

HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 8
22 SEPTEMBER 2016		PUBLIC REPORT
Contact Officer(s):	Jessica Bawden, Director of Corporate Affairs, Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)	Tel. 01223 725400

SUSTAINABLE TRANSFORMATION PROGRAMME UPDATE

R E C O M M E N D A T I O N S	
FROM : Jessica Bawden, Director of Corporate Affairs, Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)	Deadline date : N/A
The Health and Wellbeing Board is asked to note the direction and progress of the Sustainability and Transformation Plan.	

1. ORIGIN OF REPORT

- 1.1 This report is submitted to the Board as an update to the Cambridgeshire and Peterborough Sustainability and Transformation Programme.

2. PURPOSE AND REASON FOR REPORT

- 2.1 The purpose of this report is to update the Board on the progress of the Sustainability Transformation programme and its next steps.

3. BACKGROUND

- 3.1 Cambridgeshire and Peterborough has been identified nationally as a 'challenged health economy'. In the local System Transformation Understanding Today, Designing Tomorrow change document, published in 2014, the health system's key challenges are identified as follows:

- the Cambridgeshire and Peterborough health system is not financially sustainable and if we continue as we are, we will face a financial gap of at least £250m by 2018/19
- the population of Cambridgeshire and Peterborough is increasing and there will be a greater proportion of older people in five years' time
- demand for health services continues to increase
- there are significant levels of deprivation and inequality, including between Cambridgeshire and Peterborough, that need to be addressed
- people are living longer and health outcomes are generally good but there are significant differences in people's health across the system.

- 3.2 All NHS organisations in the Cambridgeshire and Peterborough Health System have been asked to participate in a five year strategic plan – the Sustainable Transformation Plan (STP). Because local authority adult social care services and public health services are interdependent with NHS services, Cambridgeshire County Council and Peterborough City Council have also recognised the benefits of planning together with the NHS and aligning services with the NHS where appropriate. Local frontline staff are leading this work, supported by NHS England and NHS Improvement.

Cambridgeshire and Peterborough Sustainability and Transformation Plan

- 3.3 The first major output of the joint working to improve our populations' health and wellbeing was the draft Sustainability and Transformation Plan submission to NHS England and NHS Improvement on 30 June.
- 3.4 The draft Plan, known locally as *Fit for the Future*, sets out how each organisation in the system will need to work differently and increasingly together, in order to return the system to sustainability. The plan covers the period October 2016-March 2021. NHS England is currently reviewing all draft plans and has provided some feedback but local work continues in the meantime.
- 3.5 The views of patients and local people have already, and will continue to, shape key decisions and in developing *Fit for the Future*. For example the feedback received from public involvement assemblies over the past year and the needs identified in JSNAs have told us we need to address.
- 3.6 Implementing large scale change is difficult and there have been times in the past when the Cambridgeshire and Peterborough system has not succeeded in turning ideas into reality. It will be challenging to ensure that our STP is a success.
- 3.7 We are struggling today to meet the needs of our 900,000+ local residents. There is widespread variation in the health outcomes local people experience, largely due to socioeconomic factors, where increased partnership with local council and the voluntary sector is needed to address poor health proactively. A further contributor to our operational problems is that our capacity is not aligned to demand. These problems will worsen over the next few years when 100,000+ new homes are built and our population increases and ages.
- 3.8 We face key gaps that will widen if not tackled.
- 3.9 Health and wellbeing:** Cambridgeshire and Peterborough is facing increasing demand for local health and care services. We have a rapidly growing population that will be 20% higher in 2031 than in 2013. Our elderly population is growing rapidly, increasing the number of people with long term conditions. We face growing levels of obesity, putting increasing demand on our health services. By 2018, 23.8% of our population will be obese.

Alongside this is an increasing mismatch in expectations. Some people are demanding more and faster access to healthcare but, at the same time, not taking responsibility for their own health and wellbeing by living healthy lifestyles.

The solutions we implement will need to be tailored to our diverse local populations. Life expectancy is generally higher than the national average in Cambridgeshire although there are variations within Cambridgeshire itself. However the reverse is true in Peterborough. As a system, Cambridgeshire and Peterborough generally has lower disease prevalence than the UK average, however there are large differences in disease outcomes between areas. For example, age standardised mortality from CVD for those under 75 was 58.8 per 100,000 in Cambridgeshire in 2012-14 (statistically significantly better than the national average) but 89.6 per 100,000 in Peterborough (statistically significantly worse than the national average).

At times patients and carers feel that their views are not listened to by health care professionals. Those with long-term conditions report that they often experience a lack of coordination in the management of their multiple conditions and their multiple medications. We must address these concerns and do better for the people we serve.

- 3.10 Care and quality:** Our staff also face challenges to the delivery of care. Our medical workforce has significant current and future capacity issues. These conditions have meant

the system has come to rely, too often, on overseas nursing recruitment. This is high cost and low yield in terms of return on investment with long-term retention unpredictable. The current model of general practice does not fit with the career aspirations of many of our younger doctors and nurses. New models of practice organisation, working at scale, networking, and provision for education and training need to be considered, along with any changes to skill mix. Our workforce problems have a direct impact on our ability to provide streamlined, efficient care to our patients.

