NHS England

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NHS Improvement

Cambridgeshire & Peterborough

STP Review Meeting

27 July 2017

NHS Cambridgeshire and Peterborough Clinical Commissioning Group

Cambridgeshire and Peterborough NHS Foundation Trust

NHS Cambridgeshire Community Services NHS Trust

Cambridge University Hospitals NHS Foundation Trust

NHS North West Anglia NHS Foundation Trust

NHS Papworth Hospital NHS Foundation Trust

Cambridgeshire County Council

PETERBOROUGH CITY COUNCIL

East of England Ambulance Service NHS Trust

Confidential Draft: work in progress

Agenda

	Item
1.	**Capped Expenditure Process**
2.	**STP governance and infrastructure for delivery:** • STP Leadership • STP Governance • Infrastructure for Delivery
3.	**Programme Management Approach and Key Milestones**
4.	**Service Changes Proposed**
5.	**Practical Support NHSE can provide STPs**
6.	**Aligning oversight processes**
7.	**STP Engagement**

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Capped Expenditure Process - Update

Progress since 30 May Capped Expenditure Process Panel Meeting:

1. *Closing the operational planning and contracting gap*
   - Over the last month there has been focused engagement between CCG and Provider colleagues, including CEO escalation, to continue to work through the QIPP schemes and agree the most effective way to ensure and monitor delivery.
   - We have discussed at length the request of bipartite colleagues to implement:
     1. A set of aligned activity and financial plans between providers and commissioners
     2. Enact contract variations as appropriate to reflect the activity on a financial planning basis, i.e. financial plans to align to activity plans
   - All parties have repeatedly stated their desire to focus on the delivery of schemes and the desire for this to be monitored at a system level. However, the difference is whether this process sits outside of or is reflected in revised contracts and financial plans.
   - Collectively, there is a consensus we have sufficient transparency and cooperation between organisations to focus and monitor delivery without repeatedly revisiting the IAPs at this point in time but rather, to focus on delivery. Until the QIPP schemes start to impact and joint clinical work on £3m demand restriction is complete providers are not willing to amend IAPs.
   - Through this mechanism, the commitment is to collectively deliver a balanced financial plan and to support each organisation across the system to deliver their individual control totals. By the reviews at the HCE we will continue to develop our QIPP/ CIP to respond to variances and challenges through the year.
   - We remain committed to managing activity levels through the year within the expected financial envelopes.

2. *Implementation of additional initiatives to mitigate delivery risk*
   - *Details overleaf*

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Capped Expenditure Process - Update

Opportunities to close the STP Planning Gap	Value £m	Updated on progress since CEP Panel – 30 May
Additional benefits from expansion of the JET service	£0.7	• Significant ICW recruitment campaign launched through multiple avenues including secondments from EAST • Widespread GP engagement programme underway with focused education sessions and programme of visits to all practices by Sept • Recruitment of additional project resource to support delivery • Widened criteria to enhance range of conditions which JET can accept to increase impact
Extend waiting times to 12 week minimum wait	£0.6	• Speciality by speciality review of waiting lists to identify specific opportunities initially focused on areas with the highest opportunity, i.e. T&O. • The CCG has written to formally notify providers of the position with a start date of 1st Sept 2017
Opportunities in primary care prescribing	£1.9	• High Level implementation plans created. Self Care Plus list drafted and Local 'stop' prescribing list created. Implementation was discussed with the CCG Prescribing Leads at the MO Quality & Engagement Meetings in July. Proposals to be formally reviewed at the Joint Prescribing Group on the 26 July with CEC sign off on 8th August. Implement in full from Sept.
Implementation of a new multidisciplinary foot care service	£0.2	• Confirmation of national funding received. Implementation plan developed ahead of planned roll out in Q3
Vary NICE TAs where there are lower cost alternatives which we can implement without affecting patient outcomes – On hold	£0.7	• Still awaiting national feedback on this. Views of anti-coags complex and therefore will be difficult to implement - additional schemes will be pursued in meantime. Will not progress without national permissions
Restriction of referral and elective treatment thresholds for secondary care activity	£3.0	• Strong piece of clinical engagement/leadership supported by the systems' Medical Directors. Clinical leads and project support have been identified for MSK, Ophthalmology, Cardiology and ENT. Dates for initial meetings agreed per specialty in July / early August. 2nd phase of specialties in process of finalisation re: leads and dates in August. System finance colleagues have been engaged to undertake detailed review of national and local data to identify areas with greatest opportunity ahead of implementation in Q3. LMC engaged
Opportunities to improve the system position	**Value £m**	**Updated on progress since CEP Panel – 30 May**
Debt Restructure	£6.5 - £13.0	• The system, is aiming to gain agreement to convert all of its loans to equity in the form of PDC. The system will engage with NHSI in July in order to discuss the full detail of this proposal and advance the negotiations. It may then be necessary to take this to the Department of Health for their view and final agreement

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STP Leadership

Independent Chair

The current interim chair is Alex Gimson, following the recent departure of our previous Chair in April. The HCE and Chairs agreed to the appointment of an STP Independent Chair, however to ensure there is momentum a Chair with understanding of the local system and the strategic plan; and with the skills to ensure decisions are made for the benefit of the system overall, with the inclusion of all of the organisations boards – is what we are looking for.

