

SUSTAINABILITY AND TRANSFORMATION PLAN (STP)

Fit for the Future Update Report CRHB 2017.06.09

To: Cambridge Sub-Regional Housing Board (CRHB)

Date: Friday 9th June 2017

From: Aidan Fallon, Head of Communication & Engagement, Fit for the Future Programme

1.0 PURPOSE

1.1 The purpose of this report is to update the CRHB on progress relating to the Cambridgeshire & Peterborough Sustainability and Transformation Plan (STP).

2.0 BACKGROUND

2.1 The Cambridgeshire and Peterborough health system faces significant challenges due to:

- the health and care needs of our rapidly growing, increasingly elderly population;
- significant health inequalities, including the health and wellbeing challenges of diverse ethnic communities;
- workforce shortages including recruitment and retention in general practice;
- quality shortcomings and inconsistent operational performance; and
- financial challenges which exceed those of any other STP area in England on a per capita basis, such that by 2021 we expect our collective NHS deficit, if we do nothing, to be £504m.

2.2 In order to address these challenges, the NHS (including general practice) and local government came together in 2016 to develop a five-year Sustainability and Transformation Plan (STP) to improve the health and care of our local population and bring the system back into financial balance. The STP can be found at [Cambridgeshire & Peterborough STP](#) and, in essence, seeks to do the following:

- deliver a shift from reactive to proactive care, with a holistic approach to care planning, coordination, and delivery that empowers people to take as much control of their care as possible. This approach aims to manage the growth in demand for services through better prevention, self-management, re-enablement and intensive management of rising risk and high risk people;
- deliver care pathway changes, standardised care and reduced variation to maximise quality and minimise unit costs through, for example, improved clinical networks, reduced Length of Stay in hospital and staff skill mix;
- deliver knowledge sharing, breaking down organisational and setting boundaries;
- close the under-funding gap as quickly as possible and maximising income growth;
- reduce overheads within and across the health and care system by, for example, managing our Estate more effectively, maximising joint procurement across health and other public sector organisations, and integrating organisations and functions;

- use technology to improve modes of interaction/intervention; and
- mobilise collective efforts across the County’s NHS and public sector bodies to leverage the ‘Cambridge research’ brand and the Cambridgeshire and Peterborough-wide education and business offer to attract investment and make new partnerships, in line with on-going devolution.

2.3 To enable us to deliver the best care we can, we have agreed a unifying ambition for health and care in Cambridgeshire and Peterborough. This is to develop the beneficial behaviours of an ‘Accountable Care System’ by acting as one system, jointly accountable for improving our population’s health and wellbeing, outcomes, and experience, within a defined financial envelope.

2.4 Through discussion with our staff, patients, carers, and partners, we have articulated four priorities for change and we have also developed a 10-point plan to deliver these priorities, as set out below and illustrated at Annex 1.

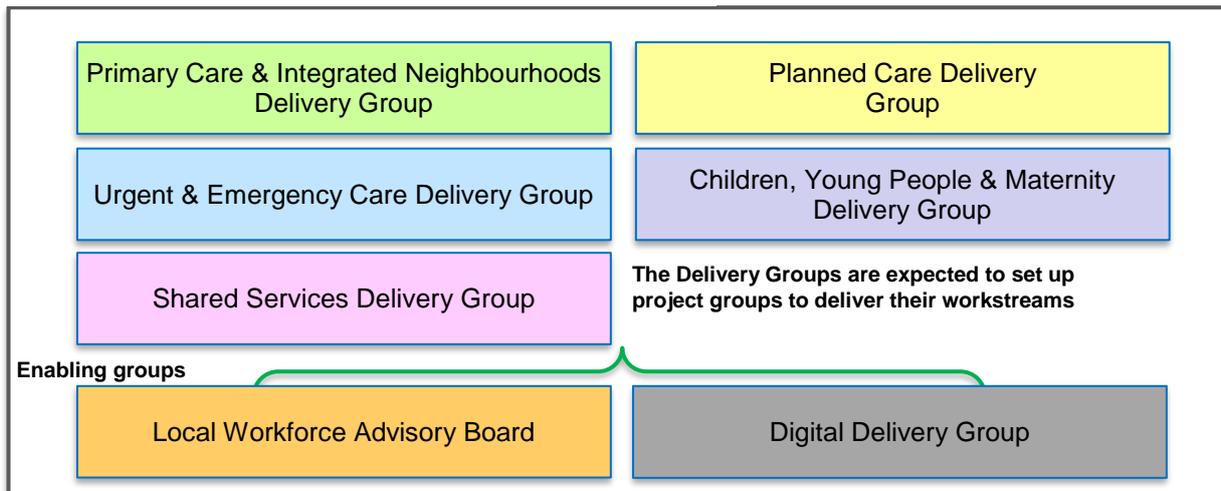
Priorities for change	10-point plan
At home is best	1. People powered health and wellbeing 2. Neighbourhood care hubs
Safe and effective hospital care, when needed	3. Responsive urgent and expert emergency care 4. Systematic and standardised care 5. Continued world-famous research and services
We’re only sustainable together	6. Partnership working
Supported delivery	7. A culture of learning as a system 8. Workforce: growing our own 9. Using our land and buildings better 10. Using technology to modernise health

