

NORTH ALLIANCE UPDATE REPORT

To: **Cambridgeshire County Council Adults Committee**

Meeting Date: **21 March 2019**

From: **Neil Modha and Caroline Walker
(North Alliance Co-Chairs)**

Electoral division(s): **All**

Forward Plan ref: **N/A** *Key decision:* **No**

Purpose: **The Committee is asked to consider the update on the North Alliance.**

Recommendation: **The Adults Committee is asked to note the North Alliance progress and review a further update in 6 months' time.**

<i>Officer contact:</i>		<i>Member contacts:</i>	
Name:	Aimee Venner (on behalf of Caroline Walker and Neil Modha)	Names:	Councillors Bailey and Howell
Post:	Head of Alliance Solutions and Intensive Support	Post:	Chair/Vice-Chair
Email:	Aimee.venner@nhs.net	Email:	
Tel:	07855 075 104	Tel:	01223 706398

1. BACKGROUND

- 1.1 The North Alliance was launched on 13 June and have met on eight further occasions to date, including an Away Day in November. Membership includes representatives from all system partners including GP Federations, Local Authority, the Voluntary Sector and Healthwatch.

From June to February the group have focused on five priority areas which in turn align to the STP priority of 'At home is best'.

North Alliance five priorities:

- Develop Neighbourhood Infrastructure: City Care Centre
- Develop Neighbourhood Infrastructure: Integrated Neighbourhoods
- Intermediate Care: DTOC
- Intermediate Care: JET Redesign
- Prevention and Health Promotion

2. MAIN ISSUES

2.1 Integrated Neighbourhoods

The North Alliance has created two sub-groups to help deliver the Integrated Neighbourhoods priority. An Integrated Delivery Board (IDB) was established for Greater Peterborough in July 2018 and more recently, a Hunts and Fenland working group has formed. Both groups have a GP Clinical Lead who is funded via the STP and meetings are well-attended with representation from all system partners. Momentum is building, particularly within Greater Peterborough, and the programme is developing with pace and outputs. This model of local working groups is facilitating the North Alliance vision of local ownership, 'bottom up' thinking and a focus on the local communities the system serves.

The Greater Peterborough IDB has completed an 'Asks and Offers' piece of work which asks each organisation to identify three things they would like an organisation to do differently and in return three things they could offer to improve integrated working. This generated 160 potential opportunities that have been themed and prioritised to determine those with the greatest impact and those that are quick wins. This has created eight workstreams, each of which have several sub-projects within them:

- Defining Neighbourhoods
- Access to patient records
- MDT Protocol
- CPFT referral processes
- Shared assessment tools
- Training and awareness raising
- Consultant in the community
- GP Practice care home alignment

Representatives from each organisation are supporting the projects associated with these workstreams however dedicated project resource is required to implement all the recommendations and changes.

The Hunts and Fenland Working Group will be reviewing the outputs from the Greater Peterborough Ask and Offers process to see what shared learning there is and what is relevant and can be adopted for their area.

The first step to creating the Integrated Neighbourhoods is deciding the grouping for the Primary Care Networks. The Primary Care Networks will cover populations of 30-50k, they will be geographically coterminous, focusing on a local community and will cover the same geographical footprint as the Integrated Neighbourhood.

The Greater Peterborough IDB has been making good progress on the Primary Care Network, and thus Integrated Neighbourhood grouping, using information on the current service provision, population health data, GP practice size and population economics. A detailed engagement process with practices across Greater Peterborough has commenced seeking their views on the methodology as well as what the practice grouping could like to best serve the local communities after which a decision is made on the Integrated Neighbourhood geographies.

The Hunts and Fenland Working Group plan to follow the same methodology and have requested population health data from public health colleagues to support this.

Through the process of deciding the Integrated Neighbourhood groupings and engagement with Primary Care the Alliance will identify groups who are keen to develop with pace and have the energy and enthusiasm to progress. The Alliance is hoping to identify three Integrated Neighbourhoods in Greater Peterborough and one in Hunts and Fenland who will be supported to progress first with the Integrated Neighbourhoods model.

Once the Integrated Neighbourhood groupings are defined and the 'Wave One' Integrated Neighbourhoods are identified the Alliances will support engagement events to bring the staff working within the community together. They will be encouraged to review their population health data and share ideas on the needs of their local community.

