

## Report to STP Board: 19 September 2019

<b>Agenda item:</b>	2.		
<b>Title:</b>	Long Term Plan Response		
<b>Lead:</b>	Claire Stoneham, Executive Programme Director, System Delivery Unit		
<b>Author:</b>	Claire Stoneham, Executive Programme Director, SDU, Catherine Boaden, Head of System Strategy, SDU and Aidan Fallon, Head of Head of Communications and Engagement, SDU		
<b>Report purpose (Please mark one in bold)</b>			
APPROVAL	<b>DECISION</b>	ASSURE	INFORM
<b>Link to STP Priorities (Please mark all applicable in bold)</b>			
<b>AT HOME IS BEST</b>	<b>SAFE &amp; EFFECTIVE HOSPITAL CARE, WHEN NEEDED</b>	<b>WE'RE ONLY SUSTAINABLE TOGETHER</b>	<b>SUPPORTED DELIVERY</b>
<b>Committees/groups where this has been presented to before (including date)</b>			
N/A			

### Purpose of the paper

The response to the national Long Term Plan (LTP) is one of the key priorities on which the Cambridgeshire and Peterborough Sustainability and Transformation Partnership (STP) needs to focus. This paper provides an update on the System's response to the LTP, building on the STP Board discussion in July 2019. It covers the expectations of our system, how we intend to respond to them and gives an update on the work we have in progress.

### STP Board is invited to:

The STP Board is asked to **note**:

- the update provided on the System's response to the LTP;
- the context, including the expectations of our system set out in the Long Term Plan;
- the timetable for our response;
- the work currently in progress, including on the medium term financial plan and the draft narrative; and
- the current programme of engagement.

## 1. INTRODUCTION / BACKGROUND

1. The response to the national Long Term Plan (LTP) is one of the key priorities on which the Cambridgeshire and Peterborough STP needs to focus, alongside finances in 2019/20 and the medium-term, current areas of work and building trust and relationships. Updates on all these areas of work are included on the September STP Board agenda.
2. This paper focuses on the System's response to the LTP, building on the STP Board discussion in July. It covers the expectations of our system and how we intend to respond to them and provides an update on the work in progress.

## 2. DISCUSSION

3. The context is well known, but worth recapping briefly to capture the seriousness and scale of the challenge, as well our achievements to date and learning from how we've delivered in the past, on which we can build.
4. As a System, we have demonstrated the ability to make real and rapid progress together: delayed transfers of care (DTOCs) have been brought down from 10% to 4.5%; the system capital plan secured £140m last December, the biggest allocation to any single STP; and we were able to sign up to a system control total for the first time, building on the work to establish Guaranteed Income Contracts. Our people are working hard together and are committed to making changes that improve health and care for our population. However, we also have past experience of struggling to make successful changes and we need to incorporate this learning, making sure we actively tackle any obstacles to delivery.
5. However, both the NHS component, and the wider system, face severe financial challenges in 2019/20 and beyond. As a system, we are having to review the services we provide, we are under pressure from the regulator and we do not have a robust plan, as things stand, that delivers sustainability in the medium-term. We will only secure external help to address our structural gaps if we grasp the nettle and do all we can do as a system to improve the financial position.
6. We can be proud of the fantastic care provided by organisations within Cambridgeshire and Peterborough. Much of the care we provide to our patients and population is excellent, and in some cases world-leading. However, there is significant variation in outcomes, with people in South Cambridgeshire expected to live 4 years longer than people in Peterborough. We have a huge opportunity through the LTP to describe and begin to realise the leveraging of our wider system assets, including innovation and industry collaboration with the biomedical campus, the new children's hospital and partnership working with the Universities.
7. We have established system working and governance, and an emerging new operating model based around the Alliances and PCNs. Our first Integrated Neighbourhoods have implemented new services and ways of working, for example for physiotherapy and neurology, and we have a number of programmes in place at Alliance level focused on innovation, engagement and support. Yet we have much further to go to become a full integrated care system, and to realise the benefits of working in this way. This will require some difficult decisions and the commitment of all partners to act first in the system interest.

