

ADULTS AND HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 7
21 SEPTEMBER 2021	PUBLIC REPORT

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UPDATE REPORT ON THE DEVELOPMENT OF THE INTEGRATED CARE SYSTEM FOR CAMBRIDGESHIRE AND PETERBOROUGH

RECOMMENDATIONS
It is recommended that the Peterborough Adults and Health Committee note the progress of the developing Integrated Care System (ICS).

1. ORIGIN OF REPORT

1.1 This report is submitted to The Peterborough Adults and Health Committee following a request from the Chair at the Group Reps meeting on 20 July 2021.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to provide information requested by the Committee at its Group Representatives meeting on 20 July 2021.

2.2 This report is for the Health Scrutiny Committee to consider under its Terms of Reference Part 3, Section 4 - Overview Scrutiny Functions, paragraph No. 2.1 Functions determined by Council:

3. Scrutiny of the NHS and NHS providers.

3. BACKGROUND AND KEY ISSUES

3.1 **Integrated Care Systems**, also known as ICSs, are new partnerships between organisations that support the health and wellbeing of local communities. Partners include the NHS and local councils alongside voluntary, community and social enterprise sector organisations.

These partners have a responsibility to coordinate services and plan health and care in a way that improves population health and reduces inequalities between different groups.

The NHS Long Term Plan committed to delivering ICS's across England by April 2021, to build on the lessons learnt and good work carried out by Sustainability and Transformation Partnerships (STPs), Clinical Commissioning Groups (CCGs) and by vanguard areas.

An ICS for Cambridgeshire and Peterborough was confirmed in April 2021 and will operate in shadow form in this financial year before becoming fully operational from April 2022.

3.2 **Organisations that form part of the ICS** include all NHS Trusts and organisations, Local Authorities and key voluntary sector partners.

In our area this includes:

- **Two upper tier local authorities:** Cambridgeshire County Council and Peterborough City Council
- **Five district councils:** Cambridge City Council, East Cambridgeshire District Council, South Cambridgeshire District Council, Fenland District Council, and Huntingdonshire District Council
- **Three hospital providers:** North West Anglia NHS Foundation Trust (NWAFT), Cambridge University Hospitals NHS Foundation Trust (CUH) and Royal Papworth Hospital NHS Foundation Trust (RPH)
- **Two community providers:** Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) and Cambridgeshire Community Services NHS Foundation Trust (CCS)
- East of England Ambulance Service NHS Foundation Trust (EEAST)
- 85 GP practices
- Cambridgeshire Local Medical Committee
- Healthwatch Cambridgeshire and Peterborough
- The Cambridgeshire and Peterborough Health and Wellbeing Board

Other partners including parish councils as well as voluntary, hospices, community, and faith organisations.

3.3 Our proposed ICS delivery infrastructure

Integrated Care System

- The ICS will take a bird's eye view of the challenges and health and social care needs across Cambridgeshire and Peterborough. It will determine distribution of financial and other resources to meet those needs.
- The Cambridgeshire and Peterborough CCG will transition to deliver an ICS strategic commissioning function, with devolution of relevant functions to the ICPs and other provider collaboratives. The ICS SC will commission some specialist services and agree outcomes for each ICP

Integrated Care Partnership

- ICPs are partnerships at the place-level, serving populations of approximately 500,000 people, that works to address wider determinants of health to improve health outcomes
- Two integrated Care Partnerships will be developed in Cambridgeshire and Peterborough, building on the work of the North and South Alliances. Additional provider collaboratives for Children and Young people and Mental health will also be developed.

Integrated Neighbourhoods

- With GPs at the core. ICSs serve populations of 30,000 to 50,000. They will be enabled by new contracts, which support delivery of Primary care at neighbourhood level.
- The 21 Primary care Networks (PCNs) in Cambridgeshire and Peterborough will mature into ICSs, building partnerships to integrate all health and care services within their communities.

3.4 To facilitate the integration of care and provision of services closer to home, we have established:

21 Primary Care Networks (PCNs), which will require additional support to progress into **21 Integrated Neighbourhoods (INs)**.