2.5 The STP also addresses the system-wide financial challenge of £504m over the next four years. It estimates the need to invest £43m to improve services over these four years, which increases the total system-wide financial challenge to £547m.

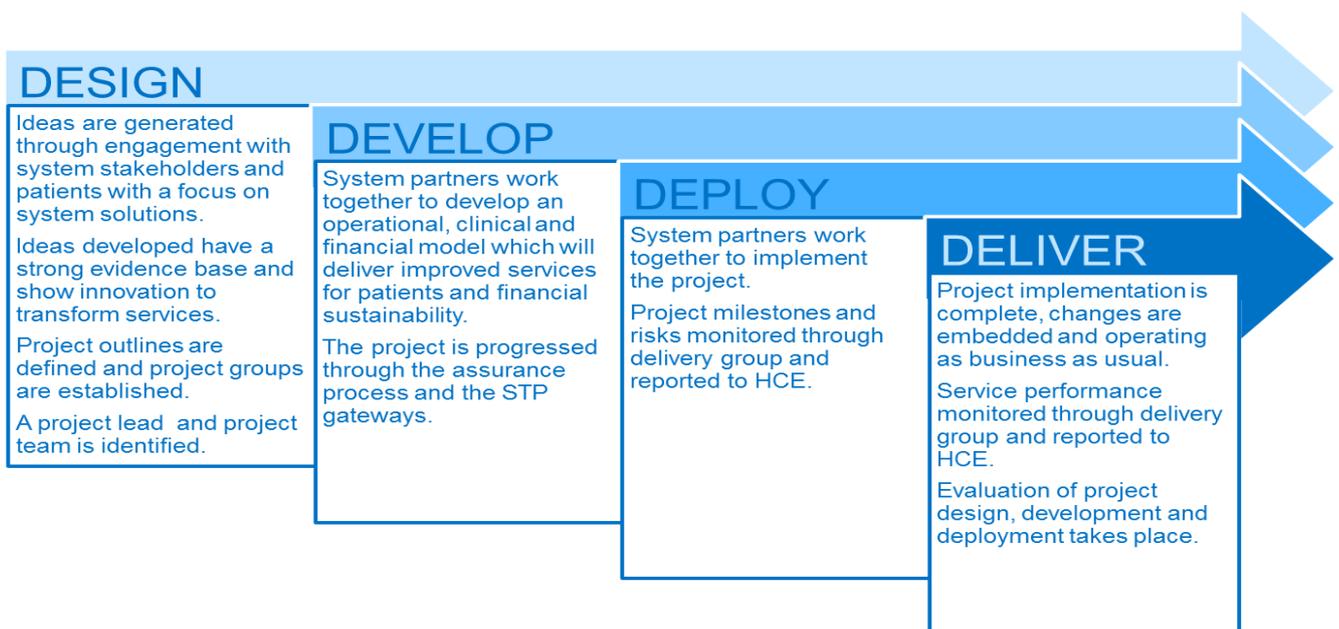
3.0 STP DELIVERY PROGRAMME

3.1 We have transitioned from STP development to delivery. We have put in place *Fit for the Future* (STP) programme arrangements, with a delivery governance structure to ensure effective implementation and this is illustrated at Annex 2, with an explanation of the purpose of each Group provided at Annex 3. At its core are seven Delivery Groups, each one responsible to Accountable Officers who are Chief Executive Officers from across the health and social care system, as set out below.

