

PRIORITY 1: CREATE A SINGLE VISION, THAT EVERYONE OWNS AND FOCUSES ON CONNECTIVITY THROUGHOUT THE SYSTEM							
Recommendation	HCE Lead	Progress RAG	Objectives	Activity Update	How will success be measured	Key milestones	
1 Develop a single vision that is person focused and co-produced with people and stakeholders, with supplementary communications strategy and campaign	Roland Sinker		Establish multi organisation task/finish group to lead and report regular progress to Joint HWB and HCE	In the Governance of the STP is clear that one of the reporting lines from the STP Board is into the HWB and regular reports are received. There is a task and finish group established that is reviewing future models for the STP as it transitions into an Integrated Commissioning System (ICS). The emerging HWB Strategy and STP response to the NHS Long Term Plan provide an opportunity to co-produce and disseminate a single person focussed joint vision.	HWB Board and STP Board identify and deliver against system strategic priorities. Widely owned and co-produced joint vision for integrated health, wellbeing and social care signed off, and communications campaign delivered. Increased public profile of HWB Board and HWB Strategy and positive feedback from stakeholders on HWB Board role as system leader. Strong role and impact of primary care, voluntary sector, HealthWatch clearly identified and logged.	Workshop held focussing on system leadership. Agreed joint arrangements across Cambridgeshire and Peterborough; including developing Executive Board. Governance structure for boards agreed. Starting to clarify system role of HWB Board in relation to STP Board. Communications and stakeholder engagement strategy agreed. Primary Care Networks identified and linked with Think Communities work and development of Think Communities Boards. Joint development of Health and Wellbeing Strategy, alongside STP five year response to NHS Long Term Plan.	
2 Ensure strategic partnerships include Primary Care, VCSE and Social Care providers	Wendi Ogle-Welbourn / Liz Robin / North and South Alliance		Undertake review of membership of strategic partnership boards and add additional members / organisations where required	This is an ongoing process and integral to everything that we are doing as a system. Place Based Boards are being established.	Patient/service user feedback that their care is integrated.		
3 Strengthen the system leadership role of HWB's and clarify supporting governance	Liz Robin		Arrange a workshop with HWB members focusing on system leadership. Produce governance structure for both boards	Governance Structure for joint HWB board sub-committees across Cambridgeshire and Peterborough has been agreed. This creates a strong infrastructure to develop the HWB Board system leadership role			
4 Understand the collective Cambridgeshire and Peterborough pound and agree whether resources are in the right place ahead of winter and in the longer term and are joined up	Chair of FPG, Catherine Pollard		Add to next A&E Delivery Boards agendas	System wide plans were signed off by all key partners (acute/community) with new initiatives agreed and embedded i.e. Trusted Assessor for Care Homes. The STP Finance and Performance Group meet regularly, including local authority representation to ensure a joint understanding of financial issues. HWB Board Core Joint Sub-Committee will share financial plans across CCC, PCC and CCG and provide oversight of joint issues.			
5 Undertake as a system a significant piece of work needed to put Primary Care centre stage in shaping the whole system community offer	Gary Howsam		HCE to review opportunities across the system and link to key boards where possible	Primary Care Strategy submitted to NHS England. Primary Care Networks established (21 across Cambridgeshire and Peterborough) with PCN Clinical Directors appointed. Training package with Judge Business School established to support Clinical Directors. North and South Alliance taking forward work to model how the neighbourhoods will be developed locally commencing in September 2019.			
6 Work with the voluntary and community sector as strategic and operational partners to capitalise on their resource and ideas	Wendi Ogle-Welbourn / Jan Thomas / North and South Alliances		Establish a mechanism for regular engagement to strengthen the offer	The voluntary and community sector are key partners on North and South Alliance and Living Well Partnership Board. In addition Think Communities is a key focus as PCN's are developing. The DTOC programme Operational Leads will be working with voluntary sector organisations as part of the winter planning work.			
