

## CAMBRIDGESHIRE & PETERBOROUGH SUSTAINABILITY AND TRANSFORMATION PLAN (STP) UPDATE REPORT

To: Healthwatch Cambridgeshire

Date: 15<sup>th</sup> March 2017

From: David Astley, Independent Chair, Fit for the Future

### 1.0 PURPOSE

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

### 2.0 BACKGROUND

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

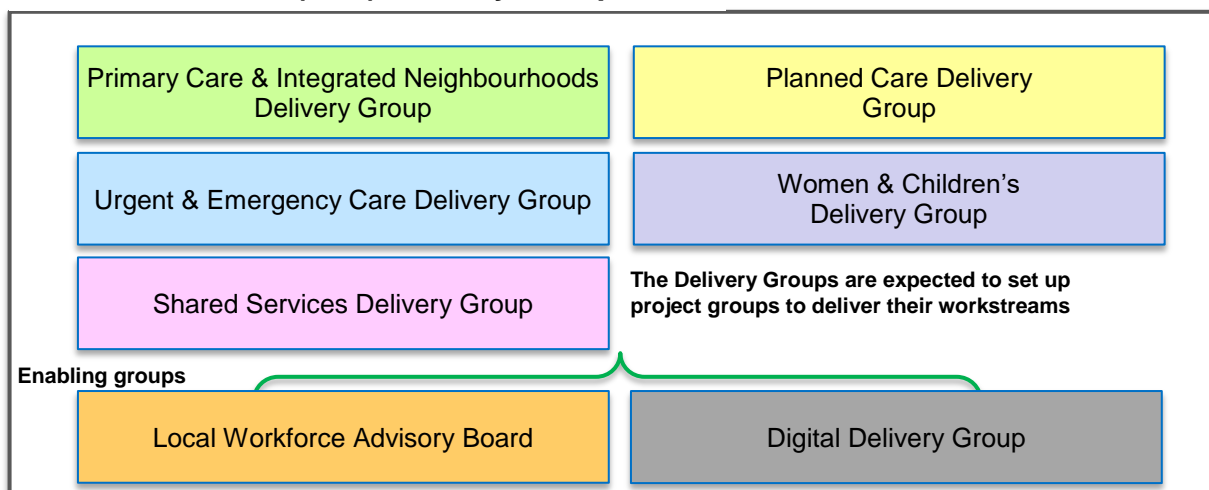
2.2 Led by local clinicians, the STP has been developed by all local NHS organisations and local government officers, as well as through discussions with our staff and patients. It aims to provide solutions to the county's challenges to deliver the best possible care to keep the population fit for the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

2.3 It addresses the system-wide financial challenge of £504m 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 to £547m.

2.4 Through discussion with our staff, patients, carers, and partners we have identified four priorities for change as part of our *Fit for the Future* (STP) programme, and developed a 10-point plan to deliver these priorities, as illustrated at Annex 1.

2.5 We have also developed a delivery governance structure to ensure effective implementation of the STP and this is illustrated at Annex 2. 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.

