To:	**Health and Wellbeing Board**
Meeting Date:	**01 February 2018**
From:	**Sustainability & Transformation Plan (STP) Update Report**

Presented By:

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Recommendation:	**The Health and Wellbeing Board is asked to note this update report**

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1. PURPOSE

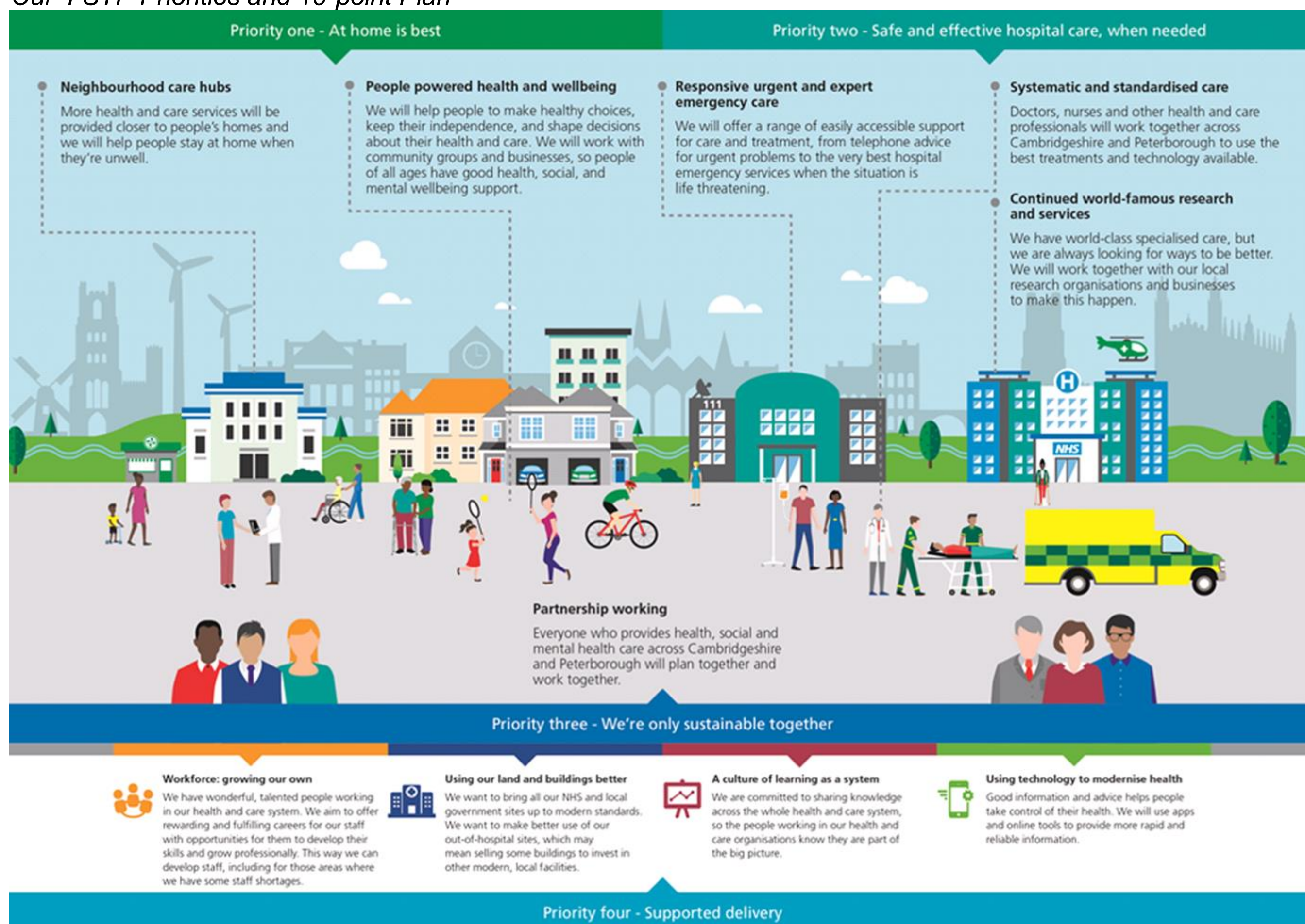
1.1 The purpose of this report is to meet the request from the Health & Wellbeing Board for an update on the Sustainability & Transformation Plan.

2. BACKGROUND

2.1 The local health system in Cambridgeshire & Peterborough agreed a single Sustainability and Transformation Partnership (STP) plan for 2016 – 2021, which was approved by NHS England (NHSE) and NHS Improvement (NHSI) and was published in October 2016.

2.2 The STP set out an ambitious 10-point plan around four priorities for change (See Infographic Below): At home is best; safe and effective hospital care, when needed; we're only sustainable together; and supported delivery. This paper summarises the progress made to date in seeking to achieve these four priorities as well as outlining what's ahead for 2018.