The North Alliance has highlighted to the Health and Care Executive that resource will be required to make the operational changes at a local, Integrated Neighbourhood level. This will include project resource which should be provided via the realigned from the existing workforce within the system, GP Leadership and recurrent staff e.g. Integrated Neighbourhood Managers.

Peterborough City Care Centre

This project aims to increase utilisation of the clinical space at the Peterborough City Care Centre and align services to support the integrated neighbourhood agenda. A capacity review has identified treatment and procedure rooms which several system partners are interested in utilising. A marketing event took place on 6 November which was well attended by interested partners and a good number of expressions of interest

was received. The CCG are leading on the allocation of the space based on agreed criteria including measuring against strategic priorities, social value and non-financial benefits.

Delayed Transfer of Care

The DTOC priority is being led by Jan Thomas (CCG AO) and there is a large programme of work associated with reducing the number of DTOC patients within NWAFT and CUH. The organisation's Chief Operating Officer form the membership of the Discharge Programme Board and have taken ownership for delivering the 3.5% target in their organisations. The group receive monthly updates from this programme board and will help unblock issues if they arise.

Joint Emergency Team (JET) Redesign

Members of the North Alliance contributed to a series of system wide workshops over the summer of 2018 which reviewed the effectiveness of JET and re-design the extended JET service. The North Alliance endorsed the initial proposal and subsequent detailed report on the redesign of JET and key actions over the next 3-6 months. A JET steering group was established following this to oversee and implement the revised service. The North Alliance monitors progress and helps resolve risks and issues as required.

Prevention and Health Promotion

The North Alliance are committed to developing the Prevention and Health Promotion Agenda for their population. This closely links with the Integrated Neighbourhood priority and supports the Local Authority 'Think Communities' programme.

The North Alliance identified the need for a system approach to Prevention and Health Promotion and established a steering group in October 2018. This group have reviewed the CCGs Prevention Strategy which detailed the three main priority areas of focus:

- Smoking
- Hypertension
- Workplace Health and the NHS

Following this the steering group agreed an initial focus on three demonstrator areas, Huntingdon North, Wisbech, and Central Peterborough. In addition, it will develop plans for Workplace Health as a priority across public sector and NHS organisations.

The North Alliance are aware of the close link between Prevention and Health Promotion and the Integrated Neighbourhoods. The strategy and programme planning is currently required within different steering groups but the delivery will take place within the same, geographically identified communities (Integrated Neighbourhoods). There is recognition for the cross over between this priority and the Living Well Partnerships. The Steering Group plan to review the programme and options for future governance in February.

Future Priorities

From February the group will start reporting against revised priorities which will broaden its scope and sphere of influence.

The revised priorities for the North Alliance are;

- Integrated Neighbourhoods
- Reducing health inequalities and improving health outcomes
- Admission Avoidance
- Patient Flow: right place, right time
- Better use of our estates and facilities
- North Alliance medium-long term plan

3. ALIGNMENT WITH CORPORATE PRIORITIES

The North Alliance priorities and programme of work compliments the Council Corporate priorities and there is Council representation on the group.

3.1 A good quality life for everyone

There are no significant implications for this priority.

3.2 Thriving places for people to live

There are no significant implications for this priority.

3.3 The best start for Cambridgeshire's children

There are no significant implications for this priority.

4. SIGNIFICANT IMPLICATIONS

At present there is no significant implications from the North Alliance programme of work. The programme will continue to develop with input from the Local Authority and implications to the Council will be continually monitored and discussed.

4.1 Resource Implications

There are no significant implications within this category.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

There are no significant implications within this category.

4.3 Statutory, Legal and Risk Implications

There are no significant implications within this category.

4.4 Equality and Diversity Implications

There are no significant implications within this category.

4.5 Engagement and Communications Implications

There are no significant implications within this category.

4.6 Localism and Local Member Involvement

There are no significant implications within this category.

4.7 Public Health Implications

There are no significant implications within this category.

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	N/A Name of Financial Officer:
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?	N/A Name of Officer:
Has the impact on statutory, legal and risk implications been cleared by LGSS Law?	N/A Name of Legal Officer:
Have the equality and diversity implications been cleared by your Service Contact?	N/A Name of Officer:
Have any engagement and communication implications been cleared by Communications?	N/A Name of Officer:
Have any localism and Local Member involvement issues been cleared by your Service Contact?	N/A Name of Officer:
Have any Public Health implications been cleared by Public Health	N/A Name of Officer:

Source Documents	Location
N/A	