To:	**Health and Wellbeing Board**
Meeting Date:	**21 September 2017**
From:	**Sustainability & Transformation Plan (STP) Update Report**

Presented By:

Gemma McGeachie, System Strategy, Planning and
Development Director
Cambridgeshire & Peterborough System Delivery Unit

Aidan Fallon, Head of Communication & Engagement
Cambridgeshire & Peterborough System Delivery Unit

On behalf of:

Scott Haldane, Interim Executive Programme Director,
Cambridgeshire & Peterborough System Delivery Unit

Recommendations:	**The Health and Wellbeing Board is asked to comment upon and note this update report**

Officer contact:	
Name:	Aidan Fallon
Post:	Head of Communications & Engagement (C&P STP)
Email:	Aidan.fallon1@nhs.net
Tel:	07970 195351

1. PURPOSE

1.1 The purpose of this report is to update the Health & Wellbeing Board on a range of issues relating to the STP, as requested at the previous Board meeting, namely:

- Workforce;
- STP leadership and proposed changes to governance arrangements; and
- Communication & stakeholder engagement.

A further area of Board interest – the role of care workers and the voluntary sector – will be addressed in subsequent reports.

2. MAIN ISSUES

2.1 Workforce

2.1.1 A system wide Workforce Task and Finish Group, made up of Deputy Directors/ Associate Directors of Workforce from all partner organisations within our STP, was established in May 2017 as a sub-committee of the Local Workforce Advisory Board (LWAB). The group meets formally on a monthly basis, although members come together between meetings to take forward specific pieces of work. The group's Terms of Reference set out the scope of work as follows:

- To review and analyse workforce plans across the STP and Better Care Fund to identify hot spots and identify actions to address gaps with operational and multi-professional clinical input as required.
- To develop, agree and implement ways of working as a system, which impact positively on the sustainability of the workforce across Cambridgeshire and Peterborough, supporting the delivery of the STP workstreams.
- To coordinate appropriate workforce input and challenge to business cases as required in a timely way to enable sign off of the workforce elements of STP business cases.
- To oversee workforce actions in relation to STP Delivery Group business cases, and to undertake planning for implementation of system workforce changes as a result of the respective service changes.
- To discuss, identify and agree solutions to system workforce issues to enable the delivery of identified STP workstreams
- To escalate any workforce items that required wider agreement either the through the appropriate delivery group or the appropriate place within each organisations governance structure.
- To escalate risks or issues within partner organisations that may have an impact on the identified STP workstreams
- To identify and co-ordinate workforce resources required from each organisation to implement actions and to identify where additional resources are required.
- To provide workforce input to other STP delivery groups as and when required.
- To provide strategic oversight of workforce activities impacting across STP workstreams and taking action as required including management of interdependencies.

2.1.2 The group is currently completing a comprehensive qualitative and quantitative analysis of the workforce challenges the system is facing. This will inform a joined up cross system workforce delivery plan which will set out how we will address our immediate recruitment needs in order to support STP implementation. It will also inform our workforce strategy which will describe longer term solutions and address

supply and retention as well as utilising our existing resource effectively by reducing agency usage, sickness absence and turnover.

2.1.3 The table below summarises the workforce requirements included in the STP business cases approved for investment and implementation in 2017/18. Board members will be provided with an up-to-date picture of progress in recruiting and deploying this additional workforce across the STP Improvement Projects, at the meeting on 21st September.

| WTEs	TOTAL across all projects	Stroke ESD	JET	D2A	Respiratory	Falls	Heart Failure	Dementia	Suicide Prevention	Case Mgt	Diabetes
Consultant	2.1	0			2						4 PAs per month
8b	1.4	0.4						1			
8a	7	1		3		1	1				1
7	68.5	5	25	10	6**	3	4.16	1	0.4	5	9
6	49.2	9	5.7	16		3	2.5	4.3	0.2	8.5	
5	13	6								6	1
4	38	4		9		4				9	12
3	137.2	8	43	79			2			1	4.2
2	33	2		31							
Other*	7.8		0.8	7							
TOTAL	357.2	35.4	74.5	155	8	11	9.66	6.3	0.6	29.5	27.2

