

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

To: Health and Wellbeing Board

Date: 15 January 2015

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

1.0 PURPOSE

1.1 Cambridgeshire and Peterborough Health and Care System Transformation Programme presented information previously, 2 October 2014. This paper gives an update on the ongoing development of the System Transformation Programme and includes sections on:

- Strategic aims and values of the programme
- Programme governance
- Programme structure
- Analytical work

2.0 BACKGROUND

2.1 Strategic aims and values

2.1.1 The strategic planning process

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) has developed, in conjunction with providers, partners and patients, a document that aims to understand today and design the future local health system. The latest version of this is available at <http://www.cambridgeshireandpeterboroughccg.nhs.uk/five-year-plan.htm>

There are four phases of plan development and implementation (see appendix 1). We are currently in Phase 2. This phase is a phase for designing and proposing ideas and goes until June 2015. This phase includes:

- Engagement with stakeholders and co-designing potential ideas
- Deciding a range of potential ideas for changing pathways and structures for delivery
- Modelling the impact of these potential ideas
- Preparing for further engagement and then public consultation on the range of potential ideas

2.1.2 Strategic aims and values of the programme:

The strategic aims and values of the programme are unchanged and are:

- 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 Programme governance

2.2.1 System Transformation Programme Board

The programme is overseen by the System Transformation Programme Board. This Board consists of patient representatives, Directors of Adult Social Services, the Chief Executive Officers from providers in the health economy and NHS England. It is chaired by the Cambridgeshire and Peterborough CCG Accountable Officer and the Vice-Chair is the NHS England Area Team Director.

The Board last met on 10 November 2014.

This meeting considered the analytical work (see section 2.4 below) and the recently published “Five Year Forward View” from NHS England (see reference below). This document explains why the NHS needs to change, the importance of prevention proposes new models of care delivery.

The Board requested further work scoping work to consider how these models might be applied to the Cambridgeshire and Peterborough health care system.

At this meeting the Board also considered the request from Cambridgeshire Health and Wellbeing Board for political observers to attend the System Transformation Programme Board. The Board noted the duty of health commissioners to consult with Health and Wellbeing Boards on commissioning plans. It also noted that several members of the Health and Wellbeing Boards are also members of the System Transformation Programme Board. Rather than political observers being present the System Transformation Programme Board would like to inform the Cambridgeshire and Peterborough Health and Wellbeing Board of its work through regular update meetings where elected members could contribute to the discussion

The Board will meet again for an away half day on 4 December 2014 to consider the development of the baseline projections, modelling and development of the impact assessment methodology.

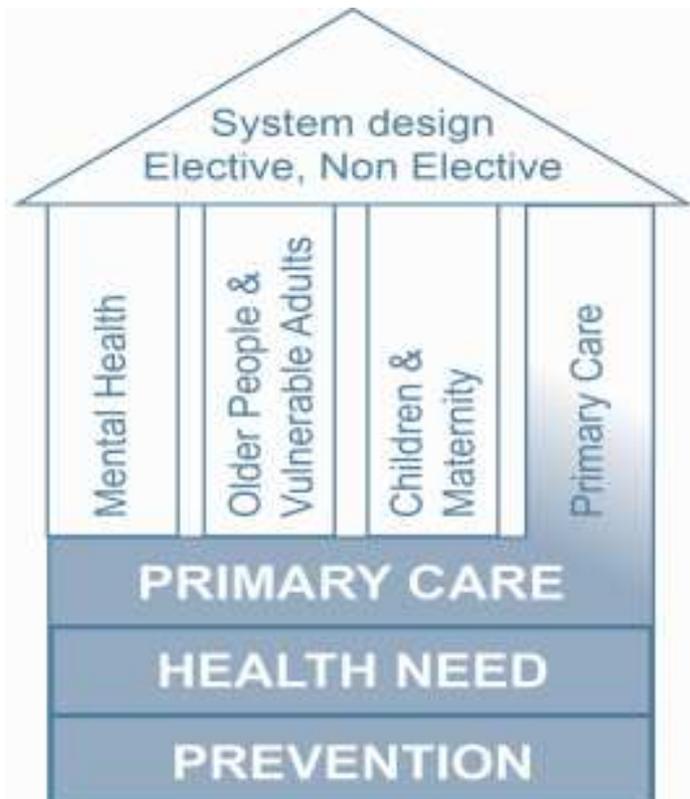
2.2.2 The National Partners Group

This group is chaired by NHS England and has on it representatives from Cambridgeshire and Peterborough CCG, Monitor and the Trust Development Authority. It exists to provide oversight of the programme on behalf of the National Partners and to enable the regulators to advise the programme as it develops.

The group last met on 20 October 2014 and will meet again in December 2014

2.3 Programme structure

The structure of the system transformation programme is shown in the diagram below.



The structure of the programme remains largely the same since the last update:

- System design will consider primary care, community services and acute services. For phase 2 it incorporates elective and non elective care
- The main pillars are the clinical workstreams; these inform the system design work. Each clinical workstream takes account of health need as articulated in the Joint Strategic Needs Assessments (JSNAs) for Cambridgeshire and Peterborough
- Prevention is fundamental to the programme and is built into each workstream, rather than being a separate workstream

2.4 Analytical work: generating information for engagement and discussion

A diagram showing the analytical work being undertaken in this part of phase 2 is shown in appendix 2.

- In essence, a cross section of activity across the health economy has been built up that is projected forwards by demographic growth. An additional increase for “acuity”, in other words the level of severity of illness, will also be applied. This gives a forecast of activity over the next five years.
- This activity forecast can be converted into costs.
- Various “ideas” or “scenarios” can then be applied to this forecast to see how they impact on activity and cost.
- The output of the “idea” or “scenario” can then be impact assessed. Impact assessment dimensions and criteria have not yet been finalised, but the initial impact assessment domains are shown in appendix 2. The impacts on health will be assessed at this stage and are included in the quality domain.

