

Report to Rutland Health and Wellbeing Board

Subject:	Cambridgeshire and Peterborough Sustainability and Transformation Plan
Meeting Date:	31 January 2017
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Paper for:	Note / Discussion

Context, including links to Health and Wellbeing Priorities e.g. JSNA and Health and Wellbeing Strategy:

1.0 PURPOSE

1.1 The purpose of this report is to update the Health and Wellbeing Board on the latest Sustainability and Transformation Plan (STP), published by the Sustainability and Transformation Programme on 21 November 2016.

2.0 BACKGROUND

2.1 Cambridgeshire and Peterborough's latest five-year Sustainability and Transformation Plan (STP) to improve local health and wellbeing was published on 21 November 2016.

2.2 Led by local clinicians, the STP has been developed by all local NHS organisations and local government officers, and through discussion with our staff and patients. It aims to provide solutions to the county's challenges to deliver the best possible care to keep the population fit for the future and take joint responsibility for improving health and wellbeing.

2.3 The plan addresses the issues highlighted in our Evidence for Change (March 2016) and the main reasons why changes are needed in the local health and care system. It details how we propose we could improve services and become clinically and financially sustainable for the future.

2.4 Following on from the interim STP summary published in July 2016 where we forecasted that as a system we will have a £250m financial deficit by 2020/21, the STP outlines that this is in addition to £250m of savings and efficiency plans individual Trusts and the Clinical Commissioning Group (CCG) need to deliver over the same period. This makes a total system-wide financial challenge of £500m over the next four years. It also estimates the need to invest £43m to improve services over these four years, which increases the total system-wide financial challenge from £500m to £543m.

2.5 The scale of the changes required is significant and we all recognise the delivery will be challenging.

3.0 KEY ISSUES

3.1 Memorandum of Understanding

All leaders from across the system are being asked to sign a Memorandum of Understanding (MoU) as a demonstration of their commitment to work together, share budgets, deliver agreed clinical services and ensure that together we provide health and care services that are clinically and financially sustainable. The MoU was published in October 2016 and can be read [here](#).

3.2 Four priorities, delivered through a 10-point plan

Through discussion with our staff, patients, carers, and partners we have identified four priorities for change as part of the Fit for the Future programme, and developed a 10-point plan to deliver these priorities.

Four priorities	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

3.3 We have translated this Fit for the Future programme into improvement projects, each of which reports to a delivery group

Our priorities will be delivered through eight delivery groups, responsible to Accountable Officers who are Chief Executives from across the health and care system.

The groups cover clinical services, workforce and support services. The clinical delivery groups include public health and care 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.

Delivery Groups

Urgent and Emergency Care Accountable Officer: Roland Sinker, CUH	Women & Children Accountable Officers: Matthew Winn, CCS & Wendi Ogle-Welbourn, CCC & PCC	Elective Accountable Officer: Tracy Dowling, C&PCCG	Primary Care & Integrated Neighbourhoods Accountable Officer: Aidan Thomas, CPFT
Shared Services Accountable officer: Stephen Graves, PSHFT	Digital Delivery Accountable Officer: Stephen Posey, PHT	Workforce & Organisational Development Accountable Officer: Matthew Winn, CCS	System Delivery Unit Accountable Officer: Lance McCarthy, HHCT

Improvement projects

The groups have identified over 50 improvement areas which are being scoped and measures for success developed, including quality key performance indicators and targets, and key milestones.

Sustainability and Transformation Plan – Overview of improvement projects

Service area	Improvement projects
Urgent and emergency care	Reduce demand for hospital care through: <ul style="list-style-type: none"> • Integrated NHS 111 and out of hours with clinical hub • Develop and deliver a mental health first response service to enable 24/7 access to mental health • Re-design the clinical model for intermediate care (community beds, re-ablement and therapy) • Ambulances: dispatch on disposition, hear and treat, divert to community services • Reduce re-admission rates through supported discharge • Extend and enhance ambulatory care services as alternatives to admissions • Develop primary and urgent care hubs in rural communities • Reduce length of stay in hospital
Women and children	<ul style="list-style-type: none"> • Introducing a 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 (universal services) • Improve the mental health support for children and young people

