ADULTS AND HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 8
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Report of:	Cambridgeshire & Peterborough ICB
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NEW MODELS OF CARE

RECOMMENDATIONS
It is recommended that Adults & Health Scrutiny Committee notes and provides feedback on the Cambridgeshire & Peterborough ICS draft New Care Model.

1. ORIGIN OF REPORT

1.1 This report is submitted to the Adults and Health Scrutiny Committee following a request for an update via the Group Representatives.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to provide information and obtain views on the ICS draft New Care Model and the supporting rationale.

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.

2.3 There are no contents requiring exemption from publication.

3. BACKGROUND AND KEY ISSUES

3.1 **Overview**

This report provides an overview of the proposed New Care Model (NCM) for the Cambridgeshire & Peterborough Integrated Care System (ICS). The NCM is designed to address key healthcare challenges by improving accessibility, enhancing patient outcomes, addressing health inequalities, and prioritising preventative care, while driving financial sustainability. This paper invites feedback from the Peterborough Health and Social Care Scrutiny Committee to help shape a model that will ultimately ensure high-quality, equitable, and sustainable healthcare for our community.

The Challenge

Like all healthcare systems, we are facing the challenges of a growing and ageing population, workforce constraints, recovery from the pandemic and the public's general frustration regarding access to services. At the same time, we see significant opportunities to create both a better experience and to deliver better health outcomes for our patients through a New Care Model.

Population growth
ICS growth rate 1.5% - 1.8% per year with significant future housing developments. Comparisons of the 2011 Census to 2021 Census show Cambridge City and Peterborough City grew by 17%, growth in our rural districts ranges between 4.7% and 8.9%. (Growth for England 2011 - 2021 was 6.6% and for the East of England it was 8.3%).

Activity demand
Growth rates - especially in the older age cohorts - means high growth rates for all activity particularly non-elective stays and bed requirements in the future. 93% of acute bed utilisation is from unplanned admissions (mainly infectious diseases, immune system disorders, respiratory, and cardiac conditions). Demographic and non-demographic growth projections indicate a deficit of 379 beds by 2030, escalating to approximately 650-900 beds by 2040 if we carry on as we are. It is important to recognise that these pressures will be felt across the health and social care service spectrum, not just for acute beds.

Population Demographics
In the last ten years the number of people registered with our GP Practices aged 85 or over has grown by 32% in comparison to the under 18 age group which has grown by 19%. By 2041 we expect the number of patients aged 85+ to have increased by 87.5%. Over the same period we expect the number of 70-84 year olds to grow by 59.3%.

Chronic Conditions
Across the ICS 27% of patients are living with a Chronic Condition i.e. Long-Term Conditions, Disabilities, Incurable Cancer, Organ Failure, Frailty or Dementia. In the North of our ICS approximately 30% of the population have Chronic Conditions compared to 24% in the South.

Finance Long Term Plan
The system Long Term Plan submitted in January 2020 planned to move resource from acute to Primary and Community care. However, due to the Covid-19 pandemic this has not been achieved and a greater proportion of ICB allocation was spent on acute services in 2022/23. We are seeing multiple challenges in terms of access for patients and funding sustainability for GP practices, NHS dentistry and community pharmacies.

3.2 **Shaping the draft New Care Model: Health Economics**

Our long-term financial sustainability relies on redirecting resources to preventive services within primary and community care. However, investment in infrastructure and workforce expansion is needed to enable this transition. Health economics analyses indicate that prioritising prevention and optimising resource allocation will be key to delivering long-term savings and reducing acute care demand. Some of the key conclusions are as follows:

Reducing demand for acute services

- Of the interventions captured at this stage all represent preventative measures (at varying stages of a pathway) and could result in a reduction in the demand for acute services.

- The top identified interventions could positively impact tens of thousands of people and see many treated prior to accessing hospital services in the future. As such, balancing short term pressures with longer-term benefit delivery, driven by preventative interventions, should form a key element of allocation strategy.

Targeting reducing health inequalities
- Modelling highlights that there is a higher potential Return on Investment to be driven in more deprived areas (as these areas have a worse initial outcome baseline).
- The business case for re-allocating resources should be constructed to reflect these variations, with tailored routes to effective operationalisation needed to address local access challenges and maximise impact.
- It will be key to view some of these interventions in portfolio form to ensure that both detection and treatment are maximised.

Shaping the draft New Care Model: ICS Outcomes Framework

3.3 Outcomes measure the whole system's success in keeping the population well and reducing illness. The ICS Outcomes Framework is based on the core aims of our Health & Wellbeing Integrated Care Strategy.