Our 4 STP Priorities and 10-point Plan



2.3 NHSE published the *Next Steps on the NHS Five Year Forward* View in March 2017, which reviewed the progress made since the launch of the NHS Five Year Forward View in October 2014 and set out a series of practical and realistic steps for the NHS to deliver a better, more joined-up and more responsive NHS in England. The Next Steps document outlined that, from April 2017, all NHS organisations must form Sustainability and Transformation Partnerships and establish an STP Board drawn from constituent organisations, including appropriate non-executive, general practice, and local government participation. This paper outlines the revised governance arrangements that are currently being approved by the partner NHS organisations and the Board is asked to note these revised arrangements.

3. PROGRESS MADE IN THE FIRST YEAR OF THE STP

3.1 Priority 1: At home is best

3.1.1 Through the Primary Care and Integrated Neighbourhood (PCIN) Delivery Group, we have focussed on universal adoption of evidenced based practice for people with long-term conditions, including people with mental health needs. This has led to the investment of £1m in respiratory, stroke prevention and falls prevention services. We have also been awarded £1.9m diabetes funding from the national bids.

3.1.2 As a specific example, a Suicide Prevention service went live in December 2017, which is aimed at reducing the likelihood of suicides through providing GP training and the appointment of a bereavement officer to support those who have been affected by the suicide of a loved one, as these are at greater risk of suicide. It is expected that both aspects of this service will utilise existing services such as PRISM (enhanced primary care service for people with mental health problems) to ensure the right support is being accessed by those who need it. Scoping has also begun on the current wraparound services with a view to establishing peer support groups.

3.2 Priority 2: Safe and effective hospital care, when needed

3.2.1 The focus in 2017/18 has been on addressing avoidable hospital admissions and reducing length of stay in hospital by creating more community based services and capacity to care for people in more appropriate settings. This work is being driven mainly through the Urgent & Emergency Care (UEC) Delivery Group.

3.2.2 We have invested £2m to expand our Joint Emergency Team (JET) with more than 70 additional staff and, as of the end of December, almost 50 job offers have been made with approximately 20 new staff in post. The latest audit on JET utilisation confirmed that admission avoidance has increased from 42% (July to September 2017), to 54% in October 2017.

3.2.3 The Discharge to Assess service was established and focusses on people in hospital who are at a point where care and assessment can safely be continued in a non-hospital setting and they do not require an acute hospital bed, but may still require care services. The principle is to provide short term, funded support for patients so they can be discharged to their own home (where appropriate) or another community setting. Assessment for longer-term care and support needs is then undertaken in the most appropriate setting and at the right time for the person. To deliver Discharge to Asses, we are investing over £4.8m in 2017/18 to recruit 155 additional posts (mainly Integrated Care Workers) and the creation of a single point of coordination.

3.2.4 We are investing £0.7m to establish a Stroke Early Supported Discharge (ESD) service which has, from January 2018, started to provide both intensive stroke discharge support and home-based neuro rehabilitation. The operational model will result in therapy staff rotating between hospitals, the community based neuro rehabilitation teams and the stroke ESD team. This will result in an enhanced and multidisciplinary team with better joint working and communication across the patient pathway. We are currently recruiting to 35 additional posts to provide this service, which goes live in the south of the county this month (January 2018) and in the north of the county in the spring.

3.2.5 The Care Advisory Group (CAG) has also endorsed clinical strategies on Cardiology, Cancer, Asthma and Musculoskeletal. These strategies are now being turned into Business Cases, in preparation for a phased implementation. Seven additional triage models have gone live so far this year across the system and a business case to support cancer patients in the community, reduce unnecessary admissions to hospital and improve patient care and experience was approved.

3.3 Priority 3: We're only sustainable together

3.3.1 In November 2016, the system created a System Delivery Unit (SDU), which currently comprises of approximately 22 staff to oversee and support delivery of the STP. The SDU launched an STP Programme Cycle in June 2017, which provided a clear and consistent structure to frame the various processes across the STP to ensure appropriate accountability across the 'lifecycle' of the STP improvement projects.

3.3.2 In early 2017, we moved from the planning phase to the delivery phase of the STP. We put in place STP programme arrangements, with a delivery governance structure to ensure effective implementation. Both our governance and working structures includes clinicians and other front-line staff from system partners as well as patient and public representation. To ensure all transformation is consistently clinically led, we are establishing Clinical Communities to lead priority areas for service redesign, including Ageing Well, Cardiology and Respiratory. Each community has a clinical chair and membership from across the clinical pathway (including primary care and patients).

3.3.3 To meet the requirements of the *Next Steps on the NHS Five Year Forward View*, we established, in shadow form, an STP Board in August 2017, made up of NHS system Chairs and Chief Executives, as well as social services local authority colleagues. The system governance arrangements and documentation have, therefore, needed to be reviewed and revised to ensure that the STP Board is reflected as well as the necessary changes to the structures for delivering the STP. The STP Board endorsed a revised Memorandum of Understanding and Governance Framework on the 30 November 2017 and these are attached at Appendix 1 and 2.

