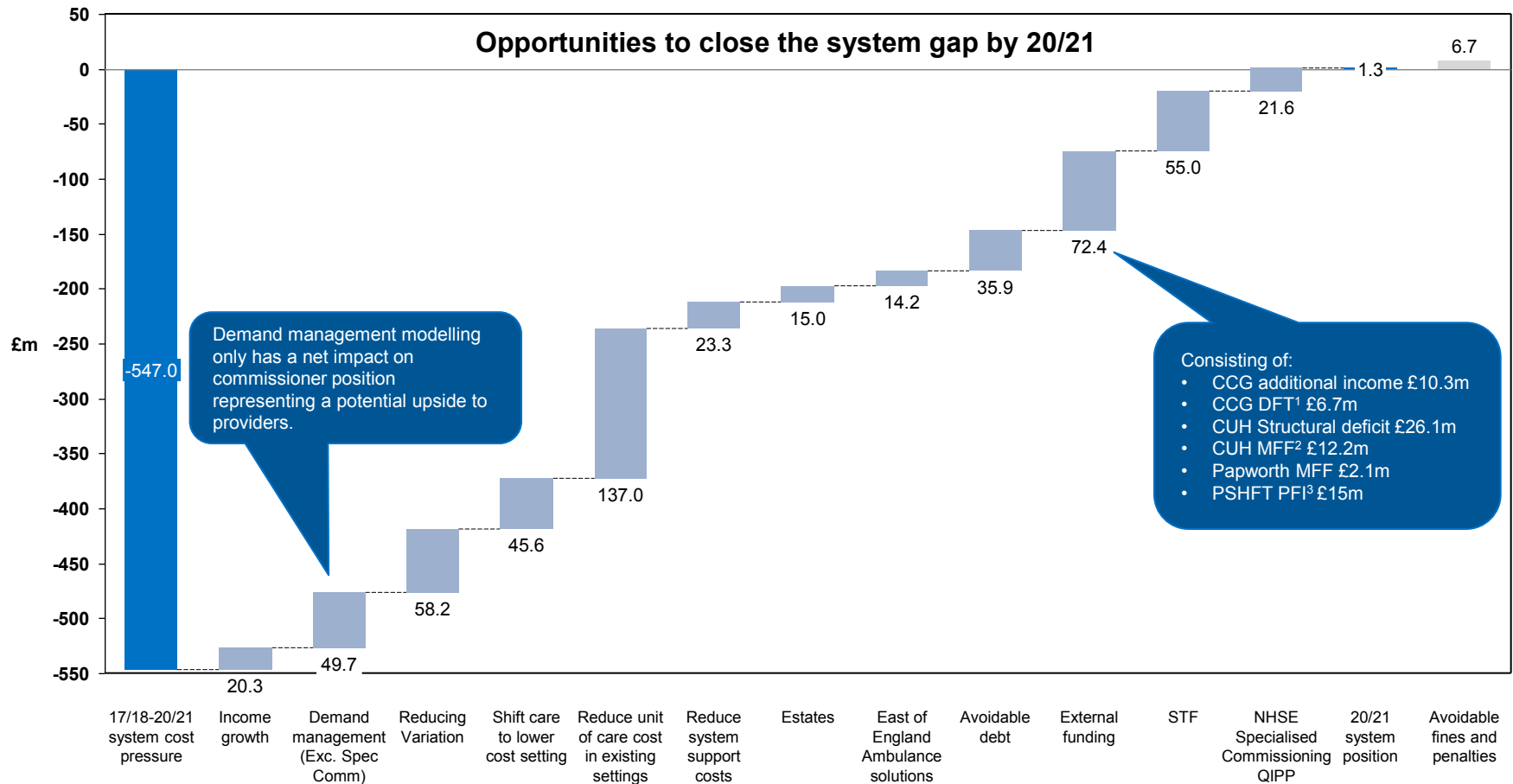
- A £250m challenge to deliver annual business as usual cost improvement savings by providers and the CCG;
- An additional £250m challenge to deliver transformational savings in the provider and commissioner setting as well as across the system to deliver a surplus position by 2020/21; and
- An estimated £43.5m of recurrent investment by 2020/21 to support delivery of the opportunities by 2020/21. This figure is subject to change as details of specific schemes are developed and prioritised accordingly.

Since the October STP submission the providers and CCG submitted detailed two year operating plans in December 2016 and so to ensure alignment we will be reviewing and updating this position in January 2017.



# Closing the Gap 2020/21 - opportunities

The system has identified the following opportunities to close the system gap by 2020/21...



This breakdown of the opportunities was included in the STP document and provides a summary of the areas into which detailed work will be undertaken to develop specific schemes.

<sup>1</sup> CCG DFT – Distance from target – relates to additional funding to reflect a funding gap for the CCG between the allocation and population size

