

## **SUSTAINABILITY AND TRANSFORMATION PLAN (STP)**

To: Health and Wellbeing Board

Date: 30<sup>th</sup> March 2017

From: Scott Haldane, Executive Programme Director, STP

### **1.0 PURPOSE**

1.1 The purpose of this report is to update the Health and Wellbeing Board on progress relating to the Cambridgeshire & Peterborough Sustainability and Transformation Plan (STP).

### **2.0 DEVELOPMENT OF THE STP**

2.1 In Cambridgeshire and Peterborough, the NHS, general practice, and local government have come together to develop a five-year Sustainability and Transformation Plan (STP) to improve the health and care of our local population and bring the system back into financial balance. The development of this plan has been led by chief executives, frontline staff, and patients.

2.2 Cambridgeshire and Peterborough is one of the most, if not the most, challenged health systems in England, making it essential that we work together to develop robust plans for long-term change. We have in place strong, visible, collective leadership and a well-resourced programme of work to address:

- the health and care needs of our rapidly growing, increasingly elderly population;
- significant health inequalities, including the health and wellbeing challenges of diverse ethnic communities;
- workforce shortages including recruitment and retention in general practice;
- quality shortcomings, with two thirds of our acute hospitals under severe operational pressure;
- inconsistent operational performance, particularly in meeting the four hour Accident and Emergency (A&E) standards; and
- financial challenges which exceed those of any other STP footprint on a per capita basis, such that by 2021 we expect our collective NHS deficit, if we do nothing, to be £504m.

2.3 To enable us to deliver the best care we can, we have agreed a unifying ambition for health and care in Cambridgeshire and Peterborough. This is to develop the beneficial behaviours of an 'Accountable Care Organisation' (ACO) by acting as one system, jointly accountable for improving our population's health and wellbeing, outcomes, and experience, within a defined financial envelope.

2.4 Through discussion with our staff, patients, carers, and partners, our STP, published in November 2016, has identified four priorities for change and developed a 10-point plan to deliver these priorities, as set out below and illustrated at Annex 1.

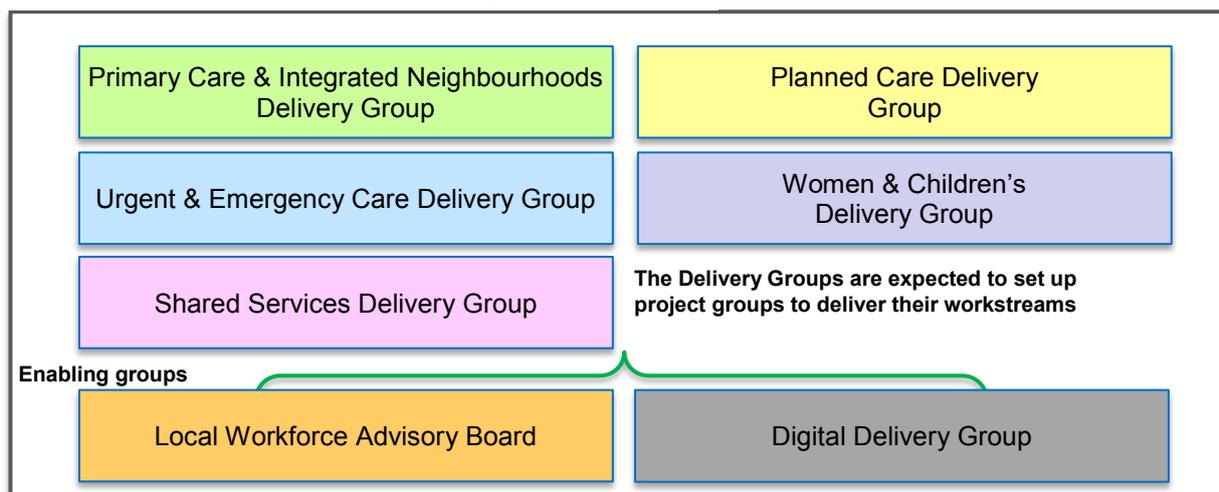
Priorities for change	10-point plan
<b>At home is best</b>	1. People powered health and wellbeing 2. Neighbourhood care hubs
<b>Safe and effective hospital care, when needed</b>	3. Responsive urgent and expert emergency care 4. Systematic and standardised care 5. Continued world-famous research and services
<b>We're only sustainable together</b>	6. Partnership working
<b>Supported delivery</b>	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

2.5 The STP also addresses the system-wide financial challenge of £504m over the next four years. It estimates the need to invest £43m to improve services over these four years, which increases the total system-wide financial challenge to £547m.