The Chairs are each proposing non exec / lay members for secondment to the Chair role to fill the vacant position by September. A selection process will follow nominations.

Accountable Officer

The HCE and Chairs have agreed the STP AO responsibility remains with Tracy Dowling for the medium term.

Executive Programme Director

In order to ensure that the STP has sufficient day to day leadership of both the current delivery programme, and the transition route to an ACS, it was agreed to advertise the Executive Programme Director post externally as a full time executive level role. The closing date for the post was 16 July and we received twenty applications. Interviews were held on Monday 24 July and a verbal update on the outcome of the interviews will be provided at the meeting.

The leadership structures will be reviewed again in twelve months as part of the transition to an Accountable Care System, where there may be a need for additional/alternative roles to support the Accountable Care transition.

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STP AO Role

Organisation of 2 days per week time commitment

The Board of CPFT have approved the continuation of Tracy Dowling as AO for the STP. This is with the understanding that the commitment required is two days per week.

This will be organised as follows:

- 1 day - formal STP corporate business to include STP exec meeting with Chair, Programme Director, Clinical Lead, Finance Director and System Strategy Director; oversight of programme development, ACS development and STP OD.

- 1 day flexed across the week to be able to respond to requests for STP leads meetings, HCE, meetings with local authority partners, progression of work programmes critical to STP delivery, communications and engagement activities.

Many of the STP work programmes are delivered by CPFT, therefore there is significant overlap of agendas for strategic development. These will be the workstreams led at AO level by Tracy.

The STP has a well resourced SDU and with the appointment of a full time Programme Director to lead the team day to day will enable the STP AO to undertake both roles.

CPFT has a stable and experienced executive team, and associate directors so through effective delegation and a programme delivery approach in CPFT too – it should be possible to undertake both roles.

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STP Governance (1/2)

Our ambition: for the Cambridgeshire and Peterborough health and care system is to develop the beneficial behaviours of an **Accountable Care System** on the way to becoming a value-based system which is jointly accountable for improving our population's health and wellbeing, outcomes, and experiences, within a defined financial envelope.

Currently the STP has the following governance arrangements in place:

Health and Care Executive (HCE)

- A cross Health and Social Care Chief Executive group which meets monthly and currently acts akin to the STP Board as outlined in the recent Five Year Forward View Next Steps publication, with the exception that at present we do not have any Non Executive or lay members.
- It has recently been agreed that we will set up a new STP Board with Non Executive representation from each of the STP partners including Local Authority Members, to ensure Board and lay members are more directly involved in the work of the STP. In addition, we are also setting up a new STP Stakeholder Group which will include representation from partner's Council of Governors and equivalent members from CCG and Local Authorities. Further details on the STP Board on slide 8.

Memorandum of Understanding for partnership working:

- NHS partners have signed a Memorandum of Understanding (MOU).
- This sets out the behaviours we expect of each other and how we will work together, including formal strategic decision making arrangements, the sharing of budgets (e.g. STP investment pot) and our commitments around clinical and financial sustainable health and care services.
- Cambridgeshire County Council and Peterborough City Council have signed an appendix supporting partnership working.

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STP Governance (2/2)

