

| | | |
|-----------------------------------|--|----------------------|
| HEALTH AND WELLBEING BOARD | | AGENDA ITEM No. 5(a) |
| 11 DECEMBER 2014 | | PUBLIC REPORT |
| Contact Officer(s): | Fiona Head, Director of System Transformation, Jessica Bawden, Director of Corporate Affairs, Cambridgeshire and Peterborough Clinical Commissioning Group | Tel. 01223 725584 |

INSERT REPORT TITLE (IN BOLD CAPS) HERE

| | |
|---|----------------------------|
| RECOMMENDATIONS | |
| FROM : Dr Neil Modha, Chief Clinical Officer (Accountable Officer) Cambridgeshire and Peterborough Clinical Commissioning Group | Deadline date : N/A |
| The Boar is requested to: | |
| <ol style="list-style-type: none"> 1. Note the update and information on the Five Year Planning process; and 2. Discuss the progress of the programme to date and to make any comments. | |

1. ORIGIN OF REPORT

1.1 This report is submitted to Board following a request for an update on the work of the System Transformation Team and also as part of planning for seminar on the wider work of the team. It is also to note a recent communication from the Secretary of State for Health on Health and Wellbeing Board engagement with providers.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to provide an update on the ongoing development of the System Transformation Programme and includes sections on:

- Strategic aims and values of the programme
- Programme governance
- Programme structure
- Analytical work

3. MAIN ISSUES

3.1 Strategic aims and values

3.1.1 The strategic planning process

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) has developed, in conjunction with providers, partners and patients, a 'system blueprint' to deliver sustainable health care now and in the future for the whole of the local health system.

There are four phases of plan development and implementation (see appendix 1). We are currently in Phase 2. This phase is a phase for deciding and proposing solutions and will complete in June 2015. This phase includes:

- Engagement with stakeholders and co-design of potential options

- Modelling the impact of these options
- Deciding on options for changing pathways and structures for delivery
- Preparing for public consultation for the chosen options

3.1.2 Strategic aims and values of the programme:

The strategic aims and values of the programme are unchanged and are:

- People at the centre of all that we do
- Empowering people to stay healthy
- Developing a sustainable health and care system
- Improving quality, improving outcomes

3.2 Programme governance

3.2.1 System Transformation Programme Board

The programme is overseen by the System Transformation Programme Board. This Board consists of patient representatives, Directors of Adult Social Services, the Chief Executive Officers from providers in the health economy and NHS England. It is chaired by the Cambridgeshire and Peterborough CCG Accountable Officer and the Vice-Chair is the NHS England Area Team Director.

The Board last met on 10 November 2014.

This meeting considered the analytical work (see section 2.4 below) and the recently published “Five Year Forward View” from NHS England (see reference below). This document explains why the NHS needs to change, the importance of prevention proposes new models of care delivery.

The Board requested further work scoping work to consider how these models might be applied to the Cambridgeshire and Peterborough health care system.

At this meeting the Board also considered the request from Cambridgeshire Health and Wellbeing Board for political observers to attend the System Transformation Programme Board. The Board noted the duty of health commissioners to consult with Health and Wellbeing Boards on commissioning plans. It also noted that several members of the Health and Wellbeing Boards are also members of the System Transformation Programme Board. Rather than political observers being present the System Transformation Programme Board would like to inform the Cambridgeshire and Peterborough Health and Wellbeing Board of its work through regular update meetings where elected members could contribute to the discussion

The Board will meet again for an away half day on 4 December 2014 to consider the development of the baseline projections, modelling and development of the impact assessment methodology.

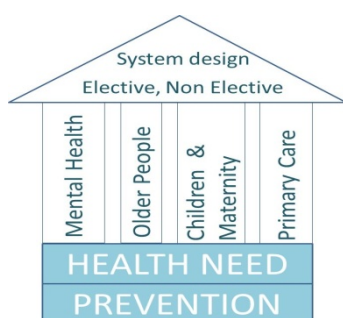
3.2.2 The National Partners Group

This group is chaired by NHS England and has on it representatives from Cambridgeshire and Peterborough CCG, Monitor and the Trust Development Authority. It exists to provide oversight of the programme on behalf of the National Partners and to enable the regulators to advise the programme as it develops.

The group last met on 20 October 2014 and will meet again in December 2014

3.3 Programme structure

The structure of the system transformation programme is shown in the diagram below.