### 3.0 DELIVERING THE STP

3.1 Over the past few months, we have transitioned from STP development to implementation. We have put in place *Fit for the Future* (STP) programme arrangements, with a delivery governance structure to ensure effective implementation and this is illustrated at Annex 2, with an explanation of the purpose of each Group provided at Annex 3. At its core are seven Delivery Groups, each one responsible to Accountable Officers who are Chief Executive Officers from across the health and social care system, as set out below.

#### ***Fit for the Future* (STP) Delivery Groups**



3.2 The Delivery Groups cover clinical services, workforce and support 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. Membership includes clinicians from organisations across

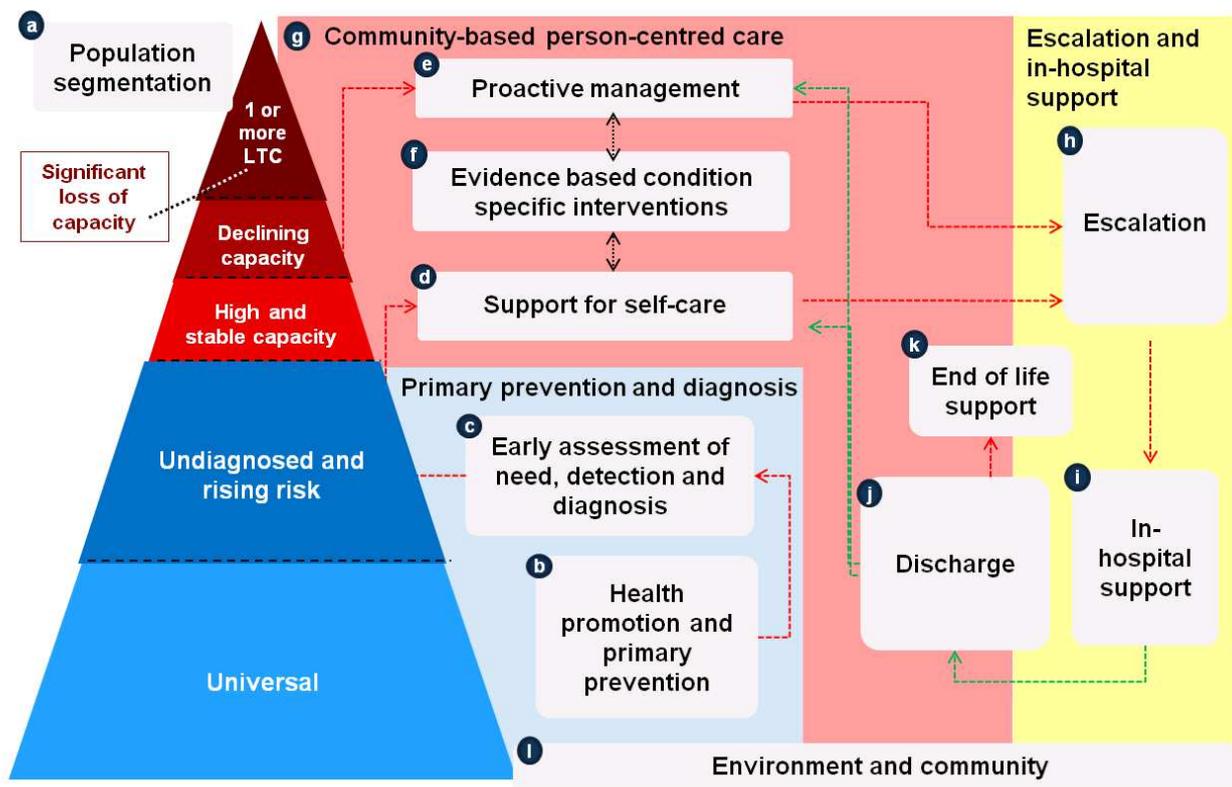
the system and we are currently ensuring that each Delivery Group has patient and public representation. Project groups have been established within each Delivery Group to take forward specific aspects of work and, again, these groups include clinical membership and will have patient and public representation.

#### 4.0 KEY ISSUES

4.1 This section summarises the focus for early implementation across the seven Delivery Groups within *Fit for the Future*.