Elective care	<ul style="list-style-type: none"> • Achieve shorter, faster, more effective treatment pathways • Models of care to enable GPs and consultants to share decision making • Develop GP referral support to address unwarranted variation in referral practice • Maximise clinical thresholds for effective services • Standardise high volume elective treatment pathways (hip, knee, arthroscopy, cataract, glaucoma, cardiac, ENT) • Reduce outpatient follow-up activity through virtual clinics, technology for results • Deliver productivity gains in provider trusts
Primary care and integrated neighbourhood teams	<ul style="list-style-type: none"> • CVD and stroke prevention • Improve identification and management of patients with hypertension and atrial fibrillation • Improve uptake of NHS Health Checks • Improve uptake and completion of cardiac rehabilitation • Mental Health • Implement enhanced primary mental health care (PRISM) • Ensure mental health service model matches capacity and demand • Implement mental health strategy across the system • Diabetes • Support self-care, provide enhanced patient education and virtual patient reviews • Develop a proactive integrated model of care for people with long term conditions • Design and implement the 8 diabetes NICE care processes • Respiratory • Improve respiratory patient identification • Develop specialist community expertise • BLF 'Love your lungs' and spirometry testing • Implement new medicines management and prescribing practices including minimise triple therapy for COPD
Shared services	<ul style="list-style-type: none"> • Merger of HHT and PSHFT to enable shared service savings • Explore back office consolidation across primary care at scale • Implement a single approach to procurement across C&P • Develop and sign off strategic estate plans, (including potential for primary care co-location, including other public services like Citizens Advice)
Digital delivery	<ul style="list-style-type: none"> • Digital opportunities: tele-medicine, tele-monitoring, GS1, remote monitoring, internet of things • Shared Wi-Fi, infrastructure for professional and citizen – all health and care locations • Paper free care delivery
Workforce & Organisational Development	<ul style="list-style-type: none"> • 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

- 3.4 Following the submission of the STP, feedback has received from NHS England stating that it is a good strategic plan, that there is evidence of good engagement and system leadership and that it represents a comprehensive plan in order to ensure good clinical quality and a financially sustainable service by 2020/21.

The feedback notes that the system has significantly improved communications with stakeholders and comments that this should continue. It goes on to highlight the challenge for the system, which is to implement the strategy outlined; ensuring that the operational plan is delivered. It states that it is positive that an independent chair has been appointed and that there is a good PMO in place. It notes that a permanent programme director is required.

Further comments state that the STP plan provides a “good demonstration of the benefits to patients and the link with mental health and physical health strategies”. Finally it states that the system is aware of the financial challenges it faces and is working collaboratively with NHSI and NHSE to address these.

4.0 SOURCE DOCUMENTS

Source Documents	Location
<ul style="list-style-type: none"> Cambridgeshire and Peterborough Sustainability and Transformation Plan – October 2016 Sustainability and Transformation Plan summary document – updated, November 2016 (also attached as a PDF) Frequently Asked Questions – Third edition, November 2016 	<p>All available at www.fitforfuture.org.uk/what-were-doing/publications/</p>

Financial implications:

5.0 IMPLICATIONS

- 5.1 If the Trusts and CCG meet their savings and efficiency plans, and all aspects of the STP are delivered, this will achieve the savings and efficiency target (of £500m) and produce a small NHS surplus of £1.3m (by 2020/21).
- 5.2 Due to the high levels of acute hospital activity, and resulting deteriorating financial position in our system, we are looking at ways to accelerate the pace of change and focus 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.

5.4 There will be more opportunities for patients, carers, and local people to be involved with the specific improvements we would like to make, and we will provide opportunities for staff and local people to help shape proposals for service change and to be involved with any formal consultation process.

5.5 The proposals will be further developed over the next few months. If patients and carers want to be part of the discussion please contact the team via email: contact@fitforfuture.org.uk

Recommendations:

That the board:

1. Comments upon and notes the Cambridgeshire and Peterborough Sustainability and Transformation Plan

Comments from the board:

Strategic Lead:

Risk assessment:

Time	L/M/H	
Viability	L/M/H	
Finance	L/M/H	
Profile	L/M/H	
Equality & Diversity	L/M/H	

Timeline:

Task	Target Date	Responsibility