7 Build on the existing strong relationship with Healthwatch to add more depth and breadth to co-production	Wendi Ogle-Welbourn / Jan Thomas / Liz Robin		Convene a meeting with Healthwatch colleagues to review programmes of work and agree opportunities for co-production	Healthwatch now chair boards across PCC/CCC, they are a key partner at North and South Alliance and chair the Community Forum. Co production approach taken to review of day services by CCC and PCC. HealthWatch "What would you do?" report being used in both the STP response to NHS long term plan and HWB Strategy. Progress in developing a HealthWatch led Citizen's Panel approach.			
8 Build on the 'no wrong front door' principle across the system to ensure customers experience consistency and minimal handoffs	Roland Sinker (North / South Alliance)		Link to D2A workstreams. Join up with the neighbour place based model	The Alliances have created an Integrated Neighbourhood Framework. Primary Care Extended Access commissioned across Cambs and Pboro and functioning to ensure patients can access primary care. Work underway to deliver an integrated model to support urgent care via the round table work, a pilot is due to commence early Autumn 2019, with a view to a change in commissioned services from April 2020.			
PRIORITY 2: ESTABLISH A STRATEGIC APPROACH TO COMMISSIONING ACROSS THE HEALTH AND SOCIAL CARE INTERFACE, INFORMED BY THE IDENTIFIED NEEDS OF LOCAL PEOPLE							
9 Develop and implement a system wide commissioning strategy to deliver the Cambridgeshire and Peterborough vision and work jointly to better understand capacity and demand	Wendi Ogle-Welbourn / Jan Thomas / Liz Robin		Establish multi organisation task/finish group to lead and report regular progress to Joint HWB and HCE (will need to link to the single vision group)	An Integrated Commissioning Board has been established, chaired by Healthwatch and attended by Senior Executive Commissioners and Providers from the Local Authority and NHS. The Core HWB Joint Sub-Committee will oversee joint and integrated commissioning plans.		Integrated Commissioning Board now chaired by CEX Health Watch as the honest broker. Reports into HWB Executive.	

10	Look creatively at opportunities to shift or invest in community capacity to fully support a home first model	Wendi Ogle-Welbourn / Jan Thomas		Establish a working group to undertake piece of work to consider investment opportunities and delivery models	PCC/CCC continue to invest in reablement to support the Home First model. Home First has been developing over the past 6 months with a significant investment in training for frontline practitioners. Further work is required to align LA reablement and health ICT as a co-commissioned model. Principles of Home First working in place in Huntingdon to support the development and shape the system solution. Further specification design for ICT across Cambridgeshire and Peterborough is being discussed between partners with a view to moving to a home first model in advance of Winter 2019.
11	Work together with homecare providers to review current arrangements / new ideas / solutions to address both capacity and workforce issues	Wendi Ogle-Welbourn / Jan Thomas		Improve awareness and engagement with key boards and groups across the system.	There has been a further reduction of provision in specific areas resulting in a high percentage of bridging for reablement. Brokerage actively engaging with providers to resolve. The CCG has worked throughout the year to engage further with the homecare market and has agreed a Tiered payment approach. The next focus of work is required in relation to the Domiciliary Care Market. Health and Care Academy sponsored by the Combined Authority is now well underway and new recruits being attracted to the sector.
12	Don't compete with each other as commissioners	N/A - Linked to Recommendation 9	N/A	Create one set of commissioning principles	
13	Establish a fully integrated brokerage team	Wendi Ogle-Welbourn / Jan Thomas		Established joint health and social care brokerage team for Cambridgeshire and Peterborough to offer a consistent approach to work with the 'market'.	The LA and CCG moved to a co-located model to support integrated brokerage. The Continuing Health Care (CHC) team will be moving back to work with the CCG wider CHC Team to allow further work to be expedited on the function of the team and how the clinical experts can more effectively support the Brokerage function.