#### 4.2 Primary Care and Integrated Neighbourhoods

4.2.1 The purpose of this Delivery Group is to implement integrated health and care neighbourhood teams providing proactive care stratified by different levels of need, as determined by peoples medical and psychosocial conditions, and as illustrated in the diagram below. We have brought together previously disparate work on healthy ageing, long-term conditions management, and mental health for the first time in this delivery programme.



4.2.2 Early implementation work is underway in a number of areas, including:

- ‘*Social Prescribing*’: This is where a healthcare professional can refer people to a link worker to co-design a non-clinical ‘social’ prescription. For example, an older single man experiencing loneliness and depression could receive a social prescription to an organisation such as Men’s Sheds Association (see <http://menssheds.org.uk/what-is-a-mens-shed/>);

- Stroke prevention: Improving atrial fibrillation identification and management to reduce the risk of Stroke and manage Cardio vascular disease;
- Community Diabetes: Establishing a transformational community based diabetes model bringing care out of the acute setting and providing a holistic local offering to diabetic patients;
- Proactive Case Management: The identification and management of a wider cohort of at-risk patients than are currently cared for to maintain people in the Community; and
- Community Respiratory services: The development of community respiratory clinics run by Community Respiratory Consultant and follow-up clinics run by dedicated community respiratory nurse.

### 4.3 Urgent and Emergency Care

4.3.1 This Delivery Group is seeking to manage demand for urgent and emergency care services which have seen significant increases over recent years resulting in clinical and financial challenges for the system. The increase in demand in Cambridgeshire & Peterborough is driven mainly by population growth and, in particular, by growth in the older frail population, as well as a lack of community based services to support vulnerable people.

4.3.2 The focus for early implementation is:

- Extended Joint Emergency Team (JET): The Health & Care Executive (HCE) (see diagram at Annex 2) has agreed to provide additional investment to recurrently fund an expansion of and enhancement to the current JET service to enable it to care for an increased cohort of vulnerable patients. This increased funding will be used mainly to recruit additional staffing;
- Stroke Early Supported Discharge (ESD): Funding has been approved by the HCE to allow the commissioning of an Integrated Community Neurorehabilitation and Early Supported Discharge Service. This will combine therapy and associated staff to support all patients on the neuro and stroke pathways ensuring equity of provision and economies of scale. The service will provide both intensive stroke discharge support for six weeks and home based neuro rehabilitation; and
- Mental Health Crisis First Response Service: Funding to continue the urgent & emergency mental health liaison services has been agreed by the HCE. The First Response Service provides a comprehensive crisis assessment pathway, covering all ages, and providing a genuine alternative to A&E. The current service has demonstrated that it can improve patient care and safety, as well as reduce A&E attendance, therefore providing savings for the urgent and emergency care system.

### 4.4 Planned Care

4.4.1 The focus for Planned Care is to define, design and implement shorter, faster, better and more cost effective pathways of care for patients needing planned (or sometimes known as

'elective') care. This involves looking at every stage of the patient 'journey' from GP referral, outpatient appointment, procedure to follow up, ensuring that we are making the most effective use of clinical and financial resources.

## 4.5 Women and Children

4.5.1 The Women, Children and Maternity Services STP Delivery Group is leading seven projects over the next five years to improve services and outcomes for women and children.

4.5.2 Early implementation work across these projects includes:

- Maternity network developments: The initial focus is on developing a networked model of maternity care across Cambridgeshire and Peterborough to ensure consistent, high quality care and outcomes. Developing a community perinatal mental health service (see below), reviewing clinical protocols for the transfer of pregnant women and focussing on services for unwell, new born babies are also initial priorities for this work programme;
- Perinatal mental health: A priority is to develop a business case to establish a specialist community perinatal mental health service. Whilst there are pockets of expertise in our localities, there is currently no dedicated community service and the benefits for mothers and babies of introducing an evidence-based service would be significant;
- Urgent care: An early priority for this group is to identify new pathways of care for conditions that are currently seen in A&E, for example, minor illnesses and accidents, which could be treated closer to home if appropriate services were available. More joined up and integrated pathways across community and hospital services would ensure safe and sustainable services are provided at the right time, in the right place, by the right practitioner;
- Specific disease pathways: Developing proactive asthma and continence pathways and care models is the focus of this work stream, with the aim of developing community based clinics and improving the tools and information available to children and families. This would enable children and young people with asthma to be treated closer to home where appropriate, reducing A&E attendances, whilst community continence clinics will enable more routine cases, currently seen in hospital outpatient clinics, to be seen in the community with earlier, more proactive intervention.;
- Mental health support for children: This work programme is seeking to transform emotional health and wellbeing services for children and young people, with an initial focus on the introduction of a Crisis Assessment Team for children and adolescents with mental health issues. We will also be seeking to implement, locally, the national I-Thrive framework; an integrated, person centred and needs led approach to delivering mental health services for children, young people and their families;
- 0-19 universal services: Developing an integrated Healthy Child Programme for 0 – 19 year olds which meets the needs of children and young people and their families is central to this work programme. Our aim is to improve access to services and ensure