The programme remains largely the same since the last update:

- System design will consider primary care, community services and acute services. For phase 2 it incorporates elective and non elective care
- The main pillars are the clinical workstreams; these inform the system design work. Each clinical workstream takes account of health need as articulated in the Joint Strategic Needs Assessments (JSNAs) for Cambridgeshire and Peterborough
- Prevention is fundamental to the programme and is built into each workstream, rather than being a separate workstream

3.4 Analytical work: generating information for engagement and discussion

A diagram showing the analytical work being undertaken in this part of phase 2 is shown in appendix 2.

- In essence, a cross section of activity across the health economy has been built up that is projected forwards by demographic growth. An additional increase for “acuity”, in other words the level of severity of illness, will also be applied. This gives a forecast of activity over the next five years.
- This activity forecast can be converted into costs.
- Various “ideas” or “scenarios” can then be applied to this forecast to see how they impact on activity and cost.
- The output of the “idea” or “scenario” can then be impact assessed. Impact assessment dimensions and criteria have not yet been finalised, but the initial impact assessment domains are shown in appendix 2. The impacts on health will be assessed at this stage and are included in the quality domain.

It is important to note that the analytical work is generating information for engagement and discussion.

It is not the decision making process.

This analytical work is complicated. It has been attempted in our system before by external consultants who did not manage to achieve an output. However without this analytical work change will be harder to enact as there will be no quantified estimates of the impact of possible ideas for the various commissioner and provider businesses in the health economy. A significant amount of time of the senior people working on the programme resource is therefore dedicated to this work.

The analytical work is being informed by and will, in turn, be fed back to the clinical workstreams throughout phase 2.

- 3.5** It is proposed that Members attend a half day workshop in January to look at the detail of the Programme and consider its potential implications for Peterborough. Members will be asked to consider what their priorities might be for health and social care in the City over the next five years and how they can further influence this planning work.

Members are asked to consider the best format for the workshop and additional invitations perhaps to include the members of the Scrutiny Commission on Health Issues.

4. RECOMMENDATIONS

The purpose of the item is to provide information, and to raise awareness, to the Health and Wellbeing Board about the Five Year Planning process.

Health and Wellbeing Board members are asked to discuss the progress of the programme to date and to make comments. Members are also asked to consider the structure and attendance at a workshop on the Programme.

Members are also asked to note the letter from the Secretary of State for Health and discuss any action from it.

5. SOURCE DOCUMENTS

| Source Documents | Location |
|--|---|
| <ul style="list-style-type: none"> Cambridgeshire and Peterborough health system Blueprint 2014/15 to 2018/19: Main text | http://www.cambridgeshireandpeterboroughccg.nhs.uk/five-year-plan.htm |
| <ul style="list-style-type: none"> Cambridgeshire and Peterborough health system Blueprint 2014/15 to 2018/19: Appendices | http://www.cambridgeshireandpeterboroughccg.nhs.uk/five-year-plan.htm |
| <ul style="list-style-type: none"> NHS England “ Five Year Forward View” | http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf |

