Initial Planning Intentions for 2016/17

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Planning Intentions 2016/17

- We are adopting a different approach to previous years, emphasising joint working within the Cambridgeshire and Peterborough System and setting operational priorities for next year within the context of the strategic direction for the System
- We are at an early stage of drawing up planning intentions. As discussions develop within the System, it is likely that some or many of the examples given today will change
- The views of the Board are welcome and they will be taken into account during the planning process
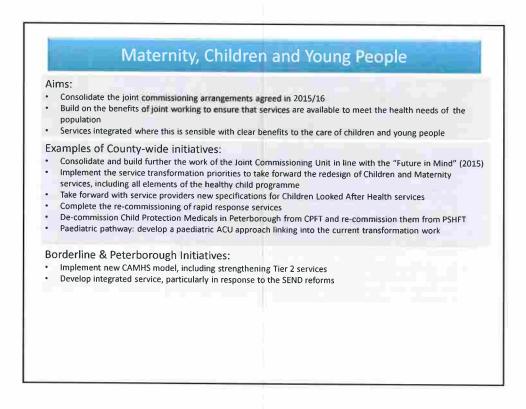
Urgent Care

Aims:

Create an overarching and strongly clinically-led super-System Resilience Group, as part of the East of England Urgent and Emergency Care Network which will:

- Accelerate the pace of improvement which the three System Resilience Groups have started to deliver
- Act as the governance vehicle to deliver this rapid improvement as part of the System Transformation Programme (supported by the System Transformation Board)
- Achieve a model of best practice in line with the Keogh Review and the NHS England vision for urgent and emergency care

Examples of County-wide initiatives:

- Re-align emergency departments in terms of flows of activity and designation of units
- Configure a network of community based urgent care centres around primary care hubs, out of hours bases and Minor Injury Units
- Reduce Rates of admission of older people reduced in line with Uniting Care outcomes models plus upstream focus through new third sector driven Well-Being Service
- Reduce significantly crisis mental health presentations to A&E due to early community based intervention models
- Primary care expanded to cover 8-8 midweek and 9-9 weekends with Emergency Department frontage
- Significant progress in implementing 7 day working fully across all services with no deterioration in outcome for patients admitted at weekends.
- Voluntary sector aligned and commissioned to support early intervention and post discharge pathways
- Integration of Local Authority public health commissioned drug and alcohol services to support reduced demand on emergency services

Planned Care, Long Term Conditions, Prevention

Aims:

- Be supportive of the work on-going to develop Primary Care at scale
- Ensure that care pathways are as efficient as possible and in the most appropriate clinical setting
- Care is provided in accordance with agreed clinical policies
- Explore opportunities to encourage prevention

Examples of County-wide initiatives:

- Adopt a collaborative approach to managing demand for elective services across the System
- Review pathways and services to identify opportunities for service improvement
- Ensure that agreed clinical threshold policies are adhered to
- Identify opportunities where care could be delivered safely, more efficiently and cost effectively
- Design and implement robust commissioning arrangements for TB Services (led by Borderline and Peterborough System)
- Promote the benefits of self-care for long term conditions
- Implement the new contract for the Non-Emergency Patient Transport Service from September 2016
- Conduct 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

Borderline & Peterborough Initiatives:

- Implement the procurement of MSK services including Pain Management
- Review diabetes services and identify the options for future service provision
- Plan additional Ambulatory Care Pathways
- Ensure that Tier 3 obesity services are jointly commissioned on a whole pathway of care approach

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Maternity, Children and Young People

Aims:
- Consolidate the joint commissioning arrangements agreed in 2015/16
- Build on the benefits of joint working to ensure that services are available to meet the health needs of the population
- Services integrated where this is sensible with clear benefits to the care of children and young people

Examples of County-wide initiatives:
- Consolidate and build further the work of the Joint Commissioning Unit in line with the "Future in Mind" (2015)
- Implement the service transformation priorities to take forward the redesign of Children and Maternity services, including all elements of the healthy child programme
- Take forward with service providers new specifications for Children Looked After Health services
- Complete the re-commissioning of rapid response services
- De-commission Child Protection Medicals in Peterborough from CPFT and re-commission them from PSHFT
- Paediatric pathway: develop a paediatric ACU approach linking into the current transformation work

