

**PLANNING INTENTIONS FOR CAMBRIDGESHIRE AND PETERBOROUGH 2016/17**

To: Health and Wellbeing Board

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From: Sarah Shuttlewood, Director of Contracts, Performance and Delivery, NHS Cambridgeshire and Peterborough Clinical Commissioning Group

**1.0 PURPOSE**

1.1 The purpose of this report is to brief the Board on the work undertaken to date in identifying the 2016/17 planning intentions for the Cambridgeshire and Peterborough System. The Board is invited to comment.

**2.0 BACKGROUND**

2.1 At the end of September each year, Commissioners set out for their providers their commissioning intentions and priorities for the next financial year. This signals the start of the next financial year's planning and commissioning cycle.

2.2 As a result of the substantial work to date of the System Transformation Programme in Cambridgeshire and Peterborough, we have adopted a different approach for 2016/17 planning. Ultimately, our aim is to move towards a system-wide approach to planning through working collaboratively with providers and Local Authority colleagues to identify jointly our priorities. However, this will take several years to achieve in full.

2.3 Consequently, for 2016/17 planning, we have taken a first step in that direction by framing the operational priorities for 2016/17 within the context of the strategic direction for the System. This report highlights some of the key priorities and strategic developments for 2016/17. A copy of the full planning intentions paper can be accessed through the CCG website (see Section 7).

**3.0 OVERVIEW OF THE PLANNING INTENTIONS FOR 2016/17**

**3.1 Strategic Planning Intentions**

Two significant strategic transformational initiatives are planned and have been summarised below.

**3.1.1 Creating Hospital Alliances and Accountable Clinical Networks**

- a) We will develop plans to enable hospitals to work more closely with increased sharing of medical expertise across sites through the establishment of accountable clinical networks. Initially, this work will focus on four clinical specialties comprising Orthopaedics, Ear Nose and Throat, Ophthalmology and Cardio-vascular Disease. Research and teaching opportunities for tomorrow's patients and clinicians will be created as a result of this work.

- b) 2016/17 will be a year of preparation. New clinical pathways for the four specialties will be implemented in 2017/18 at the latest, with work planned to be underway during 2016/17. Additional networks in other areas will be developed thereafter, for example, Medicine for the Elderly, Cancer, Diabetes, Paediatrics and Gastro-enterology.

### 3.1.2 Significant Transformation of Urgent and Emergency Care

- a) Our intention is to radically transform Urgent and Emergency Care through the creation of an overarching, clinically-led Strategic System Resilience Group, who will accelerate the pace of improvement which the three System Resilience Groups<sup>1</sup> in the County have started to deliver.
- b) The Strategic System Resilience Group will be part of the East of England Urgent and Emergency Care Network and it will act as the governance vehicle for delivery as part of the System Transformation Programme (supported by the System Transformation Board). There is good alignment with the work being undertaken through the Better Care Fund initiative and the Uniting Care contract.
- c) This initiative has a wide range of objectives, several of which are listed below:
- Re-aligning the way in which services are made available in emergency departments and urgent care centres with a focus on developing a network of community-based urgent care centres around primary care hubs, out of hours bases and Minor Injury Units
  - Ensuring that access to emergency care is primarily phone first via 111 or 999, with sign posting to services supported by multidisciplinary clinical hubs, seven days a week
  - Expanding GP services to cover 8am to 8pm midweek and 9am to 9pm weekends with GP services supporting the 'front door' of Emergency Departments
  - Reducing the admission rates of older people in line with plans for UnitingCare outcomes and a focus on prevention through a new third sector driven Well-Being Service
  - Reducing significantly crisis mental health presentations to A&E, by improving early community based intervention models for all ages
  - Making significant progress in implementing 7 day working across all services with no deterioration in outcomes for patients admitted at weekends
  - Aligning and commissioning voluntary sector services to support early intervention and post discharge pathways

## 3.2 Operational Planning Intentions

This section of the report summarises a selection of the intentions identified for 2016/17.

### 3.2.1 Planned Care, Long Term Conditions and Prevention

- a) We wish to ensure that care is provided in line with agreed clinical policies and that care pathways are as efficient as possible and available in the most appropriate clinical setting. In addition, we wish to explore opportunities to encourage prevention of disease.

