

**Report to STP Board: 22 November 2018**

<b>Agenda item:</b>	3.1		
<b>Title:</b>	North and South Provider Alliance Overview		
<b>Lead:</b>	Caroline Walker, co-chair, North Provider Alliance; Neil Modha, co-chair, North Provider Alliance; James Morrow, co-chair, South Provider Alliance and Nicola Ayton, co-chair, South Provider Alliance		
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<b>Report purpose</b> <i>(Please mark one in bold)</i>			
APPROVAL	DECISION	ASSURE	<b>INFORM</b>
<b>Link to STP Priorities</b> <i>(Please mark all applicable in bold)</i>			
AT HOME IS BEST	SAFE & EFFECTIVE HOSPITAL CARE, WHEN NEEDED	WE'RE ONLY SUSTAINABLE TOGETHER	<b>SUPPORTED DELIVERY</b>
<b>Committees/groups where this has been presented to before</b>			
Report shared with Wendi-Ogle Welbourn, Executive Director People & Communities, CCC and PCC; Tracy Dowling, Chief Executive, CPFT and Jan Thomas, Chief Officer, CCG			

<b>Purpose of the paper</b>
<p>The Cambridgeshire and Peterborough Sustainability and Transformation Partnership (STP) recognise the importance of formalising natural relationships which tend to occur between providers all caring for the same population. This enables a focus on a place-based approach to delivering transformation across the system to support a preventative and holistic approach to care and support, enabling people to stay well at home for longer and more independently.</p> <p>This paper provides an introductory overview to the STP Board on the progress made by the North and South Provider Alliance on systematic next steps and timeline for the Integrated Neighbourhood design framework, which has been identified by both Alliances as their primary priority over coming months.</p>
<b>The STP Board is invited to:</b>
The STP Board is asked to note the contents of this report.

## 1. INTRODUCTION / BACKGROUND

At the 23 May Health and Care Executive it was agreed to shift towards a more place-based approach to delivering transformation across the System. This shift was in recognition of the importance of formalising natural relationships which tend to occur between providers all caring for the same population. This has resulted in changes to the STP Delivery Groups for 2018/19, creating North and South Provider Alliance Delivery Groups to replace Urgent and Emergency Care (UEC) and Proactive Care and Integrated and Neighbourhoods (PCIN) Delivery Groups. This took effect from 1 June 2018.

The boundary for the North area covers the local authority areas of Peterborough, Fenland, Huntingdonshire and the Papworth area of South Cambridgeshire. The registered population based on the practices within the North boundary is almost 543,000; whilst the South has almost 425,000. The boundary for the South area covers the local authority areas of Cambridge City, East Cambridgeshire (including the Isle of Ely), South Cambridgeshire and areas of North Hertfordshire.

Each Alliance has representation not only from health and social care commissioners and providers, but also from patients and the voluntary sector. It has identified priorities for transforming care for their local people. These priorities include developing Integrated Neighbourhoods for populations of 30-60k, that support a preventative and holistic approach to care, enabling people to stay well at home for longer and more independently.

## 2. BODY OF REPORT

The North and South Provider Alliances have been given primacy for overseeing the integration of care around their local populations. At a more local level, there is mixed progress towards integrated working across the patch. Some areas have developed clearer views around new models of care.

At the STP Board meeting in September 2018 each Alliance set out the early development and scoping for Integrated Neighbourhoods. Work has been progressing on how to take this programme, which is a major priority for medium term, and give it focus, pace and resource. There have been high levels of input, enthusiasm and commitment from all System partners.

The Alliances are currently drafting an outline for a Cambridgeshire and Peterborough wide design framework for Integrated Neighbourhoods, which will be presented at the STP Board in January 2018. It will build on the work already achieved to date and will include core components, such as definition, aims, scope, approach and impact which will guide the Integrated Neighbourhoods. The 'bottom up' approach and process of co-design and co-production will enable individual Neighbourhoods to describe and develop their respective frameworks and content of their community-based actions.

Once the framework is in place the System can have confidence that all partners share a common understanding of the outcomes we're seeking to achieve via the integrated neighbourhoods programme. This will enable the freedom to be given to groups of the front-line to work with patients to determine how best to deliver these. It will also enable us to demonstrate how this programme complements the *Think Communities* programme, which is intended to strengthen communities and address demand for wider public services, including for example, looked after children or police.

## 3. RECOMMENDATIONS

The STP Board is asked to note the contents of this report.

**12 November 2018**