Author

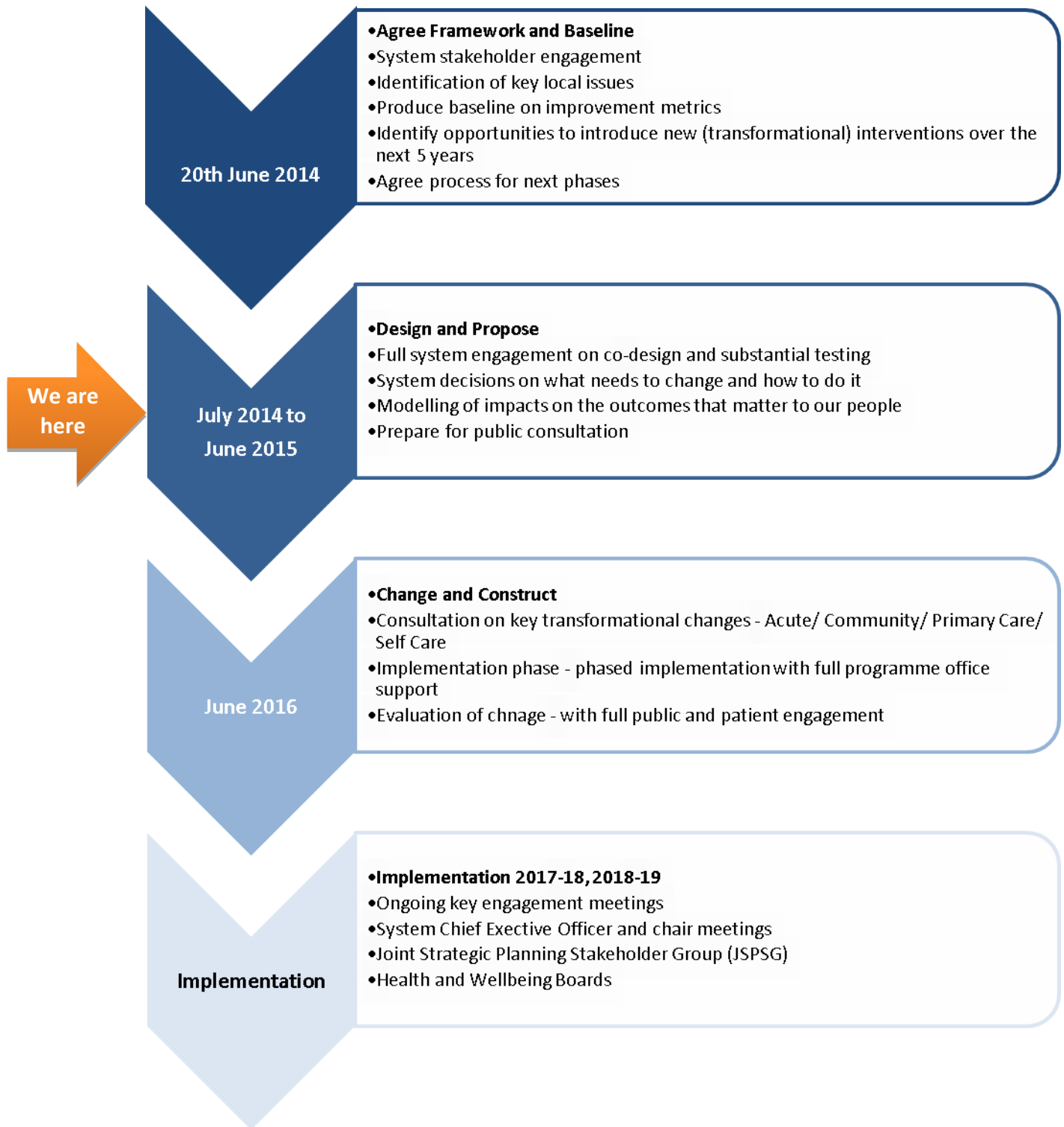
Dr Fiona Head

Programme Director

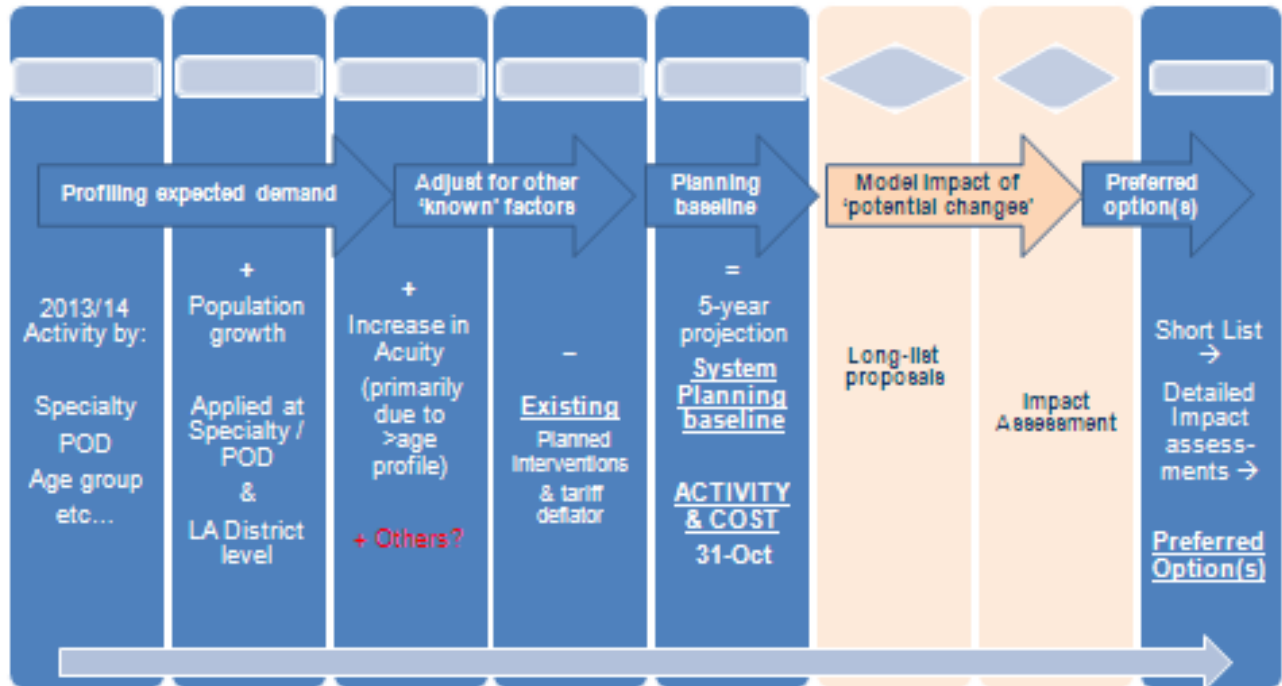
Cambridgeshire and Peterborough System Transformation Programme