2.2 STP Leadership and Proposed Changes to Governance Arrangements

2.2.1 Establishing an STP Board

2.2.1.1 Below is a diagrammatic representation of the current STP governance arrangements and it can be noted that the Health and Care Executive (HCE) reports directly to individual NHS partner Boards and the Governing Body of the Clinical Commissioning Group (CCG).
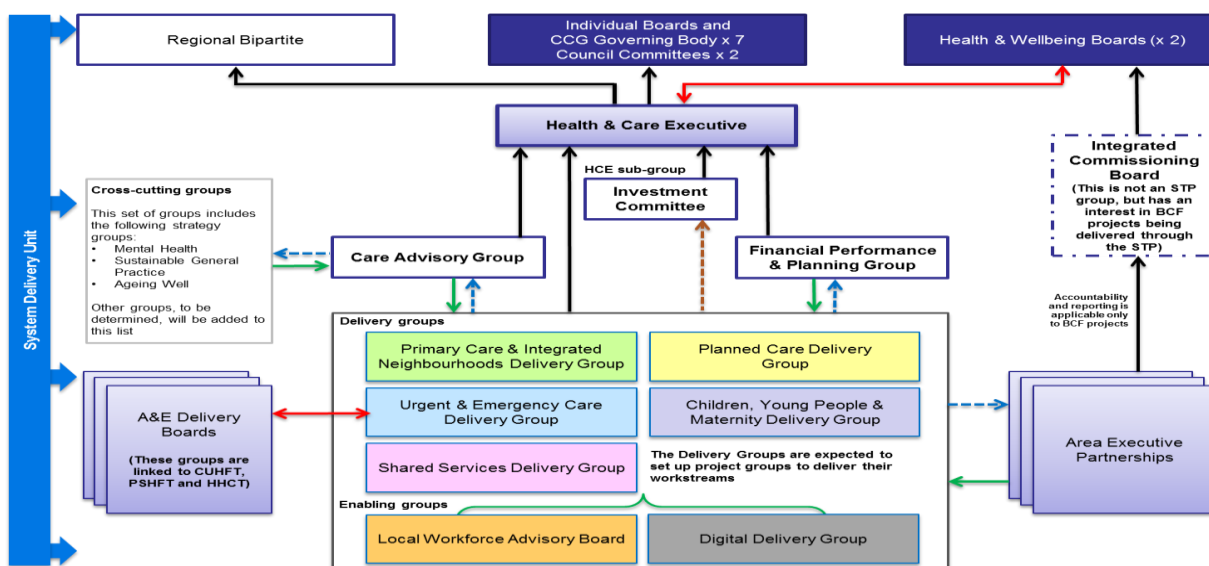
2.2.1.2 In order to strengthen STP accountability, ownership and engagement with partner organisations and wider key stakeholders, NHS partner Chairs and the HCE have proposed the establishment of an STP Board (see diagram below) which will, in addition to Chief Executives, have Non-Executive Director (NED) membership from across the system as well as Local Authority elected representation.
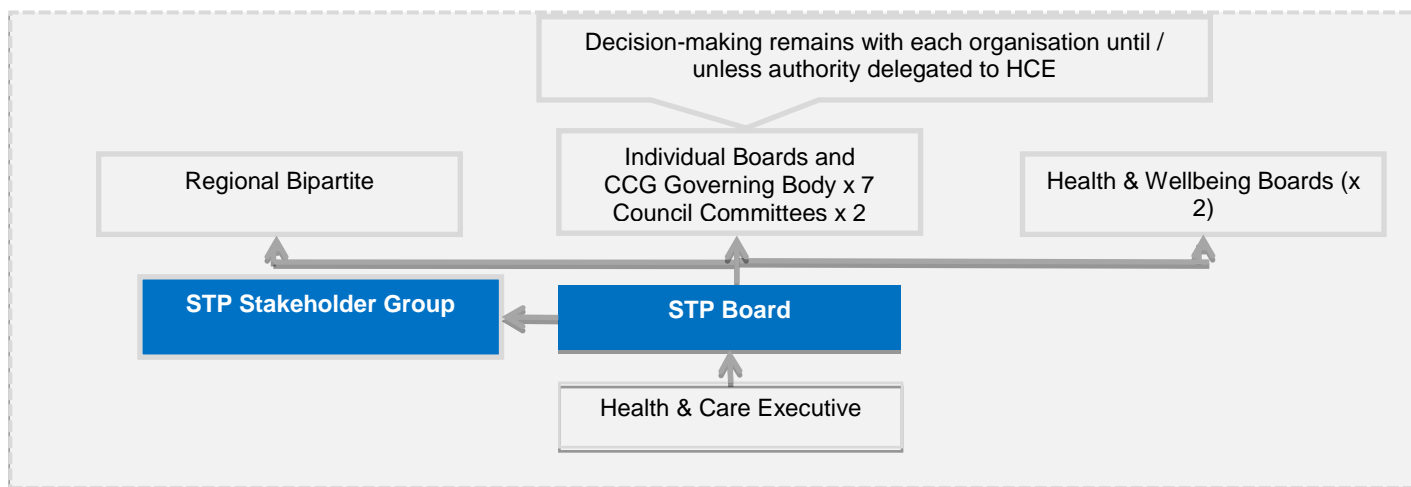
2.2.1.3 The proposed membership of the STP Board is as follows:

- Chair: Independent Chair
- Cambridgeshire & Peterborough CCG: Clinical Chair and Accountable Officer
- Cambridgeshire & Peterborough NHS Foundation Trust: Chair and Chief Executive
- North West Anglia NHS Foundation Trust: Chair and Chief Executive
- Cambridge University Hospitals NHS Foundation Trust: Chair and Chief Executive
- Cambridgeshire Community Services NHS Trust: Chair and Chief Executive
- Papworth Foundation Trust: Chair and Chief Executive
- East of England Ambulance Service NHS Trust: Chair and Chief Executive
- Local Authority Representation
- Executive Programme Director
- Care Advisory Group Chair
- Financial Performance & Planning Group Chair
- System Delivery Unit Secretariat

2.2.1.4 Broadly, it is anticipated that the STP Board will be responsible for setting medium and long term STP strategy as follows:

	STP Board
Strategic decision making	• Responsible for **medium and long term STP strategy**, including ensuring the system has in place a process for working towards **Accountable Care**
Operational delivery	• **Holds to account HCE** for delivery of the STP, ensuring accountability and reporting arrangements are in place
Governance	• Ensures adherence to collective **governance** arrangements
Risk management	• Reviews/ addresses **strategic programme risks**

Engagement	• Ensures there is a process in place to understand how the system manages the expectations of **service users and the general public and members of the STP Stakeholder Group**
Accountability	• Receives brief update from the HCE regarding STP delivery. Chair attends Bipartite meetings.

