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NHS Improvement

Cambridgeshire & Peterborough

Sustainability & Transformation Partnership

Briefing to

Cambridgeshire County Council Health & Wellbeing Board

23 November 2017

NHS Cambridgeshire and Peterborough Clinical Commissioning Group

NHS Cambridgeshire and Peterborough NHS Foundation Trust

NHS Cambridgeshire Community Services NHS Trust

NHS 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

NHS East of England Ambulance Service NHS Trust

Introduction

This briefing updates the Health & Wellbeing Board (HWB) on Cambridgeshire & Peterborough Sustainability & Transformation Partnership (STP) progress in relation to:

1) Accountable Care System thinking and progress; and
2) The Digital Delivery Group's work in regard to data sharing.

Accountable Care System (ACS) Approach

We are progressing both tactical and strategic aspects of ACS:

Tactical improvements

- Clinically-led changes for improving patient care in 2017/18 and 2018/19. Flagships projects identified for 2018/19 are;
  - Community Care for the Elderly; including End of Life Care, Dementia and the development of Community Geriatricians.
  - Supporting Primary Care; including general practice workload and workforce challenges, and accelerating the development of new models of primary care that help manage people with long-term conditions.
  - Demand Management; including MSK projects, and promoting more extensive use of Advice & Guidance protocols.
  - Flagship enablers; Workforce, Digital and Estates/Shared Services initiatives.
- Relocate to New Papworth

System strategy

- Developing an ACS, including:
  - Expressing interest in the national ACS programme
  - A model for strategic commissioning
  - A behavioural step-change in planning 18/19 and resolving 17/18

As a system we have started to make progress…

Making tactical major service developments

1. **PSHFT merger with HHCT** to become NWAFT
2. Made significant progress towards the relocation of **New Papworth** on the Cambridge Biomedical Campus, and together with CUH clinical teams joint pathways/ways of working are in design

Developing foundations for our long-term strategy

System Architecture

3. All Boards have signed up to an **MOU and governance framework**, which is being refreshed
4. Set up a **£10+m System Investment Fund** and **an Investment Committee** to manage this, which has recommended to Health & Care Executive (HCE) investment in 13 projects
5. The **STP Board,** with all Chairs & CEOs, has met in shadow form, and a **System Delivery Board** will focus only on tracking delivery from November 2017, on behalf of the HCE

Strategy & Leadership

6 Begun scoping **ACS options**
7. Commenced an aligned system **planning process for 18/19**
8. Created **clinical communities** to bring together front-line staff and patients to redesign care
9. Three executives on the Academic Health Science Network (AHSN)/Judge Business School innovations programme

But there is more to do if we are to progress rapidly to adopting accountable care behaviours, our confirmed direction of travel (1/3)

1. Commitment to our ambition

STP Board members confirmed that they remain committed to the vision set out in our *C&P Health and Care System STP, October 2016:*

Our ambition for the Cambridgeshire and Peterborough health and care system is to develop the **beneficial behaviours of an ACO** 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**.

As a system we must solve big and complex problems – we:

- have substantial **health inequalities** (most unequal combined authority in the Country),
- are out of **financial balance**,
- have an increasingly **ageing population** with **complex health needs** and **co-morbidities**,
- are planning for **significant population growth** (approx. 280,000),
- experience **major workforce challenges in recruitment & retention,**
- are concerned about the **clinical sustainability of one of our three A&Es**,
- are not well advanced in models of **integrated working** especially around proactive management of long-term conditions & frailty at a neighbourhood level, and
- are struggling with **day to day clinical workload,** across all our providers.
- face growing **demand for adult social care**, which cannot be met sustainably without transformation.

But there is more to do if we are to progress rapidly to adopting accountable care behaviours, our confirmed direction of travel (2/3)

2. Views on becoming an ACS

We **are committed to the ACS direction of travel** because we have system problems that need system solutions. We see adopting ACS behaviours as the **only way** to improve quality of life for local people, restore operational balance and achieve financial sustainability. We recognise that our individual viability, within the finite resources available to us, is dependent on this – **we are stronger together than separately**.

We **want to express an interest in the national accelerator ACS programme** but we also want to consider how we can influence the CA prospectus/thinking about next stage of devolution alongside this. Further we have a short-term opportunity to consider rapidly what a strategic commissioning function may entail, in order to inform decisions about leadership roles before the new year.

3. Demonstrating our commitment

The behaviours of an ACS differ from how we act today. But, we need to make a step change – so over the **next month**, we will consider:

- How to agree and plan a single programme of system work for 18/19, so that together with the strategic projects (see slide 8), there is **one work programme that is universally acknowledged and resourced effectively, with the right people doing the right work, once**.
- How we **approach 17/18** in a manner consistent with our desire to become an ACS, doing as much as we can to address the underlying issues sustainably.

