Agenda Item No: 10

Integrated Care System for Cambridgeshire and Peterborough

To:	Adults and Health Committee
Meeting Date:	13 January 2022
From:	Jan Thomas Chief Executive Officer, Cambridgeshire and Peterborough Clinical Commissioning Group
Electoral division(s):	All
Key decision:	N/A
Forward Plan ref:	N/A
Outcome:	Information for the purposes of scrutiny
Recommendation:	It is recommended that the Adults and Health Committee note the progress of the developing Integrated Care System (ICS).

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1. Background

1.1 **Integrated Care Systems**, or ICSs, are partnerships working together to improve health and care for all, through shared leadership, integration and collaborative action.

There are 42 Integrated Care Systems in England, with our ICS covering all of Cambridgeshire & Peterborough, a population of around one million people.

By working together as an ICS different parts of the health, care sector and wider system (e.g. voluntary orgs) are better able to improve the health and wellbeing of local communities, reducing health inequalities and putting citizen at the heart of everything we do. 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 is due to operate in shadow form in this financial year before becoming fully operational from April 2022, subject to Parliament confirming the current plans.

ICSs are placed on a statutory footing and are made up of NHS Integrated Care Board (ICB) and the Integrated Care Partnership (ICP) Committee.

The ICB develops the Health Plan to meet the health needs of the population, having regard to the Partnership's strategy. The plan should cover service restoration, national operational planning requirements and Long-Term Plan commitments.

The ICP Committee develops the Integrated Care Strategy that covers health, public health and social care. It should have regard to the NHSE Mandate and Department of Health and Social Care (DHSC) guidance. It should also address the use of Section 75 to support integration.

2. Main Issues

2.1 **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
- **Six district councils:** Cambridge City Council, East Cambridgeshire District Council, South Cambridgeshire District Council, Fenland District Council, Huntingdonshire District Council and North Hertfordshire District Council (covering Royston and the surrounding area)
- **Three hospital providers:** North West Anglia NHS Foundation Trust (NWAngliaFT), 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)

- **A mental Health provider:** Cambridgeshire and Peterborough NHS Foundation Trust (CPFT)
- East of England Ambulance Service NHS Foundation Trust (EEAST)
- 85 GP practices
- Cambridgeshire Local Medial 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.

2.2 Our Priorities

The mission statement of our ICS is *working together to improve the health and wellbeing of our local people throughout their lives*

The outcomes we want for our population are to:

1. **Reduce inequalities in health outcomes**
    - Doing all we can to equalise opportunities for a healthy long life
    - Vulnerable groups
    - Bringing care close to people and their communities
    - Working together to develop healthy and thriving communities
2. **Create a system of opportunity**
    - Helping local people to start, live and age well within their local community
    - Improving outcomes for key health conditions including respiratory, diseases and cardiovascular disease
    - Tackling obesity
    - Using digital to help all local people readily access care closer to home
3. **Give people more control over their health and wellbeing**
    - Engaging with communities to co-create health and care services
    - Ensuring people have access to appropriate support and services, at the right time and place, for both physical and mental health and wellbeing
    - Improving patients and their families in developing services and in decisions about their own care
    - People having the right support and flexibility about their choices at the end of their life
    - Developing accessible and responsive urgent and emergency care services
4. **Deliver world-class services**
    - Translating cutting edge research into practice for the benefit of all our local people
    - Transforming the way we organise our care learning from local, national and international best practice
5. **Be environmentally and financially sustainable with a resilient workforce**
    - Efficient delivery and evidence-based health and care, organised with the person and their family at the centre
    - Delivering initiatives that will improve the environmental sustainability of our services through a 'green plan'
    - Using our resources wisely for the best health outcomes
    - Supporting the health and wellbeing of our workforce and plan effectively for our future workforce needs