Operationally we often struggle to meet demand. Overall, we have higher non-elective admissions than our peer group, driven by very high emergency bed-day usage by our south Cambridgeshire residents. The result is that we have long waiting lists for some specialties and we do not manage to meet either the 4-hour A&E target or the referral to treatment target consistently.

- 3.11 Finance and efficiency:** We are more financially challenged than any other footprint. Our organisations have a combined deficit of 9% of turnover and our three general acute trusts all have severe financial problems. One reason for the significant deficit is historical underfunding in both health and social care. Whilst the recently updated CCG allocation formula and population growth allocations have partially addressed this, there remains a limited mismatch between financial allocations and population need.
- 3.12 Partnership working:** Finally, we have not worked as well together as we might. Too often we have relied on contractual solutions when better relationships would have improved our collective ability to deal with the problems outlined above.
- 3.13 All of these reasons for change have been summarised in a number of public documents, and in particular the *Evidence for Change* document we published together in March 2016.
- 3.14 We have put in place what we believe to be the right building blocks including the strong, visible, collective leadership of our executives and frontline clinical, operational, and finance experts. We have designed a robust structure through which to drive the work. We are working on the Cambridgeshire and Peterborough system as a whole rather than on individual organisations or services. We have involved staff, patients, and the public in the design of our system solutions.
- 3.15 We have established a well-resourced programme of work, supported by NHS Improvement, through which we have sought to identify all opportunities to improve the effectiveness and efficiency of our system. It is through the work of voluntary organisations, councils and 200+ clinicians and patients who comprise the membership of the Clinical Working Groups, that our proposed solutions have been developed.
- 3.16 Our plan for the next five years aims to make significant strides. Our aim is for services to be delivered through joined-up health and social care that treats the ‘whole person’ and delivers a seamless service with minimal duplication of processes. This will require joined-up working across different groups of care givers from the different health and care organisations, as well as full involvement of patients, carers and, where appropriate, the voluntary sector.

10-point plan – Fit for the Future

- 3.17 Through discussion with our staff, patients, carers, and partners we have identified four priorities for change and developed a 10-point plan to deliver these priorities:

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

- 3.18 Taken together, the 10-point plan identifies savings opportunities that will return the system to recurrent financial balance by 2021. This may require up-front financial support from national bodies to help us make investments in proactive community-based care that will lead to downstream savings and enable more people to be supported at home rather than in hospital.

Local Digital Roadmap

- 3.19 Digital transformation has been identified as an integral part of the delivery of future health services. To that end, each local community is required to describe how it will take forward this digital transformation. The document and process used to describe this is the Local Digital Roadmap (LDR) 2016-2020.
- 3.20 The CCG's LDR has to be linked to and reflect the STP ambitions for digital transformation. It also has to describe how local community will progress with achieving the national aspirations for Paper Free at Point of Care (by 2020), and more immediately deliver the Universal Capabilities by 2018. The CCG's LDR document follows a prescribed structure and was submitted to NHS England on 30 June 2016. It is anticipated that, following feedback, it will be agreed locally and published in autumn 2016.

4. NEXT STEPS

- 4.1 Our priority now is to translate our phased implementation plan into a series of delivery projects for 2016/17 and 17/18.
- 4.2 The Health and Care Executive (chief executives of the NHS organisations and the joint Chief Executive of Cambridgeshire County and Peterborough City councils) has agreed to:
- Establish an independent System Delivery Unit (SDU) and recruitment of the team has commenced for dedicated SDU posts.
 - Bring together existing work programmes to deliver the STP into a single delivery plan. This included Better Care Funds projects and initiatives.
 - Undertake a review of governance, including creating a Memorandum of Understanding (MOU) – which we hope will be signed off by HCE Sept 2016 and governing bodies/boards during October 2016. The MOU will underpin the Health & Care Executive which commits system leaders to working together to deliver the STP, and potentially, starts to delegate some decisions to the HCE. It will also simplify existing decision-making and partnership arrangements so they all align to the STP and are less administratively burdensome (with the benefit of more time being focused on 'doing').
- 4.3 We launched the Summary Sustainability and Transformation Plan to all staff on 19 July and key stakeholders and the public on 20 July. See Appendix 1.

- 4.4 The communications on this launch included staff briefings, email distribution, social media and a new partnership Fit for the Future website – www.fitforfuture.org.uk. The website includes:
- An overview of the programme
 - Promotes our desire to involve them in designing and implementing changes, shaping care around local people’s needs and empowering healthy behaviours
 - Is supported by: conversational events / meetings, social media and videos to engage, a central source of information and updates on the website, and materials, including staff briefing slides, FAQs, leaflet, and posters.

5. BACKGROUND DOCUMENTS

- 5.1 Cambridgeshire and Peterborough Evidence for Change, March 2016 - [here](#)
- 5.2 NHS Shared Planning Guidance 2016/17 <https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf>

6. APPENDICES

- 6.1 Appendix 1 – Summary Cambridgeshire and Peterborough Sustainability and Transformation Plan – ‘How Health and Care services in Cambridgeshire and Peterborough are changing’ - [here](#)

This page is intentionally left blank