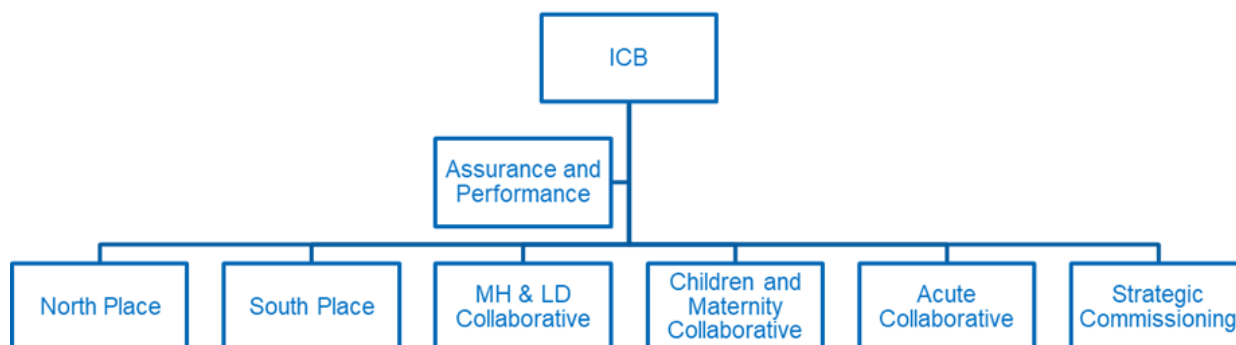
Our two place-based **Integrated Care Partnerships (ICPs)** will further integrate health and care services and build on the success of the two Alliances. These ICPs are based on the footprints of our two acute providers in the north and south, co-led by primary and secondary care.

Vertical provider collaboratives at place, underpinned by six key principles:

- Evidence-based responding to local need and inequalities
- Embed co-production with patients and families
- Integration of pathways to improve care and outcomes
- Collaboration and joint accountability
- Flexible Commissioning Arrangements
- Sustainability through realignment of existing resources

Horizontal provider collaboratives – three across the Cambridgeshire and Peterborough system:

- System-wide **Mental Health and Learning Disabilities** collaborative
- System-wide **Children and Maternity** collaborative
- **Acute care** collaborative for NHS acute providers



3.5 Our ICS goals and key priorities

1. Care closer to home
2. Personalised care
3. Data-driven

	Addressing health inequalities	Ensuring everyone in our local area has the same opportunities to live a long and healthy life
	Creating new opportunities to access support	Using digital and technology to provide everyone with access to information, support and treatments
	Shaping the services	Giving local people the opportunity to shape the services that meet their needs, now and in the future
	Deliver world-class services	Taking local research and turning it into world class services for the benefit of the local people

3.6 Developing Place and Locality

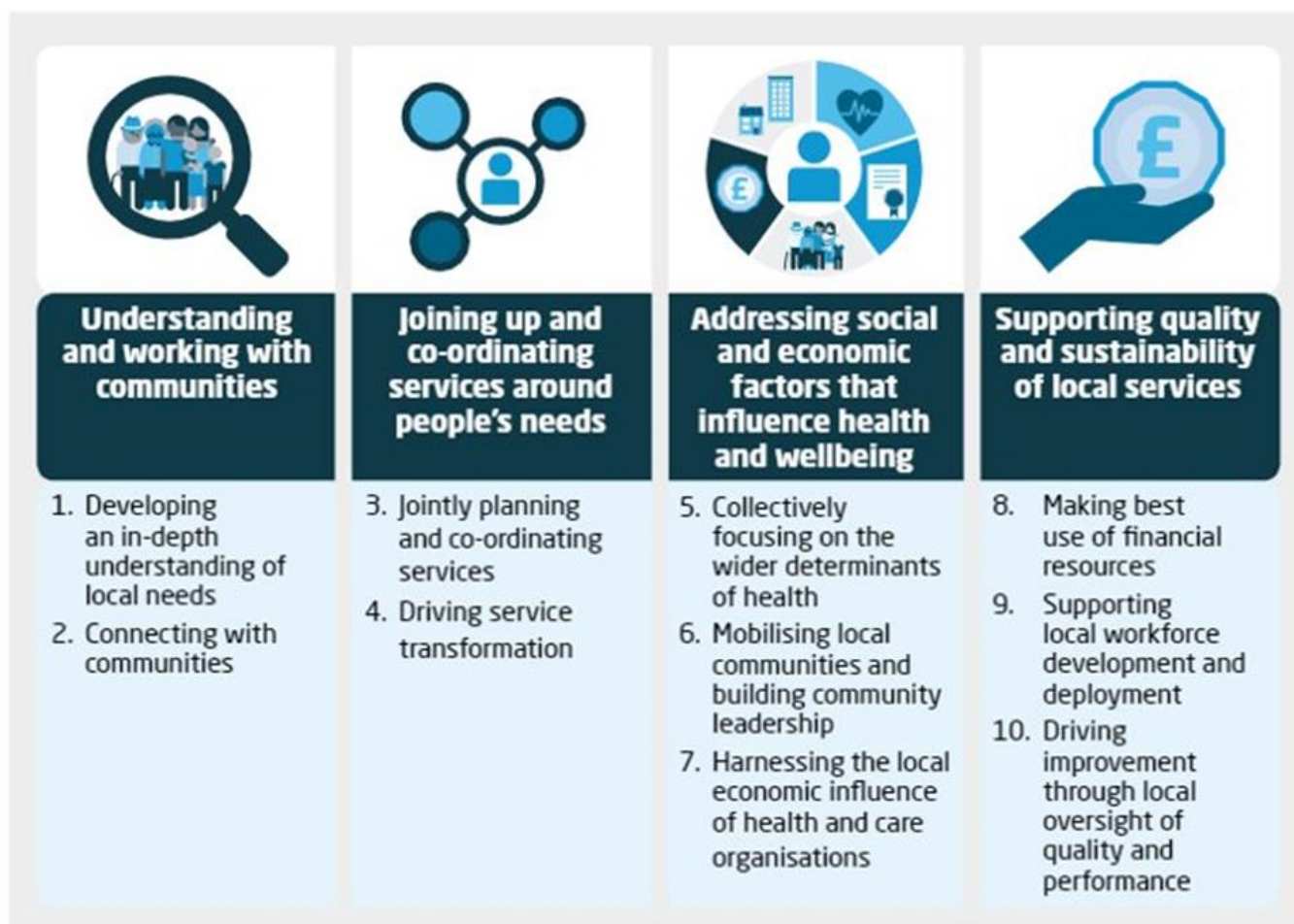
We are developing two **Integrated Care Partnerships (ICPs)** in Cambridgeshire and Peterborough, building on existing work in the Alliances and informed by local priorities and using successful practice to guide this work.