Fit for the Future (STP) Delivery Groups



- 3.2 The Delivery Groups cover clinical services, workforce and support services and are designed to encourage system-wide working and to allow for patient-led care to be at the forefront of everything we do. Membership includes clinicians from organisations across the system as well as patient and public representation.
- 3.3 Improvement Project Groups have been established within each Delivery Group to take forward specific aspects of work and, again, these groups include/will include clinical membership and patient and public representation.
- 3.4 We have established a clear and consistent structure to frame the various processes across the STP to ensure appropriate accountability across the 'lifecycle' of each STP Improvement Project, as set out below. Over 30 projects are currently 'live' across one or other of the four stages of the STP programme cycle.



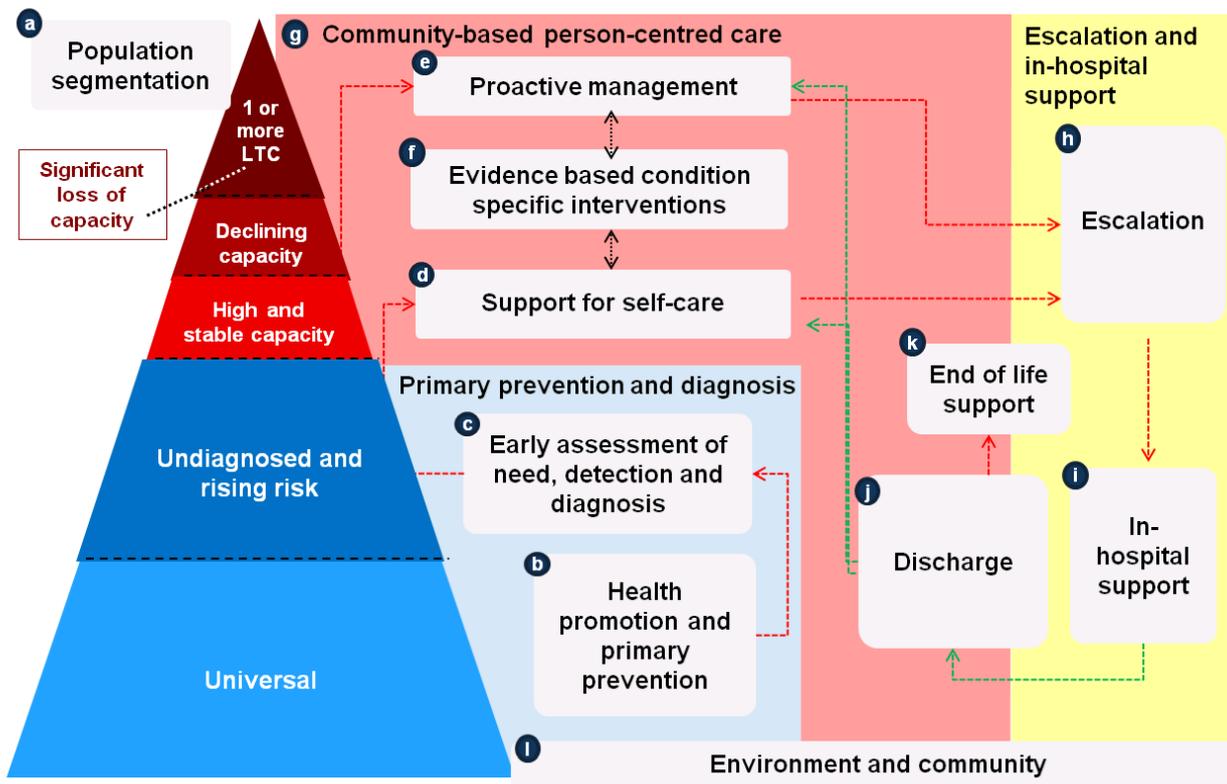
3.5 It is important to bear in mind that STP delivery will take place over several years and we are seeking to ensure a good balance of pace that will deliver real changes for people as quickly as possible but without overwhelming the health and care system's ability to process the changes.