equity of service provision across Cambridgeshire and Peterborough to ensure our children and young people are supported to have the very best start in life; and

- Specialist disability services: The focus of this group is to improve pathways for children who have a disability to ensure care and services are co-ordinated and that we are able to achieve positive outcomes for young people with disabilities supporting them to become independent adults.

## **4.6 Shared Services**

4.6.1 This Delivery Group is focussed on ensuring that we optimise the use of our resources, assets and potential. This includes, for example, making best use of NHS buildings and land, sharing 'back office' functions such as Human Resources, and streamlining our procurement and purchasing processes.

4.6.2 Key projects for early implementation include:

- Merger of Hinchingsbrooke Healthcare NHS Trust and Peterborough & Stamford Hospitals NHS Foundation Trust to enable shared service savings;
- Exploring back office consolidation across primary care at scale;
- Implementing a single approach to procurement; and
- Development and sign off of a strategic estate plans, (including potential for primary care co-location, including other public services like Citizens Advice)

## **4.7 Workforce**

4.7.1 Our new models of care will have significant implications for our workforce. In order to maximise the impact of the care models, the Local Workforce Action Board is working closely with clinical leads to ensure that workforce requirements can be met. Care models must take into account current workforce capacity and capability, and consider the change required to develop a workforce which is capable, competent, motivated, and supported to provide the best care for the population in future.

4.7.2 Key projects for early implementation include:

- Development of a system wide Workforce Investment Plan, with a commitment to investment priorities in relation to Apprenticeships (via LEVY), Pre-Registration, Continued Professional Development (CPD) and wider workforce transformation; and
- Linking to the supply improvement programme and design a tailored programme for primary care, linking to case load management trailblazers.

## 4.8 Digital Delivery

- 4.8.1 This Delivery Group is concerned with how best we can meet the opportunities and challenges of providing healthcare in a digital world by making best use of technology to support care, for example, tele-medicine, tele-monitoring, remote monitoring and paper free care delivery.
- 4.8.2 A key component of this work is the Cambridgeshire & Peterborough Local Digital Roadmap (LDR) which was published in January 2017 and which supports the delivery of the STP given the central role of digital technology.

## 5.0 IMPLICATIONS

- 5.1 If the Trusts and CCG meet their savings and efficiency plans, and all aspects of the STP are delivered, this will achieve the savings and efficiency target and produce a small NHS surplus by 2020/21.
- 5.2 Due to the high levels of acute hospital activity, and resulting deteriorating financial position in our system, we are looking at ways to accelerate the pace of change and focus early investment on the areas that will have greatest impact on reducing hospital activity levels.
- 5.3 Our priorities are to increase the amount of care delivered closer to home and to keep people well in their communities.
- 5.4 There are opportunities for patients, carers, and local people to be involved with the specific improvements we would like to make, and we will provide opportunities for staff and local people to help shape proposals for service change and to be involved with any formal consultation process. Please contact the team via email: [contact@fitforfuture.org.uk](mailto:contact@fitforfuture.org.uk)

