

North Place Integrated Care Partnership (ICP) Update

To: Adults and Health Committee

Meeting Date: 14 July 2022

From: North Integrated Care Partnership, Managing Director

Electoral division(s): Fenland and Huntingdonshire

Key decision: No

Forward Plan ref: N/A

Outcome: To provide an update to the Committee on the North Place Integrated Care Partnership (ICP) vision and implementation of local place-based health and care provision and the role of the local authority in practice.

Recommendation: The Adults and Health Committee is asked to note and comment on the contents of this report.

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1. Background

- 1.1 The purpose of this report is to provide an overview and update to the Adults and Health Committee on the development of integrated place based care in the North Place Integrated Care Partnership (ICP), and the opportunities presented by the Government's recent white paper Integration and innovation: working together to improve health and social care for all) for health and the local authority to work together to embed place based delivery at a community level.
- 1.2 In February 2021, the Government set out proposals to bring forward legislation that aims to further integrate and improve care at neighbourhood, place, and system level. This presents an opportunity to further build on partnership working and learning from shared experiences.

2. Main Issues

2.1 The Integrated Care Partnership – North Place

The Integrated Care Partnership (ICP) operates at whole system level and is responsible for developing an integrated care strategy to improve health and care outcomes and experiences for the North place populations – feeding into the NHS Integrated Care Board (ICB) who will have due regard to this strategy when making decisions.

2.2 Our population

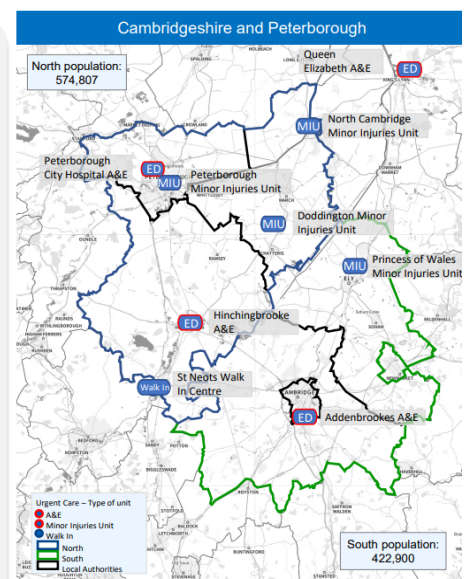
North Place serves a population of 574,807 and the partnership developing within North Place brings together the following equal partners who will work together to provide health and care services for our population:

The following partners work together to provide health and care services for our population:

- **Two upper tier local authorities:** Cambridgeshire County Council, Peterborough City Council
- **Two District Councils:** Fenland, Huntingdonshire
- **One Health and Wellbeing Board:** Cambridgeshire and Peterborough Health and Wellbeing Board
- **One hospital provider:** North West Anglia NHS Foundation Trust (NWAFT)
- **Two community providers:** Cambridgeshire and Peterborough Foundation Trust (CPFT) and Cambridgeshire Community Services (CCS)
- **One mental health provider:** Cambridgeshire and Peterborough Foundation Trust (CPFT)
- **One ambulance trust:** East of England Ambulance Service NHS Trust (EEAST)
- **48 GP practices**, including 1 in Northamptonshire
- **One C&P wide Local Medical Committee**, that represents, supports and advises GPs
- **Two GP Federations:** Greater Peterborough Network (GPN), West Cambs Federation (WCF)
- **One Clinical Commissioning Group (CCG):** Cambridgeshire and Peterborough CCG
- **Healthwatch** Cambridgeshire and Peterborough providing an independent patient and service user voice for health and social care
- **Other partners** including parish councils as well as local voluntary, community and faith organisations

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

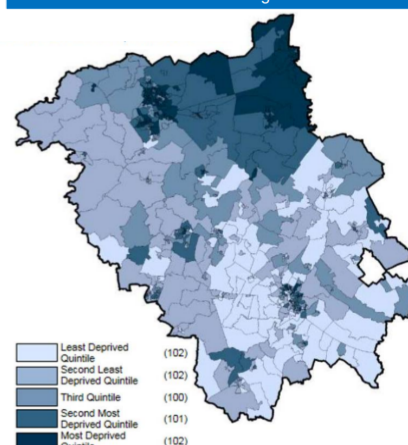
- **13 Primary Care Networks (PCNs)**, which will require additional support to progress neighbourhood working. We expect all of our 13 neighbourhoods to develop into **Integrated Neighbourhoods**.