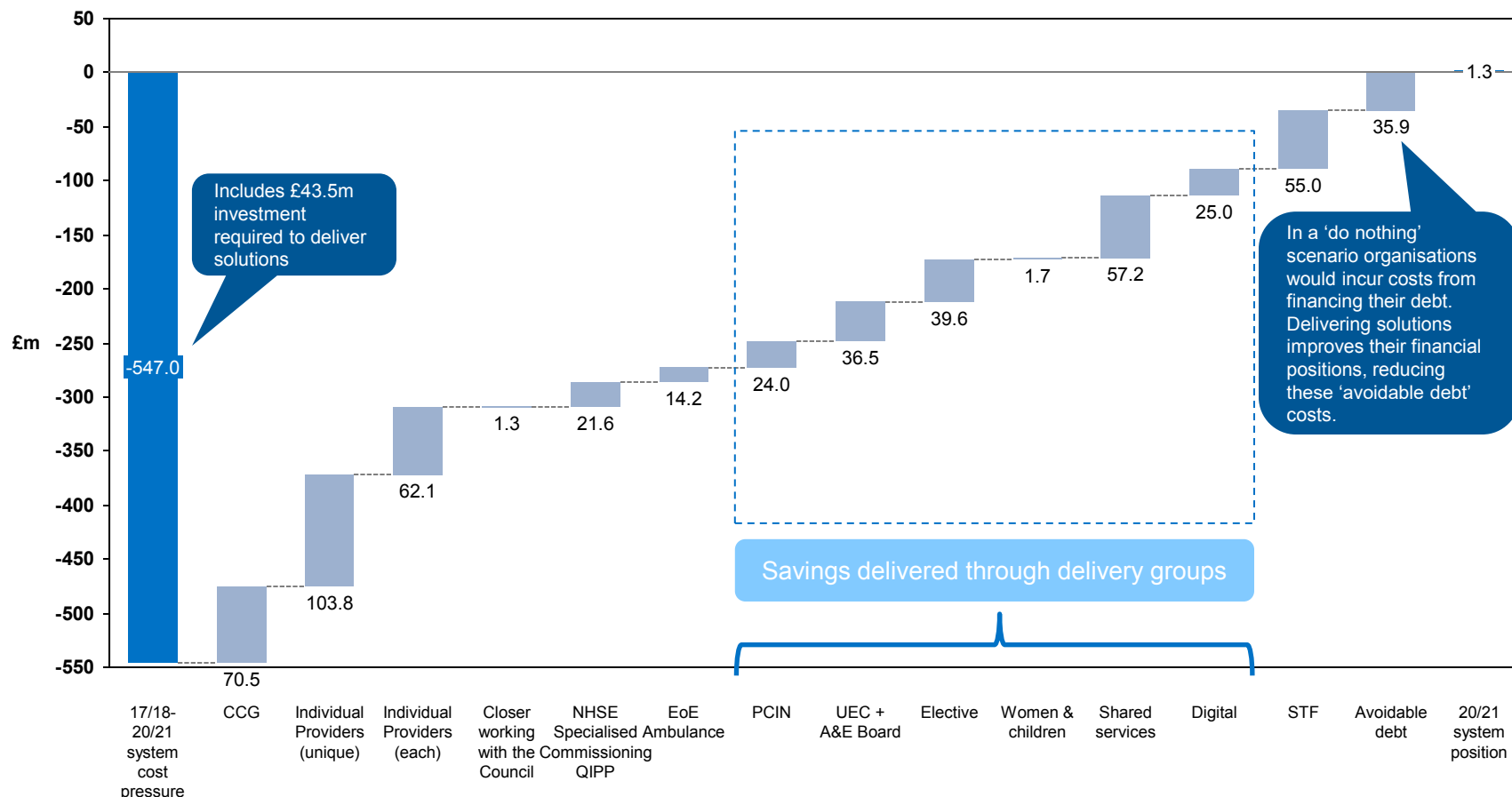
<sup>2</sup> MFF – Market Forces Factor – estimate of unavoidable cost differences between health care providers, based on their geographical location. The system is requesting an adjustment to the MFF for Papworth and CUHFT.

<sup>3</sup> PFI – Private Finance Initiative – relates to additional funding to support the PFI scheme at PSHFT



## Who will deliver the solutions?

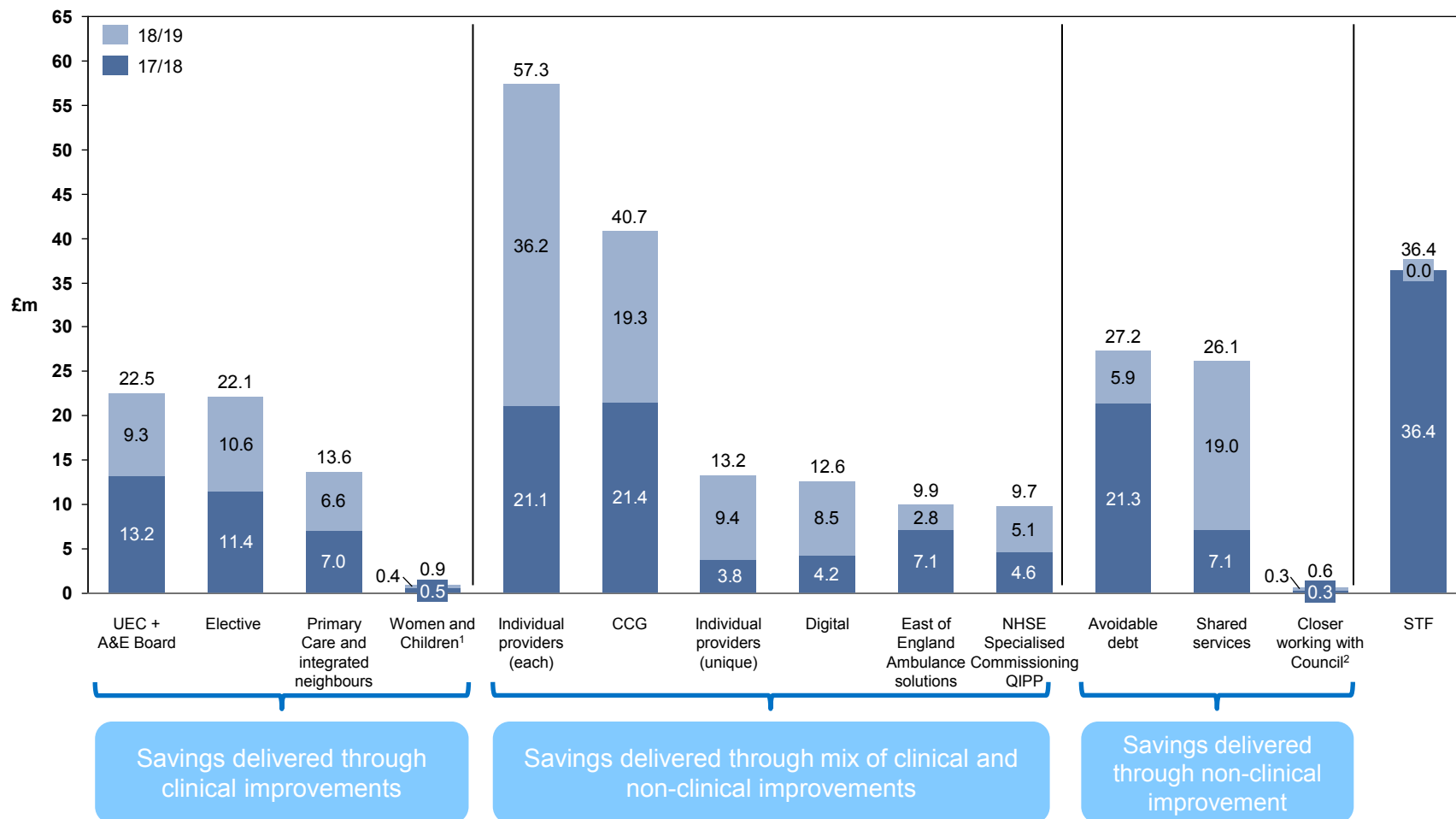
To support delivery each of the potential opportunities have been allocated to a provider, commissioner or delivery group and are subsequently broken down by improvement area. Set out below is the appointment of the opportunities by delivery group:



Each delivery group has been indicatively allocated an annual target and is in the process of validating the opportunities, by improvement area, to quantify the potential opportunity as well any clinical and operational impact.