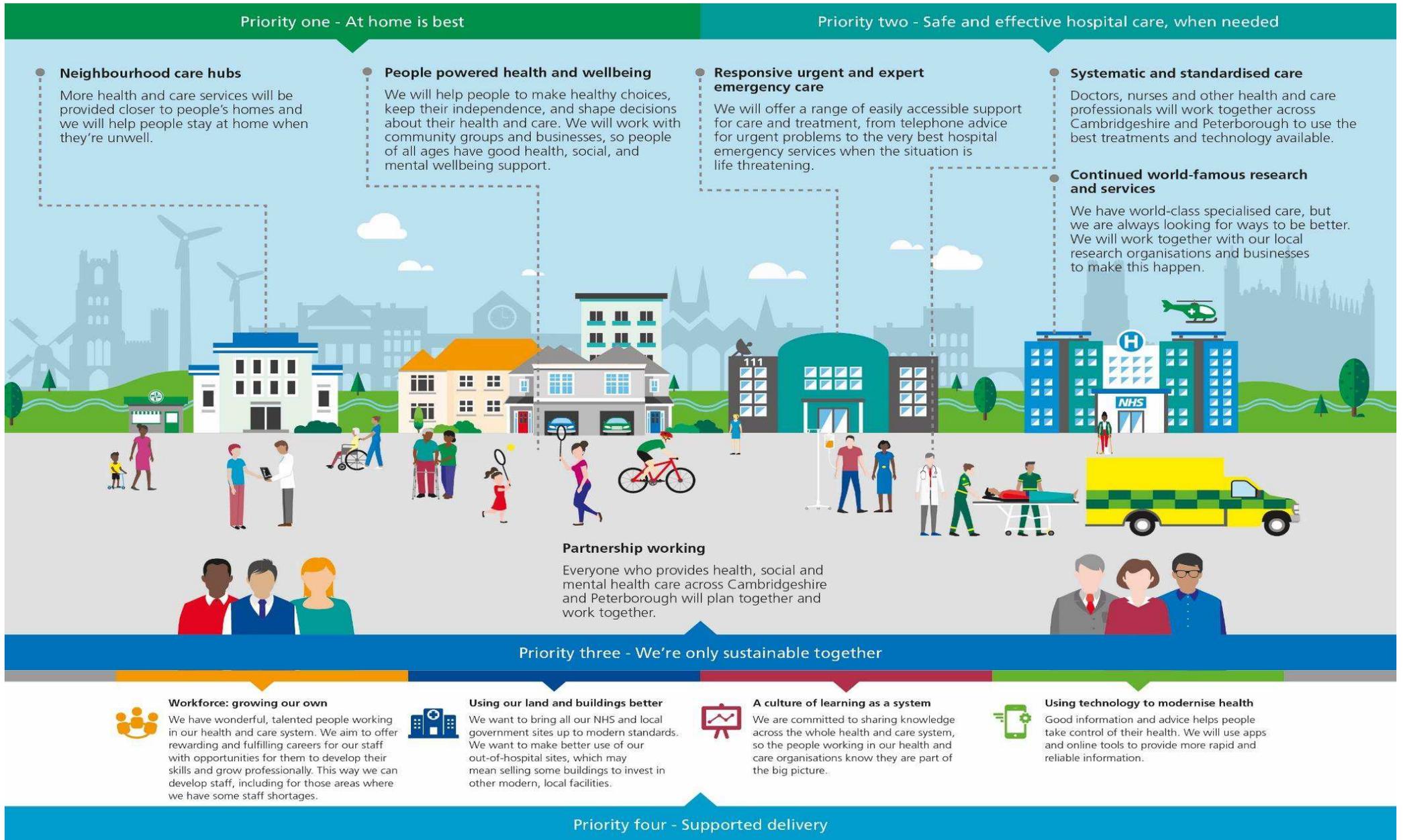
## 6.0 RECOMMENDATION/DECISION REQUIRED

- 6.1 The Health and Wellbeing Board is required to comment upon and note this update report.