- 2.3 To facilitate true subsidiarity and integration of care closer to home, we have established 13 Primary Care Networks (PCNs). These integrated neighbourhood teams support future health and care models focusing on the specific needs of the population they serve

- There are almost 568,000 people registered with North Place practices, with a higher proportion of people aged 18 and under and a lower proportion of people aged 16 – 64 years compared with the CCG and England. The **population is expected to increase by 11.0% between 2019 and 2031** and then stabilise to 2036.
- North Place has slightly **higher proportions of White British, Black, Asian: Indian/Bangladeshi/Pakistani and 'other' ethnic groups** compared to the CCG average and lower proportions of White Other, Mixed and Asian: Chinese/Other.
- At an aggregate level, relative **deprivation is higher for North Place** compared to the CCG. Approximately 16% of children and 15% of older people live in income deprived households, higher than the CCG average.
- The **birth rate for North Place overall is statistically significantly higher** than the average for the CCG. The low birth weight proportion is statistically similar to the CCG average.
- Male and female **life expectancies are statistically significantly lower** compared to life expectancies for the CCG at 80.5 years and 83.7 years respectively.
- Recorded **prevalence of obesity and estimated smoking prevalence are statistically significantly higher** compared to the average for the CCG.
- It is estimated that **10.1% of adults are obese and 19.8% of adults smoke**.
- Estimates of **people reporting long-term activity-limiting illness and being in Good or Very Good health are statistically significantly worse** than the averages for the CCG.
- On average, there are around **4,350 deaths a year**, with around a third of these in people aged under 75 years
- Statistically **significantly high recorded prevalence of CHD, hypertension, stroke, COPD and diabetes** compared to the CCG averages
- North Place has statistically significantly **higher all-age and premature all cause mortality rates** compared to the CCG. All age and premature mortality rates for cancer are statistically similar to the CCG. All age and premature mortality rates for respiratory disease are statistically significantly higher compared to the CCG.
- Statistically significantly **high rates of children's and adult social care users** compared to the CCG average.
- North Place has statistically **significantly higher rates of secondary care use** compared with the CCG average.

2019 IMD Health deprivation across Cambridgeshire and Peterborough



2.4 Our North Place Based Plan

Our Place based plan for has been developed with our partners, providing an opportunity in this early phase of development, to align purpose and ambitions with co-produced plans to integrate care and improve health wellbeing outcomes for local populations.

Vision Statement

We have established a key vision for North Place.

To support people to stay well, be independent and live longer ensuring every person matters and every contact counts.



Across the North Place we aim to **work in partnership with our population and local partner stakeholder organisations** to provide an integrated health and care system fit for the future.

This means people receiving and having access to seamless **holistic services that meet their physical and mental health needs at the earliest possible opportunity**.

Through a focus on the individual, and communities, as opposed to structure, we place an increased **priority on prevention and pro-active care** rather than reactive treatment. We expect to increasingly deliver most of an individual's care needs in their local community and to **reduce the need for hospital-based care**.

Tackling inequalities, through an integrated approach to:

- Prevention of ill health, early intervention, health improvement and creating environments that support and enable people to live healthily
- Ensuring our actions are centred on the individual, their goals, and the communities in which they live and supporting people to help themselves
- Having shared planning and decision making with our residents

2.5 Our ambition for place is to facilitate joint action to improve health and care services and to influence the wider determinants of health and broader social and economic development. Such joined-up, inclusive working is central to ensuring that ICS partners are targeting their collective action and resources at the areas which will have the greatest impact on outcomes and inequalities as we recover from the pandemic.

- 2.6 Our Place based Integrated strategy has been developed for the whole population using best available evidence and data, covering health and social care and addressing the wider determinants of health and wellbeing, built bottom-up from local assessments of needs and assets identified at place level, based on Joint Strategic Needs Assessments (JSNAs).
- 2.7 Developing and agreeing the first integrated care operating plan shown in the slides below for 2022/23 has been a critical milestone in our development and has the potential to realise the benefits of planning together with due regard for overall population health needs and priorities.
- 2.8 Our strategic priorities are outlined below.

Strategic Priorities



Striving to achieve better health outcomes for everyone in the North Place

- Care closer to home
- Prevention and early intervention – wrapping our Neighbourhood Teams working alongside our communities to keep them well for longer. Maximising their potential
- Standardise and improve outcomes for everyone, prioritising those of greatest need

To develop and deliver a sustainable, integrated health and care system across North Place

- Integrating through delivery, wrapping services around our communities, developing shared protocols/policies enabled by shared data and technology
- New models of care, building stepping stones within the community reversing the reliance on secondary care and bed based social care
- Coproduction with our communities listening to our communities and modifying our delivery dependent on age/race/disability/needs.

