Cambridgeshire and Peterborough

Transitioning to an Integrated Care System

Presentation to Cambridgeshire County Council Adult Committee

Mike More, Interim STP Chair

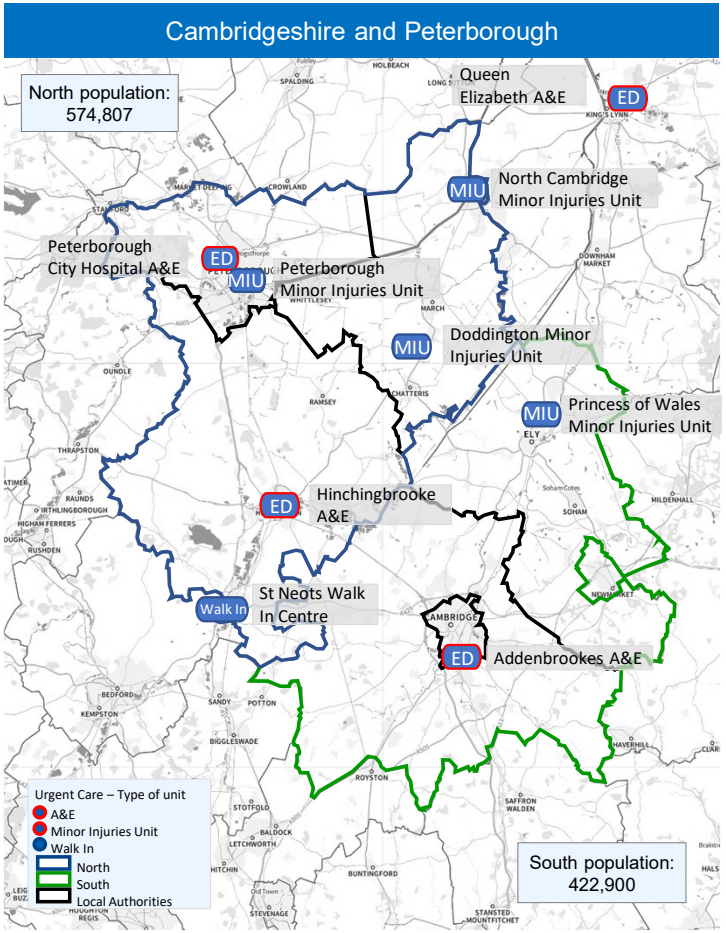
18 March 2021 at 2.00 pm

Highlights: White paper: Working together to improve health and social care for all

- Integrated Care Systems (ICS) placed on a statutory footing – NHS ICS Board and ICS Health and Care Partnership.
- Duty to collaborate across healthcare, public health and social care system.
- New powers for the Secretary of State for Health and Social Care and new duties on the Secretary of State.
- Significant changes to procurement and repeal of Sec 75 of the Health and Social Care Act 2012

What makes up Cambridgeshire and Peterborough Integrated Care System

Our partnership is composed of NHS providers (acute, community, mental health, ambulance), our CCG and GP practices, County and District Councils, our Health and Wellbeing Board, Healthwatch, the Local Medical Committee, voluntary care, and other partners



To facilitate 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 neighbourhood working. We expect all of our 21 neighbourhoods to develop into **Integrated Neighbourhoods.**

- **2 Alliances** based on the footprints of our two acute providers in the north and south, co-chaired by primary and secondary care. We will build upon their success to establish our two place-based **Integrated Care Partnerships.**

Move to an Integrated Care System - Summary

Two **Integrated Care Partnerships** at place to integrated health and care services

Vertical provider collaboratives at place – 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 across C&P and across systems

System-wide **Mental Health and Learning Disabilities** collaborative - shadow form by late Spring 2021

System-wide **Children and Young People** collaborative - shadow form by late Summer 2021

Across-ICS development of our **specialist clinical networks**, with strategic and operational responsibilities

Acute care collaborative development for NHS acute providers

Where are we going: We have developed a consistent operating model to provide high quality integrated services, delivered as closely to residents as possible

We recognise one of critical success factors to continue to provide safe, joined-up care and improve population outcomes is a consistent operating model. We have already established architecture at system, place, and neighbourhood, built on the principle of subsidiarity.