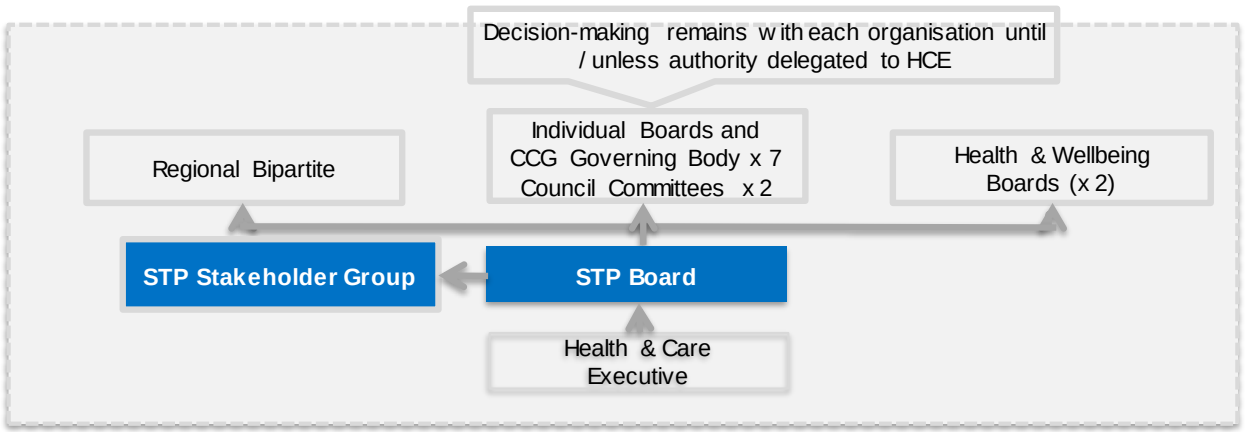
STP Board

There has been universal support from both the Chairs and Health & Care Executive for the formation of an STP Board which will have Non-Executive Director (NED) membership from across the system (nominated from existing pool of NEDs within provider boards and CCG governing body and appropriate representation from the LAs), all Chief Executives. Other key stakeholders are being considered such as EAHSN, GP provider representation/LMC and Healthwatch. The Board will be chaired by the substantive STP Independent Chair.

The first meeting will be in September with STP Board development taking place over the Summer with support from East of England Academic Health Science Network. The meetings will be held bimonthly and meet with HCE quarterly and the newly formed Stakeholder Group twice a year.

Stakeholder Group

Support from both the Chairs and Health & Care Executive for the formation of an STP Stakeholder Group which will Include nominated members from the provider's Council of Governors and appropriate representation from the CCG and LAs (such as Health and Wellbeing Boards), wider stakeholders including patient, carer and voluntary group representation and Staff Partnership Forum.



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Infrastructure for Delivery

- The STP has a system-wide delivery programme which is managed through five delivery work streams and two enabling work streams.

- Each work stream is led by a system CEO acting as Accountable Officer, supported by relevant system Executives/Directors as Senior Responsible Officers, together with dedicated clinical, finance, local authority colleagues (where relevant), HR, and project management resourced by the system, and assisted by a small co-ordinating STP team (the SDU).

- It should be noted that this structure supports the STP work programme, which is mostly focused on 'enabling' work streams that support the system partners achieve their performance standards and deliver the 'national asks' (e.g. expanding JET should support the acute providers achieve the relevant UEC standards).

- Where a 'national ask' is being delivered and monitored locally through individual organisations (e.g. CCG, providers), these are aligned to the STP work but not all are embedded within the relevant STP delivery group's work programme. e.g. the UEC delivery group is not responsible for all UEC actions, only those highlighted as such in the template.

- As a system we have architecture in place to underpin the programme management and reporting arrangements to help support delivery of the STP, which are outlined on slides 10-12.

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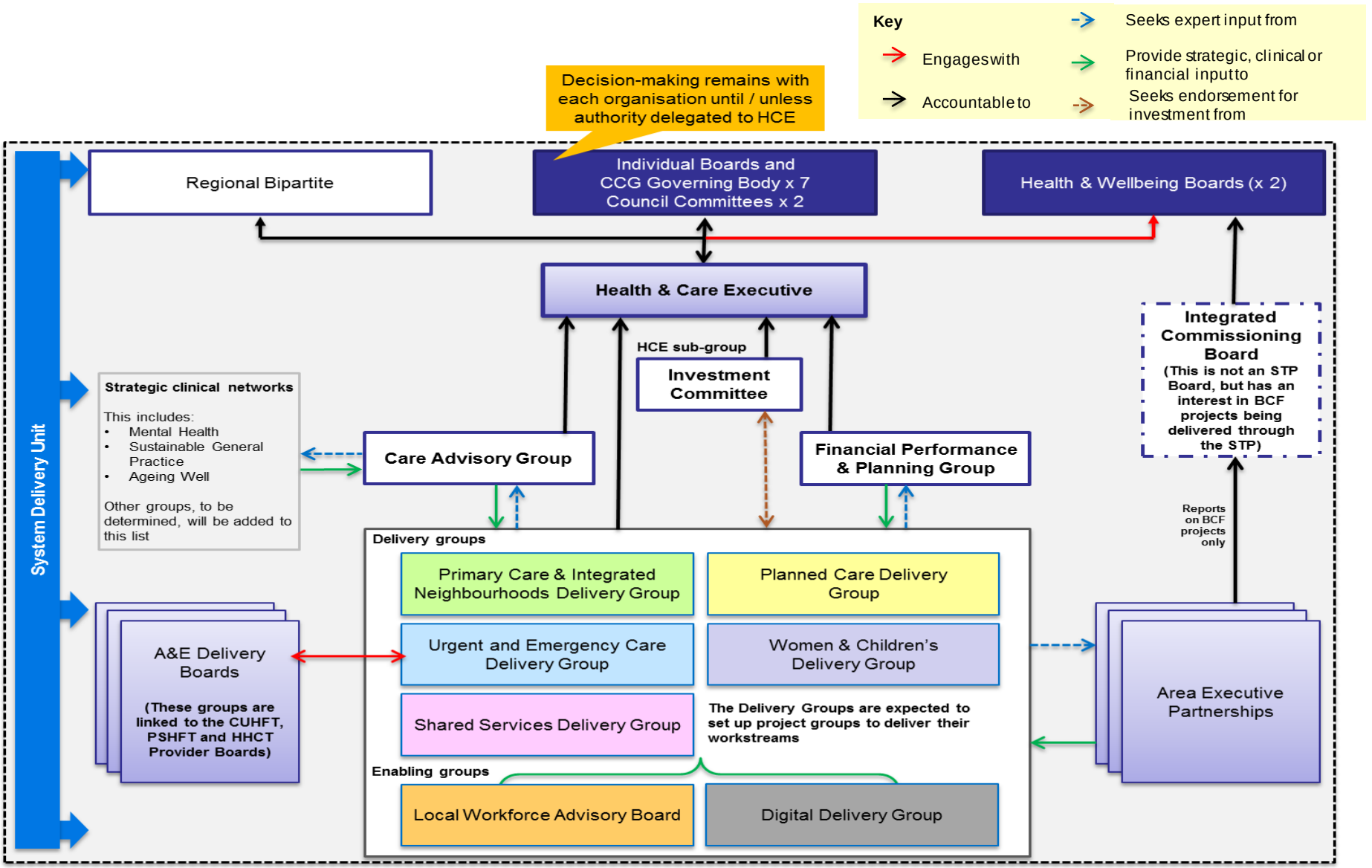
Infrastructure for Delivery: Organogram