To create a sustainable workforce

- Getting the best from our collective workforce
- Ceasing the opportunities from shared health and care workforce
- Creation of new integrated provider roles, providing joint continuous professional development across Health and Social care

To create a financially balanced system

- 'One and done' ethos driving efficiencies for the Place and value to our communities to create a financially balanced system
- Improve sharing of best practice regarding pooled or aligned budgets, aligned to resources and shared outcomes

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- 2.9 In practice, this translates to a programme of work, focused on the following key areas:
- Integrated care – Develop Integrated Neighbourhoods as a critical infrastructure in our NHS system- focus on LTC, frailty and high intensity users
 - Service Delivery – Outpatients and diagnostics – developing community hubs for out of hospital care and diagnostics
 - Clinical pathways – long term conditions – Diabetes, CVD, Respiratory Disease and Frailty – developing Virtual wards over the next 2 years. Increasing pathway 1 discharges from the acute sector- investing in an integrated team to provide reablement in the patients home. Shifting reliance on bed-based care
 - Strategic Estates and Integrated Care Models – Fenland/Doddington Hospital with roll out to further sites
 - System recovery – jointly delivering recovery objectives for the system aligned to the above

- Developing the infrastructure of the ICP to be able to become an accountable organisation

2.10 *The Role of the Local Authority in North Place*

The local authority is a key strategic partner in the development of the North Place programme of work, with close alignment of priorities in a number of areas which we have a real opportunity to maximise impact and deliver real change in an integrated way. For example,

- Alignment of the local authority Care Together programme of work with Integrated Neighbourhoods. There is a real opportunity to support subsidiarity and develop integration across health-based neighbourhood teams with social care, voluntary sector and community resources. There are some good examples of where we are working in an integrated manner across health and social care already, e.g. local multi-disciplinary Teams at neighbourhood level, discharge to assess, but we recognise there is the opportunity to go much further.
- Development of place-based working also presents us with an opportunity to build on successful prevention and early intervention models, jointly commissioning and embedding strengths-based approaches to delivering care. We already have some existing examples of this, e.g. pooled budgets for community equipment, the Better Care Fund and learning disabilities partnership. Developing these models further, including through the developing collaboratives (e.g. mental health collaborative) is a key opportunity to move towards devolving budgets to local place.
- there is an opportunity to support the decentralisation agenda through greater alignment of budget and asset planning call my including devolving budgets to local place level. Engagement and Co-production with residents and local communities is a key element of our north place plans and the local authority and district councils are a fundamental partner in facilitating this.
- Workforce continues to be a challenge across health and social care and better utilisation of resources, joint approaches to workforce planning, training and progression could enable us to work smarter and promote health and social care as a career with progression pathways. The Local authorities priorities around recognising and promoting the care workforce with proper investment, e.g. through the Real Living Wage is one example of how the local authority is supporting this agenda. Integrated workforce development, commissioning and joint management of the market could support us to take this further to develop a local integrated workforce with the capacity and skills to support local communities.
- At Place we champion inclusion and transparency and will challenge all partners to demonstrate progress in reducing inequalities and improving outcomes through an outcome's framework which we are currently developing as part of our development programme This is a fundamental joint priority across health and social care and is a pillar to service development and design, working closely with public health to develop the public health management approach.
- Through our place-based development programme we have team of key stakeholders reviewing PHM data sets – as a result the priority area for focus during 2022/2023 is Frailty and long-term conditions – predominantly Respiratory, CVD and Diabetes
- We are making good progress on developing new models of care delivery to support proactive and preventative care. Wrapping health and care support services around them with advanced care planning to prevent escalation of their conditions

- We have developed out of hospital pathways for these patient groups – namely virtual wards which aim to treat patients in their own homes where they would otherwise be admitted to an acute hospital. By March 2022 we plan to have developed 163 virtual ward beds in the North. Increasing to 300 by March 2023

2.11 Governance

Care is being taken with the local design to ensure that the North Place based partnership will complement, not duplicate, the work of the Health and Wellbeing Boards and will strengthen alignment of the ICS with Health and Wellbeing Boards.

Current legislation does not change the role or duties of Health and Wellbeing Boards nor does it change Local Authority structures or commissioning arrangements.

Specifically, the North Place based partnership will have an important role in synthesising both the Peterborough Health and Wellbeing Strategies into one integrated care strategy.

- 2.12 The new NHS ICB will pay due regard to this integrated care strategy in commissioning services including from Place Based Partnerships and Neighbourhood teams (Primary Care Networks) going forward.
- 2.13 The Place based partnership board will be established in shadow form from July 2022. In keeping with the Health and Care Bill it will take the form of a joint committee between the statutory bodies (i.e. it is a partnership not a corporate body). Beyond this, members are from a wide range of partners working to improve health and care in their communities
- 2.14 Thought has being given to how the full range of stakeholders, particularly local communities and those who rely on care and support are engaged in the work of the local place based partnership and, specifically, the co-production of the integrated health and care future models.
- 2.15 We are building on the expertise, relationships and engagement that already exist across our local areas, building priorities from the bottom up and ensuring that these priorities resonate with people across Neighbourhoods and Place.

2.16 Next Steps

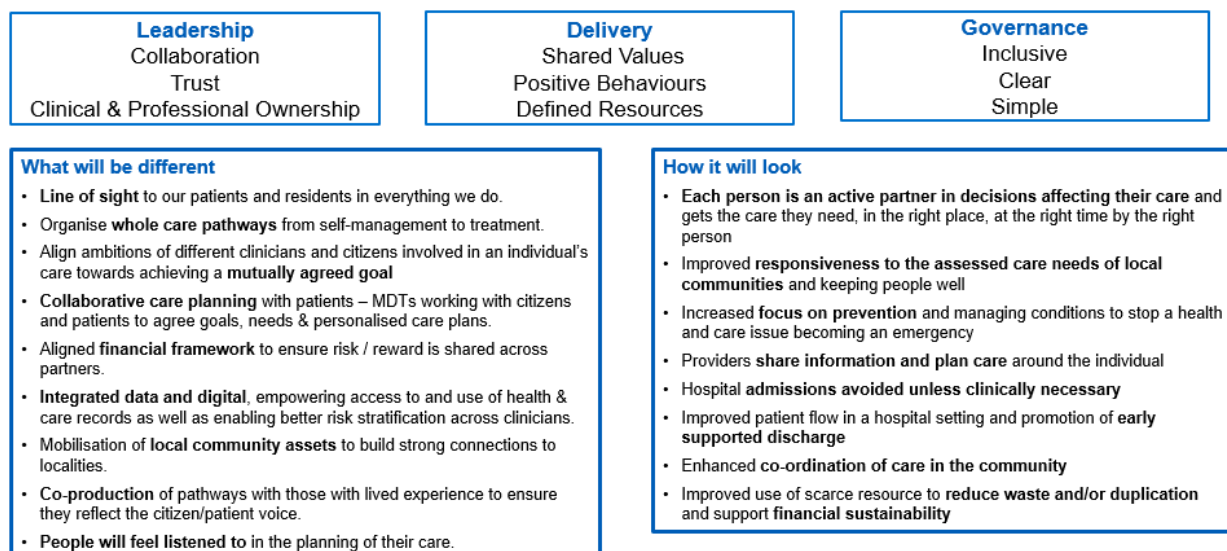
Planning is underway locally, led by the Local Authorities and NHS partners who come together as a single delivery executive team, to establish our North Place by July 2022 subject to legislation.

- 2.17 It is proposed that the Place forms ‘the guiding mind,’ across the Cambridge and Peterborough health and care system, in creating an integrated health and care strategy.
- 2.18 Local stakeholders have confirmed that Place provides an opportunity to build a broader approach to planning based on population need, particularly across the NHS, putting JSNA insights front and centre. It also provides opportunity to strengthen accountability to local people; to focus on healthy life expectancy and addressing inequalities and inclusion; to build on collaborative approaches developed during Covid19; and to maximise collective endeavours including as anchor organisations and in the use of the one ‘public purse.’ This is a real opportunity to do things differently, ensuring we have the right care in the right setting at the right time for people in their local communities. This is underpinned by the

following key attributes.

Attributes

Three key attributes to underpin our vision, strategic goals and principles.



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- 2.19 Over the last 6-12 months our Place-based Partnerships has worked at speed to develop our future structure and operating plans in readiness for the establishment of Integrated Care Boards (ICBs) on 1 July 2022.
- 2.20 Reflecting on this work, we have set out below four areas of focus for Place in our first 'transition' year to April 2023.

1. Making subsidiarity a reality – the 'function' of Place

The principle of subsidiarity of decision-making to Places was helpfully reaffirmed in the White Paper ***Joining up care for people, places and populations*** (the Integration White Paper). Putting the principle into practice has however been more challenging. After all, Places are not intended to be simply operational units of their ICB; to achieve their fundamental aim of improving outcomes for their populations, they must have a broader role and involve and encompass functions from wider Place partners. This requires a different approach to decision-making, including a collective risk appetite..