But there is more to do if we are to progress rapidly to adopting accountable care behaviours, our confirmed direction of travel (3/3)

4. **We recognise that there is significant and complex work to do** to develop our ACS:
   - i. Designing improvements for our **model of care** for addressing non-elective demand, particularly for older people or those with complex co-morbidities
   - ii. Securing **sustainable providers** – across all health and social care sectors – that are capable of caring for the new residents in the 100k new households being planned
   - iii. Having the right **workforce** to support sustainability *and* new models of care
   - iv. Working in true **partnership with local councils** across a broad agenda (town planning, industrial strategy, workforce & skills)
   - v. Reducing our **overheads** (including estates), **transaction** costs, and the burden of **regulation**
   - vi. Utilising our international brand, particularly in cardiology, neurology and cancer, as effectively as possible, with more widespread adoption of **research**
   - vii. Speaking to the public with **one message**, including about what they can expect of their local NHS

   Under-pinning these areas of work, are 4 critical enablers:
   - viii. **Digital** (e.g., system Business Intelligence, data lake, Information Governance, technology-based workforce solutions, AI, etc);
   - ix. **Financial incentives & contract design**;
   - x. A **strategic commissioning** function; and
   - xi. **Provider architecture** (including governance, geography and organisational design)

The system's clinicians and operational leaders have identified their priorities for 2018/19, through the system delivery groups

1. **Completing 17/18** schemes:
   - Urgent and Emergency Care (UEC): Full roll out of eight high impact changes, including discharge to assess, trusted assessor; early supported discharge for stroke; ambulatory care; enhanced Joint Emergency Team; GP streaming
   - Planned care: Cardiology (including NSTEMI); Musculoskeletal (MSK); Ophthalmology; Ears, Nose & Throat (ENT); cancer; diagnostics
   - Primary Care & Integrated Neighbourhoods (PCIN): diabetes; respiratory; heart failure; falls; case management; Atrial Fibrillation; suicide prevention; dementia

2. **National must do's** due in 18/19:
   - UEC: Core 24 liaison psychiatry; 111 clinical assessment; Urgent Treatment Centre standards; 7 day services; stroke
   - Planned care: e-referrals; radiotherapy, Transforming cancer care in the community
   - Mental health: Improving Access to Psychological Therapies (IAPT); peri-natal mental health; Child and Adolescent Mental Health Services (CAMHS); physical health checks; Mental Health crisis.
   - General Practice: extended access; clinical pharmacists; primary care psychology (PRISM)

3. Local '**flagship**' projects:
   - Supporting primary care, building on the 85% of general practices already part of federations
   - Community care for the elderly: end of life; dementia; community geriatricians
   - Demand management: MSK; advice & guidance
   - Enablers: workforce (bank & agency, recruitment & retention, OD); estates; digital & Business Intelligence.

All of the above will be monitored through one of the System Delivery Groups.

Digital Delivery Group – Current Position

Digital Delivery Group leadership and membership is currently being reviewed:

- Jag Ahluwalia (Cambridge University Hospitals) will lead the Group
- Richard Matt appointed as STP Technology lead.
- Senior Clinicians and IT experts from across the system will form the group.

Scope core pieces of work along the following lines:

- Data Sharing (Information Governance)
  - Ensuring legislation is adhered to whilst levering the potential of the data we hold within our organisations.

- Business Intelligence
  - Using modern data storage methods to allow access to appropriate data in a more holistic way.
  - Using the latest tools to ensure products are suitable to the needs of decision makers and patients.

- Infrastructure
  - Aligning where possible.
  - Ensuring that systems compliment and work with each other.

- Collaboration
  - In future work together on procurements and re-designs to ensure we bring the system closer together in terms of IT infrastructure and working methods.

Data Sharing and Business Intelligence – Future Vision

Data lake/repository covering the Cambridgeshire and Peterborough system.

- Data accessible to clinicians to ensure they have the best information for decision making.
- Data available for planning purposes that covers the whole patient journey to allow those pathways to be streamlined for patients.
- Using this information collaboratively across organisations to ensure we get the best value out of our services.

Using the Cloud

- With the majority of organisations moving to the Cloud we can use new technologies to get the most out of the data. New tools such as PowerBI allow reports to be built once and shared across organisations, reducing duplication of effort and ensuring visibility of what is happening in the system.
- It also opens up new tools e.g. machine learning whilst improving the accuracy of current methods e.g. Risk Stratification.

User group being formed to identify scope and timelines:

- What data?
- Who owns the data?
- Infrastructure required?
- Where else has already done this and what can we learn?

Data Sharing and Business Intelligence – Ensuring it is done safely and securely

Primary vs Secondary use of data

- Ensuring we are clear on why we are holding the data and what purpose it is being accessed for.

Dedicated IG resource

- Learning from other areas has shown the need for dedicated IG resource to bring together the different stakeholders.
- Ensure Data Sharing Agreements are in place and updated.
- Ensure the process is transparent to patients.

Ensuring data is held in line with NHS Digital and Information Commissioners Office standards

- Engage early to ensure we start on the right path and learn how others have done this.

Role Based Access management

- Ensure access is driven by role to ensure only appropriate data is accessible to users.

Patient Engagement

- Use the current patient engagement forums but also have representation on the group to help steer the project. All our data is about patients, they are the ultimate owners of it.

General Data Protection Regulation (GDPR)

- Ensuring compliance with the GDPR when it comes into effect on the 25 May 2018.