NHS

Fit for the Future

Working together to keep people well

Evidence for change

Summary document

Summary

The health and care system in Cambridgeshire and Peterborough includes well-loved NHS organisations, world class research facilities and clinical training programmes and staff dedicated to patients. But rising demand for local health services and a large and growing financial deficit mean the system is under pressure.

The organisations making up the local health and care system (see box below) are planning how best to improve it for local people. We have set up a programme, known as the Sustainability and Transformation Programme (*Fit for the Future*), to do this. The programme is led by a Clinical Advisory Group, made up of local clinicians and patient representatives, which reports to a governing body, the Health and Care Executive. This group includes chief executive (or equivalent) representation from each of the partner organisations, together with the chair of the Clinical Advisory Group. We are responsible for making sure local health and care services increasingly operate as one integrated system.

Partners leading the Cambridgeshire and Peterborough Sustainability and Transformation Programme:

- Cambridgeshire and Peterborough Clinical Commissioning Group
- Cambridge University Hospitals NHS Trust
- Cambridgeshire and Peterborough NHS Foundation Trust
- Cambridgeshire Community Services NHS Trust
- Hinchingbrooke Health Care NHS Trust
- Papworth Hospital NHS Foundation Trust
- Peterborough and Stamford Hospitals NHS Foundation Trust
- Cambridgeshire County Council
- Peterborough City Council

Our clinical team is reviewing how the health and care system currently meets local people's needs. It is also developing a vision for the standards of care we think we should be providing, based on clinical best practice, the changing needs of patients in the area and on what local people tell us they want. Many of the challenges faced by our local system are experienced elsewhere in England. So the team is also learning from national strategies and innovations being tested across the country.

This document summarises the evidence for changing the health and care system that we have uncovered so far, to show everyone in Cambridgeshire and Peterborough where current health and care services in the area differ from our vision for the future and how they could be better. You can see the full version at http://www.cambridgeshireandpeterboroughccg.nhs.uk/STP/evidence-for-change.htm

1. Reasons to change the health and care system

Overall, the evidence shows we need to transform the way we deliver care (our 'model of care') if we're going to provide high quality services that are both clinically and financially sustainable. There are four main reasons:

- Local needs are growing and changing

- We can deliver better care

- Recruitment and retention difficulties

- The system's financial challenge is significant and growing.

1.1. Local needs are growing and changing

The local population, its average age and health need are all growing, in some cases more than other parts of the country. This puts pressure on current services, which are not yet in line with what local people want. In particular, we have heard from patients and the public that you would like:

- Better preventative health and wellbeing services to help you stay healthy

- When you do need care, an accessible, well-designed health and care system with service providers collaborating to deliver more joined up services

- More care close to home or at home, as long as these services are safe and the people providing them communicate well with you.

People in different parts of our area also have different health and social care needs because of social inequalities. For instance, life expectancy in Peterborough is generally lower than in Cambridgeshire, and both have pockets of deprivation.

1.2. We can deliver better care

The Care Quality Commission rates the quality of services provided by NHS organisations. It finds that the quality of care we provide locally varies. There are some exceptional services but many areas require improvement.

Critically, the care we provide for patients doesn't always reflect their needs: it is too often disjointed, with duplication, delay, or poor coordination. But we have an emerging vision of the standard of care we aspire to and a good understanding of where and how we can improve.

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1.2.1. Our vision for care

Our vision for care has two parts. For people with continuing needs, we want the local health and care system to offer: *"Integrated care that is person-centred, with a co-created care plan that has involved patients, carers, health, social care and/or third sector professionals. Frontline staff will need to work across organisational boundaries working from a single care record and focussing entirely on delivering optimum care to meet a person's needs."*

For others who may need care from time to time, we want to offer: *"Accessible and responsive care, as close to home as possible – with timely access to specialist input, which is delivered consistently to the highest standard."*

1.2.2. Where and how we can improve

As well as identifying where we want to get to, we have also identified both general and specific areas for improvement. The general areas for improvement are:

- **Integration.** The care we provide for patients doesn't always reflect their needs: it is too often disjointed, with duplication, delay or poor coordination. This lack of integration between services is one of the biggest issues we must tackle as a system to achieve our vision of care for patients.

- **Capacity.** We can also improve care by matching demand and capacity better. For instance, Cambridge University Hospitals NHS Foundation Trust (Addenbrooke's) and Peterborough & Stamford Hospitals NHS Foundation Trust are reaching the limits of their capacity. This increases the risk that planned operations are cancelled or postponed. But Hinchingbrooke Health Care NHS Trust has some unused facilities, including operating theatres and hospital beds. So there is an opportunity to use that capacity for other patients from our area. Similarly, there are some community facilities that could be better used.

- **Social Care.** There are some good examples of close integrated working between health and social care, particularly in children's services. However, there is more that we can do to work seamlessly together, particularly in services for adults and older people and improving the arrangements for the discharge of elderly people from hospital.

- **Collaboration on non-clinical services.** We are exploring a range of options in this category. For example, a joint team from Hinchingbrooke and Peterborough and Stamford Hospitals is currently reviewing potential new organisational forms for the two hospitals, as well as finding ways to join up their management teams and back-office functions. Another team is looking at improving the use of buildings and space across the system, focusing on primary and community buildings, as well as Hinchingbrooke hospital.

