

**Cambridgeshire and Peterborough**  
Integrated Care System

**System Partnership Board Report**

<b>Meeting</b>	System Partnership Board Meeting in Public		
<b>Date of Meeting</b>	Wednesday 28 July 2021		
<b>Agenda item:</b>	03.1		
<b>Title:</b>	Joint Accountable Officer Update for System Partnership Board		
<b>Lead:</b>	Jan Thomas and Roland Sinker, Joint Accountable Officers		
<b>Author:</b>	Sharon Fox, Director of Governance, CPCCG		
<b>Report purpose</b> <i>(Please mark one in bold)</i>			
APPROVAL	DECISION	ASSURE	<b>INFORM</b>
<b>Committees/groups where this has been presented to before</b> <i>(including date)</i>			
N/A			
<b>Purpose of the paper</b>			
<p>The purpose of this report is to provide an update to the System Partnership Board on key matters in relation to our transition to an Integrated Care System (ICS).</p> <p>It also provides a brief update on other matters for the System Partnership Board's (Board) attention.</p>			
<b>Recommendation</b>			
The Board is asked to note the Joint Accountable Officer Update.			

## 1. Covid 19 Response and Mass Vaccination Programme

- 1.1 We continue to maintain robust arrangements to respond to the ongoing COVID-19 Pandemic and delivery of the Mass Vaccination Programme which continues to be managed as a Level 3 Incident (Regional Co-ordination). Whilst the frequency of some of our command control and co-ordination structures have stepped down, the Local Resilience Forum's Strategic Co-ordination Group and Tactical Co-ordination Group continues to meet. We are also required to maintain our Incident Co-ordination Centre functions which are manned from 8.00 am to 6.00 pm seven days a week.
- 1.2 Of concern, COVID-19 admissions to Hospital have continued to rise across Cambridgeshire and Peterborough over the last two weeks. The system Health Gold meetings have been stood up to maintain strategic oversight of the situation, and to ensure that we continue to work together to provide mutual aid where required. We are closely monitoring the situation and will update the Board on our latest position.
- 1.3 The level of staff sickness and staff self-isolating has started to see a significant impact on delivery. We are working as a system to ensure that there is a consistent approach across Cambridgeshire and Peterborough for dealing with this and we will continue to monitor this at our Health Gold meetings.
- 1.3 At the time of writing this report, we continue to deliver the Mass Vaccination Programme. During Phase 1 and Phase 2 of the Programme, 75.3% of our population have received their first dose, with 54.8% having also received their second dose. Working with our multi-agency partners, we have been delivering large scale pop-up walk in 'big events' across the system. Looking to the future, we are planning for Phase 3 of the Vaccination Programme including boosters, and the potential to some under 18s. This will need to sit alongside the seasonal flu campaign.
- 1.4 We will provide a more detailed verbal update at the Partnership Board meeting on Wednesday.

## 2. System Performance

- 2.1 As the Board is aware, demand for all our services – emergency, elective and non-elective - remains very high across Cambridgeshire and Peterborough, and nationally. Our recovery performance continues to improve week on week. In relation to Emergency Department performance, there have been sustained significant issues and all system partners are engaged with operational escalation to address these.

A number of strategic actions are continuing to align capacity and resources to focus on the key areas to improve our system performance including:

- Maintaining focus on elective services with a strong focus on Urgent and Emergency Care (UEC) and ringfencing elective capacity.
- Priority for place to focus on admission avoidance and flow, pooling resources to support this at place. The System Resilience Group, Alliances, Out of Hospital Group and UEC Collaborative has merged at place to facilitate this.
- Cambridgeshire and Peterborough NHS Foundation Trust have a focused piece of work to undertake on In Patients and severe mental illness, which may result in requests for areas for support from other system colleagues.
- The People Board is overseeing work by the Human Resources Directors Operations Group who are focusing on a few key workforce areas that will be impactful and address significant issues to support the strategy.
- Using data to drive our decision making and build the solutions. The CCG is co-ordinating and facilitating access to the data so that it meets the system needs.
- The CCG is co-ordinating the system messaging regarding accessing the right place for care and not defaulting to Emergency Departments. All system partners are supporting and reinforcing this message.