2.2.1.5 Practical arrangements currently being taken forward to establish the STP Board include:

- A first meeting of the Board will take place on 14th September in order to consider key documentation, including the Terms of Reference (ToR) and revised STP Governance Framework. It is anticipated that further changes to the current governance arrangements may be necessary, including clarification of the respective responsibilities of the STP Board and the HCE;
- it is anticipated that ratification of the STP Board and supporting documentation, by individual partner Boards/CCG Governing Body, will happen in October 2017;
- meetings will then take place on a bimonthly basis.
- a process is underway to appoint an Independent Chair. The post holder is expected to be in post by the November meeting; and
- Local Authority colleagues are currently considering appropriate elected representation to sit on the STP Board.

2.2.1.6 The ToRs, revised STP Governance Framework and other governance documentation can be made available to the Health & Wellbeing Board, once finalised.

2.2.2 Establishing an STP Stakeholder Group

The STP Board, once operational, will consider the establishment of an STP Stakeholder Group. The purpose, function, membership and relationship of this Group to other engagement mechanisms will need to be defined and partner views will be sought regarding all these aspects.

2.2.3 Proposed reconfiguration of Area Executive Partnerships and Local Health Partnerships

The Cambridgeshire Public Services Board and HCE has proposed that, in Cambridgeshire, Area Executive Partnerships will merge with Local Health Partnerships to form three Area Delivery 'Living Well' Partnerships (ADP) to ensure local delivery and re-design of health & living well services in local communities. Arrangements in Peterborough to continue as currently configured.

This proposal is being led by District Council colleagues and is currently being considered across the system.

2.2.4 STP Executive Leadership

Tracy Dowling, who has recently taken up the role of Chief Executive of Cambridgeshire & Peterborough NHS Foundation Trust, will continue in the role of STP Accountable Officer for the medium term.

Catherine Pollard has been appointed as Executive Programme Director and will replace Scott Haldane who will resume his full-time responsibilities as Finance Director at CPFT.

2.3   **Communication & Stakeholder Engagement**

2.3.1   The HWB has requested an update regarding those areas where patient and public involvement is in place and those areas where gaps remain.

2.3.2   Representation on Delivery and Improvement Groups

2.3.2.1 There are currently 22 patient, voluntary sector, carer and public representatives on STP Delivery Groups and their constituent Improvement Projects. As the focus for delivery in 2017/18 is Urgent & Emergency Care (UEC), Primary Care & Integrated Neighbourhoods (PCIN) and Planned Care, so has the focus been on ensuring that these Delivery Groups have appropriate representation. The PCIN Long Term Condition Improvement Projects are well served, as is the Planned Care Cancer Improvement Project and UEC Stroke Pathway. Furthermore, the Children, Young People & Maternity (CYPM) Local Maternity System Group has good representation.

2.3.2.2 The most significant gaps are in the Planned Care ENT, Cardiology, Ophthalmology, Diagnostic and Pain Management Improvement Projects, as well as the PCIN Falls Prevention, Dementia, Case Management and Stroke - Atrial Fibrillation Improvement projects. These are now the focus for recruiting representation.

2.3.3   Communication & Engagement Planning

2.3.3.1 Our Communication & Engagement Plan, published in December 2016 (attached as Annex 1) has provided the framework for focussed activity as the STP moved from design to implementation. The Plan's work programme has been overseen by the STP Communications Cell – a representative group of the senior communication colleagues from partner NHS organisations, Social Services Local Authorities, Cambridge University Health Partners and NHS England.

2.3.3.2 The Plan is currently being refreshed to capture the focus for Communication & engagement over the next six to nine months, for example, ensuring a greater focus on communicating STP delivery and achievements.

2.3.4   Guide to Effective Communication n& Involvement in STP Implementation

2.3.4.1 In July 2017, we published a *Guide to Effective Communication n& Involvement in STP Implementation* (Attached at Annex 2) - a set of useful resources, best practice and example documentation to support effective communication & involvement in Fit for the Future Improvement projects. The publication was accompanied by training sessions for relevant colleagues.

3.   **ALIGNMENT WITH THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY**

3.1   The STP is relevant to priorities 1, 2, 3, 4 and 6 of the Health and Wellbeing Strategy:

- Priority1: 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.

Annex 1: *Fit for the Future* Communications & Engagement Plan

Annex 2: Guide to Effective Communication n& Involvement in STP Implementation