

HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 6
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NHS LONG TERM PLAN RESPONSE

R E C O M M E N D A T I O N S

It is recommended that the Health Scrutiny Committee members note the update provided on the Cambridgeshire and Peterborough Sustainability and Transformation Partnership's response to the national NHS Long Term Plan and the work currently in progress

1. ORIGIN OF REPORT

1.1 The local response to the NHS Long-term Plan will determine the direction for NHS services for the next five years. This draft is being shared with key stakeholders. The finance sections will be updated following agreement with NHSE.

2. PURPOSE AND REASON FOR REPORT

2.1 The response to the national Long Term Plan (LTP) is one of the key priorities on which the Cambridgeshire and Peterborough (C&P) Sustainability and Transformation Partnership (STP) needs to focus. This paper provides an update on the C&P STP response to the LTP and on the work currently in progress.

2.2 This report is for the Health Scrutiny Committee to consider under its Terms of Reference Part 3, Section 4 - Overview Scrutiny Functions, paragraph No. 2.1 Functions determined by Council:

3. Scrutiny of the NHS and NHS providers.

3. BACKGROUND AND KEY ISSUES

3.1 The *NHS Long Term Plan (LTP)*, published in January 2019, set out a number of ambitions to ensure the NHS is equipped for the future and to consolidate the expectation that local partners should continue to work collaboratively, plan together and co-create strategic plans. The *NHS Long Term Plan Implementation Framework* was published in June 2019 and underpinned the LTP, focusing on what the NHS needed to deliver locally over a five-year period to 2023/24 and setting out an integrated approach that systems should use.

The national LTP set out a series of 'must-dos' for service transformation:

- Transform out of hospital care and fully integrate community-based care.
- Reduce pressure on emergency hospital services.
- Give people more control over their own health and more personalised care.
- Digitally-enable primary care and outpatients.

- Improve care for major health conditions.

It also included must-dos for system development:

- Set out how the STP will develop to become an ICS by April 2021.

It included a series of expectations on how we would support our workforce, deliver digitally enabled care, and improve productivity.

And additionally, there were areas we were expected to include, but where there was greater scope for local prioritisation and phasing:

- Prevention.
- Children and young people, including maternity and neonatal.
- Learning disability and autism.
- Cardiovascular disease; stroke; diabetes; respiratory disease.
- Research and innovation; genomics.
- Volunteering; wider societal impact.

This paper focuses on the system's response to the LTP to date, building on STP Board discussions which took place from September through to December 2019. It covers the expectations of the C&P STP system and provides an update on the work in progress to deliver results in 2020/21 and beyond.

3.2 **Cambridgeshire and Peterborough STP Long Term Plan**

The Cambridgeshire and Peterborough STP Board have led a process to draft an LTP for our system covering the next five years. Our draft plan proposes a very significant programme of transformation that will start to deliver results from April 2020. As a system, we have previously demonstrated the ability to make real and rapid progress together (for example, by reducing delayed transfers of care) and we remain committed to making changes that will improve health and care for our population. We are already establishing and mobilising our workstreams to implement our plan.

We face severe financial challenges in 2019/20 and beyond and our plan focuses on how, despite these challenges, we will deliver high quality and sustainable services in the medium-term and how we will address our financial position in the longer term. To achieve this, we need to secure external support and buy-in for our plan.

We can be proud of the fantastic care provided to our patients and population by organisations within Cambridgeshire and Peterborough. Much of this care is excellent, and in some cases world-leading. However, there is significant variation in outcomes, and we have large health inequalities associated with areas of deprivation. These inequalities are described in detail in our draft LTP (in chapter 1). It is imperative that as we develop our delivery plans, we consider what we can do 'up-stream' to identify those at risk of developing ill-health and what we can do preventatively to reduce this risk and we know there is more we need to do develop our plans in this area.

A key component of our LTP is our ambition to develop integrated out-of-hospital care built on the foundation of stable general practice and resourced appropriately. We need to care for people better in the community to avoid unnecessary non-elective admissions and reduce inappropriate lengths of stay in hospital, and we need to make the best use of our workforce to enable these changes to happen. Alongside better out-of-hospital care, our plan envisages efficient, high-quality care in hospital (where necessary).

We have already established system working and governance, and an emerging new operating model based around north and south 'Alliances' and Primary Care Networks (PCNs). Some of our more established PCNs have developed into 'Integrated Neighbourhoods' and begun to implement new services and ways of working, for example in physiotherapy and neurology. We have a number of programmes in place at Alliance level focused on innovation, engagement and support.

We have a huge opportunity to begin to realise the leveraging of our wider system assets, including research and innovation, industry collaboration with the biomedical campus, a new children's hospital and partnership working with the universities. In addition, we have considered where we have opportunities locally to go further and faster, for example through realising a unique set of collaborations between research, industry and digital partners.