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<sup>1</sup> Comprising Cambridge and Isle of Ely, Huntingdonshire, Borderline and Peterborough

b) Several objectives have been identified, including:

- Adopting a collaborative approach to managing demand for elective services across the System and identifying opportunities where care could be delivered safely, more efficiently and cost effectively
- Conducting a 'deep dive' into the impacts of obesity on health services and prepare plans for implementation in 2017/18 and beyond to address the key issues identified
- Designing and implementing robust commissioning arrangements for Tuberculosis Services
- Promoting the benefits of self-care for long term conditions
- Implementing the new contract for the Non-Emergency Patient Transport Service from September 2016

### **3.2.2 Maternity Children and Young People**

a) We wish to consolidate the joint commissioning arrangements agreed in 2015/16 and build on the benefits of joint working to ensure that services are available to meet the health needs of the population. Services should be integrated where this is sensible with clear benefits to the care of children and young people.

b) Several objectives have been identified, including:

- Implementing the service transformation priorities to take forward the re-design of Children and Maternity services, including all elements of the healthy child programme
- Taking forward with service providers new specifications for Children Looked After Health services
- Completing the re-commissioning of rapid response services
- Improving further the paediatric care pathway, linking into the current transformation work

### **3.2.3 Primary Care**

a) Ensuring that we will have sustainable primary care organisations for the future is one of our key aims. To achieve this, we will need to develop high quality, integrated out-of-hospital services, organised around the patient, closer to home. Key outcomes will be improved patient experience, access to primary care, equity of access and reduced inequalities.

b) Objectives for 2016/17 include:

- Agreeing the vision for the range of services which could be commissioned from organisations offering primary care at scale
- Building on the co-commissioning of primary care arrangements in place
- Continuing to address the primary care workforce gaps and priorities to secure longer term sustainability
- Working with System Resilience Groups to implement improved patient triage / treatment processes in Emergency Departments

### **3.2.4 Mental Health Services**

- a) 2016/17 will be a year of consolidation of the service re-design initiatives started in 2015/16, in order to create a more resilient local mental health system. Together with local stakeholders, we will revise the Adult Mental Health Commissioning Strategy for 2016/19 and ensure that the key priorities are reflected in planning intentions for 2016/17.
- b) Objectives for 2016/17 include:
- Implementing improvements to the Advice and Referral Centre through the development of local single-points-of-access, closer links between clinicians and making more use of local community-based resources
  - Rolling-out the innovative model of “Recovery Coaches” and peer support workers
  - Piloting “Phase 1” of an Enhanced Primary Care Service to provide better support to stable psychosis patients who no longer need to remain in secondary mental health services but have needs beyond what primary care is currently contracted to provide
  - Continuing to support local implementation of the Crisis Care Concordat
  - Fully implementing self-referral to Improving Access to Psychological Therapies services
  - Re-designing pathways for services where waiting-times have become unacceptable

### **3.2.5 Learning Disability**

- a) We wish to continue the excellent joint working in place between Health and Local Authorities with the patient foremost in mind. Services should be accessible and available in the community supported by information which is easy to read and understand.
- b) Objectives for 2016/17 comprise:
- Supporting local implementation of the Assuring Transformation / Winterbourne View Plans for Cambridgeshire and Peterborough
  - Reviewing local in-patient requirements in the light of the requirement that, post-Winterbourne View, all people with learning disability should be supported to live within local communities
  - Supporting the uptake and delivery of primary care Learning Disability health checks and other primary care agreements (e.g. by offering practice-based training, promoting health check awareness etc.)
  - Supporting the achievement of the new national accessible information standards by all commissioned providers (e.g. by the provision of easy read materials)

### **3.2.6 Health & Wellbeing, Integration and the Better Care Fund**

- a) Our aim is to move towards an operating model for the health and social care system that helps people to help themselves, where the majority of people’s needs are met appropriately through family and community support.

b) Objectives for 2016/17 include:

- Together with Uniting Care, continuing to develop services for older people aged 65 years and over and adults who need community services
- Continuing the close partnership working already in place to ensure that services are aligned and duplication avoided
- Working with the county-wide Urgent and Emergency Care System Resilience Group to ensure that plans for optimising urgent care pathways and introducing seven day services are aligned
- Continuing to implement the five projects agreed for Cambridgeshire and Peterborough as a result of aligning the Better Care Funds, i.e. person-centred system, data sharing, seven day working, information and communication and healthy ageing.

#### 4.0 ALIGNMENT WITH THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY

4.1 There is good alignment with the following priorities as set out in the Cambridgeshire Health and Wellbeing Strategy:

- Priority 1 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 6 Work effectively together

#### 5.0 IMPLICATIONS

5.1 There are no known implications arising from this report.

#### 6.0 RECOMMENDATION/DECISION REQUIRED

6.1 Cambridgeshire Health and Wellbeing Board are requested to **note** the content of this report and to **comment** where relevant.

Source Documents	Location
Cambridgeshire and Peterborough Planning Intentions 2016/17	<a href="http://www.cambridgeshireandpeterboroughccg.nhs.uk/commissioning-and-contracts.htm">http://www.cambridgeshireandpeterboroughccg.nhs.uk/commissioning-and-contracts.htm</a>
Cambridgeshire and Peterborough System Change Document	<a href="http://www.cambridgeshireandpeterboroughccg.nhs.uk/five-year-plan.htm">http://www.cambridgeshireandpeterboroughccg.nhs.uk/five-year-plan.htm</a>