4.0 CURRENT DELIVERY PRIORITIES

4.1 This section summarises the current focus for implementation across the seven Delivery Groups within *Fit for the Future*.

4.2 Primary Care and Integrated Neighbourhoods

4.2.1 The purpose of this Delivery Group is to implement integrated health and care neighbourhood teams providing proactive care stratified by different levels of need, as determined by peoples medical and psychosocial conditions, and as illustrated in the diagram below. We have brought together previously disparate work on healthy ageing, long-term conditions management, and mental health for the first time in this delivery programme.



4.2.2 Current priority Implementation Projects are:

- Community Heart Failure: Enhancement of the existing community heart failure service enabling equitable provision of high quality, NICE compliant, nurse led services for the population with chronic heart failure resulting in fewer hospital admissions, optimised medication management and shorter lengths of stay.

- Community Respiratory services: The development of community respiratory clinics run by Community Respiratory Consultant and follow-up clinics run by dedicated community respiratory nurse.
- Falls prevention:
 1. Developing and implementing a falls prevention mass media campaign
 2. Enhancement and expansion of strength and balance exercise provision
 3. Enhancement of the existing specialist Falls Prevention Health Trainer Service across Cambridgeshire and Peterborough
 4. Strengthening Falls Prevention Delivery and Integration in the Community
 5. Development and implementation of Fracture Liaison Services (FLS) across all acute Trust areas
 6. Employment of Public Health Falls Prevention Coordinator to ensure activities are coordinated
- Community Diabetes: Establishing a transformational community based diabetes model bringing care out of the acute setting and providing a holistic local offering to diabetic patients;

4.2.3 Other Implementation Projects in development are:

Service area	Improvement projects
Primary care and Integrated Neighbourhoods	<ul style="list-style-type: none"> • Case Management Pilot • End of Life Care • Locally commissioned services for long term conditions • Social Prescribing • AF - Stroke Prevention • Dementia Management • Suicide Prevention

4.3 Urgent and Emergency Care

4.3.1 This Delivery Group is seeking to manage demand for urgent and emergency care services which have seen significant increases over recent years resulting in clinical and financial challenges for the system. The increase in demand in Cambridgeshire & Peterborough is driven mainly by population growth and, in particular, by growth in the older frail population, as well as a lack of community based services to support vulnerable people.

4.3.2 Current priority Implementation Projects are:

- Extended Joint Emergency Team (JET): The Health & Care Executive (HCE) (see diagram at Annex 2) has agreed to provide additional investment to recurrently fund an expansion of and enhancement to the current JET service to enable it to care for an increased cohort of vulnerable patients. This increased funding will be used mainly to recruit additional staffing;

- Stroke Early Supported Discharge (ESD): Funding has been approved by the HCE to allow the commissioning of an Integrated Community Neurorehabilitation and Early Supported Discharge Service. This will combine therapy and associated staff to support all patients on the neuro and stroke pathways ensuring equity of provision and economies of scale. The service will provide both intensive stroke discharge support for six weeks and home based neuro rehabilitation; and

4.3.3 Other Implementation Projects in development are:

Service area	Improvement projects
Urgent and emergency care	<ul style="list-style-type: none"> • Discharge to Assess • Develop and deliver a mental health first response service to enable 24/7 access to mental health • Ambulances: dispatch on disposition, hear and treat, divert to community services • Extent and enhance ambulatory care services as alternatives to admissions

4.4 Planned Care

4.4.1 The focus for Planned Care is to define, design and implement shorter, faster, better and more cost-effective pathways of care for patients needing planned (or sometimes known as 'elective') care. This involves looking at every stage of the patient 'journey' from GP referral, outpatient appointment, procedure to follow up, ensuring that we are making the most effective use of clinical and financial resources.

4.4.2 Implementation Projects in development are:

Service area	Improvement projects
Planned care	<ul style="list-style-type: none"> • Demand Management • Standardise high volume elective treatment pathways (orthopaedics, ophthalmology, ENT, cardiology) • Reduced variation in diagnostic testing • Improved cancer services

4.5 Children, Young People & Maternity Delivery Group

4.5.1 The Children, Young People and Maternity Services STP Delivery Group is leading seven projects over the next five years to improve services and outcomes for women and children.

