

## Report to STP Board 22 January 2019

<b>Agenda item:</b>	3.3		
<b>Title:</b>	South Alliance - Update		
<b>Lead:</b>	James Morrow, co-chair, South Alliance and Nicola Ayton, co-chair, South Alliance		
<b>Author:</b>	Jessica Armstrong, Assistant Director of Strategy, Cambridge University Hospitals NHS Foundation Trust		
<b>Report purpose</b> <i>(Please mark one in bold)</i>			
APPROVAL	DECISION	<b>ASSURE</b>	INFORM
<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> <i>(including date)</i>			
The content summarises discussions at the South Alliance meeting on 6 December 2018 and discussions pertaining to the South Alliance at the Health and Care Executive (HCE) meeting on 20 December 2018			

<b>Purpose of the paper</b>
This paper provides an update on the progress of the South Alliance since the last Sustainability and Transformation Partnership (STP) Board meeting, including an overview of the South Alliance's next steps and a proposed commitment to allocating resource to enable delivery.
<b>The STP Board is invited to:</b>
The STP Board is asked to note the contents of this report.

## 1. INTRODUCTION / BACKGROUND

The South Alliance comprises providers of health and care serving the populations around Cambridge, south Cambridgeshire, Ely, and east Cambridgeshire - many of whom would use Addenbrooke's as their local hospital. The South Alliance was formed over the summer and brings together to address the triple aims described in the *Five Year Forward View*: by improving the quality of care for patients and service users; outcomes for the local population and value for the taxpayer.

Working collaboratively to put patients and the population first, and organisational interests second, the South Alliance has agreed the following priorities over the next 12 months:

- Supporting primary care to develop primary care networks covering around 30,000 to 50,000 people across the whole footprint;
- Implementing Integrated Neighbourhoods, building out from primary care, starting with four local geographies;
- Understanding and acting on population health data, as well as the knowledge and insight of local teams, to identify at-risk groups of patients and then provide proactive, preventative care and support.

Since the last update to the STP Board in November 2018, the South Alliance has been:

- a. Working with colleagues from across the health and care system, including the North Alliance, to develop the Integrated Neighbourhoods framework. This framework describes the care model we are collectively committing to implement with, and on behalf of, our local population, as well as the methodology we will apply and the resources required; and
- b. Identifying key challenges, barriers and enablers in our local context and the actions we will take to overcome these.

## 2. BODY OF REPORT

### ***Integrated Neighbourhood Framework***

The framework describes the care model we are collectively committing to implement with, and on behalf of, our local population, as well as the methodology we will apply and the resources required.

This was submitted to, and approved by the Health and Care Executive in December 2018. A separate paper has been submitted to the STP Board for information that describes the Integrated Neighbourhood Framework.

#### **a. Next steps**

Subject to allocation of full-time resource from partner organisations, the key next steps for the Alliance will be to:

- Undertake an 'Ask and Offer' session with all South Alliance partners to co-design priorities and opportunities (by February 2019). During this session organisations will be asked what they can do differently including where they require help from other organisations to work differently in order to improve the working lives of our staff and help to join up care for the local population. In doing this member organisations will commit to one or more actions to support delivery including any "quick wins";

- Work with each of the phase one sites to co-complete a “readiness assessment”, to help understand their development needs (by March 2019);
- Develop, the basis of this “readiness assessment a bespoke support package for each Integrated Neighbourhood (by March 2019): This will include:
  - Co-designing with each local site covering populations of 30,000 to 50,000, the inputs, outputs and outcomes we are seeking to achieve over a defined period of time;
  - Co-developing a clear method of evaluation, based on the inputs, outputs and outcomes;
  - Agreeing how we will share best practice between local sites as well as from work in other systems nationally;
  - Undertaking data analysis to enable segmentation and identification of ‘at risk’ or target groups for each primary care network; and
  - Supporting citizen, patient and service user co-design, involvement and engagement. This will require the input and expertise of our patient-led member organisations as well as some external input to make sure we get it right.

## b. Challenges and mitigations

The South Alliance have identified five challenges to progressing with the implementation of Integrated Neighbourhoods across Cambridgeshire:

- 1) **Clinical workforce capacity** to lead transformation and strengthen the capacity to deliver care in the community;
- 2) **Transparency about the financial position of each partner organisation** including the decisions that will be taken over the next five years to bring the STP as a whole back into financial balance;
- 3) **Risk and governance** to ensure appropriate accountability that supports quick decision making and ownership of clinical risk;
- 4) **Pace of change** and willingness of partners to work at pace to achieve transformation within ambitious timelines underpinned by a challenging financial position; and
- 5) **Behavioural change** at the front line and across whole organisations, to empower staff to collaborate and deliver new models of care.

To address these challenges, the South Alliance have committed to working together, transparently to implement Integrated Neighbourhoods.

To make the operational changes at a local, Integrated Neighbourhood level adequate resource will be required to support primary care transformation and to lead the design and development of proactive integrated care models. Staff with the appropriate knowledge, skills and experience should be reallocated from STP partner organisations to support this programme, particularly those already aligned to transformation and primary care development.

The minimum resourcing requirements to deliver the transformation change outlined in the Integrated Neighbourhoods framework, and will be required with immediate effect to enable progression:

**For the Alliance:**

- GP lead backfilled for two days per week (secured).
- Full-time senior leadership team.

**For each Integrated Neighbourhood:**

- Dedicated project manager.
- Dedicated change agent/enabling resource.
- Clinical leadership (clinicians within IN).

Both Alliance and Integrated Neighbourhoods will also need to draw on a range of subject matter experts from across the system, e.g. business intelligence, analytics.

In addition, the South Alliance will undertake further work to determine the exact amount of resource required from 1<sup>st</sup> April 2019 to support ongoing delivery. This will take account of:

- Population needs in each Integrated Neighbourhood;
- Total healthcare system spend in each Integrated Neighbourhood; and
- Bespoke support package required in each Integrated Neighbourhood.

### **3. RECOMMENDATIONS**

The STP Board is asked to note this report and provide any comments or feedback that will help the South Alliance to meet its objectives on behalf of local patients and the public.

**14 January 2019**