Over the next few months, we will continue working through the leadership required to except a 'full delegation' model from ICB to Place, via a host organisation arrangement. The **Integration White Paper** gives April 2023 as a key date for the development of shared outcomes by Place together with a shared resource plan. 2022/23 will therefore be a key period for Place to further develop our approach to support the delegation of more functions from ICBs to Place, and from other key partners.

There will need to be a particular emphasis on developing shared local outcomes, aligned to the Place Joint Health & Wellbeing Strategy, Integrated Care Partnership Strategy and the ICB's plans.

To support further delegation from the ICB, Place will need to demonstrate strong governance that is capable of managing the significant spend the Integration White Paper anticipates being funded through resource held at Place. A clear approach to allocation of resource, as well as dealing with deficits, will be critical if Places are to be ready to discharge this function for the next financial year.

2. Strengthening the foundation for health and social care integration

Focus has been placed to date, by necessity, on delegation from ICB to Place as CCGs face dissolution. As noted above, however, the success of Place in improving health outcomes will depend on a broader partnership approach, not least with local authorities. This is not easy given the different statutory and governance frameworks for local authorities, not to mention differing funding streams and priorities. Despite expectations that it might do so, the Health & Care Act 2022 does not in fact provide new tools for local authorities to delegate their functions to Place.

The key statutory tool to enable health and social care integration, which long precedes the integration agenda, therefore remains section 75 of the NHS Act 2006. The Integration White Paper confirms section 75 as the key tool for Place outcome-based approaches. NHS and local authority commissioners are familiar with section 75 arrangements enabling integrated and lead commissioning, as well as aligned and pooled funding arrangements. The Better Care Fund makes use of the tool forming the bedrock of integrated health and care approach in Place. In some Places, NHS Trust providers also have integrated provision arrangements in place with their local authority partners under section 75 agreements.

There is however an opportunity for section 75 agreements to embed a transparent approach to the NHS and local authority resource through 'aligning' or bringing 'into view' Place resource, underpinned by joint governance and oversight mechanisms as well as integrated teams and leaders.

Bearing all this in mind, a key task for Place in 2022/23 and beyond will be to review section 75 arrangements and consider how they could be developed to support the approach to shared outcomes and resource at Place, potentially expanding their scope and bringing them within the wider Place lens and governance arrangements.

3. Deploying the Place people resource

Understanding the staff resource and expertise available and how the Place can best utilise it to support its operating model is key. Equally, Place should be supported by collaborative leaders from partner organisations who are capable of generating trust and developing relationships. Place requires a different kind of leadership as a partnership approach reflecting the significant collaboration that already exists between the council and NHS partners

Developing the Place team during 2022/23 will be key to successful Place operations and this may include consideration of more joint appointments between Place partner organisations where this will contribute to the achievement of Place outcomes.

4. Refining the governance – the ‘form’ of Place

As ICB establishment approaches, delegation arrangements are starting to be confirmed by ICB, enabling initial governance structures to be finalised.

A key workstream for North Place during 2022/23 and beyond is to strengthen and develop our Place governance to support further delegation of functions to Place from the ICB

Most importantly, North Place aims to ensure that decision-making arrangements are simple and easy to navigate, avoiding duplication of existing structures.

2.21 How can the Local Authority influence and support the Place Journey

As a local system partner, and key link to local communities, the local authority is key to the ongoing development of the North Place agenda at all levels, from members, to senior leadership through to direct front line delivery, we need to continue to work together to develop and deliver integrated system thinking and new evidence based models of delivery that meet the needs of local communities. The local authority can continue to influence and support this through a variety of ways:

- Embed Leadership roles within North Place Board, Engagement committee and Delivery Executive team
- We would also welcome Councillors direct involvement with their local ward members – socialising our strategy and plans – feeding their views back into the engagement committee
- Working collaboratively with the NHS to form a place-based budget that the partnership recommends to commissioners as the best use of resources in addressing the health inequalities and deprivation challenges for North Place
- We have already successfully coproduced with council colleagues an integrated team approach to reablement – this example of integration of service provision is a foundation to further integrate our teams at the most local level

3. Source documents guidance

3.1 Source documents

White Paper Integration and Innovation: working together to improve health and social care for all.

3.2 Location

[Integration and innovation: working together to improve health and social care for all \)](#)