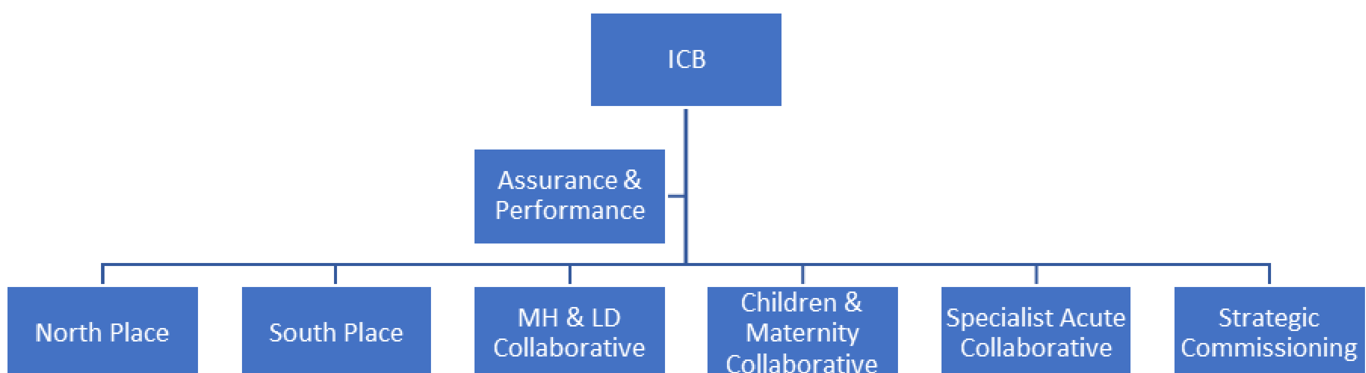
2.3 Development Plans

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

Six Accountable Business Units (ABUs), that will have full accountability for budgets and outcomes. There will be master agreements from the ICB to delegate its statutory responsibilities. Each ABU will report to the System Oversight and Assurance Group (SOAG) then up to the ICB.
Our ICB will consist of the following ABUs:

- **Two-placed based partnerships**, North and South Place, which will further integrate health and care services, and build on the success of the two Alliances. These are based on the footprints of our two acute providers in the North and South, co-led by primary and secondary care.
- **Three collaboratives** across the Cambridgeshire and Peterborough system:
    - Mental health (MH) and Learning Disabilities (LD)
    - Children's and Maternity
    - Specialist Acute
- Our **Strategic Commissioning** ABU will absorb most of our functions to begin with, until delegation decisions are confirmed at 'place' level. As we move over the next 18-24 months and start the transition to 'place' functions, it will get leaner as we go through the 'most capable provider' process.