### ***NHS Long-Term Plan expectations of the Cambridgeshire and Peterborough system***

8. The LTP sets out a series of 'must-dos' for service transformation which must be delivered over a five- year trajectory:
  - 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; and
- Improve care for major health conditions.

9. There are must-dos for system development too:

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

10. And a series of expectations on how we support the workforce, deliver digitally-enabled care, and improve productivity.

11. Additionally, there are a series of areas that are expected to be included one way or another, but where there is 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; and
- Volunteering; wider societal impact.

12. This is a huge agenda and we cannot do everything at once. Still, for the LTP we can be clear about where we are aiming to get to over 5 years, and what actions we are going to take immediately to build confidence and credibility.

### ***Timetable and governance***

13. We are expected to submit a 'first draft' of our Long Term Plan on 27 September. This should include a narrative strategic system plan and supporting technical information, including a 'strategic planning tool' which contains underpinning finance, workforce and activity data.

14. There are a series of review meetings with the region scheduled through October, including with the Regional Director on 22 October. The deadline for submission of the final plan is 15 November. National escalation meetings for those systems thought to need more support are expected to take place in week commencing 28 October.

15. This is an extremely pressing timetable, and we will have to develop content alongside undertaking engagement and securing system partner sign-off. At the STP Board in July, it was agreed that each CEO would gain delegated authority from their respective Boards for sign-off to ensure that we meet the deadline.

16. To support conversations with Boards, we expect to share iterations of the LTP narrative on 4 October, 17 October and 6 November; any updates to this will be communicated to STP Board members. The SDU will be happy to support partner organisations with additional information required as necessary. Partner Financial Directors will have oversight of the financial position through regular meetings of FPPG.

### ***Work currently underway***

17. We have a very significant programme of work ongoing to prepare the response.

18. The **Medium-term financial plan** is a critical element. Partners have been working together to develop a financial model for the next five years, to 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 has led much of the 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.

19. We have also, with the Regulator, appointed external support to validate the financial work we have done to date and to provide assurance. Their support runs approximately until the LTP is submitted, and is 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;
  - 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.
20. While the output of this work will form a key part of the final LTP response, we also need to engage positively and in good faith with the 27 September deadline, which falls before much of the McKinsey work will have been completed. As a result, we are currently working to develop a response that includes 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.

### ***The narrative response***

21. At the same time, there is considerable work underway across the system to prepare the plan narrative. We are grateful to the many people across the system who are contributing to this work.
22. Appendix 1 sets out an early outline of our draft narrative response showing the chapter headings and some proposed content in each of the 'must-do' areas. Both the structure and content are very much a draft for discussion, and have been included, even at this early stage, because the Chair, AO and Programme Director wanted to provide a working draft that the Board could respond to and shape.
23. The draft will undoubtedly continue to evolve as the work progresses. Staff across our system have been commissioned to write sections of text, and a Steering Group has been established to enable us to review content, identify gaps and determine how to address these gaps.
24. A key part of the process over the next few weeks will be in bringing together these contributions covering programmes of work across the system with the overarching vision and focus on priority transformation programmes.

### ***Ensuring effective engagement in the LTP response***

25. All our Partners are actively engaging with clinicians, local people, communities, and other key stakeholders in the development of our local response to the LTP; this will take place throughout the next two months as the plan is developed but will also need to continue on an ongoing basis thereafter as we move into implementation.
26. We are following a two-fold approach. Firstly, we are recognising and incorporating the outputs of the on-going engagement and dialogue we have had over the past two years with key

stakeholders, staff and local people, in the various strands of the LTP response. This includes, for example, work to develop a system-wide diabetes strategy, which has had ongoing involvement from local diabetics, carers, clinicians and Diabetes UK, and our programme of work to develop Integrated Neighbourhoods, such as in Wisbech where GP practice staff, the Wisbech Primary Care Network, council colleagues and the Voluntary sector have been holding events to understand local population needs and develop local priorities.

27. In addition to this, we are undertaking a bespoke programme of engagement, between March and November 2019, to inform the LTP response. This includes using the Healthwatch compiled report [What would you do?](#) to inform specific aspects of our LTP, as well as bespoke engagement with six key audiences as part of our Communications and Engagement Plan developed with the input of all our Partner communication leads.

### Engagement with six key groups as part of our communications and engagement plan

- Clinicians: This work is being led by the Joint Clinical Group (JCG) – the medical and nurse Directors of our Partner organisations – and ensures that we engage through existing clinical groups and fora, organising additional engagement as necessary, and ensuring that clinicians within our Partner organisations have the opportunity to input;
- Primary care: engagement via existing groups and fora including Alliances, the CCG member practice event and GP Forward View Group, as well as additionally organised engagement with, for example, Primary Care Network Clinical Directors;
- Local people, patients, community groups and organisations: We are working closely with our CCG colleagues with the aim of dovetailing LTP engagement within their planned 'Big Conversation' programme;
- System partners: Engagement here will include a bespoke event in October to consider emerging System LTP priorities;
- Staff: managed by our Partner communication colleagues; and
- Regulators, National bodies: Individual meetings with key stakeholders for discussions, including local transformation plans, our emerging plans to achieve financial sustainability and national support.

## 3. RECOMMENDATIONS

The STP Board is asked to **note**:

- the update provided on the System's response to the LTP;
- the context, including the expectations of our system set out in the Long Term Plan;
- the timetable for our response;
- the work currently in progress, including on the medium term financial plan and the draft narrative; and
- the current programme of engagement.

**September 2019**

**Appendices: Annex 1 - NHS Cambridgeshire and Peterborough Long Term Plan Draft Narrative Structure**  
**Annex 2 - Nationally mandated must-dos and the developing content/ next steps from our system in response**

## **Annex 1 - NHS Cambridgeshire and Peterborough Long Term Plan Draft Narrative Structure**

### ***Executive Summary***

- The Executive Summary will introduce our Long Term Plan and provide an overview of the contents and an outline of the main points of each chapter.
- It will emphasise that it is critical for us as a system to put the recent period of financial uncertainty behind us so that we can progress: this is the bedrock on which our plan needs to be built.
- It will state that what we have set out is realistic, ambitious and deliverable and that our finance, activity and workforce plans are aligned and consistent.
- It will describe the progress we have made as a system, that our people are committed and working well together and we successfully worked together to as a system to make improvements for our citizens and that we plan to build on these successes over the next 5 years. We have, for example, brought down the delayed transfer of care (DTC) rate, secured capital funding for our system and we now manage our finances on a system-wide basis.
- It will also recognise that we have past experience of struggling to make successful changes and we need to incorporate this learning, making sure we actively tackle any obstacles to delivery.
- This chapter will acknowledge that we face serious financial challenges and state that we have developed a credible plan to deliver financial sustainability in the medium and long term.
- It will include a statement to say that the development of the plan has been led by chief executives, frontline staff and our citizens from the Cambridgeshire and Peterborough system. The signatures of the chief executives from our organisations will be added in order to demonstrate our commitment to working together to deliver the changes described.
- It is anticipated that this section will also include a statement explaining how Cambridgeshire County Council and Peterborough City Council have participated in the development of the plan and a description of their ongoing role in working with the NHS.

### ***Chapter 1: Our population and who we are***

#### ***Our population***

- This chapter will set the context. It will describe who we are. It will describe the geographical area of the Cambridgeshire and Peterborough system and the population we serve.
- It will explain that our population is currently 970,000 and growing by 2% per year and that our hospital services are used by people not only from within Cambridgeshire and Peterborough but also from parts of Lincolnshire, Leicestershire, Northamptonshire, Norfolk, Suffolk and Hertfordshire.
- It will explain that Peterborough, Cambridge and Fenland are ethnically diverse areas with transient populations including students and migrant workers. It will also state that Gypsy, Roma and Traveller communities are significantly larger than in the rest of the UK.
- It will state that some of our care outcomes are excellent, but there is significant variation and there are variations in health within our system and differences in outcomes for our patients. It will draw on the information in our Joint Strategic Needs Assessments (JSNA) and the Cambridgeshire and Peterborough Health and Wellbeing (HWB) Strategy. People in South Cambridgeshire are expected to live 4 years longer than people in Peterborough.
- It will include the views of our citizens, taking information from Healthwatch Cambridgeshire and Peterborough's recently published '*What Would You Do? Local people's ideas and experiences to help improve the NHS*'. It will describe what our citizens have told us we are doing well and where they would like us to do better.

#### ***Our organisations***

- It will explain that the health and care system in Cambridgeshire and Peterborough consists of a number of organisations (NHS Cambridgeshire and Peterborough CCG, Cambridge University Hospitals NHS Foundation Trust, North West Anglia NHS Foundation Trust, Cambridgeshire and Peterborough NHS Foundation Trust, Royal Papworth Hospital NHS Foundation Trust, Cambridgeshire Community Services NHS Trust, East of England Ambulance Service NHS Trust, Cambridgeshire County Council and Peterborough City Council).

## *Our challenges and opportunities*

- It will introduce our financial position and our performance, describing where we do well, but also our key challenges over the next 5 years.
- This section will describe the Cambridgeshire and Peterborough economy, housing, including the houses and communities being built, and our world-leading and specialist assets. It will note that we have a huge opportunity through the LTP to describe and begin to realise the leveraging of our wider system assets, including innovation and industry collaboration with the biomedical campus, the new children's hospital and partnership working with the Universities.
- The section will include a description of the research we carry out and how this benefits our citizens.

## **Chapter 2: The ambitious outcomes we want to achieve in 5 years**

- This chapter will set out our clinical ambitions. It will set out the ambitious outcomes we want to achieve in the next 5 years including tackling the inequalities across our system.
- It will describe a set of principles for transformation that will help to guide our approach:

### *PRINCIPLES*

#### *Making the most of our assets*

- We will deliver best care for people in our system by leveraging our human, academic science and translational resources
- We will deliver care closer to people's homes, diverting resources into community settings
- We will look to clinicians, working with other clinicians and patients, to make decisions about the best care
- Our people - our staff, patients and citizens - will help us make best use of our resources
- We will support our staff, use their strengths and make the best use of their skills

#### *People not patients*

- We will transform the whole pathway, thinking as much about people as patients, and as much about preventing disease as treating it. We will target areas of deprivation or poor outcomes
- We will help people to manage their own conditions, using digital tools and support to increase activation and resilience
- We will use population health management approaches to help people manage their conditions and stay well for longer
- We will work with partners to improve the wider determinants of health

#### *Mobilising for delivery*

- As system leaders, we will work together for the benefit of the system, even where this is challenging for our organisations.
- We will prioritise our focus and resource, as well as funding, so that we back our priority projects and set them up for success.
- We will be clear about what we are trying to deliver, as well as phasing and major milestones, and will hold each other to account.

### **Chapter 3: Our areas of priority transformation**

- In this chapter we will describe where we are already doing well, based on our performance and activity data, and also on what our communities have told us. Much of the care we provide to our patients and population is excellent, and in some cases world-leading and we can be proud of the fantastic care provided by organisations within Cambridgeshire and Peterborough.
- It will explain that as a System, we have demonstrated the ability to make real and rapid progress together: delayed transfers of care (DTCs) have been brought down from 10% to 4.5%; the system capital plan secured £140m last December, the biggest allocation to any single STP; and we were able to sign up to a system control total for the first time, building on the work to establish Guaranteed Income Contracts.
- It will state that our people are working hard together and are committed to making changes that improve health and care for our population, but describe that we face severe financial challenges in 2019/20 and beyond.
- We will set out a small number of areas of priority transformation where we seek to become an exemplar system. These will build on our existing strengths but describe ambitious plans, linked to the outcomes we want to achieve, and describing what each change will mean at system, place and citizen level.
- We will be clear about the areas we are focusing on, the intended phasing of programmes and the major milestones along the way.
- We will be clear about the things that could stop us achieving our ambitions and how we intend to actively tackle these potential blockers
- This chapter will describe how we intend to improve the quality of and access to the care we provide.
- It will describe how our areas of priority transformation have been chosen and how they address our analysis of local health and care needs.

### **Chapter 4: Delivering the must-dos**

- This chapter will set out the 'must-dos' for service transformation which the System must ensure are delivered over a five-year trajectory. It will also describe the must-dos for system development and the enablers.
- The table in Annex 1 sets out the nationally mandated must-dos and some of the developing content and emerging next steps from our system in response. These are ideas and are intended to stimulate discussion and debate; careful process will be needed to test and refine this content over the coming weeks.

#### *The 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

#### *The must-dos for System development*

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

#### *The enablers*

- Meet expectations on how we support the workforce
- Meet expectations on how we deliver digitally-enabled care
- Meet expectations on how we improve productivity

- On the local priority areas, we recognise that there is greater scope for local prioritisation and phasing but we will look to fully reflect the high-quality programmes of work that are already underway across the system, whilst also identifying where we want to go further in:
  - Prevention;
  - Children and young people, including maternity and neonatal;
  - Learning disability and autism;
  - Cardiovascular disease; stroke; diabetes; respiratory disease;
  - Research and innovation; genomics; and
  - Volunteering; wider societal impact.
- The chapter will state that this a huge agenda and we cannot do everything at once. It will be clear about where we are aiming to get to over 5 years, and what actions we are going to take immediately to build confidence and credibility.
- It will describe what we are prioritising and what we are not prioritising.

## ***Chapter 5: Addressing our financial challenge***

- This chapter will describe the financial challenge we face as a system and set out how we plan to address it. It will link closely to the priority areas described in chapter 3 and describe the targeted interventions we want to put in place. It will also describe how we intend to utilise the money we save to pay for improvements within our system.
- It will describe how the financial resources available to our system are being used to deliver system priorities while demonstrating value for money.
- The plans will show alignment with national planning assumptions and business rules along with deliverable financial recovery trajectory.

## ***Chapter 6: Governance and delivery***

- This chapter will explain our system way of working and governance arrangements.
- It will explain that in August 2018, Cambridgeshire and Peterborough STP established two Provider Alliances, in Greater Peterborough, Huntingdonshire and Fenland (North) and Cambridge City, East and South Cambridgeshire (South). Alliance footprints broadly follow the flow of citizens into local acute services; in the North, the majority of patients use North West Anglia Foundation Trust (NWAFT) as their local hospital, and in the South, Cambridge University Hospitals (CUH). Each Alliance encompasses three local District Councils, in the North, Greater Peterborough, Huntingdonshire and Fenland, and in the South, Cambridge City, East Cambridgeshire and South Cambridgeshire.
- It will explain that Alliances are developing new models of place-based care, which aim to proactively meet the needs of the citizens they serve; enable better and more equitable outcomes for local people; and ensure efficient and integrated delivery of local services over the next 5 years. This incorporates the aspirations of our local Think Communities programme, which aims to bring together wider public services, including fire, police, and housing, and focuses on empowering local citizens.
- The chapter will also describe our Integrated Neighbourhoods, Primary Care Networks and Think Communities.
- It will go on to describe our intention to become an Integrated Care System (ICS) by April 2021 recognising that we have significant work ahead of us to become a fully mature ICS and to realise the benefits of working in this way.

## **Chapter 7: Risks to delivery and support required**

- This chapter will describe the risks to delivering our plan and the actions we will take to mitigate them, including the obstacles we have faced in trying to deliver plans like this in the past and how we will seek to overcome them.
- It will then describe the support that we will require to be successful. This will include the support of senior political stakeholders, time to address our problems sustainably, capital investment and support as we develop our leadership and operating model to transition to an ICS.

## **Appendices**

- In order to ensure that our Long Term Plan remains concise, clear and accessible we intend to use appendices for some of the more detailed text required to demonstrate delivery and explain our work. These appendices will include the following:
  - *Finances*: we will include a more detailed analysis of our financial position and plans.
  - *Communications and engagement*: we will describe how we have engaged with clinicians and with our local communities to develop our plan.
  - *Delivery*: we will describe in greater detail how we will deliver the commitments we have set out in the following areas: primary and community-based care, urgent and emergency care, personalised care, digitally enabled primary care and outpatient care, cancer, mental health and elective health. We will do this by describing our current position, intended future position, our key priorities and areas of focus, the initiatives and interventions we have planned, what we intend to invest in these areas and how will demonstrate success.

# Fit for the Future

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## Annex 2 - Nationally mandated must-dos and the developing content/ next steps from our system in response

This table includes some ideas for debate and discussion; further process will be needed to refine and confirm the LTP content.

 <b>5 year ambition</b>	 <b>Nationally-mandated must-dos</b>	 <b>C&amp;P LTP core content</b>
<b>Transform out of hospital care and fully integrate community-based care</b>		
Transform out of hospital care and fully integrate community-based care	<ul style="list-style-type: none"> <li>• funding guarantees for primary medical and community health services</li> <li>• supporting the development of the PCN</li> <li>• improving the responsiveness of community health crisis response services</li> <li>• creating a phased plan of specific service improvements</li> </ul>	<ul style="list-style-type: none"> <li>• Maturity matrix to be completed for every PCN followed by an offer of support tailored to their needs</li> <li>• First 8 PCNs develop their Integrated Neighbourhood model in 2019/20</li> <li>• Followed by local plan for service improvements for each PCN</li> <li>• Think about outcomes, governance, leadership, resourcing</li> <li>• Link to Think Communities</li> <li>• JET</li> <li>• Ageing well?</li> <li>• Specialist advice for GPs?</li> </ul>
<b>Reduce pressure on emergency hospital services</b>		
Upper quartile on non-elective occupied bed days/to get to 2% non-elective growth by year 5	<ul style="list-style-type: none"> <li>• Develop new urgent care service</li> </ul>	<ul style="list-style-type: none"> <li>• New urgent care specification and timetable for delivery through Alliances &amp; PCNs</li> <li>• Admissions avoidance delivery plan and maintain momentum on DTOC</li> <li>• Care homes? Part of AA work?</li> <li>• I/v antibiotics</li> </ul>
	<ul style="list-style-type: none"> <li>• Proactive care to reduce acute deterioration</li> </ul>	<ul style="list-style-type: none"> <li>• Delivery plan for proactive care through Integrated Neighbourhoods – inc population health mgt, Eclipse</li> </ul>
	<ul style="list-style-type: none"> <li>• Same day emergency care &amp; new A&amp;E standard</li> </ul>	<ul style="list-style-type: none"> <li>• Same day emergency and A&amp;E at CUH and NWAFT</li> </ul>
	<ul style="list-style-type: none"> <li>• Reducing occupied bed days</li> </ul>	<ul style="list-style-type: none"> <li>• i/v antibiotics</li> </ul>
<b>Give people more control over their own health and more personalised care</b>		
Every patient has support for self-	<ul style="list-style-type: none"> <li>• Shared decision making</li> <li>• Personalised care and support planning</li> </ul>	<ul style="list-style-type: none"> <li>• INs make health coaches, social prescribing, co-production of healthcare plans, self-management apps and other digital</li> </ul>