25 November 2014

Appendix 1: Phases of work



Activity & Demand profiling/modelling - Approach



Impact Assessment Domains



Department
of Health

*From the Rt Hon Jeremy Hunt MP
Secretary of State for Health*

*Richmond House
79 Whitehall
London
SW1A 2NS*

To: Chairs of Health and Wellbeing Boards

*Tel: 020 7210 3000
Mb-sofs@dh.gsi.gov.uk*

Cc: Chief Executives of NHS Trusts and NHS Foundation Trusts

- 7 OCT 2014

Dear colleagues,

Effective Engagement between health and Wellbeing Boards and Major Providers

As we move towards a modern, effective health and care system the importance of working together across local health and care economies only grows. Effective engagement between Health and Wellbeing Boards and the major providers who serve their communities is critical to our shared success.

The Better Care Fund (BCF) plans were submitted on 19 September following a great deal of hard work in local areas. These plans are built on the foundation of conversations taking place that have never happened before, and I do want to commend local areas for all their efforts to bring this about. However, it has become clear through this process that there are differences in the level of engagement between Boards and providers. The results of the National Consistent Assurance Review (NCAR) process for the BCF will be made available shortly, and we want to take steps now to ensure that all local areas will be working effectively together to lay strong foundations for the implementation of the BCF plans from April 2015.

The BCF, among other changes, will lead to a reduction in emergency admissions across England and a changing pattern of care with more being done in the community. This will have a significant impact on major NHS providers and so the BCF planning necessitates strong relationships, open conversations and new ways of working. Strong, constructive dialogue from all local partners involved in developing and delivering BCF plans will be crucial to success.

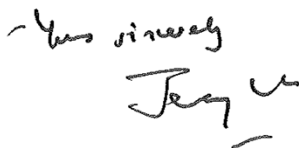
How this engagement works in practice will be different in each area. Where providers have been included as full members on boards, there have been clear advantages – for example full involvement and challenge throughout the process of developing and signing off BCF plans. Around two thirds of boards do not include local NHS providers, and I know that in many areas, this has been a considered

decision. In such cases there are some examples of engagement working well through secondary mechanisms such as partnership groups, provider forums and workshops convened to explore specific local issues.

However, there are cases where this engagement does not seem to have worked effectively and this is unacceptable. Boards and providers must be positively engaging in the local decision making process, and it is the responsibility of all parties to ensure that engagement is effective, timely and meaningful. I would therefore urge Boards that do not include providers to reconsider this position, or at the least to consider their current arrangements, and assure themselves that the right structures and relationships are in place.

Support is available to Boards and providers to support effective engagement, through the Health and Wellbeing System Improvement Programme (delivered by the Local Government Association with DH funding)
<http://www.local.gov.uk/health-and-wellbeing-boards>

I would welcome your feedback on the issues raised in this letter. In particular, further examples of where you believe engagement is working well and how this has been achieved; and suggestions for further support from system leaders that you think would be helpful.

A handwritten signature in black ink, appearing to read "Yes directly" above "Jeremy Hunt".

JEREMY HUNT