## 7.0 SOURCE DOCUMENTS

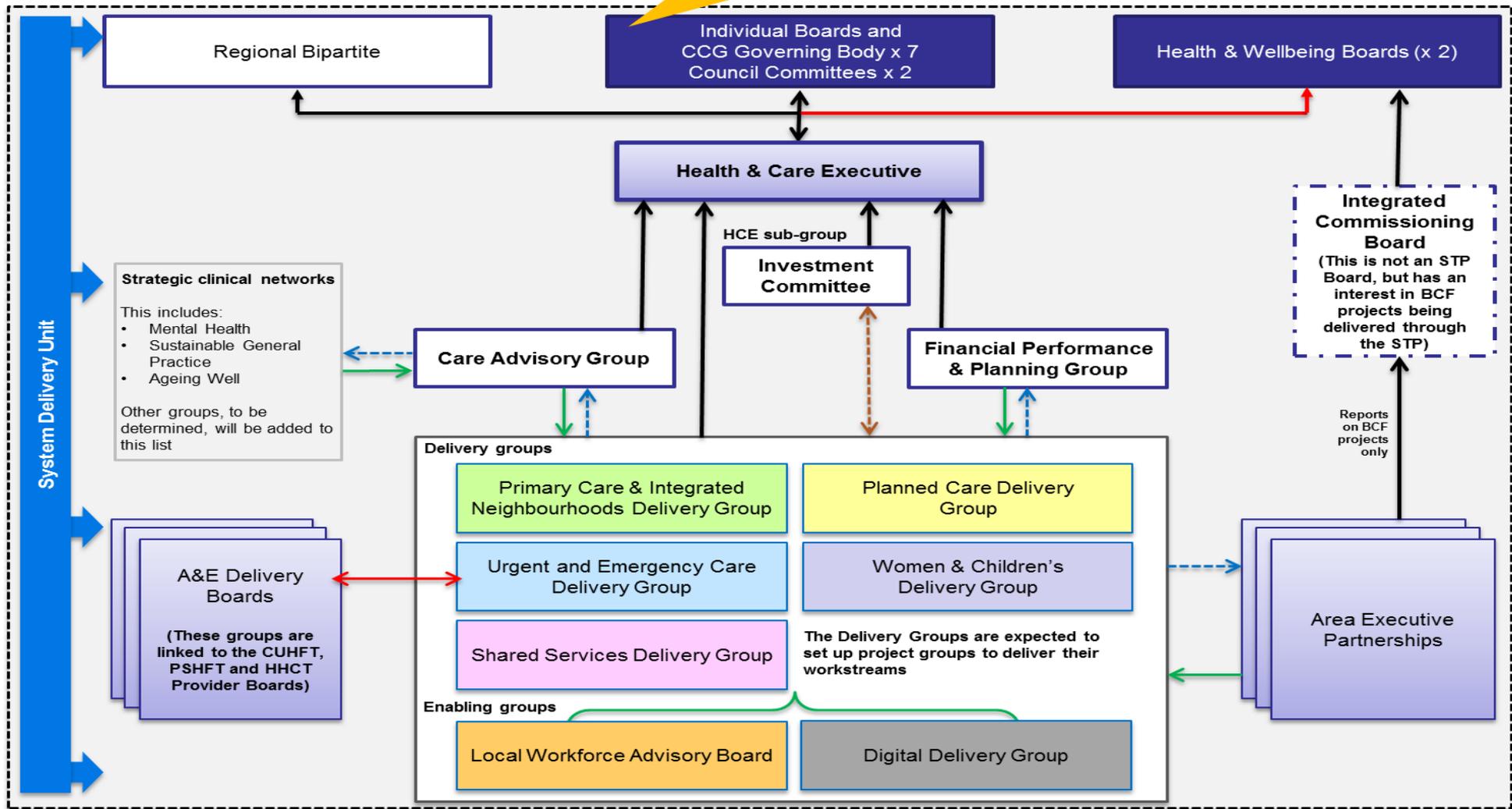
Source Documents	Location
<ul style="list-style-type: none"><li>Cambridgeshire and Peterborough Sustainability and Transformation Plan</li><li>Sustainability and Transformation Plan summary document</li><li>Frequently Asked Questions</li><li>Cambridgeshire and Peterborough Local Digital Roadmap</li></ul>	<p>All available at <a href="http://www.fitforfuture.org.uk/what-were-doing/publications/">www.fitforfuture.org.uk/what-were-doing/publications/</a></p> <p><a href="http://dev.speed.agency/fitforfuture/wp-content/uploads/2017/01/0064-PH-STP-DRM-Public.pdf">http://dev.speed.agency/fitforfuture/wp-content/uploads/2017/01/0064-PH-STP-DRM-Public.pdf</a></p>

# ANNEX 1: Cambridgeshire & Peterborough *Fit for the Future* Priorities



## ANNEX 2: *Fit for the Future* Delivery Governance Structure

Decision-making remains with each organisation until / unless authority delegated to HCE



### ANNEX 3: Purpose of each Group within the *Fit for the Future* Delivery Governance structure

#### 1. Health and Care Executive (HCE)

Organisations from across the system have agreed to work together, taking joint responsibility for improving the population’s health and wellbeing within a defined financial envelope. The Health and Care Executive (HCE) exists to provide strong, visible and collective leadership to this process.