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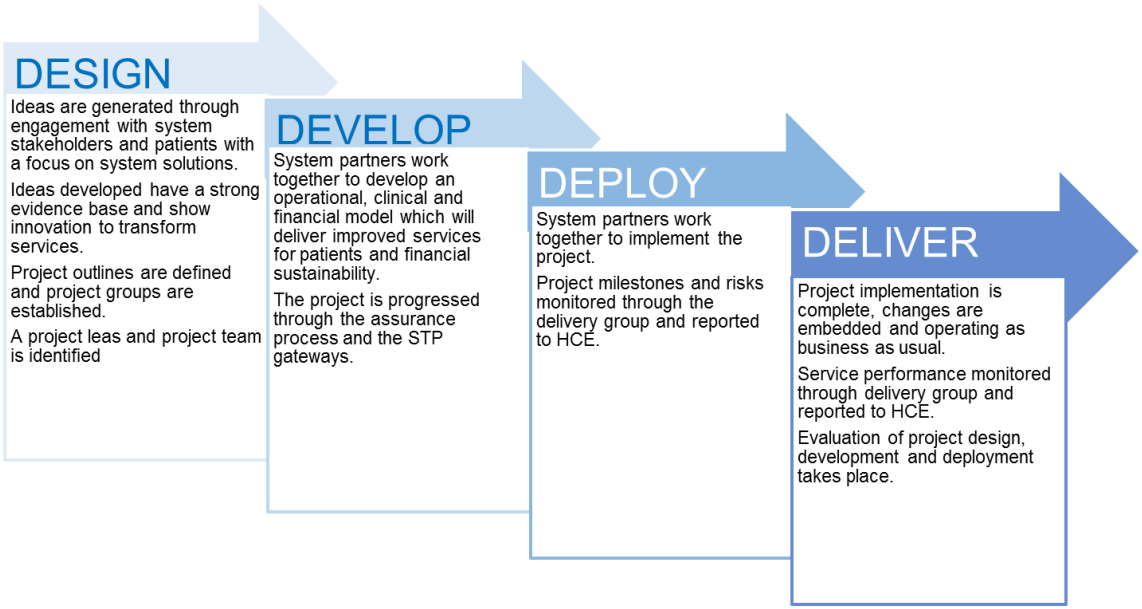
STP Programme Management Approach (1/2)

STP Programme Cycle

As the STP moves from planning into implementation and delivery it became apparent that we needed a clear and consistent structure to frame the various processes across the STP to reduce confusion and ensure appropriate accountability across the 'lifecycle' of the STP improvement projects.



