

**CAMBRIDGESHIRE AND PETERBOROUGH HEALTH AND CARE SYSTEM
TRANSFORMATION PROGRAMME**

To: Health and Wellbeing Board

Date: 17 September 2015

From: Dr Neil Modha, Chief Clinical Officer (Accountable Officer)
Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)

1.0 PURPOSE

1.1 Cambridgeshire and Peterborough Health and Care System Transformation Programme last presented information to the Health and Wellbeing Board on 2 July 2015. This paper updates the Health and Wellbeing Board on this planning process.

2.0 BACKGROUND

2.1 Strategic aims and values

The strategic aims and values of the programme remain:

- People at the centre of all that we do
- Empowering people to stay healthy
- Developing a sustainable health and care system
- Improving quality, improving outcomes

2.2 Update

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) is leading a process to plan changes to the health system that will improve outcomes for people and enable financial sustainability. This process involves providers, partners and patients and has four phases.

The programme continues to work on the following areas:

- Detailed analysis of the issues facing the health system, working with key stakeholders about areas of challenge. The Change Document for the programme has been updated
- Engagement with the public around the key challenges facing the health system now and into the future
- Getting feedback from the public about current services and how they think things could change

2.3 Refreshed change document and technical appendices

The System Transformation Programme published a document in June 2014 which described the current state of the health system and aspirations for change including health outcomes that the programme aims to improve. It also provides benchmark information against which any change can be assessed.

This document has now been refreshed and a new set of technical appendices has been published. The link to this document is in the table of “Source Documents” below.

2.3.a Changes since the previous version of the Change Document:

The main document is shorter with more technical information appearing in the technical appendices

2.3.b Key messages in the Change Document

The key messages in the refreshed version focus on why the health system needs to change. They are:

- If we do not change our health system substantially then we face a deficit of at least £250 million by 2018/19 and this will make it harder to deliver good quality care. At the moment our hospitals have significant deficits
- The health services continue to increase
- Primary care is not sustainable in its current form
- We have a mismatch between capacity and demand which affects all parts of the system and is significantly affecting our hospitals
- There are gaps in some parts of the workforce across the Cambridge and Peterborough health system
- In addition we have service gaps in mental health and services for children

2.3.c Overview of changing context for the Transformation Programme:

There is a new section on expected changes in our health system which reviews the changes that are already anticipated in the following areas:

- Primary care
- Community care
- Acute settings
- Approaches to commissioning:
 - Outcomes focus
 - Primary care
 - Enhancing integration and joint commissioning through the Better Care Fund

2.3.d Developments in the analytical work

The information in the technical appendices has been updated with new information that has become available.

The 2014 version contained an assessment of the feasibility of forecasting health demand for our system and the refreshed version contains the methodology that has been developed to do this for the acute sector of the health economy, the outputs and top level assumptions.

2.3.e Maximising wellbeing and reducing demand for services

Activity modelling undertaken as part of the programme has shown that conditions such as obesity are likely to be a cause of half of the increase in demand on health services.

The Director of Public Health is scoping a prevention workstream which aims to promote wellbeing and reduce the need for health and care services.

2.4 Wider engagement with the public

A themed report is available in Appendix 1, summarising by theme, feedback from the Public Involvement Assembly and Saturday Cafés.

2.4.a Public Involvement Assembly

As the “Fit for the Future” System Transformation Programme crosses organisational boundaries, it was felt that a single forum was needed to draw together existing networks and give local people not already involved in health engagement groups the chance to give their views and feedback on an ongoing basis. This forum is called the “Public Involvement Assembly” and is informing the forward work of the programme.

The Forum is made up of people from existing engagement networks, such as Patient Participation Groups (PPGs), community groups and Healthwatch, alongside members of the public who are new to discussing health services. The Assembly meets in several different sites with each site considering the same questions. Sessions have been held in Cambridge, Peterborough, Wisbech, Ely and Huntingdon. Around 80 people have taken part in the first round. On the whole the feedback from the sessions has been positive. The next round of the Public Involvement Assembly is planned for the autumn (commencing in October/November 2015).

2.4.b Saturday Cafés

These have been two-hour drop in sessions for members of the public to find out more about Fit for the Future and the System Transformation Programme, and give their views of the challenges our local health system is facing. These have been held in Cambridge, Peterborough, Wisbech, Ely and Huntingdon. Feedback gathered during the Saturday Cafés was used to generate discussion at the Assembly sessions.

2.4.c Roadshows at clinical bases

Following on from the Saturday Cafés and first PIAs, engagement work is continuing with the team visiting hospital and community healthcare bases with an information stand and directing people online throughout August/September.

2.4.d Online engagement

Information shared at both the Assembly sessions and the Saturday Cafés is available on the System Transformation Programme’s webpages on the CCG’s website. This includes an opportunity for people to give their feedback online. People can also get involved in the programme through the Fit for the Future NHS Cambridgeshire and Peterborough page on Facebook or by becoming a follower of @fitforfuturenhs on Twitter. Engagement will continue online throughout August.

2.5 Next steps for the programme

Following the Fit for the Future System Transformation Saturday Cafes and Public Involvement Assembly sessions over summer 2015, the Transformation Team will be holding a series of roadshows at clinical bases and developing possible ideas for change with clinicians across Cambridgeshire and Peterborough during autumn 2015.

Engagement with the public to develop the ideas for change is now expected to take place in the first half of 2016, followed by public consultation on any proposals for change.

