Agenda Item No. 8

SUSTAINABILITY AND TRANSFORMATION PROGRAMME UPDATE

To: Health and Wellbeing Board

Date: 26 May 2016

From: Catherine Pollard, Programme Director, NHS Improvement; Jessica Bawden, Director of Corporate Affairs, Cambridgeshire and Peterborough CCG

1.0 PURPOSE

1.1 To update the Board on the progress of the *Fit for the Future*, Sustainability and Transformation programme for the Cambridgeshire and Peterborough area, since the last report on 17 March 2016.

1.2 The work of the Fit for the Future programme supports the following JSNA priorities:
Priority 1: Ensure a positive start to life for children, young people and their families
Priority 2: Support older people to be independent, safe and well
Priority 3: Encourage healthy lifestyles and behaviours in all actions and activities while respecting people's personal choices
Priority 4: Create a safe environment and help to build strong communities, wellbeing and mental health
Priority 5: Create a sustainable environment in which communities can flourish
Priority 6: Work together effectively

2.0 BACKGROUND

2.1 Cambridgeshire and Peterborough has reinvigorated its system-wide work to develop a shared strategy for a sustainable health and care system by 2020. The first major output of this work will be the Sustainability and Transformation Plan submission to NHS England and NHS Improvement on 29 June. The Plan will set out how each organisation in the system will need to work differently, and increasingly as if a single entity, in order to return the system to financial balance. The system's Boards have a key role to play in guiding this process towards the best set of system solutions.

2.2 This work will now be carried forward by the Sustainability and Transformation programme, overseen by the Health and Care Executive, whose membership includes the Cambridgeshire and Peterborough local councils' Chief Executive, Gillian Beasley, their Director of Public Health, Dr Liz Robin and Chief Executives of local NHS organisations. A clear governance framework has been developed and incorporates feedback from council colleagues (see appendix A).

3.0 SUMMARY OF PROGRAMME DEVELOPMENTS SINCE LAST MEETING

3.1 Sustainability and Transformation interim NHS England 'Check Point' report submitted 14 April

All NHS organisations are required to contribute to the development of a local Sustainability and Transformation Plan. This is a place-based, multi-year plan built around the needs of local populations. The Cambridgeshire and Peterborough system submitted an interim 'Check Point' report on 14 April 2016. This set out:

- How we would work together as a system to develop and deliver our Plan
- Our major areas of focus, and the decisions we need to make as a system
- Key local priorities for transformation through the remainder of the process.

Initial feedback received following the submission of Cambridgeshire and Peterborough's Check Point report has been positive.

3.2 **Key Priorities described within the Plan** (as described in the April Check Point)

The Health and Care Executive have made progress in describing a shared local vision to meet the health and wellbeing, care and quality, and financial challenges we face. A number of interdependent themes have emerged that will maximise our local population's health and user experience within a fixed budget. The emergent themes under consideration that could address the c. £250 million financial gap we will face by 2020/21 are:

1. **Empowered People and Engaged Communities.** Most factors and activity which determine health happens outside of the NHS direct sphere of influence. We will look to implement our local Prevention Strategy, adopt best practice for supporting self-care (e.g. peer support, health coaching) and use new housing developments and Healthy New Towns to build communities that promote activity in young people, and prolong independent living for the elderly.

2. **Primary Care.** As much care as possible will be primary care led. To achieve this, our GPs will need to work more closely with neighbourhood teams, including nurses, therapists, psychiatrists, social workers and pharmacists, to manage proactively the care for those with long-term conditions, the dying, care home residents or mental health service users. Patients identified as in need of this intensive support will receive tailored care packages aligned with their personalised care and support needs.

3. **Community Care Hubs.** To better use our limited resources we need modern, family and frailty friendly facilities where GPs and community staff work side by side to deliver care to larger populations, perhaps 30-50k, over time replacing much of outpatient care. The hubs could provide direct access to local diagnostics and specialist advice so they can diagnose more patients without the need to refer on.