To support this the SDU developed a suite of guidance documents and tools which will assist all parties understand at each stage in the improvement project's life (design, develop, deploy and deliver):

1. Their respective roles and responsibilities
2. The reporting requirements
3. The governance requirements
4. The comms and engagement requirements

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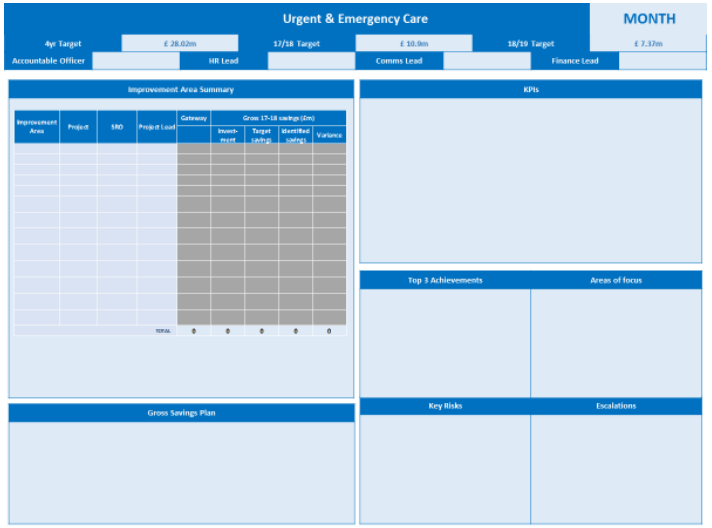
STP Programme Management Approach (2/2)

Health and Care Executive (HCE)

At the May HCE meeting we implemented a new monitoring and reporting framework which provides HCE with essentially a 'performance' report for the STP programme which includes a dashboard from each STP delivery group as well as a system wide KPIs report. These dashboards provide both finance and non financial performance information for the improvement projects (i.e. service change) under the responsibility of the delivery group.



STP Delivery Groups

Underneath HCE, each STP delivery group will receive a dashboard for each improvement project, in addition to the summary delivery group dashboard submitted to HCE. There are four types of improvement project dashboards, reflecting the different type of monitoring information required at design, develop, deploy and delivery stages. Dashboards are fed by PMO style workbooks which include project plans, actions, owners, milestones, risk registers, coms etc.

The SDU supports the system in the management of these dashboards.

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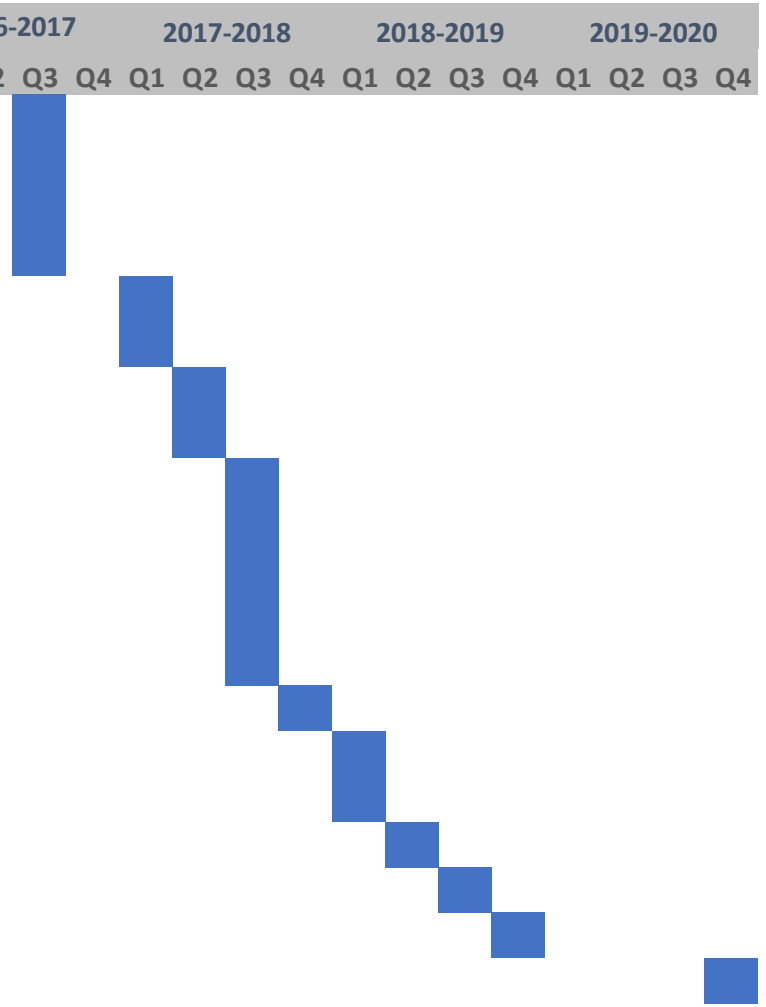
STP Programme Milestones

In addition to the monthly reporting arrangements we have a number of programme milestones