4.5.2 Implementation Projects in development are:

Service area	Improvement projects
Women and children	<ul style="list-style-type: none"> • Introducing 7-day-a-week paediatric community nursing (for children who would otherwise require emergency/urgent care in the hospital setting) • Maternity developments such as the 'saving babies lives' care bundle • Improving the care models for children with asthma and children's continence services • Developing an integrated children and family health and wellbeing service for 0-19 year olds • Improve the mental health support for children and young people

4.6 Shared Services

4.6.1 This Delivery Group is focussed on ensuring that we optimise the use of our resources, assets and potential. This includes, for example, making best use of NHS buildings and land, sharing 'back office' functions such as Human Resources, and streamlining our procurement and purchasing processes.

4.6.2 The establishment of North West Anglia Foundation Trust in April of this year, through the merger of Hinchingsbrooke Healthcare NHS Trust and Peterborough & Stamford Hospitals NHS Foundation Trust, will ultimately make a significant contribution to shared service savings.

4.6.3 Implementation Projects in development are:

Service area	Improvement projects
Shared services	<ul style="list-style-type: none"> • Merger of Hinchingsbrooke and Peterborough to enable shared service savings • Explore back office consolidation across primary care • Implement a single approach to procurement • Develop and sign off strategic estate plans

4.7 Local Workforce Advisory Board

4.7.1 In order to maximise the impact of new care models, the Local Workforce Advisory Board is working closely with clinical leads to ensure that workforce requirements can be met. Care models must take into account current workforce capacity and capability, and consider the change required to develop a workforce which is capable, competent, motivated, and supported to provide the best care for the population in future.

4.7.2 Implementation Projects in development are:

Service area	Improvement projects
Local Workforce Advisory Board	<ul style="list-style-type: none"> • System-wide long-term workforce plan • System-wide Organisational Development Plan • Develop a system-wide Workforce Investment Plan, in which all providers commit to investment priorities in relation to Apprenticeships (via LEVY), Pre-Registration, CPD and wider workforce transformation • Link to supply improvement programme and design a tailored programme for primary care, linking to case load management trailblazers

4.8 Digital Delivery

4.8.1 This Delivery Group is concerned with how best we can meet the opportunities and challenges of providing healthcare in a digital world where making the best use of technology is fundamental to supporting good care in areas such as tele-medicine, tele-monitoring, remote monitoring and paper free care delivery.

4.8.2 A key component of this work is the Cambridgeshire & Peterborough Local Digital Roadmap which was published in January 2017 and which supports the delivery of the STP given the central role of digital technology.

4.8.3 Implementation Projects in development are:

Service area	Improvement projects
Digital delivery	<ul style="list-style-type: none"> • Plan to deliver the Local Digital Roadmap • Digital opportunities: tele-medicine, tele-monitoring, GS1, remote monitoring, internet of things, Paper-free care delivery

5.0 IMPLICATIONS

- 5.1 If NHS system partners deliver all aspects of the STP, this will achieve the savings and efficiency target and produce a small NHS surplus by 2020/21.
- 5.2 Due to the high levels of acute hospital activity, and resulting deteriorating financial position in our system, we have accelerated the pace of change and focussed early investment on the areas that will have greatest impact on reducing hospital activity levels.
- 5.3 Our priorities are to increase the amount of care delivered closer to home and to keep people well in their communities.