The HCE’s main purpose is to commission and oversee a programme of work that will deliver the *Fit for the Future* priorities:

Priorities for change	10 point plan
<b>At home is best</b>	People powered health and wellbeing Neighbourhood care hubs
<b>Safe and effective hospital care, when needed</b>	Responsive urgent and expert emergency care Systematic and standardised care Continued world-famous research and services
<b>We’re only sustainable together</b>	Partnership working
<b>Supported delivery</b>	A culture of learning as a system Workforce: growing our own Using our land and buildings better Using technology to modernise health

#### 2. Care Advisory Group (CAG)

The main purpose of the Care Advisory Group (CAG) is to contribute to the overall delivery of *Fit for the Future* objectives by reviewing care model design proposals, horizon scan for innovations, ensure that there is a robust evidence base behind decisions, and making recommendations to the HCE. Expertise and opinion will be represented and sought from the public, from health and care providers and from clinical experts. The CAG will prioritise clinical issues to be considered by HCE and make recommendations for their consideration.

#### 3. Financial Performance and Planning Group (FPPG)

The main purpose of the FPPG is to contribute to the overall delivery of *Fit for the Future* objectives by promoting financial sustainability of health and care provision within the Cambridgeshire and Peterborough footprint.

The responsibilities of the FPPG are as follows:

- To ensure that proposals are affordable, efficient, and represent value for money;
- To ensure that investments reduce health inequalities;
- To ensure that financial incentives are aligned around minimising system costs; and
- To ensure that patient benefit is maximised.

#### 4. Investment Committee (IC)

Organisations from across the system have agreed to work together, taking joint responsibility for improving the population's health and wellbeing within a defined financial envelope. In order to deliver this aim, a number of organisations in the system have committed to the creation and funding of an investment pot to fund some of the initiatives necessary to deliver the required change. The main purpose of the Investment Committee is to assess and evaluate Business Cases submitted for funding from this investment pot and, where supported, to recommend to the HCE for approval.

#### 5. Delivery Groups

The structure includes the following Delivery Groups:

- Primary Care & Integrated Neighbourhoods;
- Urgent and Emergency Care;
- Planned Care;
- Women & Children's;
- Shared Services;
- Digital; and
- Local Workforce Advisory Board

The role of the Delivery Groups is to contribute to the overall delivery of *Fit for the Future* objectives by ensuring that the quality improvements and financial opportunities identified are realised. In particular, the delivery groups will be responsible for ensuring implementation (including savings realisation) of design projects, and delivery projects where implementation needs to happen consistently across the system.

#### 6. Local Workforce Advisory Board (LWAB)

Critical to the successful delivery of *Fit for the Future* is the creation of an enabling workforce strategy for health and care. The Cambridgeshire and Peterborough Local Workforce Advisory Board (LWAB) has been established to create this strategy which will align and develop the local workforce to meet the priorities set out in *Fit for the Future*. The LWAB brings together health and care organisations and key stakeholders across a broad range of workforce issues, current and future, and its purpose is to ensure that the people elements of the 5 year service strategy can be identified and delivered.

#### 7. Area Executive Partnerships (AEP)

Three Area Executive Partnerships have been established around the following areas: (1) Cambridge and Ely, (2) Huntingdon and Fenland and (3) Greater Peterborough. Their role is to contribute to the overall delivery of *Fit for the Future* objectives by providing strategic advice and local knowledge and expertise to the Delivery Groups within the structure. They have a key role to play in ensuring that the local context is factored into project design as well as a role to assist delivery by providing links to local groups, unblocking any issues related to the local context and helping the Delivery Groups to address local barriers to change.

Each Area Executive Partnership:

- works with local communities (residents, patient groups, voluntary sector) and staff (primary care, NHS and local authorities) and develops an understanding of how to build capacity for proactively keeping people independent, well, and at home;
- provides a vehicle for strong and visible front-line clinical leadership and resident/ patient involvement; and
- promotes a culture of continuous quality improvement.

## 8. A&E Delivery Boards

Each A&E Delivery Board's main purpose is to:

- ensure urgent care needs are dealt with in the most appropriate setting by the most appropriate services (which in many cases should not be in A&E departments or acute hospital beds);
- provide a vehicle for strong and visible front-line clinical leadership and resident/ patient involvement; and
- promote a culture of continuous quality improvement

The A&E Delivery Boards are expected to oversee improvement projects that require locality tailoring for successful implementation. The over-arching guiding principle is that 'the same things are done differently' rather than 'different things are done' across Cambridgeshire and Peterborough.