Following extensive engagement, the ICS Outcomes Framework was agreed by the ICS Population Health Improvement Board, and subsequently by the ICB Board (May 2024). We will continue to develop it with partners as we learn from experience in using it. It frames our Joint Forward Plan, and it helps to guide the draft New Care Model in terms of the longer term outcomes we want to achieve and the shorter term proxy measures which tell us if we are on track.

Further details are on the ICB website at Our Outcomes Framework | CPICS Website

Cambridgeshire & Peterborough draft New Care Model Vision

3.4 The New Care Model is very much aligned to our shared system strategy and work to date, looking at proactive population health management and health economic approaches, health inequalities, prevention and how we deliver our outcomes framework.

It is a response to what the data is telling us that we need to plan for in the future. It also responds to some immediate challenges we are facing in the NHS and what patient and staff are saying about their current experiences and aims to create an opportunity to modernise how we deliver care and create capacity and sustainability.

However, it is a proposed model at this stage, there are not yet detailed plans that sit behind it, and we want to have the conversation to shape the way forward together with partners. We know that prevention is key to health utilisation and we cannot optimise the health of our population without continuing to work in an integrated way.

The vision for healthcare is one that is readily accessible, seamlessly integrated, and inclusive to all members of our community. We envision an NHS that is simple to use, with services available whenever they are needed. Our priority is to empower individuals by placing access to care directly in their hands, offering user-friendly digital platforms and personalised support to navigate their healthcare journey with ease.

Moreover, we are committed to creating an environment where our workforce finds joy and fulfilment in their work, with opportunities for professional growth, meaningful collaboration, and a shared sense of purpose in delivering high-quality care. By prioritising accessibility, inclusivity, and workforce satisfaction, we aim to create a healthcare system that not only meets the needs of our community but also enriches the lives of those who serve within it.

Key Features of the draft New Care Model

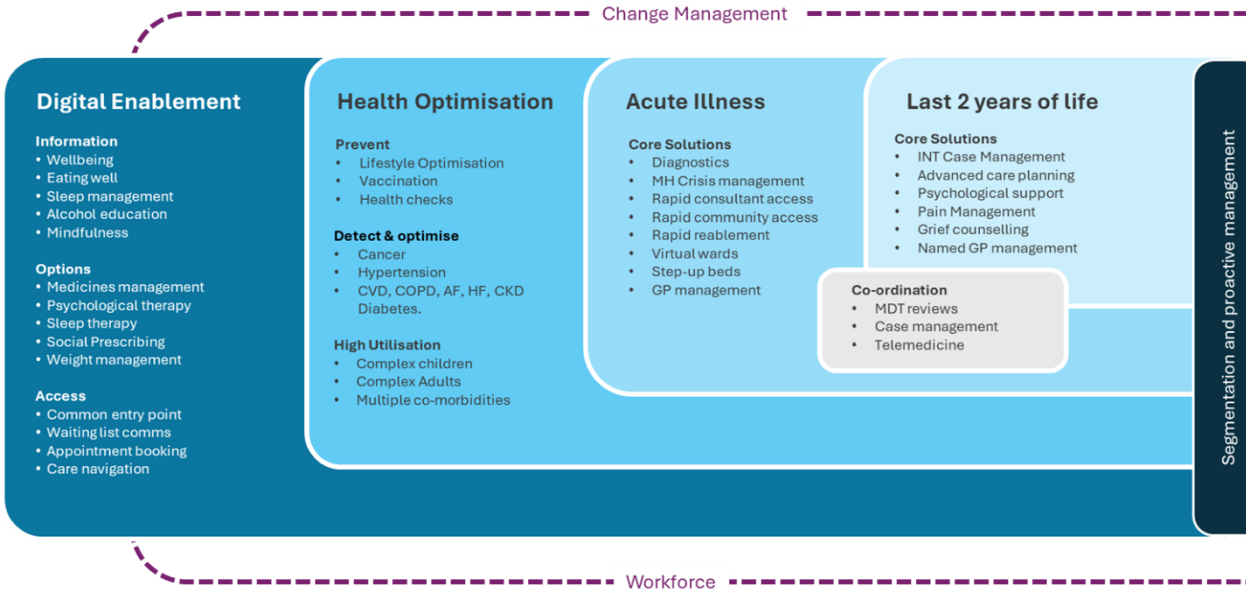
1. **Digital Enablement**: Utilises electronic health records (EHRs) and telemedicine to enhance patient care, streamline data sharing, and reduce costs. Digital tools will improve efficiency, accessibility, personalised care, and patient outcomes, while also allowing patients to manage appointments and access health records online.

2. **Health Optimisation**: Focuses on prevention, early detection, and management of chronic conditions. It targets high-risk populations with personalised interventions to improve health outcomes and reduce healthcare utilisation.