2.6 Second wave of “Vanguard” site applications

The NHS England New Models of Care Programme aims to co-design different types of new care models for the NHS. More details of these models can be found in the “Five Year Forward View“. The link is in the ‘Source Documents’ table below.

2.6.a Successful Urgent and Emergency Care Vanguard

The CCG applied for “Urgent and Emergency Care” Vanguard status and was successful. The proposal is to develop local urgent and emergency health services by supporting people to keep well, and by bringing home care, mental health, community and GP, ambulance, and hospital services closer together.

Currently there are four System Resilience Groups across Cambridgeshire and Peterborough. The vision is to create one overarching Super System Resilience Group with strong clinical leaders. This aims to accelerate improvements and develop a best practice model for urgent care services which helps address variations in access to services and health inequalities within the region.

The overarching Resilience Group will focus on:

- promoting self-care and management
- helping people with urgent care needs to get the right advice first time and to access the right service seven days a week
- providing highly responsive urgent care services outside of hospital
- developing a workforce to meet these needs
- reassessing service standards based on outcomes and redefine payment methods to improve outcomes

2.6.b Acute Care Collaboration Vanguard application

An application for the acute care collaboration Vanguard was made by Peterborough and Stamford Hospitals NHS Foundation Trust, Hinchingsbrooke Health Care NHS Trust, Cambridgeshire and Peterborough NHS Foundation Trust, Papworth Hospital NHS Foundation Trust, Cambridgeshire Community Services NHS Trust and Cambridge University Hospitals NHS Foundation Trust. This bid proposes a Hospital Federation with increased sharing of medical expertise across sites, and greater efficiency from shared back office administration. This application was endorsed by the System Transformation Programme Board and was submitted on 30 July 2015.

We were advised on 20 August that we were not shortlisted for the Acute Care Collaboration Vanguard status – detailed feedback will be shared with the Board in September. Further work is planned to develop the elements described within the bid application. A proposal will be shared with the System Transformation Programme Board in October 2015, describing the key elements of a proposed high level plan and potential governance arrangements, building on the ‘spread and replication’ theme which is at the heart of the New Care Models Programme.

3 RECOMMENDATIONS

Health and Wellbeing Board members are asked to note this update.

Source Documents	Location
<ul style="list-style-type: none"> Cambridgeshire and Peterborough health system Change Document/15 to 2018/19: Main text 	http://www.cambridgeshireandpeterboroughhccg.nhs.uk/five-year-plan.htm
<ul style="list-style-type: none"> Cambridgeshire and Peterborough health system Blueprint 2014/15 to 2018/19: Appendices 	http://www.cambridgeshireandpeterboroughhccg.nhs.uk/five-year-plan.htm
<ul style="list-style-type: none"> Cambridgeshire and Peterborough System Transformation Programme Frequently asked Questions 	http://www.cambridgeshireandpeterboroughhccg.nhs.uk/STP_FAQS_Feb_2015docx.pdf
<ul style="list-style-type: none"> NHS England “ Five Year Forward View” 	http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf
<ul style="list-style-type: none"> NHS England “ Acute Care Collaboration” web site 	http://www.england.nhs.uk/ourwork/futurenhs/5yfv-ch3/new-care-models/acute-care-collaboration/
<ul style="list-style-type: none"> NHS England “ Urgent and Emergency Care Vanguard” site 	http://www.england.nhs.uk/ourwork/futurenhs/5yfv-ch3/new-care-models/uec/

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Appendix 1

High level summary report of feedback from engagement through PIAs and Saturday Cafés according to theme

Demand rising

Education-based approach should be adopted to combat rising demand for health services. Health services are fragmented – people need to know the most appropriate place to go.

Health needs changing

It's recognised that health needs are changing. There were multiple reports of experience of mental illnesses and diabetes. Feedback favoured support for prevention and people taking responsibility for their own health, where able to do so.

Best use of NHS spend

Focus on reducing waste in the system such as the prescription of 'unnecessary' medication and not collecting/or providing process for returning equipment such as crutches. Make people aware of the costs, charge for equipment, fine patients for missing appointments and review administration staff. Buy in bulk more.

GP surgeries

Generally people are complimentary about care received from local GPs but expressed difficulties with getting appointments. There is a recognised need for younger GPs. Views were expressed that making GPs into businesses was a bad idea and that GPs are not viewed as an integrated part of NHS.

Hospital beds

Feedback favoured the development of services at 'community hospitals' such as the Princess of Wales and North Cambs. Beds to support convalescence after discharge from the bigger hospitals are needed.

Staffing shortages

It was questioned how a local programme can influence national issues with NHS staffing. It was suggested that the local health system was promoted as place people want to come and work in, and to train and recruit locally.

Mental Health Services

There was a lot of feedback from people at Saturday Cafes with experience of local mental health services. Difficulties were expressed with accessing the right type of mental health care, particularly crisis care. There was less feedback from the Public Involvement Assembly sessions on mental health but reducing the stigma around mental health, increasing funding and giving more support via local GP practices was suggested.

Children's and maternity services

There was very limited feedback on Children's and Maternity Services and it was suggested that other ways were needed to engage with young families and young people. There was though an awareness of lack of 'joined-up services'.

Other

It was suggested the NHS should work more with non-NHS organisations to help improve health and support health services – i.e. sports clubs and voluntary organisations. More education to help the public use the NHS appropriately is needed.