2.2 All partners continue to actively work together at pace to support improvement in delivery, however, against a back drop of reduced staffing numbers and higher acuity and complexity of patients, the system remains significantly challenged. We will update the Board on the current position at the Board meeting.

### **3. Finance**

3.1 We met with the NHSE Director of Finance on Tuesday 20 July 2021 to discuss the overall system deficit, and how this related to the immediate H2 (October 21 to March 22) Plan and the longer term. This was a positive meeting which acknowledged Cambridgeshire and Peterborough was clear around the drivers of the system-wide deficit from previous work and that there was a need for us to focus both on delivery to the end of this financial year whilst providing a robust medium-term financial strategy / plan. We will be working across the system over the next three months to produce the plan and will keep the Board updated on progress.

### **4. System Oversight and Performance Framework**

4.1 As the Board is aware, NHSE/I has introduced a new System Oversight and Performance Framework for 2021/22. The Framework provides a new integrated approach to improving performance and culture change, encompassing the six new domains which are operational performance; quality and outcomes; people; leadership; finance and preventing ill health and inequalities. It is intended that the new approach will add value to the current model of assurance and will provide a single framework, covering individual places, and Cambridgeshire and Peterborough as a whole; an increasing focus on making judgements about a whole place, while understanding the positions of individual organisations; a strong element of peer review and mutual accountability and a clear approach to improvement-focused intervention, support and capacity building.

4.2 The level of oversight / intervention that the system will require from our Regulators will depend upon the level at which the system is rated as a whole. The levels are summarised in the table below:

	Segment description			Scale and nature of support needs
	ICS	CCG	Trust	
1	Consistently high performing across the six oversight themes Capability and capacity required to deliver the ICS four fundamental purposes is well developed	Consistently high performing across the six oversight themes Streamlined commissioning arrangements are in place or on track to be achieved	Consistently high performing across the five national oversight themes and playing an active leadership role in supporting and driving key local place-based and overall ICS priorities	No specific support needs identified. Trusts encouraged to offer peer support Systems are empowered to direct improvement resources to support places and organisations, or invited to partner in the co-design of support packages for more challenged organisations
2	On a development journey, but demonstrate many of the characteristics of an effective, self-standing ICS Plans that have the support of system partners in place to address areas of challenge	Plans that have the support of system partners in place to address areas of challenge Targeted support may be required to address specific identified issues	Plans that have the support of system partners in place to address areas of challenge Targeted support may be required to address specific identified issues	Flexible support delivered through peer support, clinical networks, the NHS England and NHS Improvement universal support offer (eg GIRFT, RightCare, pathway redesign, NHS Retention Programme) or a bespoke support package via one of the regional improvement hubs
3	Significant support needs against one or more of the six oversight themes Significant gaps in building the capability and capacity required to deliver on the ICS four fundamental purposes	Significant support needs against one or more of the six oversight themes No agreed plans to achieve streamlined commissioning arrangements by April 2022	Significant support needs against one or more of the five national oversight themes and in actual or suspected breach of the licence (or equivalent for NHS trusts)	Bespoke mandated support through a regional improvement hub, drawing on system and national expertise as required (see Annex A)
4	Very serious, complex issues manifesting as critical quality and/or finance concerns that require intensive support	Very serious, complex issues manifesting as critical quality and/or finance concerns that require intensive support	In actual or suspected breach of the licence (or equivalent) with very serious, complex issues manifesting as critical quality and/or finance concerns that require intensive support	Mandated intensive support delivered through the Recovery Support Programme (see Annex A)