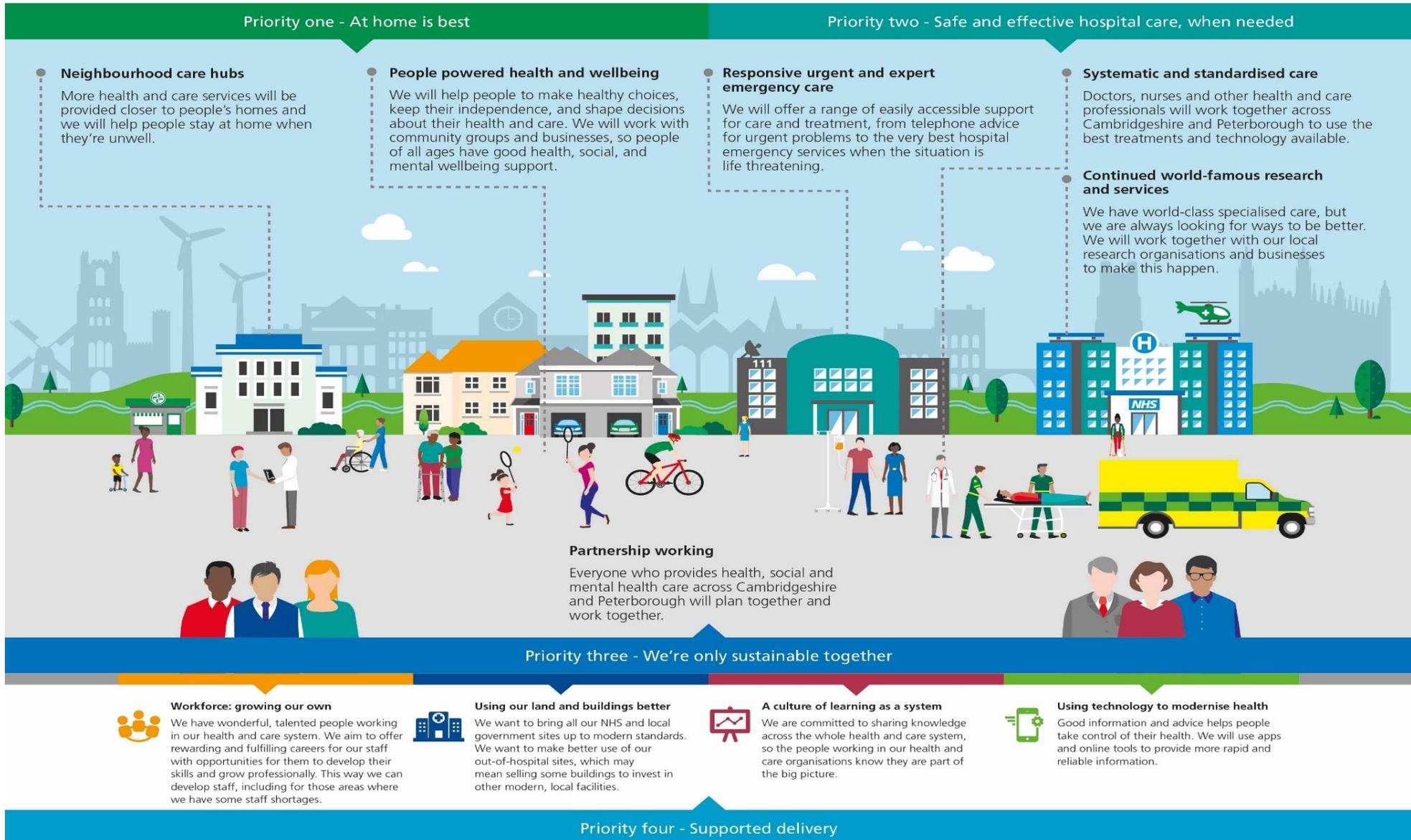
6.0 RECOMMENDATION/DECISION REQUIRED

- 6.1 The CRHB is asked to comment upon and note this update report.

