

Report to STP Board: 20 May 2019

Agenda item:	3.3		
Title:	Pathways for radical redesign		
Lead:	Alex Gimson, Chair, Clinical Communities Forum, Sustainability and Transformation Partnership (STP)		
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Report purpose <i>(Please mark one in bold)</i>			
APPROVAL	DECISION	ASSURE	INFORM
Link to STP Priorities <i>(Please mark all applicable in bold)</i>			
AT HOME IS BEST	SAFE & EFFECTIVE HOSPITAL CARE, WHEN NEEDED	WE'RE ONLY SUSTAINABLE TOGETHER	SUPPORTED DELIVERY
Committees/groups where this has been presented to before <i>(including date)</i>			
N/A			

Purpose of the paper

To update Sustainability and Transformation Partnership (STP) Board on progress initiating Clinical Transformation projects within Cambridgeshire and Peterborough STP

The STP Board is invited to:

The STP Board is asked to:

- Note the progress and support prioritising clinical transformation personnel from within the system.

1. INTRODUCTION / BACKGROUND

Three new areas of radical clinical transformation have been discussed extensively at the Clinical Advisory Group (CAG) and at the Health and Care Executive (HCE) meeting in February and STP Board meeting in March 2019. The conclusions included endorsing the three areas (Cardiovascular Disease (CVD), Respiratory Medicine, Prevention & Health Inequalities starting with Obesity and Diabetes), agreeing Senior Responsible Officers (SRO) and Executive leads, provide a commitment over time, appropriate funding for project management, further consultation with Health and Wellbeing Boards (HWB) and the public on values that subtend the transformation.

2. BODY OF REPORT

Overall Transformation plan

The transformation initiatives are designed within relevant Clinical Communities, which include clinicians, patient representative's, voluntary organisations/specialty charities as well as commissioning and operational staff. Each clinical area identified for radical transformation will be required to:

- Identify project team; SRO and HCE sponsor. Clinical Lead, project lead, finance lead, health analytics contact;
- Identify consultation constituency from primary, community, secondary care, PH and social care, specialist societies, voluntary sector, patient representatives. In some clinical areas a core working group in addition to the whole ensemble may be necessary. Input from both public and patient may require different meetings;
- Generic Clinical Communities ToR will be modified by each project;
- Identify metrics/outcomes to be addressed by the project;
- Address draft Transformation themes; and
- Prioritise short and medium term.

Diabetes

- STP and CCG Clinical Lead – Dr Jessica Carrick-Randall
- Projects leads Lisa Smith, Joanne Fallon
- CCG SRO – Rob Murphy
- HCE Sponsor: Alex Gimson

First Workshop 5 March, next meeting, 8 May

Cardiovascular Disease

- STP Clinical Leads Drs Nick West and Liz Warburton
- CCG Primary care Clinical Lead – Dr Amrit Takhar
- Project leads – TBA (CCG to provide), with Laura Cooke
- CCG SRO – Rob Murphy
- HCE Sponsor: Alex Gimson

Next meeting of the Clinical Community – TBA

Respiratory Medicine

- STP Clinical Lead – Dr Jakki Faccenda
- CCG Primary Care Clinical Lead – TBA

- Project Leads – TBA (CCG to provide)
- CCG SRO – Rob Murphy
- HCE Sponsor: Alex Gimson

Next meeting of the Clinical Community – 12 June 2019

Transformation themes

A number of transformation themes have been discussed and agreed with the Clinical Communities Forum (CCF) on 25 April. Each Transformation project will consider these themes and decide whether to include them as chapter headings.

Two themes were considered most important; prevention and simplifying pathways/working practices/outcomes. Prevention was to be considered with an expected return on investment (ROI) that might be longer than one year and should be congruent with what local authorities and Health & Wellbeing Boards have agreed.

The wider role of NHS in prevention is recognised in the Long Term plan, so aligning NHS prevention with local authority and Public Health initiatives in these transformation projects is important.

Simplifying referral pathways, patient outcome measures and staff workforce boundaries was also considered a priority and was expected to help patient self-management as well as more cost effective care:

Theme	Thought
Prevention	Primary and secondary prevention including environmental, social, health, and mental health components and with links to children and adult health education
Clinical guidelines	Including NICE guidance, specialist society guidelines and where necessary prioritising these and simplifying pathways
Patient activation	Measures to increase patient activation, involvement in managing their own health and use of social prescribing
Health inequalities	Ensure drivers of health inequalities are addressed
Technologies	Tele-health and care devices, health Apps which simplify care delivery and self-care for the patient and wider system
Integrated Neighbourhoods	Implications for management in partnership with IN and PC networks; role of a local MDT in addressing high or rising risk patients. Service development in IN to simplify referral/professional interactions for those who work in the health service so that care for the patient is as simple as possible
Health Analytics	National or local disease metrics, outcomes, patient experience and costs at system, alliance, IN, and practice level. Develop a single version of the analytical truth aiding neighbourhoods, places and the system to understand their contribution to overall health outcomes
Continuous patient feedback for QI	Use patient feedback over time to inform quality improvement methodologies
Communication and organisational development	Raising awareness across healthcare of this Transformation initiative and system working, simplifying roles, responsibilities and accountability across the whole system

New commissioning and contracting models	Consider newer more joined up, unified models of service delivery, use of capitated budgets
New delivery mechanisms	Modes of delivery at system, alliance, IN, practice level and by NHS/voluntary sector organisations. Where possible simplify referral practice and patient pathways
Short term priorities	Identify short term priorities amongst all themes above

Financial consequences

The financial implications of recommendations from each project will be addressed at all stages of the project through the Financial Performance and Planning Group (FPPG).

Reporting Governance

The three Transformation projects will report back to the Clinical Communities Forum (CCF) at least every three months and then to Joint Clinical Group, Health and Care Executive, Clinical Commissioning Group and STP Board.

The Alliances will be kept sighted, since implementation for some of the elements may be via the Integrated Neighbourhoods. This will be reflected in a revised governance framework.

Clinical Communities Forum meetings

April 25 – Urgent & Emergency care
May 23 – Diabetes/Obesity
June 20 – Cardiovascular Disease
July 25 – Respiratory Medicine

Proposed HCE reports

June 27 – Diabetes & Obesity
August 27 – Cardiovascular Disease
October 24 – Respiratory Medicine

3. RECOMMENDATIONS

The STP Board is asked to:

- Note the progress and support prioritising clinical transformation personnel from within the system.

13 May 2019