# What solutions will be delivered by 2018/19?

Following submission of the operational plans by providers and the CCG initially we are focusing on the next two years. Improvements will be made across both clinical and non-clinical areas.



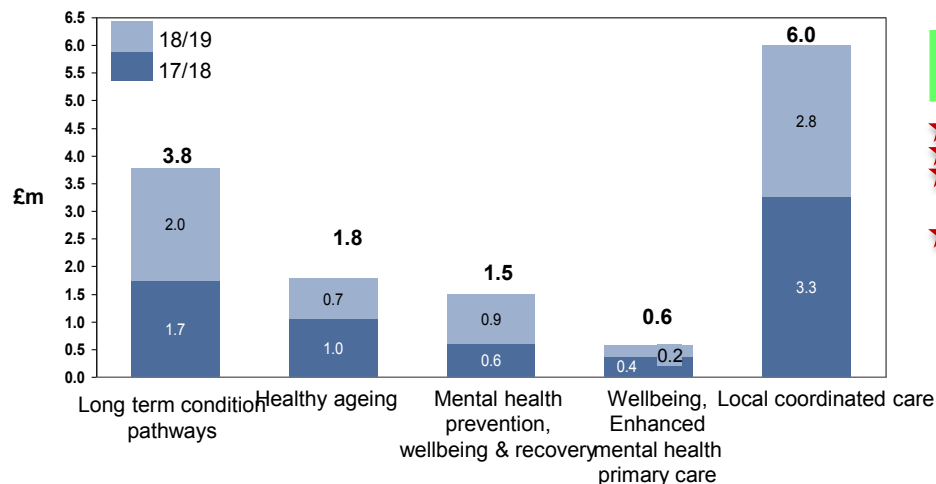
On the following slides we have set out for each delivery group the indicative savings by improvement area. These will continued to be refined as the detail for each scheme is developed. In addition to those allocated to the delivery groups the providers and CCG will continue to lead on internal opportunities through efficiencies and cost saving.

<sup>1</sup> Women and Children's Delivery Group includes perinatal mental health, maternity developments and mental health support for children

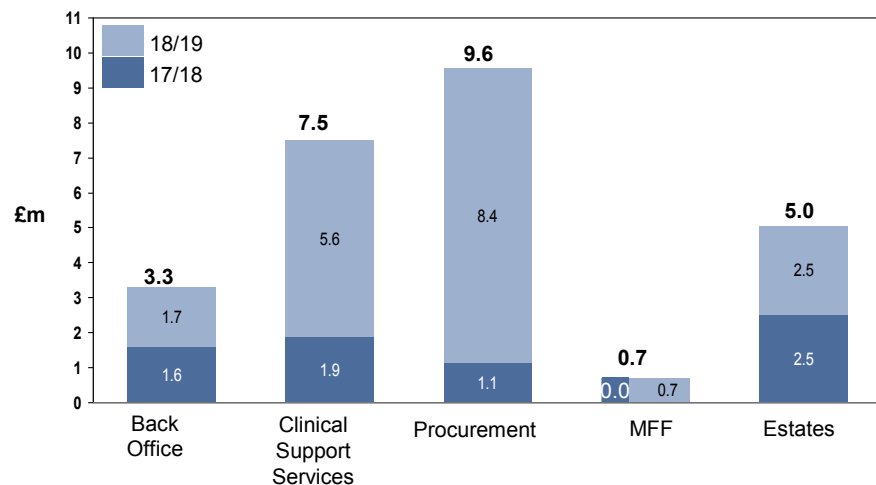
<sup>2</sup> Opportunities for Closer working with the Council refer to joint working and commissioner savings, for example potential back office efficiencies

# A breakdown of solutions for each delivery group by 18/19

★ = Health and Care Executive priority



**PCIN delivery group total target 17/18 = £7.0m**  
**PCIN delivery group total target 18/19 = £13.7m**



**Shared Services delivery group total target 17/18 = £7.1m**  
**Shared Services delivery group total target 18/19 = £26.1m**

## Primary Care & Integrated neighbourhoods projects Improvement Areas

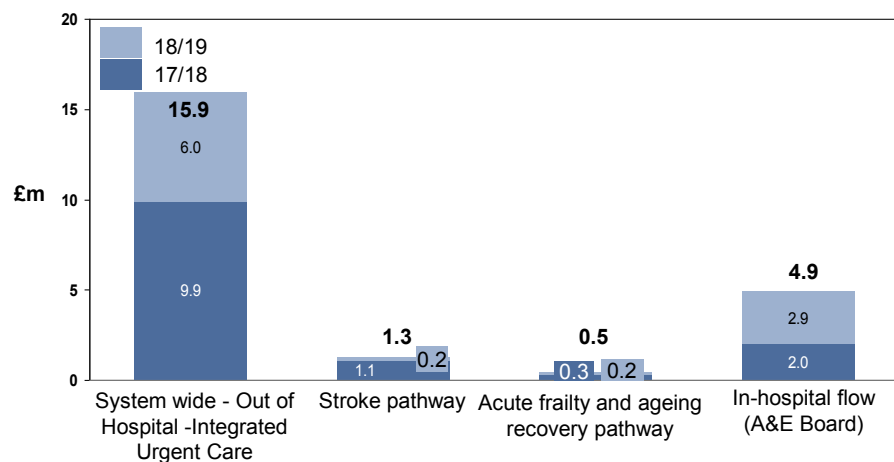
- ★ Long term conditions: diabetes
- ★ Long term conditions: respiratory
- ★ Long term conditions: CVD/stroke
- ★ Wellbeing
  - End of Life care
  - Enhanced mental health Primary Care services
- ★ Healthy ageing
  - Mental health prevention, promotion of wellbeing & recovery
  - Anxiety & Depression
  - Local co-ordinated care
  - GP Design