- 4.3 We are working with NHSE/I to understand the System Oversight Framework level to which the Cambridgeshire and Peterborough ICS will be rated initially and will update the Board as soon as possible on this matter.
- 4.4 To oversee our progress and to provide assurance on delivery, a System Oversight and Assurance Group (SOAG) is being established to provide an integrated approach to the principles of the Framework. SOAG will be a key element of the leadership and governance arrangements for the Cambridgeshire and Peterborough ICS and is expected to encompass some of the regulatory roles currently performed by the NHSEI East of England (EoE) regional team.
- 4.3 We are working closely with Alison Clarke, Director of Performance and Improvement Cambridge and Peterborough ICS and NHS England and NHS Improvement (East of England) to implement the new SOAG which aims to meet for the first time at the end of August 2021.
- 4.4 Membership of the System Oversight and Assurance Group will include representation from each sector of the partnership, i.e. providers, commissioners, councils, national bodies, Healthwatch. Members will be nominated so as to reflect appropriate representation from each place and collective ownership of performance and delivery across our system.
- 4.4 SOAG will hold delivery Partners to account for performance and support improvement and will review system performance and delivery (covering delivery, quality and finance). It will address areas of concern such as elective recovery and waiting lists and surge/winter preparation, agreeing improvement actions and interventions. It will also provide a forum for programme updates from collaboratives on a quarterly cycle and additional exception reports. It will also focus on wider system risks and issues. Where necessary SOAG will hold Part B meetings with individual partners where there is a need for individual provider discussions around specific regulatory issues.

- 4.5 Terms of Reference are being finalised and will be reviewed at the first meeting. We will include the final Terms of Reference to SOAG and an overview of the first meeting at our next Board meeting in September 2021.

## **5. Development Plan**

A separate paper to the Partnership Board presenting the progress report on the Development Plan and associated risks is set out below. Other updates of note are provided below.

### **5.1 Leadership**

- 5.1.1 We are still awaiting confirmation of the release date for the ICS Chair advert (at time of writing this was expected to be w/e 23 July 2021). Based on these timescales, it is anticipated that shortlisting will be on 7<sup>th</sup> September, and interviews on 30<sup>th</sup> September 2021.

The role will be advertised on the NHSE/I website, The Times and Sunday Times online, Guardian online, HSJ, The Municipal Journal and Third Sector websites, as well as Women on Boards and the Cabinet Office websites. The advert will also be forwarded to the Seacole Group, NHS Confederation, Non-Executive Director Diversity Taskforce and Disabled Directors Network for their onward circulation. A national engagement campaign alongside a local campaign will sit alongside the advert release.

- 5.1.2 We have been advised that a suite of national guidance and process is being collated so that there is a consistent approach to this recruitment campaign across the country. We await the issuing of this.

- 5.1.3 The ICS Chief Executive Officer advert is, at the time of writing, still expected to go out on 9<sup>th</sup> August 2021, with the interview date still to be confirmed. Once we have full confirmation of the interview timeline, panel members and guidance for both recruitment processes we will communicate this in full with system partners.

### **5.2 ICS Big Conversation**

- 5.2.1 We are pleased to report that we had 326 responses to our first ICS BIG Conversation survey, which focused on the brand name and vision statement, as well as the ICS's key priorities. A separate report describing the outcomes of the survey is included elsewhere in the Agenda.

### **5.3 Developing Integrated Partnerships**

- 5.3.1 On 6 July 2021, System Leaders confirmed the mandate for functions and outcomes that will move into the Integrated Care Partnerships (ICPs) as they now begin to operate in shadow form for the rest of 2021/22. In practice this will mean:

- Integrated Neighbourhood Team development building multi-disciplinary, cross partner teams aligned to Primary Care Networks/Integrated Neighbourhoods, with a responsibility for proactive care for their population

- High Impact Intervention and High Intensity Users within a broader, more proactive programme of Population Health Management, including prevention and earlier intervention
- Patient flow within a broader System Resilience Programme, including admission avoidance, urgent and emergency care, inpatient care, and discharge pathways
- Accountability for the agreed outcomes will sit with the ICPs from 1 September 2021, and providers who deliver services within these pathways will therefore be accountable to the ICPs for their performance and outcomes.