4. **Responsive Urgent and Expert Emergency Care.** Acute care is an important but costly resource, so we must make sure those patients in an acute bed really need to be there and that they wait the minimum time for the next step on their care plan to be completed. To make this happen, we need to better coordinate urgent care using GPs, NHS 111, Neighbourhood Teams, Care Homes, Mental Health workers and empowering those individuals with long term conditions and their carers to self manage with support

from a case manager. A hub could coordinate the clinical responses from out-of-hours GPs, the admissions avoidance team (JET), mental health crisis teams, overnight sitting services, community IV antibiotic services and "Hospital@Home" services.

5. **Systematic and standardised planned care.** Evidence tells us that standardised care is higher quality and lower cost. As such, we have asked our clinicians to work together to develop a single set of care and treatment protocols that they can all use as the basis of care, including:
    - **Referral thresholds.** We need one set of clinical standards and referral criteria for all elective care services.
    - **Clinical scale.** We need services that are clinically safe and supported through clinical networks' 24/7 standards. The emergency centres we maintain will need to meet the government's 7 day services standards and the standards set out in the Keogh review.

6. **Partnership working**. None of us can be sustainable if we act alone – our financial challenge is too great. Collaboration will include:
    - **General Practice @ scale**. Our general practices are exploring how federations or partnerships might support long-term viability.
    - **Back office**. Rationalising overheads and support services, starting with HR, then procurement, will maximise potential savings.

    This plan will be underpinned by 4 key enablers:
    - **Workforce** – a new offer to staff so that they benefit from the new care models by acquiring new skills, having more flexibility or new opportunities
    - **Estates** – a review of estates to ensure any benefits are maximised
    - **QI** – a single system-wide capability for Quality Intelligence (QI) which supports an iterative approach to design/implementation/evaluation
    - **Digital and Health Informatics –** adopting of new technology to support self-care, remote care, paperless care and population analytics.

3.3 Update on Workstream activity

All clinical working groups have met to identify short-term opportunities for implementation during 2016/17. These opportunities have been discussed by the Clinical Advisory Group (18 April 2016) and recommendations have been signed off by the Health and Care Executive. Priorities include the falls prevention pilot, making most effective use of services such as the Joint Emergency Team (JET), and offering a multi-disciplinary response to those people who attend A&E frequently, potentially including case management.

A clinical working group focused on Sustainable Primary Care is being established, with support from the LMC. Dr David Roberts has been confirmed as the Clinical Chair. The first task of the group is to identify immediate opportunities that benefit GPs, local people and the system – a local response to the issues set out in the General Practice Forward View.

Over the next month, the clinical working groups will finalise the clinical standards and evaluation criteria to enable them to rank the options they've developed, ready to the Health and Care Executive for submission of our proposed plan at the end of June. We will be further updating the Health and Wellbeing Board at a development session in June. From July we have planned early engagement with the public from July 2016.

3.4 **Programme Governance**

Initial drafts of a Sustainability and Transformation Programme Governance Framework have generated comments from the Health and Care Executive, Provider Chairs, Local Authority Leads and the CCG Governing Body – see appendix A for the current framework. The Framework describes Cambridgeshire County and Peterborough City Councils as partners in this work, committed to planning health and social care in an integrated way, while simultaneously recognising the role of local authority councillors in scrutinising proposals for NHS service changes. The role of District Councils regarding housing and local planning is also recognised, especially since there is so much building development locally.

3.5 **Communication and Engagement Activities**

Cambridgeshire & Peterborough System Leadership Event 16 May. This was an opportunity for system leaders to learn more about the work underpinning the STP, including ideas emerging from the working groups. The aim was to ensure shared understanding among the senior leaders of the changes to care delivery and support services required to return the Cambridgeshire and Peterborough system to balance.

Following the recent round of Public Involvement Assemblies in March 2016, we are establishing a series of **focus group activities** over the next few weeks. More details will follow on the themes being covered and how to get involved.

A programme of **staff engagement** is being established across the system using a range of media including staff briefings, newsletters and web-based platforms. There are approximately 25,000 staff employed across health and care in Cambridgeshire and Peterborough and it will be through changes they make to their daily practice that this programme will be turned from a set of good ideas into reality. Their support becomes increasingly essential as we approach implementation.

4.0 RECOMMENDATION/DECISION REQUIRED

4.1 The Board is asked to comment upon and note the progress made to date by the *Fit for the Future* programme.

Source Documents	**Location**
General Practice Forward View	https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf