

MEETING: GOVERNING BODY

DATE: 13 JANUARY 2015

TITLE: FORWARD VIEW AND NEW MODELS OF CARE

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FOR: INFORMATION AND DECISION

1 ISSUE

- 1.1 This paper briefly outlines the work undertaken to date across our local system to explore new models of collaboration between the different statutory agencies, operating under a broad principle of 'one system, one budget'.
- 1.2 The paper recommends that the CCG, in collaboration with our local partners in the System Transformation Programme, now submits an expression of interest to become one of a limited number of systems nationally to further develop these possible new models, as set out in the recently published *Forward View*.
- 1.3 A variation of this paper is being considered by the Boards of all local NHS bodies across Cambridgeshire and Peterborough in early 2015.

2 STRATEGIC AIMS/EQUALITY AND DIVERSITY GOALS AND CCG ASSURANCE FRAMEWORK REFERENCE

- 2.1 This paper links to Strategic Aim 1 Clinical Commissioning, Strategic Aim 4 Change Management and Transformation and Strategic Aim 7 Governance set out in the CCG's Assurance Framework and Risk Register. It also links to EDS Goal 1 Better health outcomes for all and EDS Goal 2 Improved patient access and experience.

3 KEY POINTS

- 3.1 Since being identified as one of eleven 'challenged economies' in early 2014, health and care commissioners and providers from across Cambridgeshire and Peterborough have been working closely together as a single system to address the financial challenge we collectively face.
- 3.2 Progress to date includes:
 - Agreement by every Board to a 'concordat' that commits all local organisations to collaborative working and new behaviours

- The establishment of and progress with a clear system wide transformation programme
 - Clear governance arrangements in place, with a System Programme Board operating effectively
 - The creation of a £1m fund to develop the work, with all partners contributing
 - The establishment of a cross-system transformation team.
- 3.3 One strand of programme work has been to explore the way in which the separate statutory bodies across the system could work differently in the future. The guiding principle for this work has been a shared desire to operate as ‘one system, one budget’. The broad objective has been to try and create an operating environment that encourages and stimulates changes that benefit the whole system (rather than just a single organisation).
- 3.4 To date, a number of possible models have been raised, and an initial discussion paper was considered by the System Transformation Programme Board in December 2014. This sets out how the various local bodies might come together – without changing existing organisational accountabilities - to form a ‘Foundation Health Alliance’. It is recognised, however, that this work is complex, is in a relatively early stage and needs more development and engagement.
- 3.5 Alongside this, the recently published *Forward View* also sets out a clear ambition for systems to begin to work together in more collaborative fashion. It explicitly recognises that collectively we need to “manage systems – networks of care – not just individual organisations”. The direction set out in the *Forward View* aligns well with local thinking.
- 3.6 The subsequent detailed planning guidance published in December 2014 sets out in more detail how the new models of care outlined in the *Forward View* will be developed. It also details the support that will be made available to selected areas, including:
- access to the £200m fund that NHS England has established
 - the development of a support programme
 - assistance with removing barriers to change (e.g. regulatory hurdles)
- 3.7 The planning guidance sets out two routes through which local systems could become “prototypes” that develop and test emerging new models of care.
- 3.8 The first route – described as the “leading cohorts” – asks local systems to express an interest by Monday 2 February. Such systems are described as “being in the vanguard, making the strongest progress”. The rough criteria are set out in the document are listed at Appendix 1.
- 3.9 The second route is described as being the “success regime”. Such systems are characterised in the guidance as having “challenges on quality and

finance...poor relationships...absence of a clear future strategy". These areas will be identified by NHS England together with the other national oversight bodies.

- 3.10 The nature of the engagement of the oversight bodies differs across these two categories. The latter is described as focused on "addressing current performance challenges while creating conditions for future transformation. While it is called a "success regime" it is also referred to as an "intervention process".
- 3.11 Given the strong progress that has been made locally since being identified as a challenged economy, and the high degree of alignment between the vision set out in the *Forward View* and the emerging direction of travel locally, the System Transformation Programme Board's recommendation is that our system proactively applies to be one of the 'leading cohorts'.
- 3.12 It is considered that this will have a range of benefits, including providing a clear route for progressing this work, as well as – potentially – gaining access to the specific benefits set out in 3.6.
- 3.13 In order to ensure that this recommendation has the support of all local health partners, a variation on this paper is being considered by all of the Boards across the system in early 2014.
- 3.14 It is worth noting that regardless of the national developments arising from the *Forward View*, work on identification and evaluation of new models of care is likely to remain a key element of the Transformation Programme.

4 **RECOMMENDATION**

- 4.1 The Governing Body is **asked to:**
- note the work of the system transformation team in developing possible new models of care and system working
 - agree that the CCG should, along with partners, apply to be among the first cohort of sites that develop and test new models of care

**Characteristics of “leading cohorts” set out in
*The Forward View Into Action***

- an ambitious vision of what change they want to achieve to the model of care, in order to meet clear identified needs and preferences of their local population
- a record of having already made tangible progress towards new ways of working in 2014
- a credible plan to move at serious pace and make rapid change in 2015
- funded local investment in transformation that is already agreed
- effective managerial and clinical leadership, and the capacity and capability to succeed
- strong, diverse and active delivery partners, such as voluntary sector community sector organisations
- positive local relationships, for example the support of local commissioners and communities