Milestone	Due Date	Status
Submit Cambridgeshire and Peterborough Sustainability and Transformation Plan	Oct-16	Complete
Create System Delivery Unit	Nov-16	Complete
Launch 2017-2018 STP Programme	Dec-16	Complete
Merger of PSHFT and HHCT	Apr-17	Complete
Submit of 2017-2018 Delivery Plan	Jun-17	Complete
Launch 2018-2019 STP Prioritisation	Jul-17	on track
Launch STP Board	Sep-17	on track
Launch STP Stakeholder Group	Oct-17	on track
Scope medium term ACS options	Oct-17	on track
Release public STP refresh document	Nov-17	on track
Implement STP evaluation process	Nov-17	on track
Develop 2018-2019 Delivery Plan	Dec-17	on track
Deliver 2017-2018 STP Programme	Mar-18	on track
New Papworth Hospital opening	Apr-18	on track
Submit 2018-2019 Delivery Plan	Apr-18	on track
Launch 2019-2020 priorities	Jul-18	on track
Develop 2019-2020 Delivery Plan	Dec-18	on track
Deliver 2018-2019 STP programme	Mar-19	on track
Deliver 2019-2020 STP programme	Mar-20	on track



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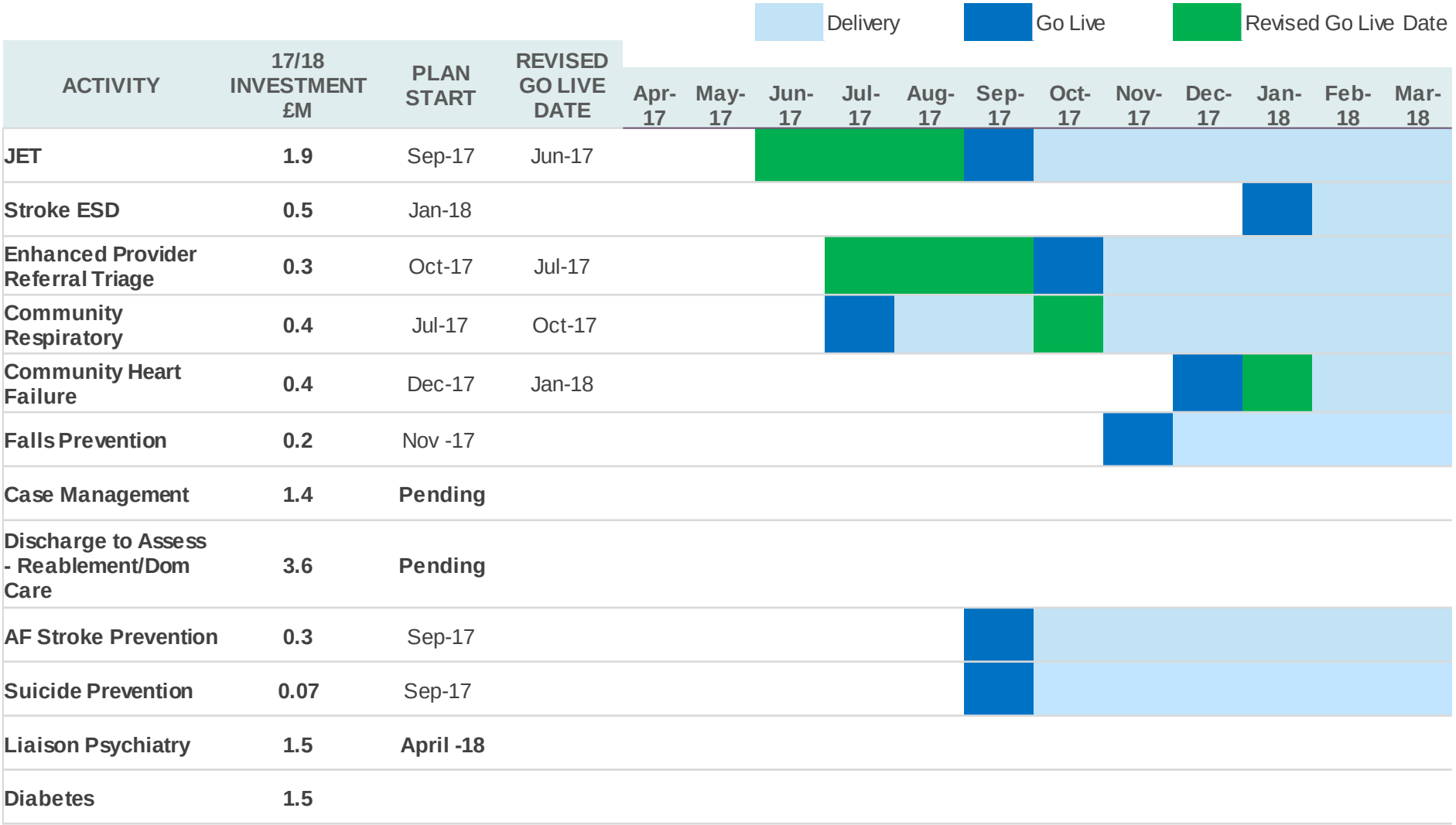
Approved Service Changes