Integrated Care Systems

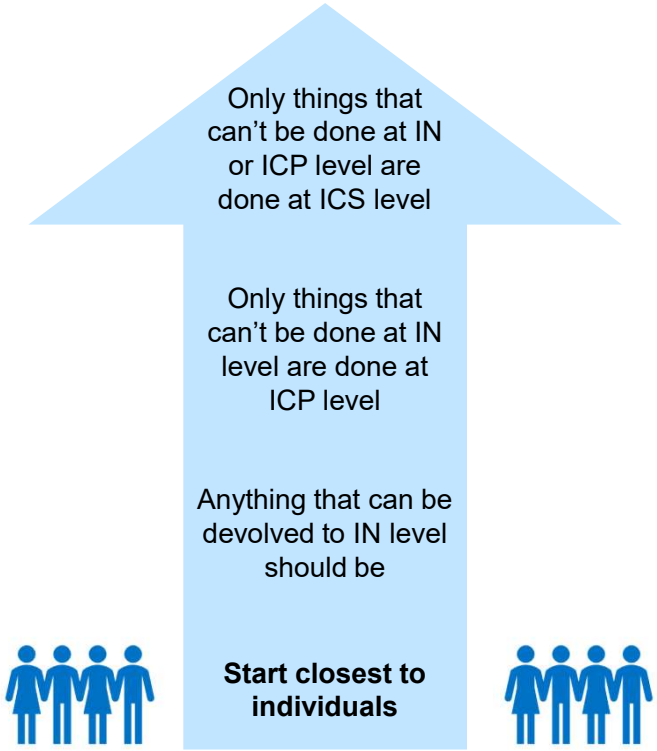
- The ICS will take a bird's eye view of challenges and health and social care needs across C&P. It will determine distribution of financial and other resources to meet those needs.
- The C&P CCG will transition to deliver an ICS strategic commissioning function, with devolution of relevant functions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

Integrated Care Partnerships

- 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 C&P, building on the work of the North and South Alliances. Additional provider collaboratives for CYP and MH will also be developed.

Integrated Neighbourhoods

- With GPs at the core, INs serve populations of 30,000 – 50,000. They will be enabled by new contracts, which support delivery of primary care at neighbourhood level.
- The 21 PCNs in C&P will mature to be INs, building partnerships to integrate all health and care services within their communities.



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.**

Appendix A – Transitional Governance Structure

The NHS in England

Purpose, Responsibilities and Accountabilities

Cambridgeshire and Peterborough
Sustainability and Transformation Partnership

Secretary of State

1. Power to direct NHS England 2.
2. A more flexible multi year mandate for NHSE
3. 3. Power to intervene in service reconfigurations at any stage and removes LA referral power
4. 4. Power to transfer functions to and from specified ALBs 5. Duty to publish a document every Parliament on roles and responsibilities for workforce planning and supply
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ICS NHS Body Purpose:

a. Improving population health and healthcare;
b. Tackling unequal outcomes and access;
c. Enhancing productivity and value for money; and
d. Helping the NHS to support broader social and economic development.
Accountable for NHS resources and performance within the system. CEO is the Accounting Officer.

Responsible for the day to day running of the ICS and NHS planning and allocation decisions and for:

developing a plan to address the health needs of the population; and
2. setting out the strategic direction for the system and explain the plans for both capital and revenue spending for the NHS bodies in the system;
3. securing the provision of health services to meet the needs of the population.

Powers and Duties

1. Duty to meet the system financial objectives which require financial balance to be delivered 2. Reciprocal duty to collaborate placed on NHS bodies and local authorities
3. Shared duty on all NHS organisations to have regard for the 'Triple Aim' of better health and wellbeing for everyone, better care for all people and sustainable use of NHS resources
4. Power to create joint committees with NHS providers and include other parties
5. Power (?) to apply to the SoS to create new NHS Trusts

ICSs must have regard for JSNAs and JHWS Some flexibility to develop processes and structures which work most effectively for them ICSs to delegate significantly to place level and to provider collaboratives

NHS England

Formalising the defacto merger of the past few years between NHSE and NHSI
Await details but assume the powers and duties of NHSE will draw heavily on the 2014 Act

ICS Health and Care Partnership

Each ICS should set up a Partnership and invite participants, but membership and what, if any, functions are delegated to the ICS Health and Care Partnership will be a matter for local decision.

Responsible for:

1. promoting partnership arrangements
2. developing a plan that addresses the wider health, public health, and social care needs of the system

NHS ICS body and Local Authorities will have to have regard to the plan when making decisions. Members of the Partnership could include:

- Health and Wellbeing Boards
- Healthwatch,
- voluntary and independent sector partners
- social care providers
- and organisations with a wider interest in local priorities (such as housing providers).