7.0 SOURCE DOCUMENTS

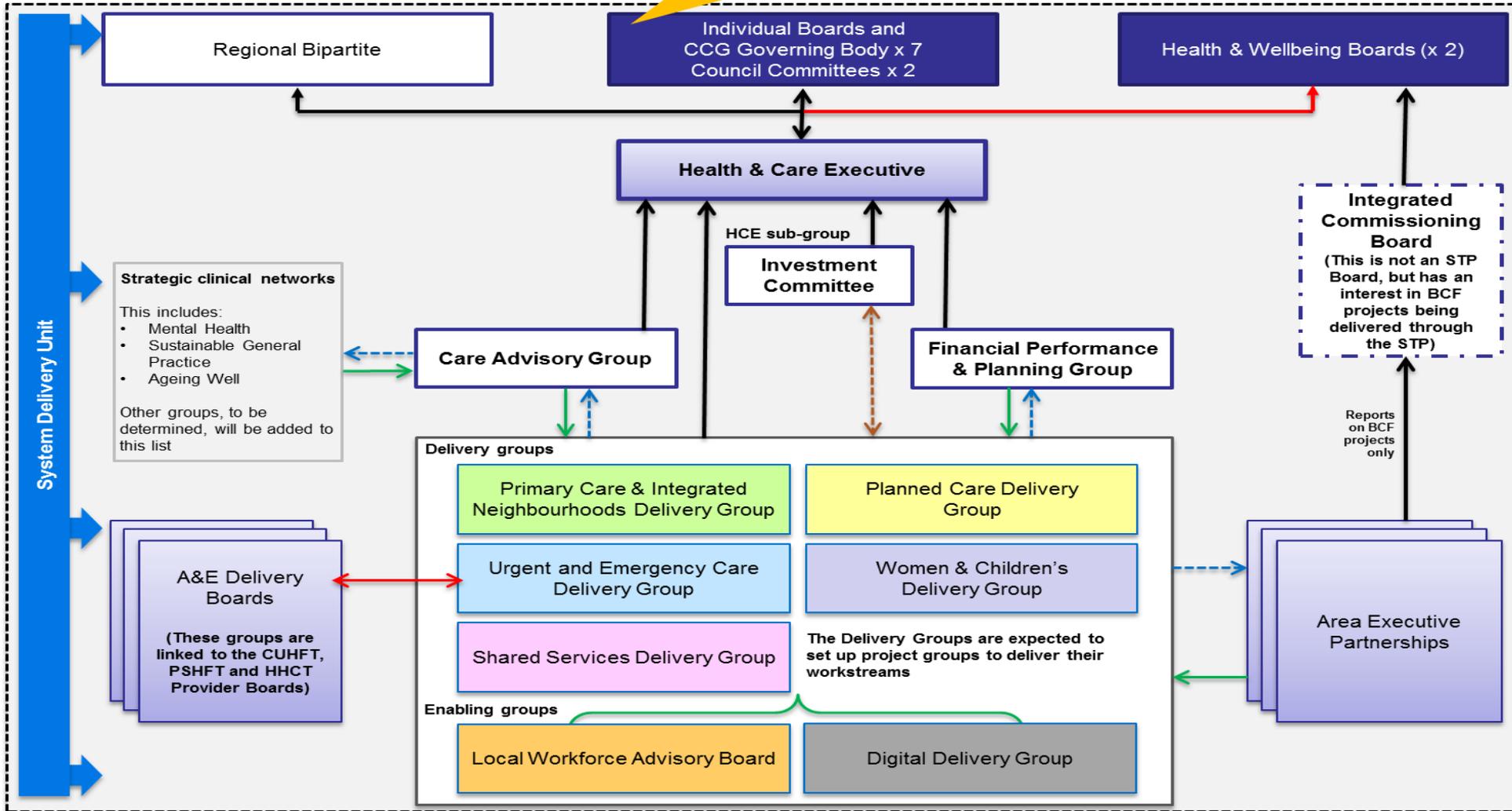
Source Documents	Location
<ul style="list-style-type: none"> • Cambridgeshire and Peterborough Sustainability and Transformation Plan • Sustainability and Transformation Plan summary document • Frequently Asked Questions • Cambridgeshire and Peterborough Local Digital Roadmap 	<p>All available at www.fitforfuture.org.uk/what-were-doing/publications/</p> <p>http://dev.speed.agency/fitforfuture/wp-content/uploads/2017/01/0064-PH-STP-DRM-Public.pdf</p>

ANNEX 1: Cambridgeshire & Peterborough *Fit for the Future* Priorities



ANNEX 2: Fit for the Future Delivery Governance Structure

Decision-making remains with each organisation until / unless authority delegated to HCE



ANNEX 3: Purpose of each Group within the *Fit for the Future* Delivery Governance structure

1. Health and Care Executive (HCE)

Organisations from across the system have agreed to work together, taking joint responsibility for improving the population’s health and wellbeing within a defined financial envelope. The Health and Care Executive (HCE) exists to provide strong, visible and collective leadership to this process.