## Shared services projects Improvement Areas

- Back Office
- ★ Procurement
- Estates
- Clinical support services
- Market forces factor
- Productive/ Healthy Workforce

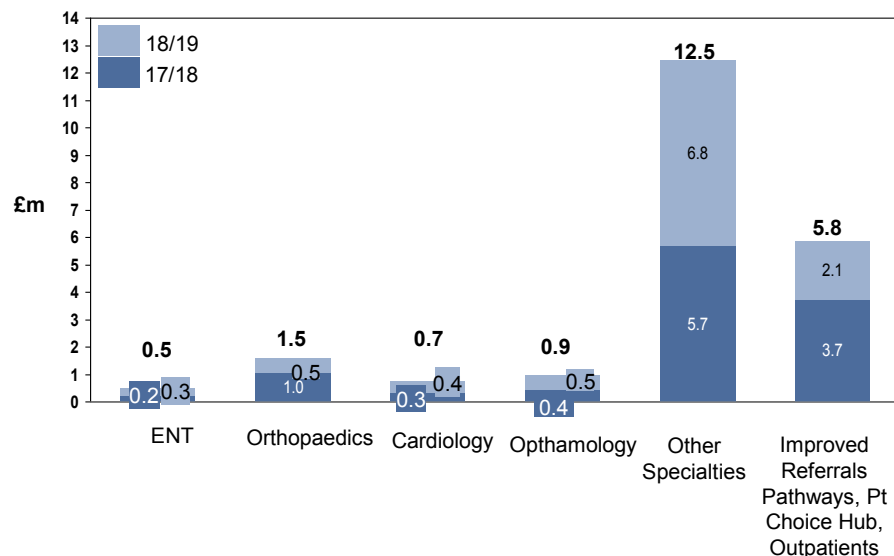
# A breakdown of solutions for each delivery group by 18/19

★ = Health and Care Executive priority



**UEC delivery group total target 17/18 = £13.3m**

**UEC delivery group total target 18/19 = £22.6m**



**Elective delivery group total target 17/18 = £11.3m**

**Elective delivery group total target 18/19 = £22.2m**

## Urgent and Emergency Care projects Improvement Areas

- Ambulance efficiencies
- Stroke pathway
- ★ Acute frailty and ageing recovery pathway
- ★ Out of Hospital Integrated Care
- Psychiatric Liaison

## A&E Delivery Board Improvement Areas

- ★ In-hospital flow

## Elective projects Improvement Areas

- Ear, nose and throat (ENT)
- Ophthalmology
- Other specialties
- Patient choice hub
- Cardiology
- Orthopaedics
- ★ Improved referrals pathways
- Outpatients

# Working with Primary Care

- In April 2016 NHS England published the General Practice Forward View (GPFV)<sup>1</sup> setting out the practical steps it wishes to take on investment, workforce, workload, infrastructure and care redesign to support primary care over the next five years.
- The Primary Care and Integrated Neighbourhoods (PCIN) delivery group is the primary mechanism through which the STP will engage with and support primary care services across Cambridgeshire and Peterborough.
- The work programme for the PCIN delivery group is aligned with the CCG's General Practice Forward View Strategy submitted to NHS England in December 2016.

*‘Our strategy is built around a vision of practices working together to engage a wide range of staff to deliver proactive, standardised and integrated care.’ - Cambridgeshire and Peterborough CCG*

- The strategic actions to deliver the vision include:
  1. Creating capacity in primary care
  2. Redesigning how care is delivered focusing on patients in care homes, with long term conditions and urgent needs
  3. Improving access to primary care in the evenings and weekends for those with the greatest needs
  4. Developing the workforce to support safer working, recruitment and retention, leadership development and increasing capacity across the system
  5. Enabling digital and estates strategies to maximise the use of the available resources and harness the benefits of modern technology
- As set out in the STP we believe one of the primary drivers for the sustained high level of demand on acute care services is historic underinvestment in community and primary care support as well as treatment for patients with long term conditions. As a system we are collectively committed to addressing this and supporting primary care to enable as much care as possible to be led by integrated primary and community care teams.

<sup>1</sup> General Practice Forward View (NHS England, April 2016) - <https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf>

## Workforce

### What we see as benefits for staff

- Sustainable clinical services – the best chance for staff to provide improved patient care.
- Sustainable employers – able to provide job security.
- Collaborative leadership and a system delivery unit that will work with and across all organisations to achieve change.
- A positive, single culture, improved communication and IT, and better use of technology.
- Better opportunities for specialisation, learning and professional development through networking and being part of a larger system.
- Opportunities for new roles (e.g. nurses in multi-disciplinary Neighbourhood Teams), or to work in a team which covers several hospital sites.
- Additional staff residences and student accommodation (e.g. Hinchingsbrooke Health Campus)
- Improving patient care with a growing reputation – of which we can all be proud

### Developing our people

- Working with Health Education England, we will develop a long term system workforce plan, develop a common set of behaviours system-wide, and develop our organisations to support a culture of learning
- We also want all staff to contribute to the plans for organisational and individual development which will be needed to support them in new ways of working
- We aim to work as operational networks for planned, unplanned, routine and specialised care
- This means some clinicians working across hospitals and sites, standardised patient pathways, and shared quality and clinical governance / standards
- GP Forward View strategy – draft submitted for review at the end of December – developing workforce programme with Health Education England to recruit and develop physicians, nurses, and other staff such as pharmacists