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



2.3.2 Developing Place and Locality

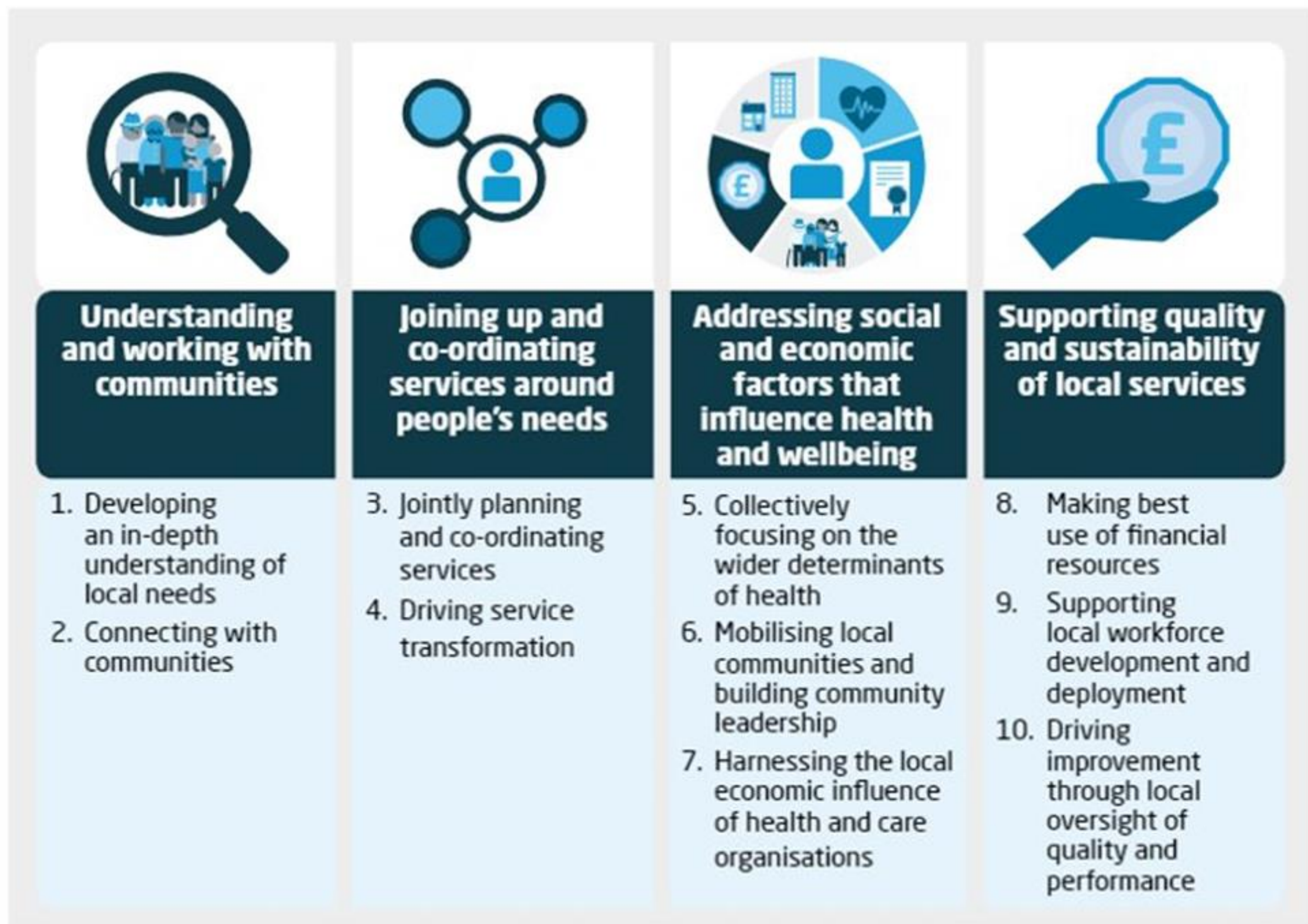
We are developing two place-based partnerships in Cambridgeshire and Peterborough, building on existing work in the Alliances (North & South) and informed by local priorities and using successful practice to guide this work.

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

2.3.3 Key functions of place-based partnerships



Source: The King's Fund

What will this mean for our local people and communities?

- 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.**

2.4 ICB Recruitment

2.4.1 John O’Brien has been appointed as Independent Chair Designate of Integrated Care Board (ICB).

The proposed Cambridgeshire & Peterborough Integrated Care Board (ICB) will oversee the commissioning, performance, financial management and transformation of the local NHS, as part of Cambridgeshire & Peterborough Integrated Care System (ICS).

Well-equipped to take on this new role, John brings with him a wealth of experience of working in both the public and private sector. This includes time spent as Director of Local Government Performance and Practice at the Department of Communities and Local Government (formerly Office of the Deputy Prime Minister) and most recently as Chief Executive of London Councils, a role he held until earlier this year.

John will take up his post as Chair of the Integrated Care Board formally from April 2022, subject to Parliament confirming the current plans.

2.4.2 Jan Thomas has been appointed as the Chief Executive Officer Designate (CEO) of Integrated Care Board (ICB).

Following an open and competitive recruitment process, Jan will be responsible for overseeing the commissioning, performance, financial management and transformation of the local NHS, as part of Cambridgeshire & Peterborough Integrated Care System (ICS).

At present Jan is the Accountable Officer of Cambridgeshire and Peterborough Clinical Commissioning Group (CCG).

Jan has over 25 years’ experience of working in and with the NHS. Starting her career as a nurse, she worked in acute NHS hospitals and has had senior roles in private sector healthcare organisations and the NHS. She is committed to ensuring local people receive the best possible care, putting patients and communities at the heart of commissioning decisions and tackling inequalities.

Jan will take up the CEO designate role prior to statutory accountability changing on 1 April 2022, subject to Parliament confirming the current plans.

2.4.3 The recruitment process for executive roles has been designed to take account of equality, diversity and inclusion at each stage of the process. It is also in line with the principles of the Cabinet Office Governance Code for Public Appointments to ensure that appointments are made on merit after a fair and open process so that the best people, from the widest possible pool of candidates, are appointed.