14	Ensure there is a collective understanding and consistency of approach to neighbourhood / place based models	Roland Sinker (North / South Alliance), Wendi Ogle-Welbourn, Jan Thomas		Organise a series of briefings at key boards, committees etc for keep leaders and operational staff informed of the delivery model(s).	The CCG has created a specific workstream to support the Alliances to move forward at pace in delivering neighbourhoods in September 2019
PRIORITY 3: ALIGN SERVICES AND SIMPLIFY PROCESSES, ENSURING CONSISTENCY ACROSS THE SYSTEM, TO DRIVE BETTER VALUE AND OUTCOMES. IMPROVE FLOW AND REDUCE DELAYS					
15	Establish Homefirst as a default discharge from hospital position for the whole system and monitor the proportion of complex discharges who go straight home	Wendi Ogle-Welbourn / Jan Thomas		Produce / update pathway to reflect the default position and undertake comms programme to inform them of changes. Add proportion of complete discharges to regular dashboard for Programme Board to monitor	A home first pathway (D2A pathway 1) is in place supported by Reablement and ICT services respectively. System wide training was delivered in May and June to frontline staff from all provider organisations, and will continue to be a key part of training. More work is required in this pathway to achieve greater integration between services
16	Simplify processes and pathways (particularly around discharge) making it easier for staff to do the right thing	Wendi Ogle-Welbourn / Jan Thomas		Undertake review of all pathway, processes and procedures to simplify where needed. Undertake comms programme to inform hospital and supporting service staff	Discharge pathways have been simplified and staff training delivered. Simplified processes in place in acutes with defined referral routes. Hubs are now in place in all acutes, with daily discussions around complex patients to get multi agency agreement and reduce delays in decision making and discharge. Integrated Discharge Service (IDS) leads are now in post for all 3 acutes. The progress and performance of IDS hubs is also regularly monitored through the weekly meetings of the programme Operational Leads Group.
17	Build on the recently developed DTOC data report to ensure everyone in the system is working with one version of the truth	Jan Thomas		Review the different forms of DTOC data reporting across the system and add any additional indicators into DTOC data report	There is now a single weekly DTOC report showing validated DTOC figures for each acute and community. This information is shared with all partner organisations and NHS England / Health Care Executive to ensure consistency. There is a single set of KPIs in place. Improvements in performance have been achieved and sustained over the past couple of months. Local teams continue to work in earnest to sustain this improvement in performance long term to achieve the 3.5% national performance standard.
PRIORITY 4: ESTABLISH A WHOLE SYSTEM APPROACH TO WORKFORCE, DEMONSTRATING MULTI AGENCY INPUT INTO WORKSTREAMS					

18	As a system develop a multi organisational development programme that reflects the whole system vision and supports staff in new ways of working	Tracy Dowling		Review current STP workforce group's work programme and link in with the single vision and commissioning strategy groups to take forward	The workforce workstream has an agreed ambition and vision that includes a commitment to creating a positive culture, that strengthens and supports good, compassionate and diverse leadership at all levels. Plans are in place for a leadership and development programme specifically for BAME staff starting later this year. We have a local Mary Seacole programme that to date has had 200 participants from across health and care including primary care staff. There are plans to have a leadership programme for the Alliances based on the Frimley 2020 model, starting January 2020. Discussions are taking place and funding has been secured to develop a Leadership and OD programme for members of the STP Board and Health and Care Executive.		
19	Provide stronger clinical leadership to support new processes and new ways of working across the system	Gary Howsam (CCG), Alexander Gimson (Addenbrookes)		Linked to recommendation 5	The CCG Medical Director has established a Joint Clinical Group. This brings together the Chief Nurses and Medical Directors from across the system along with the LA Director of Public Health and other senior clinicians such as Chief Pharmacists and the Clinical Chairs of the North and South Alliances. The Clinical Communities Forum has been reinvigorated and now reports into the Joint Clinical Group. The Joint Clinical Group has embarked on an 8 week clinical engagement programme, culminating in a number of proposed workshops to shape the transformation of services across the system and seek a sustainable solution for the system.		

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