Our ambition is high: we want to transform, making very significant changes to how we use our resources and how we care for our population. Using a wide range of data, alongside the Health and Wellbeing Strategy and as well as the results of a prioritisation exercise undertaken by our clinicians and the result of in-depth analysis of our financial spending, we have picked a small number of areas to focus on, around which we will align our resources. We have agreed a set of 4+1 transformational priorities (described in chapter 3 of our LTP) as follows:

4+1 transformational priorities

- **Integrated out of hospital care**

Focusing on population needs, we will join up out-of-hospital services more effectively, building on the foundations of strong primary care and providing additional support where necessary.

- **Outpatient transformation**

We will change the way we deliver our outpatient services to ensure that our patients are seen by the right professionals in the right places.

- **Redesigning care pathways to improve efficiency and reduce unwarranted variation**

We will improve the quality of the care we provide by reducing variations in the way services are delivered, adopting best practice.

- **Making the most of our assets**

We will identify opportunities to make the best use of our high fixed cost assets, including estates and digital infrastructure.

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- **Research and innovation**

We will ensure that our system derives maximum benefits from links with research to deliver improvements for our population and for our staff.

Taken together, with our existing collaborative work on Urgent and Emergency Care and on digital infrastructure, workforce and system development, we have set out a huge programme of transformational change which will impact on every part of the health and care system in Cambridgeshire and Peterborough. We are seeking to improve care both in and out of hospital, using resources much more efficiently. We know this will be difficult to achieve, and we can only be successful if all system partners fully buy in and commit to the ambition.

Our draft LTP also describes, in a series of annexes, the range of improvements we are seeking to make in services such as cancer and maternity across the system. It further details our planned work on prevention which is critical to support a healthy and productive population in the future. This work is already well underway.

3.3 **Financial Summary**

We have conducted robust and in-depth analysis of our financial spending and how we compare to similar systems across the country. This suggests that we refer more people to hospital for elective care and have much higher fixed costs for our buildings and IT.

We have been working together to develop a financial model for the next five years, develop a set of shared assumptions and to play through the implications of continued historic trends in activity and cost. Our Deputy Finance Director network led this work, with support and direction from our Finance Directors. We have used national guidance where appropriate and locally aligned assumptions to prepare a robust baseline projection, on top of which we will be able to model the impact of system-led transformation initiatives.

1. We also, with the Regulator, appointed external support to validate the financial work we have done to date and to provide assurance. Their support ran alongside the LTP, and was in three parts:
 - Understanding the drivers of the system deficit, using targeted analysis to identify where the system is underperforming and to confirm what the efficient cost of care is for the Cambridgeshire and Peterborough population.
 - Alongside us, identifying major opportunities that could deliver a step-change in system performance, including looking at areas where leading health systems are transforming; and
 - Supporting us to identify the big issues that will need to be addressed to realise the opportunities, including the core enablers (such as data and governance), and understanding what investment will be needed to support transformation.
2. The output of this work formed a key part of our final LTP response, which included the delivery of stretching productivity, reducing the current rate of growth of non-elective admissions and making better use of our acute bed capacity in Cambridgeshire and Peterborough.

3.4 **Engagement**

A wide-range of engagement has taken place to support the development of the LTP response, including with our local population, Local Authority Boards and clinical groups. A more in depth record of our communications and engagement activity is included at appendix one of the LTP draft.

3.5 **Publication**

We expect to publish the final version of our LTP in April, following the publication of national implementation guidance. Until that point, the document remains in draft.

Preparing for implementation

3.6 **Operational planning**

To ensure a robust approach, we plan to reflect the system transformation priorities in the organisational business plans of all system partners. This will ensure linkage between the high-level priorities and frontline delivery. In this way the implementation plan for the system should comprise the sum total of the operational plans of our system partners and Alliances as opposed to a 'priority plan' sitting separately.

Finance and planning teams are working together across the system to produce central guidance for system partners describing the savings required and the phasing, activity implications, how

these might be divided across partners, the proposed metrics for tracking delivery, further detail on relevant LTP commitments and underpinning analysis. This guidance will be used by organisations to inform the content of their own plans and by system partners to challenge each other.

3.7 **Governance**

We are completing a review of our delivery infrastructure, so it supports the new phase of system work. This will include reviewing the governance of the STP so that it is increasingly delivery focused and ensuring that there is improved clinical engagement at all levels. We will ensure the system resource and enabling programmes are secure and able to support this work, as well as continuing to strengthen links to system partners outside the NHS.

3.8 **System organisational development**

The Board previously discussed and agreed the need for a partner to support the next phase of our development as a system and as an STP Board. The specification for this work has now been developed and the procurement will be launched imminently, in order to have support in place from April 2020.

3.9 **Financial plan**

Our draft financial plan aligns to our LTP narrative and represents a stretching but credible financial position over the period. We remain in discussion with the regional and national team about the support we need to underpin delivery of this plan, and the further actions we will need to take to build delivery confidence.

As our deliver plans continue to be developed, we will need to be clear about the financial targets we need to meet, the timescales for achieving this and the way they are allocated across the system.

4. **APPENDICES**

4.1 Appendix 1 – DRAFT Cambridgeshire and Peterborough NHS Long-term Plan

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