3. **Acute Illness Management**: Integrates multi-disciplinary teams (MDTs), case managers, and a virtual hospital infrastructure to streamline patient care, reduce delays, and ensure seamless transitions. This model emphasises community-based acute care and reduces unnecessary hospital admissions.

4. **Advanced Illness Care**: Enhances quality of life for individuals in their last two years by providing personalised support, managing end-of-life care, and reducing hospital admissions through better community care.

The diagram below summarises these key features:



New Care Model Implementation Strategy

3.5 The strategy includes stakeholder engagement beginning in 2024, pilot testing, and full-scale implementation by 2026. It involves integrating digital technologies, optimising health management, and reconfiguring acute and advanced illness care. The approach will be incremental, leveraging existing opportunities for gradual transformation while maintaining operational stability.

Your Healthier Future – Cardio-vascular Disease (CVD) Pilot

We have developed a prototype for the NCM health optimisation approach, called 'Your Healthier Future' with an initial focus on CVD'. This is a pilot health optimisation programme that runs for two years from point of launch to target key clinical and behavioural risks associated with Cardiovascular Disease.

The programme is designed to enable GP practices to better support patients & achieve practice targets to reduce the number of Major Adverse Cardiovascular Events (MACE) and reduce premature mortality.

The programme will help identify patients at higher risk of CVD and can engage with patients on a practice's behalf to support patients to understand aspects of their health & optimise their care.

CVD represents the greatest unmitigated risk to population health in C&P and overwhelmingly affects people in the most deprived areas, therefore the programme will target key clinical and behavioural risks associated with Cardiovascular Disease. It will deliver via five key pathways, but the programme can be expanded further if necessary:

1. **Lipid Detection and Optimisation**: identification and treatment of at-risk patient groups.

2. **NHS Health Checks**: improving uptake of NHS Health Checks across the system to identity people with high CVD risks. (Taking part in this pathway does not limit or preclude any other work being done on NHS Health Checks)
3. **Hypertension Detect**: hypertension case-finding, up-to-date monitoring, and effective management to achieve age-appropriate blood pressure targets for patients with hypertension
4. **Hypertension Perfect**: patients coded with hypertension are appropriately monitored review and optimised
5. **BMI and Personalised Care**: ensuring up-to-date ethnicity, preferred language, weight & BMI (within 3 years), individual risk factors to be coded on the GP clinical system

The programme is now being rolled out, supported by GP webinars for each element. Early results are promising: for example, in the first 63 working days of the pilot, 1445 patients at risk due to high cholesterol have requested a statin.

4. CONSULTATION

4.1 The ICS has engaged a wide range of stakeholders in development of the draft New Care Model and continues to engage as planning progresses on how the model can be converted to delivery.

4.2 As delivery plans are developed with partners, further engagement will take place appropriate to specific workstreams.

5. ANTICIPATED OUTCOMES OR IMPACT

5.1 The New Care Model should support delivery of better outcomes as defined at a high level in the ICS Outcomes Framework, and over time enable more care to take place closer to home. The New Care Model is expected to:

- Improve access to healthcare
- Support early detection and management of illnesses.
- Enhance financial sustainability by reducing acute care demand.
- Address health inequalities through targeted resource allocation.

6. REASON FOR THE RECOMMENDATION

6.1 The paper is for information, discussion and noting.
This paper highlights the potential of the New Care Model to transform healthcare delivery across the Cambridgeshire & Peterborough ICS. We invite the Scrutiny Committee's feedback on this proposed model and welcome input to further refine our approach. Together, we aim to deliver a sustainable, accessible, and equitable healthcare system that supports the wellbeing of all residents.

7. ALTERNATIVE OPTIONS CONSIDERED

7.1 The ICS has developed detailed forecasts through to 2040/41 showing the impacts of a 'do nothing scenario' and the additional capacity required. We have also reviewed the evidence base to understand which interventions are most likely to be effective in terms of outcomes and investment.

8. IMPLICATIONS

Financial Implications

8.1 There are no immediate financial implications, but the overall financial strategy for the New Care Model is to provide greater long-term certainty to local providers on funding, and over time to increase the proportion of growth funding allocated to out of hospital services.

Legal Implications

8.2 There are no legal implications arising from this report.

Equalities Implications

8.3 One of the core aims of the New Care Model is to enable the ICS to tackle health inequalities, for example through targeted preventative work.

Rural Implications

8.4 One aspect of tackling health inequalities relevant to the New Care Model is access to local services for rural communities, which will be taken into account as our plans develop.

9. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

9.1 *ICS Outcomes Framework*