There are eight principles to guide the development of our place-based partnerships:

1. Start from purpose, with a shared local vision
2. Build a new relationship with communities
3. Invest in building multi-agency partnerships
4. Build up from what already exists locally
5. Focus on relationships between systems, places and neighbourhoods
6. Nurture joined-up resource management
7. Strengthen the role of providers at place

8. Embed effective place-based leadership

Key functions of place-based partnerships



Source: The Kings Fund

We are:

- Building a full picture of the functions that are currently commissioned and provided across Cambridgeshire and Peterborough
- Collating details of existing service types, commissioners and contract values for care provided by NHS and LA
- Developing and implementing plans to streamline commissioning and develop our Integrated Care Partnership (ICPs), so budgets can be managed closer to the population
- Agreeing guiding principles/framework for determining what functions and services will be commissioned and delivered at which level (ICS, Integrated Care Partnership, Collaborative, Neighbourhood)
- Seeking to agree where the responsibility for these functions will sit in the future
- Exploring some of the possibilities and barriers for transforming pathways under the current contractual and organisation structures.

3.7 What will this mean for our population?

- Creating a **seamless patient journey** and improving **patient experience**
- Greater working between the NHS, local authorities, and voluntary sector leaders will enable more opportunities to make shared decisions about how to best use resources collectively to improve the wider determinants of health in C&P and **improve outcomes for disadvantaged groups**
- Working together to redesign care around the needs of **communities** to improve **mental health**, building on our previous collaborations as an early implementor of community mental health services in Peterborough for example.

- Working together from beginning to end of patient pathways and standardise approaches to safeguarding, complaints, and infection prevention to **ensure patients receive high quality services regardless of where they are treated.**
- Our work towards a shared patient record means our patients will no longer need to repeat their story to different teams and will improve the quality of their care, because their full **needs will be better understood**
- As ill health has significant impacts on economic productivity, improvements in **health outcomes will translate to greater contributions to the local economy.**

3.8 ICS Transition Governance and Development



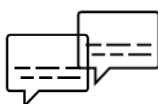
- Development of a Cambridgeshire and Peterborough ICS Constitution/Memorandum of Understanding
- Review of existing system Governance Structures



- Managing large scale change
- Training and development for staff to support system leadership behaviours
- Development of a system Workforce Strategy



- Review of legal requirements and statutory obligations from the Bill
- Transition arrangements to support ICS shadow arrangements from January 2022



- Review of our ICS vision, values and strategic objectives
- Development of Cambridgeshire and Peterborough ICS brand and ICS website
- Development of Cambridgeshire and Peterborough ICS Communications and Engagement Strategy

3.9 Key transition and transformation milestones

As part of the regional ICS Stocktake, we produced an overview of the ICS work in Cambridgeshire and Peterborough to date.