ACTIVITY	17/18 INVESTMENT £M	PLAN START	REVISED GO LIVE DATE
JET	1.9	Sep-17	Jun-17
Stroke ESD	0.5	Jan-18	
Enhanced Provider Referral Triage	0.3	Oct-17	Jul-17
Community Respiratory	0.4	Jul-17	Oct-17
Community Heart Failure	0.4	Dec-17	Jan-18
Falls Prevention	0.2	Nov -17	
Case Management	1.4	**Pending**	
Discharge to Assess - Reablement/Dom Care	3.6	**Pending**	
AF Stroke Prevention	0.3	Sep-17	
Suicide Prevention	0.07	Sep-17	
Liaison Psychiatry	1.5	**April -18**	
Diabetes	1.5		

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Schemes in design/development for 2017-2018

Phase	Current Delivery Group	Project	Activity	Periods 2017-2018											
				Q1			Q2			Q3			Q4		
				Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Design	UEC	Regional Thrombectomy Service	Design regional Thrombectomy Service			■	■	■	■						
Design	UEC	High Impact Change Model	Baseline assessment against each of the 8 High Impact Change areas at each of the acute sites (PSHFT, CUHFT and HHT)				■	■	■						
Develop	UEC	High Impact Change Model	Phased and prioritised implementation of local High Impact Change plan							■	■	■			

Phase	Current Delivery Group	Project	Activity	Periods 2017-2018											
				Q1			Q2			Q3			Q4		
				Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Design	PCIN	End of Life Dashboard	Review End of Life Care				■	■	■						
Develop	PCIN	End of Life Dashboard	End of Life Care Dashboard Development												
Develop	PCIN	Social Prescribing	Develop Social Prescribing strategy				■	■	■						
Develop	PCIN	Primary Care LCS	Develop scheme to proactively manage patients with long term conditions within general practice	■	■	■	■	■	■						

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Schemes in design/development for 2017-2018

Phase	Current Delivery Group	Project	Activity	Periods 2017-2018											
				Q1			Q2			Q3			Q4		
				Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Design	Planned Care	Cardiology	Design improved clinical pathways and service changes for Cardiology	■	■	■									
Design	Planned Care	Pain	Design improved clinical pathways and service changes for Pain							■	■	■			
Design	Planned Care	Ophthalmology	Design improved clinical pathways and service changes for Ophthalmology				■	■	■						
Design	Planned Care	ENT	Design improved clinical pathways and service changes for ENT				■	■	■						
Design	Planned Care	MSK Orthopaedics	Design improved clinical pathways and service changes for MSK				■	■	■						

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Schemes in design/development for 2017-2018

Phase	Current Delivery Group	Project	Activity	Periods											
				2017-2018											
				Q1			Q2			Q3			Q4		
				Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Design	Planned Care	Cancer	Design local Cancer strategy		■	■	■								
Design	Planned Care	Cancer	Review Best Practice pathways (BPP) to reduce variation and inequalities across C&P (Focus on Urology, Upper GI and Lung – including impacts on tertiary centres(s))							■	■	■			
Design	Planned Care	Cancer	Develop and implement Inter Trust Transfer (ITT) Policy to reduce unnecessary delays in treatment / diagnostics							■	■	■			
Design	Planned Care	Cancer	Support Public Health England (PHE) to improve screening uptake for bowel, breast and cervical screening including: Finish assessment of local factors Support PHE in implementation of task and finish group recommendations Assess impact of bowel, breast and cervical screening pilots and implement accordingly										■	■	■
Develop	Planned Care	Cancer	MDC - agree next steps and develop business case (if revelant to C&P STP)												

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Schemes in design/development for 2017-2018

Phase	Current Delivery Group	Project	Activity	Periods											
				2017-2018											
				Q1			Q2			Q3			Q4		
				Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Design	Planned Care	Cancer	Expand access to the latest molecular diagnostics capability across England - Work with Specialised Commissioning to understand local impact and agree next steps for C&P												
Design	Planned Care	Cancer	Design cancer Risk Stratified follow up pathways (Breast, Prostate, Colorectal, Gynae and Haematology) and Recovery Package							■	■	■			
Design	Planned Care	Cancer	Design and agree funding for delivery of Transforming Community Cancer Care across C&P										■	■	■

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Schemes in design/development for 2017-2018

Phase	Current Delivery Group	Project	Activity	Periods											
				2017-2018											
				Q1			Q2			Q3			Q4		
				Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Design	CYPM	Asthma	Design Asthma education and support programme for paediatrics							■	■	■			
Design	CYPM	Perinatal Mental Health	Design and obtain funding for an integrated, system-wide Perinatal Mental Health service				■	■	■						
Design	CYPM	0-19 Universal Services	Re-design paediatric non-elective pathways										■	■	■
Design	CYPM	Continence	Design improved clinical pathways and service changes for Continence in paediatrics										■	■	■
Design	CYPM	Better Births	Design clinical pathways and service changes for in line with Better Births guidance for maternity										■	■	■