#### Fit for the Future (STP) Delivery Groups



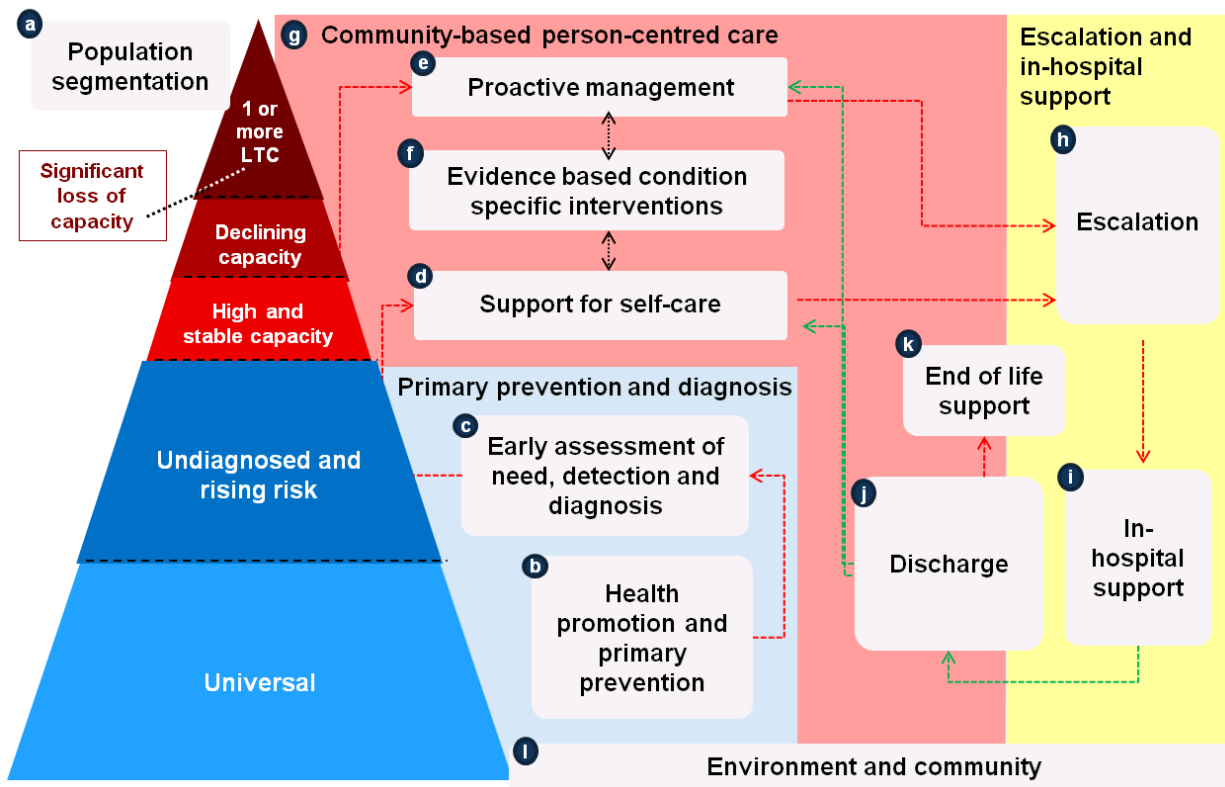
The Delivery Groups cover clinical services, workforce and support services and are designed to encourage system-wide working and to allow for patient-led care to be at the forefront of everything we do. Membership includes clinicians from organisations across the system and we are currently ensuring that each Delivery Group has patient and public representation (See section 4 below). Project groups have been established within each Delivery Group to take forward specific aspects of work and, again, these groups include clinical membership and will all have patient and public representation.

## 3.0 KEY ISSUES

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

## 3.2 Primary Care and Integrated Neighbourhoods

3.2.1 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 people’s 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.



3.2.2 Early implementation work is underway in a number of areas, including:

- ‘*Social Prescribing*’: This is where a healthcare professional can refer people to a link worker to co-design a non-clinical ‘social’ prescription. For example, an older single

man experiencing loneliness and depression could receive a social prescription to an organisation such as Men's Sheds Association (see <http://menssheds.org.uk/what-is-a-mens-shed/>);

- Stroke prevention: Improving atrial fibrillation identification and management to reduce the risk of Stroke and manage Cardio vascular disease;
- 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;
- Proactive Case Management: The identification and management of a wider cohort of at-risk patients than are currently cared for to maintain people in the Community; and
- Community Respiratory services: The development of community respiratory clinics run by Community Respiratory Consultant and follow-up clinics run by dedicated community respiratory nurse.

### 3.3 Urgent and Emergency Care

3.3.1 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.

3.3.2 The focus for early implementation is:

- Extended Joint Emergency Team (JET): The Health & Care Executive (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 be able to increase the capacity of the current service and 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 from the existing four bases of Cambridgeshire & Peterborough Foundation Trust ensuring equity of provision and economies of scale. The service will provide both intensive stroke discharge support for 6 weeks and home based neuro rehabilitation; and
- Mental Health Crisis First Response Service: Funding to continue the urgent & emergency mental health liaison services has been agreed by the HCE. The First Response Service provides a comprehensive crisis assessment pathway, covering all ages, and providing a genuine alternative to A&E. The current service has

demonstrated that it can improve patient care and safety, as well as reduce A&E attendance, therefore providing savings for the urgent and emergency care system.

## 3.4 Planned Care

3.4.1 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.