3.3.4 The Health & Wellbeing Board is asked to note that, although the Memorandum of understanding has been updated, there has been no change to the appendix containing Local Authority signup.

3.4 Priority 4: Supported delivery

3.4.1 We face a number of challenges to make sure we have the right numbers of the right staff in the right care location. To address these challenges, we have developed a system-wide five-year workforce strategy.

3.4.2 We continue to recruit to a range of new county-wide jobs to enable us to deliver our new and expanded community based patient services (see 3.1 and 3.2 above), and meet our staffing needs. Our recent recruitment successes to system-wide services include:

- Falls prevention services have 4 new staff.
- Heart failure services have made 8 job offers.
- Diabetes services have made 18 job offers.
- 392 apprentices have been recruited in 2016/17, and we have a target to recruit a

further 550 apprentices in 2017/18.

3.4.3 We have not made as much progress as we would have liked on working together to realise the potential digital technology offers us, and to overcome information sharing barriers that could improve patient care and experience. To address this, we have recruited a Technology & Information Advisor to lead the system-wide digital agenda, together with a newly appointed clinical lead for digital. We have also re-established a Digital Delivery Group comprising all the system partners and who's role is to drive the digital agenda. This group will meet for the first time in February 2018.

4. LOOKING AHEAD TO 2018

4.1 Over the past year, the system has made significant progress in establishing infrastructure for system working, strengthening relationships for working across organisational boundaries and making investments collectively in out-of-hospital care. While this work has yet to lead to the required reductions in demand for urgent care services and improvement in our financial situation, the STP Board has confirmed their commitment to continuing to adopt the beneficial behaviours of an accountable care system. With the encouragement of NHS England and NHS Improvement, we will continue to evolve how we deliver transformation through working in partnership. This also aligns to the Health & Wellbeing Board's Strategic Priority for 2018-2021 to *work better together and promote integration*.

4.2 To improve our operational and financial sustainability in 2018, we need to increase A&E performance to 95%, reduce Delayed Transfers of Care (DTOC) to 3.5% and achieve our financial control totals. This is going to require a different approach to delivery – we must:

- Focus on a small number of areas to make a step-change in integrated working and really innovate, based on where it will make the biggest difference;
- Choose some quick-wins to celebrate success and build confidence;
- Learn from examples of success, for example:
  i. Deaths from cardiovascular disease in the north of the county have significantly reduced;
  ii. Integrated working across health and the local authority in children's services;
- Seek national recognition and funding for areas where we are already uniquely strong – cardiology and cancer;
- Be realistic in our ambitions, using data to give us credibility in our negotiations with the regulators – on the money and on the timing of National Must Dos;
- Recognise how differently we'll be asking out staff to work, which means we must invest the time and effort as leaders for setting out the vision for doing so, and providing the necessary support;
- Tailor approaches to local area's assets and needs;
- Embed prevention in every project in line with the Health & Wellbeing Board's strategic priority for 2018-2021 on *prevention and behaviour change*; and
- Be brave.

4.3 Our emerging areas of focus are:

- *Four areas of innovation –*
  i. Supporting primary care by accelerating new models of working at scale and addressing workload challenges.
  ii. Integrated (urgent) care, enabled by community care for the elderly.
  iii. Elective demand management for MSK and through advice & guidance.
  iv. Digital, including information governance, *data lakes* and collaboration;

- *Three areas for national recognition* – Cardiology, Cancer and Digital; and
- *Two quick wins* – Shared Services (likely to be collaboration around estates and Workforce (including exploring collaboration around bank & agency, apprenticeships and international recruitment).

4.4 The areas of focus listed above are not the sum total of work to be undertaken by system partners – we will continue with 'business as usual' improvement programmes to reduce the system costs of care or take forward local strategic initiatives, for example, the relocation to New Papworth (Autumn 2018).

4.5 Moreover, to ensure we balance focus on a small number of system solutions with the breadth of challenge we face, given our financial pressures, we must revisit how we resource transformation (through pooling project support and continuing to make system investments), how we remove any financial disincentives, and how we build a culture of delivery. We will also have to revisit how the system structured to see how it can be streamlined when considered alongside other governance and working arrangements.

5. CONCLUSION

5.1 The Health & Wellbeing Board is asked to note and comment on this STP update report.

6 ALIGNMENT WITH THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY

6.1 The STP is relevant to all of the Health and Wellbeing Board's Strategic priorities for 2018-2021:

1) Better Care Fund Plan Implementation;
2) Mental health;
3) Prevention and Behaviour Change;
4) Healthy new housing developments and population growth;
5) Addressing health inequalities identified in the Joint Strategic Needs Assessment; and
6) Working better together and promoting integration.

Appendix 1: *STP Memorandum of Understanding*

Appendix 2: STP Governance Framework