The HCE’s main purpose is to commission and oversee a programme of work that will deliver the *Fit for the Future* priorities:

Priorities for change	10 point plan
At home is best	People powered health and wellbeing Neighbourhood care hubs
Safe and effective hospital care, when needed	Responsive urgent and expert emergency care Systematic and standardised care Continued world-famous research and services
We’re only sustainable together	Partnership working
Supported delivery	A culture of learning as a system Workforce: growing our own Using our land and buildings better Using technology to modernise health

2. Care Advisory Group (CAG)

The main purpose of the Care Advisory Group (CAG) is to contribute to the overall delivery of *Fit for the Future* objectives by reviewing care model design proposals, horizon scan for innovations, ensure that there is a robust evidence base behind decisions, and making recommendations to the HCE. Expertise and opinion will be represented and sought from the public, from health and care providers and from clinical experts. The CAG will prioritise clinical issues to be considered by HCE and make recommendations for their consideration.

3. Financial Performance and Planning Group (FPPG)

The main purpose of the FPPG is to contribute to the overall delivery of *Fit for the Future* objectives by promoting financial sustainability of health and care provision within the Cambridgeshire and Peterborough footprint.

The responsibilities of the FPPG are as follows:

- To ensure that proposals are affordable, efficient, and represent value for money;
- To ensure that investments reduce health inequalities;
- To ensure that financial incentives are aligned around minimising system costs; and
- To ensure that patient benefit is maximised.

4. Investment Committee (IC)

Organisations from across the system have agreed to work together, taking joint responsibility for improving the population's health and wellbeing within a defined financial envelope. In order to deliver this aim, a number of organisations in the system have committed to the creation and funding of an investment pot to fund some of the initiatives necessary to deliver the required change. The main purpose of the Investment Committee is to assess and evaluate Business Cases submitted for funding from this investment pot and, where supported, to recommend to the HCE for approval.

5. Delivery Groups

The structure includes the following Delivery Groups:

- Primary Care & Integrated Neighbourhoods;
- Urgent and Emergency Care;
- Planned Care;
- Women & Children's;
- Shared Services;
- Digital; and
- Local Workforce Advisory Board

The role of the Delivery Groups is to contribute to the overall delivery of *Fit for the Future* objectives by ensuring that the quality improvements and financial opportunities identified are realised. In particular, the delivery groups will be responsible for ensuring implementation (including savings realisation) of design projects, and delivery projects where implementation needs to happen consistently across the system.

6. Local Workforce Advisory Board (LWAB)

Critical to the successful delivery of *Fit for the Future* is the creation of an enabling workforce strategy for health and care. The Cambridgeshire and Peterborough Local Workforce Advisory Board (LWAB) has been established to create this strategy which will align and develop the local workforce to meet the priorities set out in *Fit for the Future*. The LWAB brings together health and care organisations and key stakeholders across a broad range of workforce issues, current and future, and its purpose is to ensure that the people elements of the 5 year service strategy can be identified and delivered.

7. Area Executive Partnerships (AEP)

Three Area Executive Partnerships have been established around the following areas: (1) Cambridge and Ely, (2) Huntingdon and Fenland and (3) Greater Peterborough. Their role is to contribute to the overall delivery of *Fit for the Future* objectives by providing strategic advice and local knowledge and expertise to the Delivery Groups within the structure. They have a key role to play in ensuring that the local context is factored into project design as well as a role to assist delivery by providing links to local groups, unblocking any issues related to the local context and helping the Delivery Groups to address local barriers to change. *[It should be noted that the role of AEPs and how they relate to District Council*

Local Health Partnerships is being reviewed to ensure that work is aligned and not duplicated]

Each Area Executive Partnership:

- works with local communities (residents, patient groups, voluntary sector) and staff (primary care, NHS and local authorities) and develops an understanding of how to build capacity for proactively keeping people independent, well, and at home;
- provides a vehicle for strong and visible front-line clinical leadership and resident/ patient involvement; and
- promotes a culture of continuous quality improvement.

8. A&E Delivery Boards

Each A&E Delivery Board's main purpose is to:

- ensure urgent care needs are dealt with in the most appropriate setting by the most appropriate services (which in many cases should not be in A&E departments or acute hospital beds);
- provide a vehicle for strong and visible front-line clinical leadership and resident/ patient involvement; and
- promote a culture of continuous quality improvement

The A&E Delivery Boards are expected to oversee improvement projects that require locality tailoring for successful implementation. The over-arching guiding principle is that 'the same things are done differently' rather than 'different things are done' across Cambridgeshire and Peterborough.