# Risk Management

Ref No.	Risks/Issue Description	RAG (Pre)	Mitigation	RAG (Post)
<b>Risks that impact on transition from planning phase to implementation phase</b>				
R-08	Because of the need to align the development of the ideas for service redesign with the STP timelines there is a risk that engagement with patients and members of the public is sub-optimal	AR	Patient representatives involved at all levels of the clinical working groups any attention to PIAs ongoing. Publication of public facing STP summary, launch of webpage, launch of staff engagement. Pre-consultation , assurance through clinical senate	A
R-19	There is a risk the transition from the current team to the new SDU will be disjointed, especially if SDU posts remain vacant beyond the NHSI team's departure date (31 October)	R	Ensure the right people are recruited to posts using organisation talent maps, and JDs. Agree plan to transition with handover from NHS I to new team. All Partners to review their staffing lists and suggest names to PD. PD to consider feasibility of interims.	AR
R-23	Resourcing relating to time-to-care testbeds not agreed & facing delays. Risk of demotivation and further disengagement amongst GPs & inability to implement new clinical models relating to care close to home.	R	Continued follow-up with CUHFT on resourcing CPFT is planning to confirm resourcing support Longer length of response for expressions of interest will provide additional time for CCG to confirm resources post staff-consultation, and time to train staff / create GP dashboard	R
<b>Risks that impact on planned implementation phase</b>				
R-06	Deterioration of core financial position leading to failure to access additional funds such as sustainability funds	R	CCG Financial turnaround plan to be aligned to STP delivery plan. CUH Financial recovery plan to be aligned to STP assumptions. PSHFT-HHC FBC LTFM to be aligned to STP assumptions.	AR
R-15	Clinicians will not engage if they think that conclusions agreed within the S&T programme will not be implemented by NHSI, the CCG or Trusts, based on their previous experiences	AR	Communications and OD/QI strategy to address this	A
R-16	Politicians , national or local, do not fully not support the proposed solutions	R	Engagement strategy considers the briefing requirements of local MPs, Cllrs GP leads for consultation areas identified. Group meeting held with all MPs 26/10 to brief on STP & Estates work in particular	AR
R17	Primary Care as providers are not engaged or included in system wide leadership conversations	R	Sustainable General Practice strategy group to provide assurance over implementation of GP Forward View. CCG investment in GP time for LCGs to support GPs to be involved in redesign work Test Bed communications to be handled with great care, via informal warming up prior to official launch	AR
R-20	There is a risk the system will not have the ability to capture sufficient savings opportunities in remainder of 2016/17 due to the lack of dedicated delivery resources.	R	Prioritise where to focus effort for remainder of the year, and put best people against these projects. CCG to source external resource to help with FRP. CCG to realign LCG staff to priority projects	R
R-21	There is a risk that the communications regarding the HHCT PSHFT merger and STP work will not be clear that the consequences for each are different.	R	Joint presentation to OSC in September [check date], with AG presenting the STP update. AG and JB to liaise with OSCs for a pre-engagement piece with the OSC. Close liaison between system comms and PSHFT-HHC comms teams.	A
R-25	Negotiations with national bodies (DH, HMT) are un-coordinated among system partners (including the university), reducing negotiating leverage and likelihood of getting desired changes (e.g. to MFF, for estates / infrastructure investment)	AR	Application of MOU behaviours regarding sharing intelligence about strategic intent, via updates to HCE and/or FPPG CEO commitment to speaking as a system, with one voice when negotiating with national bodies	A