It is important to note that the analytical work is generating information for engagement and discussion.

It is not the decision making process.

This analytical work is complicated. It has been attempted in our system before by external consultants who did not manage to achieve an output. However without this analytical work change will be harder to enact as there will be no quantified estimates of the impact of possible ideas for the various commissioner and provider businesses in the health economy. A significant amount of time of the senior people working on the programme resource is therefore dedicated to this work.

The System Transformation Programme is working with the Uniting Care Partnership to apply the forward forecasts the activity projections that are expected as a result of implementing the Older Peoples and Adult Community Services Procurement.

The analytical work is being informed by and will, in turn, be fed back to the clinical workstreams throughout phase 2.

3 RECOMMENDATIONS

The purpose of the item is to provide information, and to raise awareness, to the Health and Wellbeing Board about the Five Year Planning process.

Health and Wellbeing Board members are asked to discuss the progress of the programme to date and to make comments.

SOURCE DOCUMENTS

Source Documents	Location
<ul style="list-style-type: none">Cambridgeshire and Peterborough health system Blueprint 2014/15 to 2018/19: Main text	http://www.cambridgeshireandpeterboroughccg.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.cambridgeshireandpeterboroughccg.nhs.uk/five-year-plan.htm
<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

Author

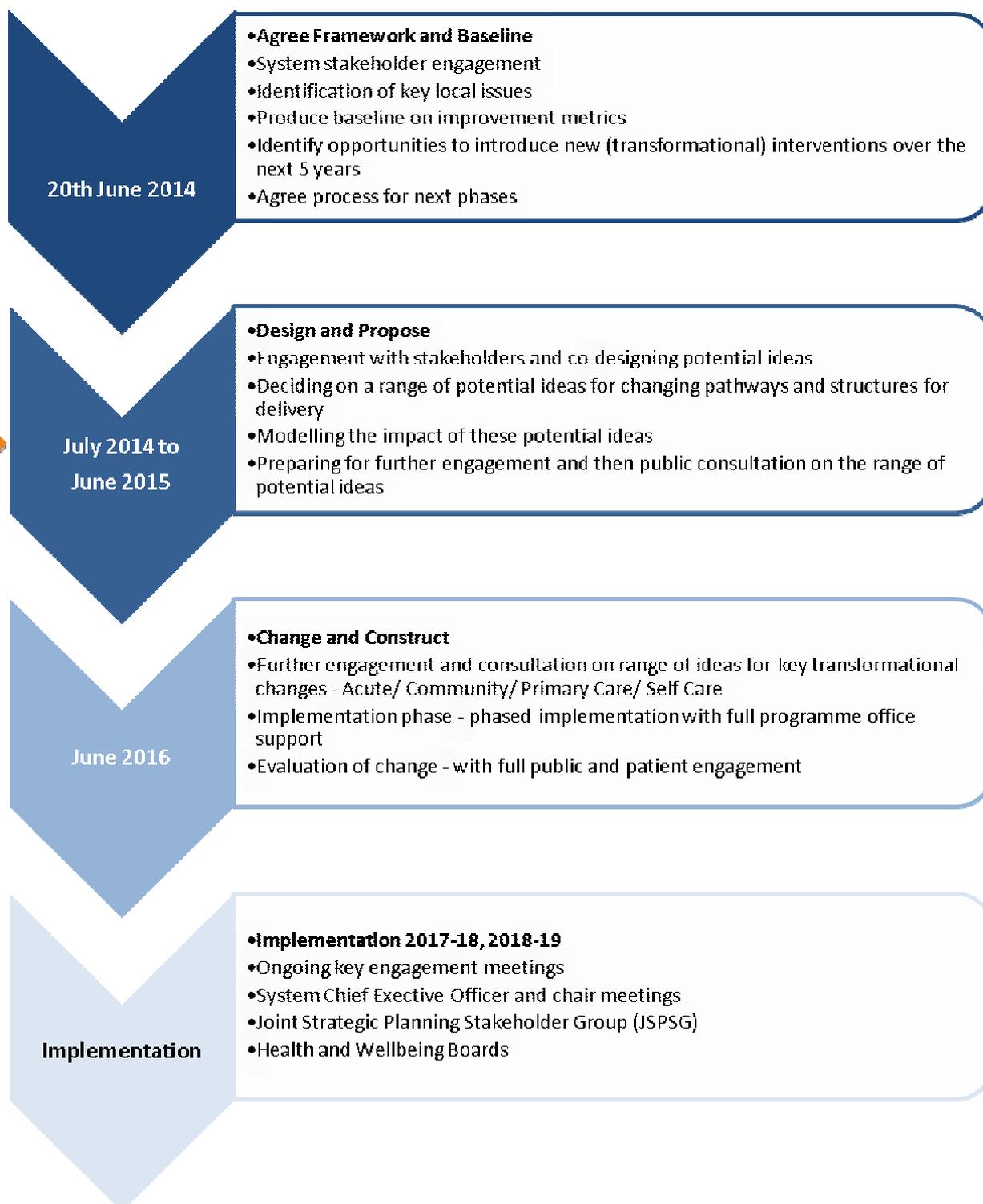
Dr Fiona Head

Programme Director

Cambridgeshire and Peterborough System Transformation Programme

25 November 2014

Appendix 1: Phases of work



Appendix 2: Analytical Work

Activity & Demand profiling/modelling - Approach



Impact Assessment Domains