We engaged with three companies to get quotes to support us with the recruitment of four Non-Executive Members (NEM), three Statutory Executive Directors and the Chief People Officer. Following the mini competition, the panel agreed to split the roles between Cadence Partners, a specialist diversity recruitment agency and Hunter Healthcare Resourcing Ltd, to support this process.

The consultation with senior CCG staff (including Directors, Governing Body and Lay Members) on the proposed top level ICB structure concluded on 3 December and we will shortly commence the process for the recruitment of the three statutory ICB roles plus the Chief People Officer, with interviews planned for February 2022. Each of these roles will be advertised. However, the respective CCG current post holders for the mandated roles will have automatic interview rights if they choose to apply.

For the NEM roles, there is a national portal, role outline and a which will take 12 weeks, with the aim to make appointments in mid-February, subject to Parliament confirming the current plans.

2.5 ICB Constitution Progress

2.5.1 We have made good progress on the draft ICB Composition. We submitted a return regarding the Board size and composition to NHSE on 16 November 2021 and have now received approval for this. We are also considering further feedback submitted during our second engagement phase. We continue to make progress on the development of the ICB Constitution and thank all partners for their feedback. The second phase of engagement was completed on 30 November 2021.

2.5.2 The Constitution Task and Finish Group considered the analysis of the feedback received and agreed at its meeting on 1 December 2021 to a number of amendments to the draft constitution as well as noting further areas for development within the Governance Handbook. The updates to the draft constitution included adding detail on engagement around changes to the constitution and additional detail to make it clear that meetings held in public may include time on the agenda for questions from the public, as well as other changes relating to updates to the model constitution issued by NHSE.

2.5.3 We will continue to engage and seek comments on our draft constitution and an updated version reflecting NHSE feedback will published on our website by 31 December. A number of drafting notes will remain visible in this document as we wish to make it clear to stakeholders where we are still waiting for further information and/or national guidance.

2.5.4 We expect further updates to the model constitution following the 3rd session in the House of Lords. The final constitution is due to be submitted to NHSE for approval in March 2022.

2.6 Integrated Care Partnerships (ICPs)

2.6.1 As a statutory committee of the ICS, ICPs will be tasked with producing an integrated care strategy for their area and for securing the four key aims of Integrated Care Systems. It will be the ICP that needs to articulate the high-level ambitions for the System. The Integrated Care Board is responsible for developing a plan to meet the strategy agreed by the ICP and

for allocating resources against that plan.

The ICP is a statutory committee of the ICS, not a statutory body. As such, its members can come together to take decisions on an integrated care strategy, but it does not take on functions from other parts of the system.

2.6.2 Relationship between the ICP and HWB

The expectation is that ICPs will play a critical role in ICSs, facilitating joint action to improve health and care outcomes and influencing the wider determinants of health. It will act as a forum to enhance relationships between the leaders across the health and care system with wider statutory and non-statutory stakeholders. The ICP is expected to highlight where co-ordination is needed on health and care issues and challenge partners to deliver the action required.

These include, but are not limited to:

- helping people live more independent, healthier lives for longer.
- taking a holistic view of people's interactions with services across the system and the different pathways within it.
- addressing inequalities in health and wellbeing outcomes, experiences and access to health services.
- improving the wider social determinants that drive these inequalities, including employment, housing, education, environment and reducing offending; and
- improving the life chances

HWBs will continue under current proposals to play an important role in assessing local needs and developing joint HWB strategies that the ICS should pay close regard to. The guidance makes it clear that ICSs are expected to work closely with the HWBs in their localities.

In Cambridgeshire & Peterborough the two UTLAs, work together as one HWB through a Whole System HWB sub-committee. This committee is therefore co-terminus with the Cambridgeshire & Peterborough ICP, except for Royston, which is supported through Hertfordshire.

2.6.3 Over the course of the last three months, productive discussions have been held between the HWB Chairs, and ICS Chair, supported by the executive. At a joint ICS /HWB Development session held on 6th October 2021, participants agreed to a single health and well-being strategy. This one plan approach enables both the Cambridgeshire & Peterborough ICP and HWB to reflect the priorities of all partners with a particular focus on the wider determinants of health.