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 <b>5 year ambition</b>	 <b>Nationally-mandated must-dos</b>	 <b>C&amp;P LTP core content</b>
management and health decision-making available through their PCN	<ul style="list-style-type: none"> <li>• Enabling choice, including legal rights to choice</li> <li>• Social prescribing and community-based support</li> <li>• Supported self-management</li> <li>• Personal health budgets and integrated personal budgets.</li> </ul>	resources available <ul style="list-style-type: none"> <li>• My DOS</li> </ul>
<b>Digitally-enable primary care and outpatients</b>		
20% reduction in outpatient appointments	<ul style="list-style-type: none"> <li>• Up to 30% reduction in outpatients</li> <li>• Digital outpatients</li> <li>• Digital primary care, including online and video consultations</li> </ul>	<ul style="list-style-type: none"> <li>• Agree target reduction in outpatient appointments from changing the service model, including from digital</li> <li>• CCG work on outpatient reductions</li> <li>• Delivery plan for trial in first specialities</li> <li>• Digital primary care??</li> </ul>
Improve care for major health conditions	<ul style="list-style-type: none"> <li>• cancer, with cancer alliances</li> <li>• Mental health, including mental health investment standard and CYP, perinatal and crisis services</li> <li>• Shorter waits for planned care;</li> </ul>	<ul style="list-style-type: none"> <li>• Cancer?</li> <li>• National leaders in mental health</li> <li>• New services on the Hinchingbrooke site, including neuro rehab and elective surgery</li> <li>• National leaders in cardiovascular disease and diabetes, leveraging expertise at the Institute of Metabolic Science and Royal Papworth hospital</li> <li>• NB specialised commissioning? Organ transplantation? Developing networks?</li> </ul>
<b>Become an ICS by April 2021</b>		
Mature ICS; national leader in using research, specialist and biomedical assets	<ul style="list-style-type: none"> <li>• System leadership and change capability, shared vision and objectives and independent chair</li> <li>• PCNs and integrated teams with population health management</li> <li>• Developed system architecture and strong financial management</li> <li>• Track record of delivery</li> <li>• Coherent &amp; defined population</li> </ul>	<ul style="list-style-type: none"> <li>• Collaborative process for agreeing new system operating model (see Annex C)</li> <li>• Clear process for how alliances lead, support and oversee clinical changes at place level (clinical strategy)</li> <li>• Accelerated implementation of the alliance-based model and development of strategic commissioning</li> <li>• OD plan for building trust and capability at all levels</li> <li>• LHCRE</li> </ul>
<b>Workforce</b>		

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 <b>5 year ambition</b>	 <b>Nationally-mandated must-dos</b>	 <b>C&amp;P LTP core content</b>
Workforce	<ul style="list-style-type: none"> <li>• STPs/ICSs will need to work with trusts, primary care networks and other partners to develop optimal workforce models for their local health system</li> <li>• Systems should set out realistic workforce assumptions, matched to activity and their financial envelope</li> <li>• Plans should also show the steps to be taken locally to improve retention and recruitment</li> <li>• System plans will need to set out specific actions around workforce mainly in relation to the people plan</li> </ul>	<ul style="list-style-type: none"> <li>• Workforce plan to be implemented</li> </ul>
<b>Digitally-enabled care</b>		
Becoming the most digitally enabled system	<ul style="list-style-type: none"> <li>• System plans must consider how to harness innovation locally</li> <li>• Systems need to develop a comprehensive digital strategy and investment plan consistent with the Tech Vision that describes how digital technology will underpin their local system's wider transformation plans over the next five years.</li> <li>• Access to online/telephone consultations in primary care</li> </ul>	<ul style="list-style-type: none"> <li>• Access to online/telephone consultations for some specialties and services</li> <li>• Online booking of appointments and repeat prescriptions through primary care</li> <li>• All providers meeting cyber security standards</li> <li>• LHCRE implementation</li> </ul>
<b>Improving productivity</b>		
Third reduction in cost of temporary staffing over three years??	<ul style="list-style-type: none"> <li>• Improving clinical productivity and releasing more time for patient care, including e-rostering and e-job planning</li> <li>• Maximising the buying power of the NHS</li> <li>• Supporting the development of pathology networks across England by 2021 and of diagnostic imaging networks across England by 2023</li> <li>• Supporting pharmacy staff to take on increased patient facing clinical roles and help the NHS deliver better value from the £16 billion annual spend on medicines</li> <li>• Savings in administration and running costs</li> </ul>	<ul style="list-style-type: none"> <li>• New ways of working in secondary care to make better use of the existing workforce, including a collaborative, digitally-supported bank</li> <li>• Shared services – across all providers and commissioners</li> </ul>

# Fit for the Future

Working together to keep people well

 <b>5 year ambition</b>	 <b>Nationally-mandated must-dos</b>	 <b>C&amp;P LTP core content</b>
	<ul style="list-style-type: none"><li>• Better use of capital investment and existing assets</li><li>• Reduction in interventions - EBI statutory commissioning guidance</li><li>• Patient safety</li><li>• Reducing variation</li></ul>	