Some flexibility to develop process

Health and Wellbeing Boards Responsible for:

1. Joint Strategic Needs Assessments (JSNAs)
2. 2. Joint Health and Wellbeing Strategies (JHWS)

NHS provider organisations Powers and Duties

1. Duty to have regard to the system financial objectives
2. Shared duty on all NHS organisations to have regard for the 'Triple Aim' of better health and wellbeing for everyone, better care for all people and sustainable use of NHS resources
3. Reciprocal duty to collaborate on NHS bodies and local authorities
4. Power to create joint committees with ICS and with other NHS providers and include other parties

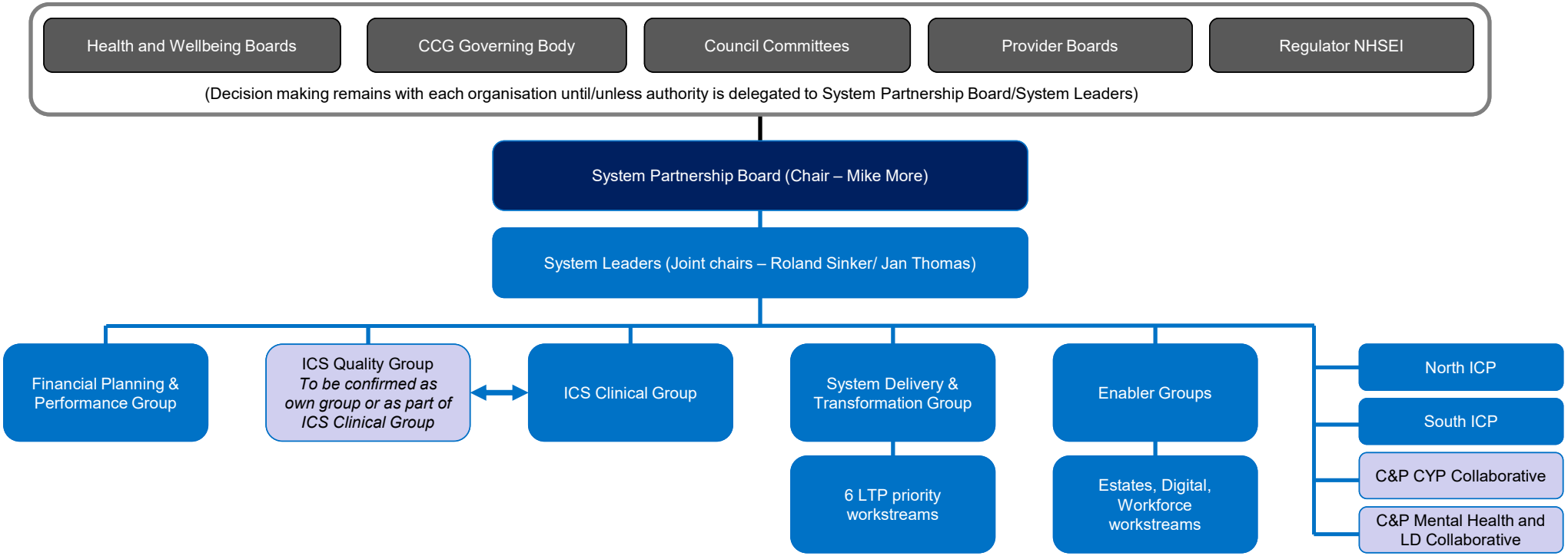
ICS Board

As a minimum will include:
A chair , CEO
Representatives from NHS Trusts
Representatives from General Practice
Representatives from Local Government
Others determined locally Required to ensure appropriate clinical advice when making decisions

Place

There will be no legislative provision about arrangements at place level *Place-based arrangements between local authorities, the NHS and between providers of health and care services are at the core of integration and should be left to local organisations to arrange.*

Transitional governance structure



In our transitional governance structure, we envision the System Partnership Board as accountable for delivery of system strategies and will work closely with the CCG GB, which will be accountable for system control totals, performance, assurance and quality, and strategic commissioning. The Financial Planning & Performance Group would support the CCG GB and make strategic financial decisions, with final plans needing approval of the CCG GB and partners' Boards. Our emerging Integrated Care Partnerships will be accountable for developing their capacity and capabilities, while individual providers retain statutory accountabilities for care delivery. We are in the process of agreeing to develop separate provider collaboratives for Children's and Young People as well as for Mental Health and Learning Disabilities. Our ICS Clinical Group will be responsible for overseeing our system-wide clinical strategy as well as providing clinical leadership to other system groups in an advisory role.