# Risk Management Log - Closed

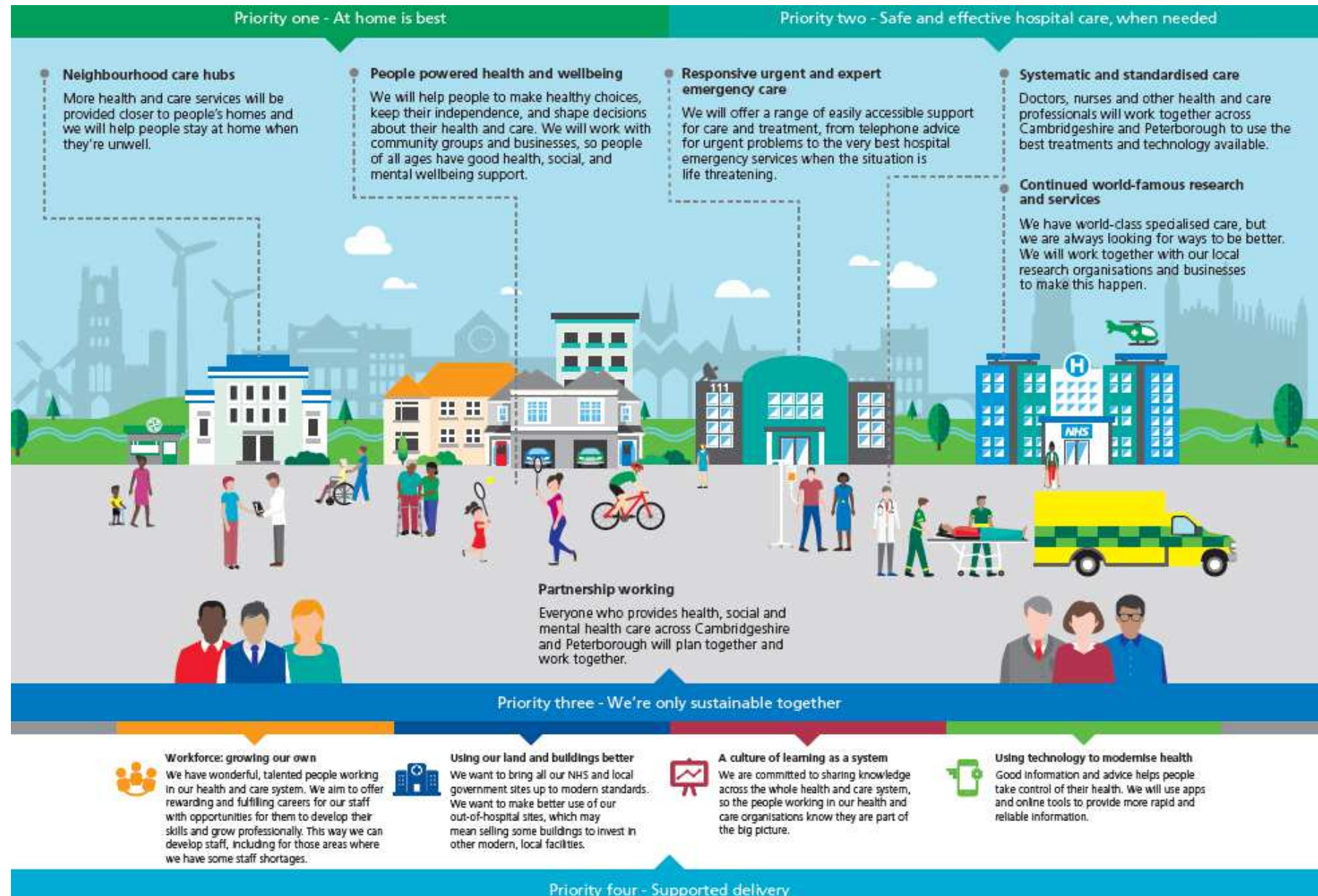
Ref No.	Risks/Issue Description	RAG (Pre)	Mitigation	RAG (Post)
<b>Risks that impact on transition from planning phase to implementation phase</b>				
R-01	CEO bandwidth to participate in system-wide activities given operational pressures	AR	PDO to monitor levels of engagement System Leadership meeting planned for end of July	G
R-02	Lack of trust and transparency between partners and scepticism at progress made	R	Re-commit to programme, agreed changes to meeting plans to include more half day sessions. CWG meetings to CWG taking place 16th June	G
R-03	Failure to allocate appropriate resources to LTCs & UEC vanguard admissions avoidance efforts means that they do not work and emergency attendances continue to grow unsustainably	R	CCG alignment of LCG teams to provide management resources Alignment of resources to collectively prioritised delivery plan projects – that will have impact this year. Alignment of delivery plan with Provider transformation plans	G
R-04	PCP work stream has prioritised too many opportunity/pathways given the amount of resources they have which risks a delay in the speed and /or effectiveness of delivery	AR	Sequence work appropriately Secure BI resource from university Learn from elsewhere – e.g. vanguards	G
R-05	Press around PSHFT/ HHC has prompted political & public interest before a comms strategy is in place	R	Engage MPs, especially for Huntingdon proactively and transparently . Comms Strategy in development comprising a proactive media approach. Public meetings and private briefings taking place this week. External resource being secured	G
R-07	Lack of engagement from high calibre clinicians	A	Plan for recruitment of suitable candidates, including GPs Ongoing clinical engagement part of comms strategy Bring in external candidates where necessary	G
R - 12	Slow responses in dealing with information requests; competing demands with year end pressures. Insufficient business intelligence resource identified.	A	CEOs will be contacted if expected data/information is not provided as requested Additional support from PSD/Monitor working with Analytics and Finance Forum	G
R-13	PSHFT HHCT MOU timetable for decisions around OBC may not be met if boards can't agree	R	Regular meetings of chairs & NHSI Regular board to boards External assurance of process	G
R-14	System work does not account adequately for changes to social care and local councils' developments (eg devolution, housing)	AR	Councils to sign MOU, which will also lay foundations for BCF in next 2 years Locality Executive Partnerships to formalise oversight of local efforts to integrate care and give HWBs delivery arm. HWB Chairs invited to join Health Chairs' meetings.	G
R-18	If there is a consultation on MIUs in July at the same time as the public engagement on system solutions, there is a risk that the communications are not joined up	R	CWG to CWG meeting with themed discussions on specific interdependencies between working groups. This will be included as part of Estates work stream. Public consultation planned for Oct 2016 but agreed that any future provision model should be fully integrated with the out of hospital urgent care model through NHS 111	G
R-22	Risk that timelines for consultation and FBC will conflict	R	PCBC Task & Finish group to monitor timelines. CCG senior manager to be PCBC management lead	G
R-24	Consultation cannot proceed on changes to MIUs as the new care model is not yet sufficiently well developed	R	CCG to revisit resourcing of MIU work CCG to engage GPs about needing to reach a speedier conclusion about their potential involvement in delivering urgent primary care to local residents	G

# Engagement

- There will be more opportunities to be involved about specific improvements - we will provide opportunities for local people to help shape proposals for service change and be involved with any formal consultation process going forward.
- We are committed to being as inclusive and open as possible. We will listen to all contributions and use these to influence the decisions we make.
- When we make changes, we aim to involve staff and public as early as possible - to help design services, as well as giving feedback.
- We will pursue a pro-active engagement strategy with our key stakeholders including our local constituents, regional partners (such as bordering STPs and care providers) and national bodies.

# Fit for the Future

Through discussion with our staff, patients, carers and partners we have identified four priorities for change and developed a 10-point plan to deliver these priorities.



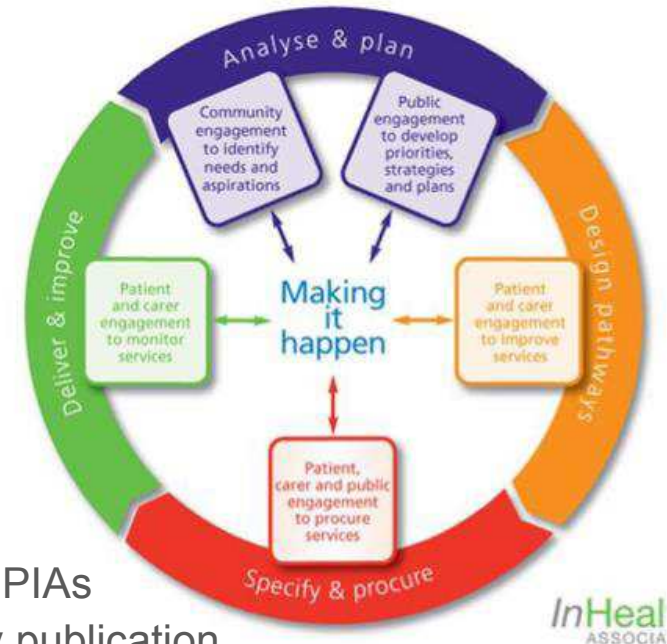
# Public involvement in STP

## Principles

1. Shift from concept to delivery
2. Patient and carer involvement to improve services and in delivering change
3. Public engagement to develop priorities, strategies and plans
4. Community engagement to identify needs and aspirations

## Approach

- Build on reps previously involved in CWGs, workshops, PIAs and who have contacted us since the summer summary publication and last month's launch
- Healthwatch to advise how it can support Delivery Groups
- Accountable Officer, Comms Leads and Healthwatch Cambs to:
  - review group's PPI opportunities – identify reps or groups that can be targeted
  - review appropriate stages for PPI – depending on development of group and schemes
  - explore involvement of voluntary sector and local government
  - build members - staff and PPI reps - to be voices for the improvements and change - in their organisations, peer groups, families and communities
  - commitment to recent NHSE guidance on 'Engaging local people in STPs' and CCG's commitment to 'Transforming public participation'