At the same meeting, there was also agreement in principle that we would have a single set of strategic health and wellbeing priorities and an aligned approach to facilitate the progression of these priorities:

- Our children are ready to enter education and exit, prepared for the next phase of their lives.
- Create an environment to give people the opportunities to be as healthy as they can be.
- Reducing poverty through better employment and better housing.

- Promoting early intervention and prevention measures to improve mental health and wellbeing.

2.6.5 Next Steps for ICP and HWBs

There is a particular responsibility for local government partners and the designate ICS Chair and CEO to lead a process that engages all partners. This will build on the previous system work that commenced in October and further develop the initial set of ambitions for the ICP, as well as agreeing precise membership, governance and ways of working.

It is proposed that a joint initial paper be developed by local government and ICS designate partners for consideration at the meeting of partners scheduled for 17th January. This would include commentary on the alignment of the ICP and HWBB.

In addition, in order to progress detailed governance issues, it is proposed to establish a system working group hosted by the Directors of Governance, to agree the principles of joint arrangements that support the establishment of an aligned ICP and HWB.

In order to ensure that our ICP is fully representative and has parity of representation across partner organisations and stakeholders, we need to work with our current System Partnership Board members to discuss membership of this group and also consider with each partner organisation on how their remit fits with the priorities of the ICS.

3.0 Early Successes

3.1 The 2021 Health Service Journal Awards recognised a number of projects and initiatives across our area that showed how truly collaborative working can benefit patients:

- **NHS 111 Option 3's Palliative Care Hub, was announced as the winner of the 'Primary Care Innovation of the Year Award'.**
  This service aims to be a single point of access via 111 and reach areas of deprivation. To achieve this meant working in partnership with Integrated Care System (ICS) colleagues. The service is commissioned by Cambridgeshire and Peterborough Clinical Commissioning Group (CCG), operated
  by Arthur Rank Hospice Charity in partnership with HUC (Herts Urgent Care) who provide the local NHS 111 service and the East of England Ambulance Service NHS Trust (EEAST).
  It is a single point of access, so patients and carers only need to make one call and then we take care of the rest, by collaborating and coordinating with other services, to ensure the outcome for the patient.
- **Herts Urgent Care's Virtual Waiting Room were announced as the winners of the 'Driving Efficiency Through Technology Award'.** The Virtual Waiting Room is a video consultation pilot that brought together local organisations across Cambridgeshire & Peterborough, to introduce an alternative pathway for patients directed to Emergency Departments (ED) following a 111 Clinical Advisory Service (CAS) assessment. The objective was to ensure that patients were seen in the correct part of the system. The impact of the Virtual Waiting Room has been felt across the Cambridgeshire and Peterborough health economy with an improved patient journey across the system.

3.2 **The Health Inequalities Challenge Prize 2022** has been created by Cambridgeshire & Peterborough Integrated Care System with the aim to tackle the digital divide in our communities and support the most vulnerable people in our community.

Digital health and care innovation is beginning to transform health services, and the COVID-19 pandemic has increased the use of digital healthcare support. However, it has also shone a light on the inequalities of digital access to health and care services, as people who do not have access to information and services online are likely to be more at risk of poorer health and social care outcomes.

The Health Inequalities Challenge Prize encourages local innovators to help tackle health and social care inequalities caused by digital exclusion. The prize has been launched in partnership with Cambridgeshire Community Foundation and Healthwatch Cambridgeshire and Peterborough.

3.3 **The ICS Anti-Racism Programme** is under development using the foundations laid out in the NHS England and Improvement, East of England Anti-Racism Strategy.
The vision of the strategy is to deliver improvements in the following areas:

- Everyone sees equality and inclusion as their responsibility and adopt a proactive approach
- To ensure our people have the opportunity to co-design a long-term strategy - “Nothing about me without me”
- To develop a plan of action in collaboration with key partners that will deliver sustainable and measurable change
- To focus on high priority areas that will make a difference to the lives of our people
- To deliver better health outcomes for our people by focusing on health and wellbeing
- To tackle health inequalities within our workforce and local communities
- To commit and invest in an ongoing programme of work focused on improving the experience and wellbeing of our Black, Asian and Minority Ethnic people

4. LEGAL IMPLICATIONS

4.1 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.