Our stocktake concluded that a number of important milestones have been achieved, including:

- We have agreed a vision through a strong engagement process. (The BIG Conversation, ICS)
- We have clear robust plans for recovery as well as ICS development.
- We have established a Transition Board that is underpinned by effective project management processes, with project leads and task and finish groups identified.
- Monthly progress reporting on our Development Plan has been put in place for the Partnership Board and we have an ICS Board Assurance Framework.
- The new System Oversight and Assurance Group (SOAG) went live in August and the Director of Assurance and Performance Improvement, a post shared with region started in July
- Commenced discussions about the future shape of the ICS and a proposal to radically transform the way we organise health and care services and work more closely with the VCSE sector and our communities

Delivery so far:

- Services are recovering across the ICS, with ordinary elective activity running at 85% of 2019/20 historical levels.
- Confirmation of funding as an “Earlier adopter” for community diagnostic hubs which supports diagnostic recovery.

- New digital referral service for ophthalmology patients to speed up referrals and provide a better patient experience.
- Progressing Urgent and Emergency Care (UEC) transformation through our UEC Collaborative. In July Peterborough Urgent Treatment Centre (UTC) relocated from City Care Centre to the Peterborough City Hospital site to create an integrated front door. The service is now open and operating.
- Significantly increased activity by practices and Primary Care Networks (PCNs): 18% increase on Primary Care appointments on pre-COVID-19 levels, almost 500,000 vaccines delivered in Primary Care, increased delivery of cervical smears with targeted approach.
- Delivery of 111 option 3 for palliative care patients in partnership with HUC and Arthur Rank Hospice.
- Enhanced Dementia Intensive Support Team, keeping a cohort of the most complex dementia patients at home or in existing placements and avoid unnecessary admissions to acute hospitals.
- Fast track system-wide Staff Mental Health Service that delivers rapid access multi-disciplinary mental health support for staff and funded by system partners: service has received 245 referrals (96% more than predicted).
- Established a Cambridge University Hospitals NHS Foundation Trust based Respiratory referral point for patients experiencing long-term effects of coronavirus (sometimes known as 'long COVID'), developed in partnership between acute and Primary Care and available to all patients across the system.
- Launched the ICS BIG Conversation to gather views on a proposed brand name and vision statement, and on the ICS's key priorities.
- Continue to support our ICS colleagues with specialist skills and capacity to improvement regional outcomes with COVID-19 and specialist services.

3.10 We have received notification from NHSE/I of their intention to **delegate some direct commissioning functions to Integrated Care Boards (ICBs).**

Giving **ICSs responsibility for direct commissioning** is a key enabler for integrating care and improving population health. It gives the flexibility to join up key pathways of care, leading to better outcomes and experiences for patients, and less bureaucracy and duplication for clinicians and other staff.

From **April 2022** ICBs will:

- assume delegated responsibility for primary medical services (currently delegated to all clinical commissioning groups [CCGs], and continuing to exclude Section 7A Public Health functions)
- be able to take on delegated responsibility for dental (primary, secondary and community), general ophthalmic services and pharmaceutical services (including dispensing doctors and dispensing appliance contractors)
- establish mechanisms to strengthen joint working between NHS England and NHS Improvement and ICSs, including through joint committees, across all areas of direct commissioning (in systems where they are not already delegated).

- 3.11 **The recruitment process for the role of ICB Chair** has started, with the position advertised on a number of national recruitment websites as well as being promoted through local communications routes.

Interviews will be held on 30 September with full engagement from system partners in the process.

The recruitment process for the ICB Chair Accountable Officer is also out to advert, with interviews scheduled for 25 October 2021. This recruitment will be followed by other statutory ICS roles such as Medical Director, Finance Director and Chief Nurse.

4. **REASON FOR THE RECOMMENDATION**

- 4.1 Update report requested by the member of the committee at the group representatives meeting on 20 July 2021.

5. **LEGAL IMPLICATIONS**

5.1 **Health and Care Bill 2021-22**

First and second reading in the House of Commons have been completed.

Focus on collaboration, confirmation of a wider Integrated Care Partnership that brings together local NHS and local government to deliver joined up care for local populations.

The Health and Social Care Bill will:

- Make the legal framework easier to work together.
- Reduce unnecessary bureaucracy; and
- Ensure the system is able to respond to changing needs in the years to come.

Key measures from the Bill include:

- Health and care services planned around patients' needs.
- Quick implementation of innovative solutions to problems which would normally take years to fix e.g., moving services out of hospitals and into the community, focusing on preventative healthcare.
- A loosened procurement regime for the NHS and public health procurement to reduce bureaucracy and reduce the need for competitive tendering where it adds limited or no value.
- Measures to address health inequalities, such as obesity and improving oral health with new public health requirements on food and drink packaging and advertising of junk food pre-9pm watershed.
- Increased Department of Health and Social Care oversight.

6. **APPENDICES**

None

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