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Service by service, these are the main areas for improvement:

- **Health and wellbeing** needs to be a higher priority: currently, the system spends most of its resources treating illnesses which can be prevented or whose impact can be substantially reduced with better-planned management and support for self-care.

- **Primary care services** are under pressure and a new model of care is required to increase resilience and provide a holistic service which seamlessly joins up community, hospital, social and mental health care.

- **Patients with mental health and/or long-term conditions** often receive fragmented services focused on specific diseases and not the proactive, seamless care we aspire to.

- **Urgent and emergency care services** are already struggling with current levels of demand. Patients are often unable to go home as soon as they're ready as the extra help they need at home isn't available. Developing rapid, community-based services that can effectively support patients before their needs escalate and then help get people home quickly would ease the pressure on urgent and emergency services.

- **Maternity and neonatal care** is variable. Some providers are finding it difficult to maintain safety standards every day of the week and still give mothers an appropriate choice of places to deliver their baby.

- **Children and young people's services** are generally good now but operating at full stretch. We can improve their quality and patients' experiences if we provide more preventative and community-based services. Closing important gaps in the support for children needing mental health care is also urgent.

- **Elective care** (or planned operations) includes some high quality, responsive services, but they face rapidly rising demand. Increasing demand for emergency care also affects elective care capacity, so more local people are waiting longer for operations than they should. By adopting proven good practice across the county, we believe we can make better use of the resources available for elective patients.

1.3. Recruitment and retention difficulties

Hospitals, GPs and other service providers across our area are struggling to recruit and retain staff. They have had to turn to more expensive agency staff to fill gaps. If we work together to give staff better career opportunities and a better work-life balance, we can make local health and care jobs more attractive, improve staff satisfaction, improve patient care and use fewer agency workers.

1.4. The system's financial challenge is significant and growing

Our system receives over £1.7 billion[1] each year to pay for NHS services. However, like nearly all health and care systems in the NHS, we are struggling to meet the needs of our population within our means. The system's overall deficit for 2015/16 for NHS care is currently forecast to be about £150 million, or 9% of our total budget.

While the amount of money our system receives is expected to increase steadily over the next five years and reach more than £2.1 billion by 2020/21, this still won't be enough to cover increasing demand for services and rising costs unless the system changes significantly. The latest projections show that, if we do nothing, the total deficit for the system will grow to £480 million by 2020/21.

We already have a range of plans in place for 2016/17 to try and reduce the need for expensive hospital care by investing in community, mental health and (in conjunction with the local councils) social care services. Combined with our providers' plans for 2016/17 to eliminate waste and reduce duplication, and their plans to deliver 2% savings each year after that, this will halve the projected deficit for 2020/21 to £250 million, or 12% of our projected resources. This is the gap we now need to close.

We are confident we can get better at living within our means by mobilising everyone involved, including our staff, patients and carers, to redesign services and tackle any waste that can be reduced or eliminated without eroding the quality of care.

2. How to get involved

Many reading this will be aware of recent efforts to improve aspects of the local health and care system that have faltered. This programme differs from them in a number of ways: it focuses on the system as a whole, rather than on individual organisations or services; it is led by frontline staff; leaders of all the organisations in the health system are collaborating on leading the programme; it has constant support from the relevant national regulatory bodies, NHS England and NHS Improvement; and it is involving patients and the public to a much greater extent.

We will be discussing the evidence for changing the system summarised above with patients, staff and the public across Cambridgeshire and Peterborough in coming weeks, to gather ideas for making things better. Our clinical teams will turn soon to developing proposals for solutions. Representatives of patients and the public are already working with the clinical teams to help design proposals that reflect local concerns and needs.

Your feedback on this document and ideas for change will inform those proposals. Taking your views into account, we will share the proposals in the summer for further

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[1] 2015/16 Cambridgeshire and Peterborough CCG resource allocation plus income received by NHS provider organisations from other sources

discussion with local people and staff. We will then hold a formal public consultation on any proposed changes starting at the end of this year.

At the moment, you've got three ways to tell us what you think:

1. There are five Public Involvement Assemblies organised in March – please see our website to find out more – and please contact us if you'd like to join one of these

2. If you are part of a local interest group and would like us to come and talk to you about this programme, please contact us

3. Please contact us at any time to provide feedback or request additional information.

To contact us, please either send an email to capccg.engagement@nhs.net or call us on 01223 725304. We would very much like your thoughts and feedback on this summary document and the main document, which you can see at http://www.cambridgeshireandpeterboroughccg.nhs.uk/downloads/Sustainability-Transformation-Programme/Evidence-for-Change.pdf. To find out more, please see our website: http://www.cambridgeshireandpeterboroughccg.nhs.uk/stp.

We have set out below a specific list of questions we have, but we would also be grateful for any general comments you would like to give us.

Questions:

1. Do you think the main document explains sufficiently the need for the system to change? If not, what more information would you like to see?

2. Do you agree that the system needs to change? If not, why do you think it should stay the same as it is now?

3. What do you think of our overall vision (section 1.2.1), and our vision for different types of care (grey boxes on pgs. 17-28, main document)? How might they be improved?

4. What do you think of the draft design principles set out in the main document? Are there any changes you would like to suggest? (Table 2, pg. 29, main document)

5. What do you think of the draft evaluation criteria set out in the main document? Are there any changes you would like to suggest? (Table 3, page 30, main document)

6. Are there any general comments you would like to make about this programme and what it is aiming to do?

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