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Schemes in design/development for 2017-2018

Phase	Current Delivery Group	Project	Activity	Periods											
				2017-2018											
				Q1			Q2			Q3			Q4		
				Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	[illegible]-18	Mar-18
Develop	Digital		Development of Business Intelligence technology- Datalytics											
Develop	Digital		Widening Digital Participation of residents											
Develop	Digital		Expansion of Environmental Control Systems											
Develop	Digital		Develop Health Analytics strategy											
Develop	Digital		111 Symptom checker integration between symptom checker and MyHealth App.											
Develop	Digital		Develop plan for Implementing Digital Innovation Roadmap											
Deploy	Digital		Implement data sharing across health economy											
Deploy	Digital		Deployment of Child Protection Information System (CPIS)											

Milestones dependant on national funding confirmation

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Schemes in design/development for 2017-2018

Phase	Current Delivery Group	Project	Activity	Periods 2017-2018											
				Q1			Q2			Q3			Q4		
				Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Develop	LWAB	System OD plan	Develop System OD plan				■	■	■	■	■	■			
Develop	LWAB	Long Term workforce strategy	Develop long term workforce strategy										■	■	■
Develop	LWAB	Workforce Plan	Develop system workforce plan to support implementation of service changes approved to date funded by the System Investment Fund.	■	■	■	■	■	■						
Develop	LWAB	Agency, sickness and turnover	Develop system plan to reduce agency, sickness and turnover										■	■	■

Phase	Current Delivery Group	Project	Activity	Periods 2017-2018											
				Q1			Q2			Q3			Q4		
				Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Develop	Shared Services	Procurement	Identify procurement opportunities to reduce costs to align with peers.				■	■	■						
Develop	Shared Services	Back Office	Develop back office strategy to reduce costs to align with peers.				■	■	■						
Develop	Shared Services	Clinical Support Services	Identify clinical support services opportunities to reduce overall cost to the system.							■	■	■			
Develop	Shared Services	Estates	Develop Estates management strategy				■	■	■						

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Practical Support NHSE can provide STPs

We would welcome the following practical support to progress the STP;

- Subject matter experts and resource to support key enabling work streams, specifically workforce and digital.
- Clarification of reporting requirements at STP level and an articulation of how this overlaps with organisational reporting requirements, for example, Urgent Care deliverables.
- Support in securing capital monies in the next phase following recent announcement on national allocations

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Aligning oversight processes

Our vision is to have a streamlined reporting process that provides clarity and assurance to national partners over delivery of national priorities.
We propose two options to achieve this;

Option 1:
Full system wide reporting:

One system wide reporting process for all national priorities, for example UEC, Cancer, GPFV, coordinated by the SDU.

Option 2:
Aligned STP and organisational reporting:

Agreement on what is organisational versus system reporting requirements, for example STP to report on UEC, CCG to report on GPFV.

The benefits of a streamlined reporting process include;

- Removes duplication
- Creates capacity to support delivery
- Provides a consistent message
- Provides a consistent point of contact for colleagues within the system and nationally
- Aligns national reporting requirements to STP programme delivery

We would welcome a discussion and are happy to work with you to develop either

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STP Engagement

MP engagement

- No significant MP concerns currently
- HCE met with County MPs in January 2017 to provide STP briefing and raise specific issues e.g. system funding. Follow-up meeting agreed, at that time, however planning affected by June election. Currently being planned.
- AO continues to meet with specific MPs regarding specific issues e.g. MIU, CEP

Local Authority engagement

- Strong and on-going engagement with both politicians and officers at Social Services LA's and District Councils with systems in place to pro-actively manage engagement
- Regular formal (public session) and informal STP briefings to OSC and HWB of both Social Services LA's including bespoke briefings on specific areas of political interest e.g. Workforce, Primary Care and engagement
- AO attends CPSB CEOs meeting which focusses on priorities of combined Authority
- HCE and Cambridgeshire Public Services Board (SSLA's/DC, Fire, Police) meetings quarterly with jointly agreed priorities
- STP Board being established and will include LA politicians to strengthen accountability

General

- STP-wide Communications & Engagement Plan in place across all partners incorporating pro-active engagement with politicians, LAs, etc.
- 'Comms cell', incorporating all partners, jointly agree and manage messaging
- Media management protocol in place to manage STP interest/enquiries. Statements/releases pro-actively prepared regarding key STP issues e.g. progress assessment.
- Ongoing and pro-active engagement with key stakeholders and partners including HWBs, OSCs, District councils, partner boards, FT council of members, patient groups, voluntary sector, Healthwatch.
- Policy of active patient involvement in delivery programmes as well as comms & engagement plans for all 'live' improvement projects.