## PPI proposed activities

### Shift from concept to delivery

1. Bolstered patient and carer involvement in delivery and work groups
2. Promote Fit for the Future website as central point of contact with up to date information on activity and progress
3. Advertise the opportunities – ongoing and events

### Patient and carer involvement to improve services and in delivering change

As above, plus,

1. Develop a network for practical support to individuals involved in programme
2. Develop opportunities for groups to develop their involvement skills e.g. quality events, conference or guides
3. Involvement in consultations about specific areas of significant change

### Public engagement to develop priorities, strategies and plans

1. Develop public involvement assemblies, building on 2015 and 2016 events
2. Look at independent facilitated public participation panels to generate values on prioritisation - to give a public perspective on questions asked by the executive

### Community engagement to identify needs and aspirations

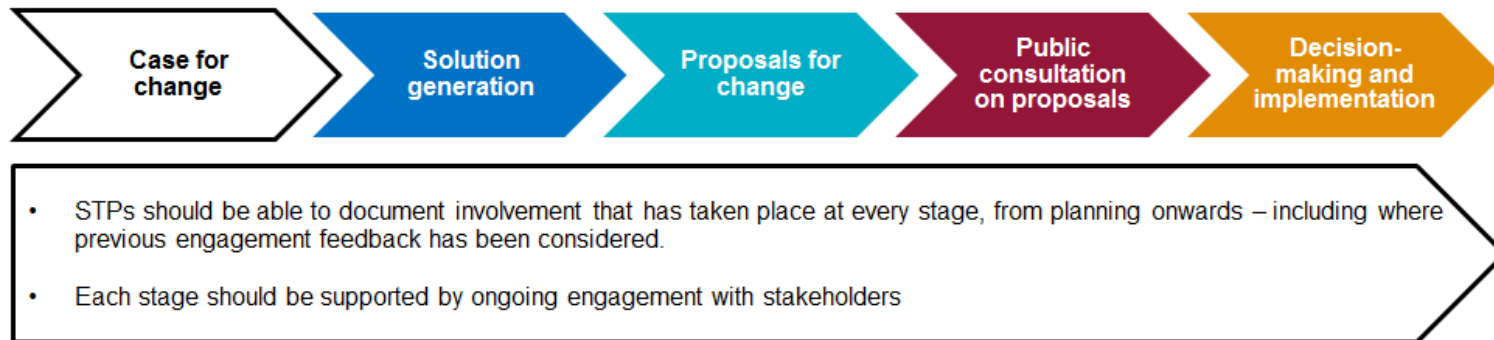
1. Target hard to reach groups – content and timings to be defined
2. Consultations about specific areas of significant change
3. Promote behavioural change and a wider conversation on prevention and resources



## Commitment to NHSE guidance

### Engaging local people in STPs

- STP partners should work with the knowledge, skills and experience of people in their communities, working in co-production to improve access and outcomes
- Involving people, communities and stakeholders meaningfully is essential to effective service improvement and system transformation
- Effective communication and involvement throughout the process will help to build ownership and support for proposals to transform health and care and will also help identify potential areas of concern
- Does not replace each organisation's own legal responsibilities to involve the public



### Transforming public participation

CCGs are also required to have regard to 'Transforming Participation in Health and Care', to enable:

- patients and carers to participate in planning, managing and making decisions about their care and treatment through the services they commission
- the effective participation of the public in the commissioning process itself, so that services reflect the needs of local people


# Communications planning

## Staff engagement and communications approach

- A theme a quarter: 1st quarter: Partnership working – ‘Delivering Together’
- Communications promotes and supports theme
- To demonstrate the added benefit of the system-wide, Fit for the Future having impact
- Improvement project communications leads provide proactive, ongoing communications and engagement management
- Communications leads to generate a master communications planning document

**Theme for 1<sup>st</sup> quarter- Delivering Together** - to be demonstrated in key messages:  
“What STP activity added value as a system”

Programme and group members	Staff	GPs	Key stakeholders	External
Health and Care Executive and Care Advisory Group meeting updates, staff newsletters	Slides for briefings, newsletters articles, emails, STP Newsletter, intranets, social media	5 headline slides for briefings, GP News, LMC briefings, STP Newsletter, social media	Reports, briefings, presentations, emails, STP Newsletter, website, social media	Meetings, emails, STP Newsletter, website, social media



**Underpinned by active engagement with the public**



## Three-month planner – communications and engagement

January 2017	February	March
<ul style="list-style-type: none"> <li>Quarterly comms themes &amp; key messages - 'Working together' - Jan focus</li> <li>4 Jan, any pre-local election consultations need to start</li> <li>bbc, publication of mental Health Strategy</li> <li>bbc, Local Digital Roadmap published</li> <li>Patients, carers, public &amp; staff involved in delivery groups</li> <li>Delivery groups &amp; schemes comms &amp; engagement plans</li> </ul>	<ul style="list-style-type: none"> <li>Quarterly comms themes &amp; key messages - 'Working together' - Feb focus</li> </ul>	<ul style="list-style-type: none"> <li>Quarterly comms themes &amp; key messages - 'Working together' - Mar focus</li> <li>Weds 29, Latest Purdah starts for local elections 4 May</li> </ul>
Tues 3, Hunts Overview and Scrutiny Panel	Thurs 2, CCG Patient Reference Group	Thurs 2, Herts Health and Wellbeing Board
Thurs 5, C&PCCG Patient Reference Group	Tues 7, C&PCCG Governing Body Meeting	Thurs 2, CCG Patient Reference Group
Tues 10, Peterborough Scrutiny Commission for Health Issues	Weds 8, CUHFT Board of Directors' Meeting	Tues 7, Huntingdon Overview and Scrutiny Panel
Tues 10, C&PCCG Governing Body Meeting	Weds 8, CCS Board Meeting	Weds 8, CUH Board of Directors' Meeting
Tues 10, Hunts Patient Congress	Tues 14, Greater Peterborough Patient Forum	Weds 8, CCS Board Meeting
Tues 10, Greater Peterborough Patient Forum	Thurs 16, Cambridgeshire Health Committee	Tues 14, Hunts Patient Congress
Weds 11, CUHFT Board of Directors' Meeting	Tues 21, Healthwatch Peterborough Community Meeting	Tues 14, Greater Peterborough Patient Forum
Weds 11, CCS Board Meeting	Weds 22, CUH, Council of Governors Meeting	Tues 14, Peterborough Scrutiny Commission for Health Issues
Thurs 12, Cambridgeshire Health Committee	Tues 28, PSHFT Public Board Meeting	Weds 15, Cam Health Patient Forum
Weds 18, Healthwatch Peterborough Community Meeting		Weds 15, Healthwatch Cambridgeshire Board of Directors
Weds 18, Cam Health Patient Forum		Thurs 16, Cambridgeshire Health Committee
Weds 18, Healthwatch Cambridgeshire Board of Directors		Fri 17, Northants Scrutiny Committee
Thurs 19, Northants Health and Wellbeing Board		Tues 21, CCG Governing Body Meeting
Thurs 19, East Northants Health and Wellbeing Board		Thurs 23, Peterborough Health and Wellbeing Board

