

Report to STP Board: 22 January 2019

Agenda item:	3.1		
Title:	North and South Alliance Overview paper		
Lead:	Neil Modha and Caroline Walker, North Alliance Co-Chairs and Nicola Ayton and James Morrow, South Alliance Co-Chairs		
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Report purpose <i>(Please mark one in bold)</i>			
APPROVAL	DECISION	ASSURE	INFORM
Link to STP Priorities <i>(Please mark all applicable in bold)</i>			
AT HOME IS BEST	SAFE & EFFECTIVE HOSPITAL CARE, WHEN NEEDED	WE'RE ONLY SUSTAINABLE TOGETHER	SUPPORTED DELIVERY
Committees/groups where this has been presented to before <i>(including date)</i>			
<ul style="list-style-type: none"> • North Alliance – 29/11/2018 • South Alliance – 06/12/2018 • Health and Care Executive – 20/12/2018 			

Purpose of the paper
<p>The Cambridgeshire and Peterborough Sustainability and Transformation Partnership (STP) is working across the system to join up and improve care for local people. Alliances of providers and commissioners of health and care have been established in the North and the South of the STP to design care which meets the needs of local people within their communities. In line with proposals set out in the <i>NHS Long Term Plan</i>, Integrated Neighbourhoods aim to dissolve the barriers between primary and community services to support the delivery of joined-up, holistic care which keeps local people well and out of hospital.</p> <p>This paper provides an overview to the STP Board on the progress made by the North and South Alliances since the last STP Board meeting in October 2018. Since the last update, the Alliances have been focusing primarily on developing Integrated Neighbourhoods, one of the STP's four system priorities.</p>
The STP Board is invited to:
The STP Board is asked to note the contents of this report.

1. INTRODUCTION / BACKGROUND

Two Alliances of providers and commissioners have been established to cover meaningful communities within the Cambridgeshire and Peterborough STP. For our System, these broadly cover the North and South of the geography. The boundary for the North covers the local authority areas of Peterborough, Fenland, Huntingdonshire and the Papworth area of South Cambridgeshire. The registered population based on GP practices within the North boundary is almost 543,000. 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. The registered population based on GP practices within the South Alliance is almost 425,000.

Since the last STP Board meeting in November 2018, Alliances have developed a common framework for Integrated Neighbourhoods. The framework outlines the characteristics, approach, benefits and initial resourcing for the development of Integrated Neighbourhoods in Cambridgeshire and Peterborough. At the 20 December Health and Care Executive (HCE) meeting the framework was approved.

In the final quarter of 2018/19, Alliances will focus on developing and implementing initial Integrated Neighbourhoods. In addition, Alliances will undertake work to align Integrated Neighbourhoods with other system priorities.

2. BODY OF REPORT

The Integrated Neighbourhoods framework (appended below) outlines a shared understanding of the model and the outcomes it aims to deliver. Integrated Neighbourhoods build on networks of GP practices working together to serve populations of 30,000 - 50,000, known as 'Primary Care Networks'. With Primary Care Networks as their cornerstone, Integrated Neighbourhoods bring together community, social, secondary care, mental health, voluntary and wider services to deliver proactive and joined-up care to local people. This model draws on learning from national and international systems and aligns with the policy direction set out in the *NHS Long Term Plan*, published 7 January 2019.

Furthermore, the framework sets out the principles for the implementation of Integrated Neighbourhoods in Cambridgeshire and Peterborough. The Alliances will have primacy for leading the development of Integrated Neighbourhoods across their patch and will work closely with each Integrated Neighbourhood who will own the design and implementation of this model for the people they serve.

There will be a phased approach to implementation, starting initially by working intensively with the Integrated Neighbourhoods which are ready to progress to establish the model and understand what works for local people.

The Alliances will support Integrated Neighbourhoods by developing a clear evaluation methodology, bringing together local health and care data to help understand local patient needs, helping to undertake targeted work with at-risk patient groups, such as people living in care homes.

For the Alliances to make progress and support the development of Integrated Neighbourhoods, dedicated resource will be required. On the 20 December, the Health and Care Executive stipulated that the initial resource required to support the first phase of delivery will be allocated from partner organisations and within the current system establishment. The Alliances have committed to defining their initial resource requirements by the end of January. A system task and finish group, led by Stephen Posey, Chief Executive of Royal Papworth NHS Foundation Trust, has been created to identify the resource and make recommendations about how it will be allocated. The outcome of this will be presented to the Health and Care Executive in February.

For the remainder of 2018/19, the Alliances will focus on working closely with initial Integrated Neighbourhoods to design and deliver this model and aligning Integrated Neighbourhoods with other system priorities, such as:

- Engaging with our staff, patients and local people to refine the Integrated Neighbourhoods model and adapt it to meet local needs. This will include developing a simple graphic which clearly explains the Integrated Neighbourhoods model to local people;
- Engaging with local GPs, the Local Medical Council (LMC) and key fora such as the GP Forward View Delivery Group to define and agree the geographies covered by each of the Primary Care Networks as well as the support and resource required for the initial Integrated Neighbourhoods;
- Developing further the approach to evaluating the impact on patients, staff and local people;
- Working with clinicians to develop joined-up pathways from home to hospital, focusing on priority areas for specific conditions based on the evidence of local need and where the greatest gains can be made;
- Ensuring greater alignment with existing STP workstreams, such as Mental Health, Organisational Development, Estates and Capital;
- Engaging with the Digital workstream in the development of integrated care records across the system;
- Developing new contractual mechanisms which underpin joined-up ways of working between system partners; and
- Working with staff and local people to build a long-term vision for the future of the Cambridgeshire and Peterborough healthcare system, as part of our five-year STP plan. A key element of this will be the development of Integrated Neighbourhoods, led by local primary care networks and supported by our Alliances.

3. RECOMMENDATIONS

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

10 January 2019

Appendices: ***Attachment 1 – Integrated Neighbourhood Framework***