Borderline & Peterborough Initiatives:
- Implement new CAMHS model, including strengthening Tier 2 services
- Develop integrated service, particularly in response to the SEND reforms

Primary Care

Aims:
- Improve patient experience, access to primary care, equity of access and reduce inequalities
- Develop high quality, integrated out-of-hospital services, organised around the patient, closer to home
- Develop sustainable primary care organisations through developing options, piloting and implementing primary care provision models
- Progress the workforce development and the investment in resources required to deliver the Primary Care programme objectives
- Increase the role in primary care commissioning leading to increased empowerment to improve primary care services

Examples of County-wide initiatives:
- Agree the vision for the range of services which could be commissioned from organisations offering primary care at scale
- Build on the co-commissioning of primary care arrangements in place
- Continue to address the primary care workforce gaps and priorities to secure longer term sustainability
- Explore opportunities for streamlining primary care processes for Direct Access Pathology and Radiology
- Explore the benefits of having pharmacist resource and expertise within a primary care setting
- Work with System Resilience Groups to implement improved patient triage / treatment processes in Emergency Departments

Borderline & Peterborough Initiatives:
Consolidate the implementation of the Primary Care at scale programme in Borderline and Peterborough (Prime Minister's Challenge Fund) focussing on:
a) GP extended opening hours
b) GP in front of house
c) Multi-skilled Workforce e.g. introduction of Pharmacists

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Mental Health Services

Aims:
- Consolidate the service re-design initiatives started in 2015/16 to create a more resilient local mental health system
- Together with local stakeholders, revise the Adult Mental Health Commissioning Strategy for 2016-19 and ensure that the key priorities are reflected in planning intentions for 2016/17

Examples of County-wide initiatives:
- Implement improvements to the Advice and Referral Centre e.g. developing local single-points-of-access, closer links between primary care and CPFT clinicians, making more use of local community-based resources
- Roll-out the innovative model of "Recovery Coaches" and peer support workers
- Pilot "Phase 1" of an Enhanced Primary Care Service to provide an enhanced level of support to patients who no longer need to remain in secondary mental health services but have needs beyond what primary care is currently contracted to provide. "Phase 1" will initially target stable psychosis patients
- Continue to support local implementation of the Crisis Care Concordat
- Fully implement self-referral to IAPT services across all providers and build upon the progress made during 2015/16 in strengthening partnerships between IAPT-compliant providers in each locality
- Re-design pathways for services where waiting-times have become unacceptable
- Maintain improvements achieved in performance data quality to inform contract/performance monitoring
- Take forward local data-sharing initiatives to enable information to be shared between service providers and enhance the help and support that they receive

Borderline & Peterborough Initiatives:
- Have in place a more responsive service to manage and direct patients presenting in A&E who do not need physical help to an alternative service that can respond and /or be a point of contact to avert a potential crisis
- Support the Severe Mental Illness work in primary care, acknowledging that there are limitations with GP recruitment issues; the model would need to multi-disciplinary in nature

Learning Disability

Aims:
- Excellent joint working between Health and Local Authorities with the patient foremost in mind
- Services are accessible and available in the community as required
- Provide easy to read and understand information for patients

County-wide examples:
- Support local implementation of the Assuring Transformation / Winterbourne View Plans for Cambridgeshire and Peterborough
- Review 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
- Support 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.)
- Support the achievement of the new national accessible information standards by all commissioned providers (e.g. by the provision of easy read materials)

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Better Care Fund

Aims:
Move to 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.

County-wide examples:
- Together with Uniting Care, continue to develop services for older people aged 65 years and over and adults who need community services
- Continue the close partnership working already in place to ensure that services are aligned and duplication avoided
- Work 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

Borderline & Peterborough Initiatives:
- Create a new service (Community Connectors) to harness community capacity and facilitate positive change in communities
- Taking a phased approach, expand 7 day working whilst achieving greater alignment and integration of local authority discharge planning teams and progressive service transformation
- Develop housing-related support through reshaping the housing market and the 24 hour bed-based care market
- Maximise the potential of tele-health and tele-care and making this an integral part of care pathways
- Support and enable older people to lead healthy lifestyles through the work of the Ageing Healthily and Prevention Project

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