### Three-month planner – communications and engagement

January 2017		February		March	
Thurs 19, Cambridgeshire Health and Wellbeing Board				Thurs 23, Northants Health and Wellbeing Board	
Thurs 19, Herts Health Scrutiny Committee				Thurs 23, CATCH Patient Forum	
Tues 24, Fenland Health and Wellbeing Board				Thurs 30, Cambs Health and Wellbeing Board	
Tues 24, South Cambs Local Health Partnership				Thurs 30, HHCT Board Meeting	
Weds 25, Huntingdon Health and Wellbeing Group				Thurs 30, Papworth Board meeting	
Weds 25, MP Westminster briefing					
Thurs 26, CATCH Patient Forum					
Thurs 26, HHCT Board Meeting					
Thurs 26, Papworth Board Meeting					
Tues 31, Rutland Health and Wellbeing Board					
Tues 31, Huntingdon Overview and Scrutiny Panel					
Tues 31, PSHFT Council of Governors					
Staff communications					
CUH	CEO - Weekly cycle 8.27am Tues for 30mins Weekly nurses forum Regular consultants' forum Chair/CEO/senior manager drop-in bi-monthly Team Brief Cascade	CPFT	Monthly cycle (Department heads meeting Tuesdays every 4-5 weeks) Wider leadership every 3 months Exec Team Roadshow every 6 months	CCS	Leadership forums (c100 leaders) Clinical scrutiny (clinical leads) - every other month Paeds consultant & nursing leads meeting
		HHCT	Monthly Open Forums - CEO drop-in briefings	PSHFT	Weekly (Monday) email newsletter Monthly Team Brief – Post board meeting

# Ongoing comms & engagement

We have translated this Fit for the Future programme into improvement projects, each of which reports to a delivery group

- Our priorities will be delivered through eight delivery groups, responsible to Accountable Officers from across the health and care system.
- The groups cover clinical services, workforce and support services. The clinical delivery groups include public health and care services and are designed to encourage system-wide working and to allow for patient-led care to be at the forefront of everything we do.

<p><b>Urgent and Emergency Care</b> Accountable Officer: Roland Sinker, CUH <a href="mailto:Roland.Sinker@addenbrookes.nhs.uk">Roland.Sinker@addenbrookes.nhs.uk</a></p>	<p><b>Women &amp; Children</b> Accountable Officers: Matthew Winn, CCS &amp; Wendi Ogle-Welbourn, CCC &amp; PCC <a href="mailto:Matthew.winn@nhs.net">Matthew.winn@nhs.net</a></p>	<p><b>Elective</b> Accountable Officer: Tracy Dowling, C&amp;PCCG <a href="mailto:t.dowling@nhs.net">t.dowling@nhs.net</a></p>	<p><b>Primary Care &amp; Integrated Neighbourhoods</b> Accountable Officer: Aidan Thomas, CPFT <a href="mailto:Aidan.Thomas@cpft.nhs.uk">Aidan.Thomas@cpft.nhs.uk</a></p>
<p><b>Shared Services</b> Accountable officer: Stephen Graves, PSHT <a href="mailto:Stephen.graves@pbh-tr.nhs.uk">Stephen.graves@pbh-tr.nhs.uk</a></p>	<p><b>Digital Delivery</b> Accountable Officer: Stephen Posey, PHT <a href="mailto:stephenposey@nhs.net">stephenposey@nhs.net</a></p>	<p><b>Workforce &amp; Organisational Development</b> Accountable Officer: Matthew Winn, CCS <a href="mailto:Matthew.winn@nhs.net">Matthew.winn@nhs.net</a></p>	<p><b>System Delivery Unit</b> Accountable Officer: Lance McCarthy, HHCT <a href="mailto:Lance.mccarthy@nhs.net">Lance.mccarthy@nhs.net</a></p>

# Agenda

- Finance
- Workforce
- Risk management
- Engagement
- **Future Health Committee meetings:**
  - **12 January meeting**
  - **16 Feb development session**



# Language guide

Abbreviation	Detail
CCS	Cambridgeshire Community Services NHS Trust
CPFT	Cambridgeshire and Peterborough NHS Foundation Trust
CUHFT	Cambridge University Hospitals NHS Foundation Trust
EoE Ambulance	East of England Ambulance Service
HHCT	Hinchingbrooke Health Care NHS Trust
Papworth	Papworth Hospital NHS Foundation Trust
PSHFT	Peterborough and Stamford Hospitals NHS Foundation Trust
PCIN	Primary Care and Integrated Neighbourhoods delivery group
QIPP	Quality, Innovation, Productivity and Prevention
SpecComm	NHS England Specialised Commissioning Services
STF	Funding from the national Sustainability and Transformation Fund
UEC	Urgent and Emergency Care delivery group

# How you can contact us

- [www.fitforfuture.org.uk](http://www.fitforfuture.org.uk)
- Twitter: [@fitforfuturenhs](https://twitter.com/fitforfuturenhs)
- Facebook: [fitforfuturenhs](https://www.facebook.com/fitforfuturenhs)
- Instagram: [fitforfuturenhs](https://www.instagram.com/fitforfuturenhs)
- Email: [capccg.transformation@nhs.net](mailto:capccg.transformation@nhs.net)