## 3.5 Women and Children

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

3.5.2 Early implementation work across these projects includes:

- Maternity network developments: The initial focus is on developing a networked model of maternity care across Cambridgeshire and Peterborough to ensure consistent, high quality care and outcomes. Developing a community perinatal mental health service (see below), reviewing clinical protocols for inutero transfers and focussing on services for unwell, new born babies are also initial priorities for this work programme;
- Perinatal mental health: A priority is to develop a business case to establish a specialist community perinatal mental health service. Whilst there are pockets of expertise in our localities, there is currently no dedicated community service and the benefits for mothers and babies of introducing an evidence-based service would be significant;
- Urgent care: An early priority for this group is to identify new pathways of care for conditions that are currently seen in A&E, for example, minor illnesses and accidents, which could be treated closer to home if appropriate services were available. More joined up and integrated pathways across community and hospital services would ensure safe and sustainable services are provided at the right time, in the right place, by the right practitioner;
- Specific disease pathways: Developing proactive asthma and continence pathways and care models is the focus of this work stream, with the aim of developing community based clinics and improving the tools and information available to children and families. This would enable children and young people with asthma to be treated closer to home where appropriate, reducing A&E attendances, whilst community continence clinics will enable more routine cases, currently seen in hospital outpatient clinics, to be seen in the community with earlier, more proactive intervention;
- Mental health support for children: This work programme is seeking to transform emotional health and wellbeing services for children and young people, with an initial focus on the introduction of a Crisis Assessment Team for children and adolescents with mental health issues. We will also be seeking to implement, locally, the national I-

Thrive framework; an integrated, person centred and needs led approach to delivering mental health services for children, young people and their families;

- 0-19 universal services: Developing an integrated Healthy Child Programme for 0 – 19 year olds which meets the needs of children and young people and their families is central to this work programme. Our aim is to improve access to services and ensure equity of service provision across Cambridgeshire and Peterborough to ensure our children and young people are supported to have the very best start in life; and
- Specialist disability services: The focus of this group is to improve pathways for children who have a disability to ensure care and services are co-ordinated and that we are able to achieve positive outcomes for young people with disabilities supporting them to become independent adults.

## 3.6 Shared Services

3.6.1 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.

3.6.2 Key projects for early implementation include:

- Merger of Hinchingsbrooke Healthcare NHS Trust and Peterborough & Stamford Hospitals NHS Foundation Trust to enable shared service savings;
- Exploring back office consolidation across primary care at scale;
- Implementing a single approach to procurement; and
- Development and sign off of a strategic estate plans, (including potential for primary care co-location, including other public services)

## 3.7 Workforce

3.7.1 Our new models of care will have significant implications for our workforce. In order to maximise the impact of the 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 the future.

3.7.2 Key projects for early implementation include:

- Development of a system wide Workforce Investment Plan, with a commitment to investment priorities in relation to Apprenticeships (via LEVY), Pre-Registration, Continued Professional Development (CPD) and wider workforce transformation; and

- Linking to the supply improvement programme and design a tailored programme for primary care, linking to case load management trailblazers.

## 3.8 Digital Delivery

3.8.1 This Delivery Group is concerned with how best we can meet the opportunities and challenges of providing healthcare in a digital world by making best use of technology to support care, for example, tele-medicine, tele-monitoring, remote monitoring and paper free care delivery.

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

## 4.0 ENSURING EFFECTIVE PATIENT & PUBLIC INVOLVEMENT IN STP IMPLEMENTATION

4.1 We are committed to ensuring that we effectively involve patients, service users and the public at every stage of STP implementation.

4.2 Early patient and public involvement work in STP implementation includes:

- Ensuring that there is patient, service user or voluntary sector representation on every Fit for the Future Delivery Group and live Improvement Area Group;
- Working with Healthwatch who can advise on effective involvement and, in particular, facilitate access to specific and seldom heard groups; and
- When a Delivery Group/Improvement Area reaches a stage where PPI activity is required, ensuring that there is access to the extensive existing 'pools' of patients, service users and third/voluntary sector organisations who can be involved.

4.3 We recognise that we need to engage more widely than we have traditionally done and reach audiences that have not been heard to date. We will do this in a variety of ways, including:

- Exploiting the potential of social media to establish an on-going two-way dialogue with audiences that we would not routinely access e.g. teenagers and women aged between 30- 50;
- Use the facilitative input of organisations and groups that understand how to engage effectively with seldom heard groups e.g. Healthwatch and mental health charities;
- Promote the Fit for the Future website as the central point of contact with up-to-date information on activity and progress;
- Advertise opportunities for people to be involved;

- Develop practical support to individuals involved in the STP programme; and
- Develop opportunities for individuals and groups to improve their involvement skills e.g. quality events, conference or guides.