5.3.2 System Leaders also committed to the alignment of their relevant staff (across all partners) to the ICPs to enable the delivery of those functions under the ICP.

Interim Managing Directors have been appointed for the North and South ICPs and have commenced in post. Gavin MacDonald (North) and Michael McCourt (South) will be embedded into existing and future ICS governance. We welcome Gavin and Michael to our system.

5.3.4 The ICPs will develop a roadmap to cover September 2021 - March 2022 and will provide an update to System Leaders by September 2021. The ICPs will also move forward at pace with the alignment or recruitment of staff to enable delivery of the agreed functions. System principles are being developed to support this so there is clarity and consistency in approach.

## **5.4 Provider Collaborative Development**

5.4.1 We continue to oversee the development of provider collaboratives in relation to Acute Services, Children and Young People, Mental Health and Learning Disabilities, alongside Urgent and Emergency Care.

5.4.2 Integrated Care Partnerships (ICPs) and the Provider Collaboratives will be required to collaborate and integrate in the planning and delivery of care. Each Collaborative will be different so we are working to understand and articulate how the ICPs will work with each of them. As they develop, the Integrated Neighbourhoods will also engage with the work of the Collaboratives, supported by the ICPs.

## **5.5 Cambridgeshire Biomedical Campus**

5.5.1 As the Board is aware, one of the key areas that NHSE/I asked us to focus on in response to our ICS application was the need for the system to fully demonstrate the advantage of the unique assets it has at its disposal, including the Cambridge Biomedical Campus, which is envied across the country. A considerable amount of work is underway to address this and some of developments include:

- support to regional and national specialist services;
- innovations to support whole populations, e.g. Cytosponge, NSTEMI, IESO, job creation and capital investment;

- CPFT is in discussion with ARU to develop a research hub in Peterborough to extend population coverage and breadth of research to increase community based research; leading work in dementia/ psychosis/ CYP mental health/ treatment resistant depression; and
- identifying causative factors for mental illness (75% of MH is diagnosed by age 24) is crucial to identifying new treatments and increasing recovery which therefore enables people to have purposeful and rewarding lives.

5.5.2 As part of our continued focus in this area, it is vital that we join up EAHSN/ ARC/ AHSC to align research and application of research for rapid improvement in population health at scale. We will keep the Board updated on progress.

## **6. National & Regional Developments**

### **6.1 Health and Care Bill**

6.1.1 The Health and Care Bill builds on the proposals for legislative change set out by NHS England in its Long Term Plan, while aiming to incorporate lessons learnt from the pandemic that will benefit both staff and patients. The Bill will ensure each part of England has an Integrated Care Board and an Integrated Care Partnership responsible for bringing together local NHS and local government, such as social care, mental health services and public health advice, to deliver joined-up care for its local population.

6.1.2 This Bill was debated at second reading on Wednesday 14 July 2021 and has now been sent to a Public Bill Committee which will scrutinise the Bill line by line and is expected to report to the House by Tuesday 2 November 2021. Further detail is provided at the following link <https://bills.parliament.uk/bills/3022>

### **6.2 Direct Commissioning**

6.2.1 As part of the new arrangements, it is intended that the ICS will take on delegated responsibility for a number of other services that are currently commissioned by NHSE/I. We are working closely with Regional colleagues from NHSE/I and commissioning peers within the region regarding the future arrangements for each of the directly commissioned functions currently commissioned by NHSE.

6.2.2 Phase 2 of this work will encompass further workshops and deep dives to support the development of a transition plan and an ICS readiness plan to take on these responsibilities.

## **7 Oversight and System Reporting**

7.1 This report sets out a comprehensive record of the work that has been undertaken since the last meeting and covers a broad and complex suite of activities. As we progress our ICS work, it is important that we ensure the Boards of each of the sovereign organisations within our system are kept updated of these developments in a timely fashion.

7.2 To facilitate this, the ICS Governance Group agreed at its July meeting that the ICS AO Update and corresponding papers will be shared (via the ICS Governance Group) with the respective sovereign boards as part of the Chief Executive report.