## 5.0 IMPLICATIONS AND CHALLENGES

- 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 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 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 The key challenges to STP delivery are:
- the system’s financial position leads to failure to access additional funds such as sustainability funds;
  - Assuring staff and clinicians that developments and changes proposed within the STP will be implemented;
  - National and local political support;
  - Ensuring Primary Care as providers are engaged or included in system wide leadership conversations;

## 6.0 RECOMMENDATION

6.1 Healthwatch Cambridgeshire is asked to note this update report.

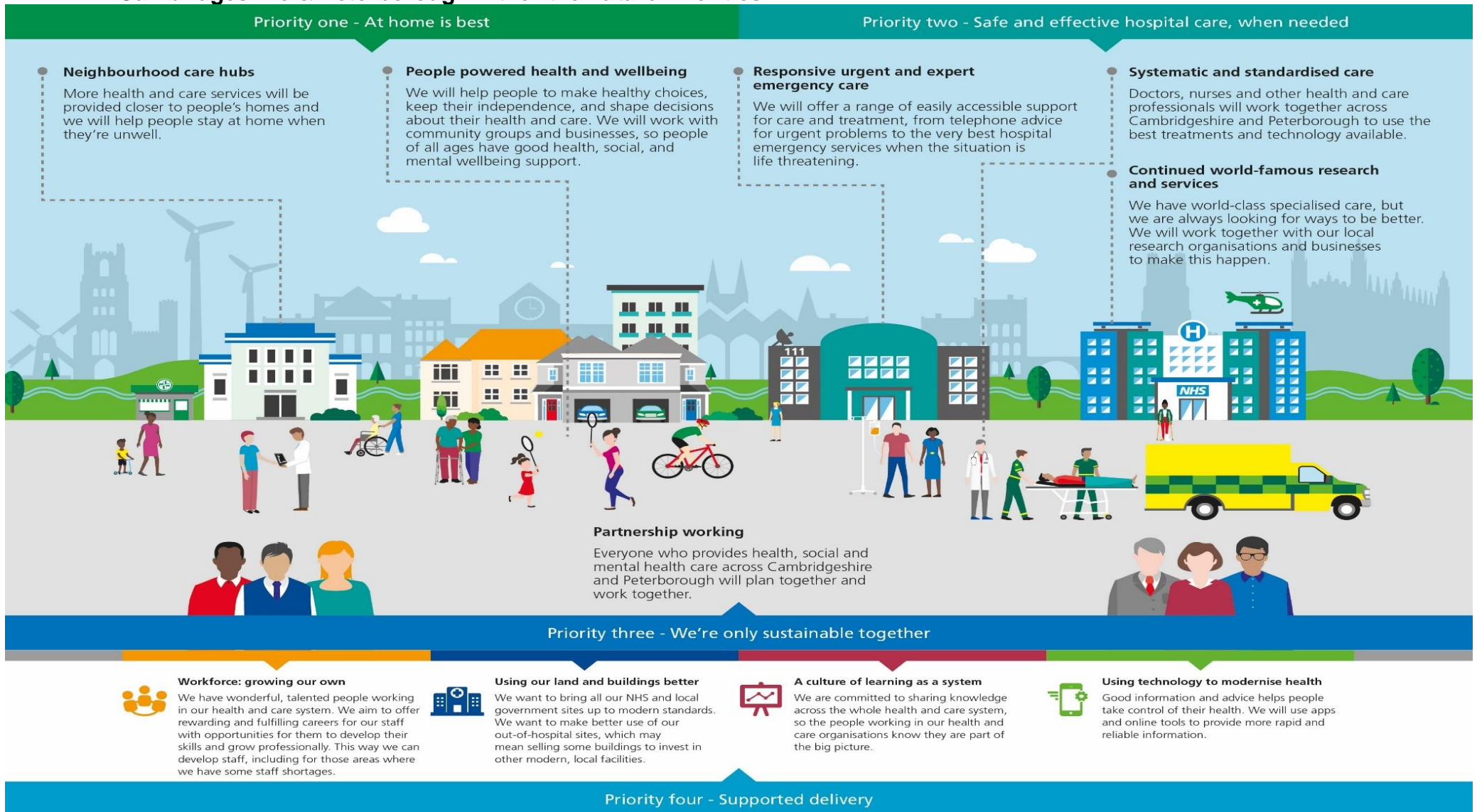
## 7.0 SOURCE DOCUMENTS

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

# Fit for the Future

Working together to keep people well

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





## ANNEX 2: Fit for the Future Delivery Governance Structure

