

Report to STP Board: 14 March 2019

Agenda item:	4.4		
Title:	Longer term models for greater integration and STP leadership		
Lead:	Matthew Winn, Chief Executive, Cambridgeshire Community Services NHS Trust and Caroline Walker, Chief Executive, North West Anglia NHS Foundation Trust		
Author:	Matthew Winn, Chief Executive, Cambridgeshire Community Services NHS Trust		
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>)			
System development issues discussed by the Health Care Executive (HCE) on 12 February 2019			

Purpose of the paper

This brief paper sets out how the health and care organisations are taking the system development issues in the local area seriously and working on building improved levels of trust and collaboration.

Additionally, it invites the Sustainability and Transformation (STP) Board members to discuss options (within section 2 c)) for potential structural changes to how the system is organised – to support and enhance how integrated care is delivered and fulfil the strategy set out in the NHS Long Term Plan.

The outcome and conclusions of the discussion will then provide Executive members of the Board the mandate to work up options in more detail and present this back to the Board for further discussion and ultimately decision making (following discussions at relevant Council Committees; Governing Body's and Trust Boards).

The STP Board is invited to:

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- Note the system development working that is being actively pursued, as summarised in section 2 a) and 2 b);
- Discuss the range of options in section 2 c); and
- Agree (from the list in section 2 c)) on the priorities for the Executive members of the Board to work up options for further consideration and then decision making by the Board (in late Spring and early Summer).

1. INTRODUCTION / BACKGROUND

- a) As part of the process to develop a 'Longer term model' for our local area, the first stage has been to check how well the system is currently operating. Caroline Walker and Matthew Winn had confidential conversations with many local Health and Care Executive leaders to understand what people felt was working well; what could be improved and what obstacles were in place that needed to be overcome. The themes of these conversations are listed below and based on a Health Care Executive development session – what are we planning to do differently.
- b) The published evidence on effective system working focuses on: (not an exhaustive list)
- Creating a shared vision, narrative and joint purpose;
 - Supporting our leaders to work, train and develop together;
 - Focus on user groups/services where the potential for integrated care are greatest (frailty; early years support etc.);
 - Taking time; being flexible and allow an evolutionary approach – rather than implement a single prescribed approach top down; and
 - Pool resources to allow integrated teams to innovate using all publicly funded income sources.
- c) The Cambridgeshire and Peterborough health and care system faces some decisions about how to integrate care and the structure and governance of care delivery in the future. This paper is meant as a discussion document to gauge the appetite of members of the Board and agree next steps – with a view to making decisions over the spring and summer months.

2. BODY OF REPORT

- a) Themes from the executive feedback on how well the health and care system was working:
- Need to improve our governance and processes for decision;
 - Need to improve together on how we deliver the basic requirements of healthcare (A&E standards etc.) and manage change and cross organisational transformation;
 - Development needed to operate as health and care system – not just as individual organisations;
 - Need to re-learn how to properly collaborate as the healthcare provider and commissioner split is rolled back;
 - Must continue to develop trusting relationships between leaders and organisations to support us to operate as a system and fully integrate care; and
 - Continue to build on the good inter-organisational and clinical work that is already happening.
- b) What are we planning to do differently? – see the table on the next page

Issue	Actions
<i>Development</i>	<ul style="list-style-type: none"> • Scope out and implement an affordable system development programme (based on the Frimley Health and care system OD plan) • Continue with the current cross organisational leadership development programmes
<i>Governance and decision making</i>	<ul style="list-style-type: none"> • Agree and implement new executive and non-executive leadership of the system by 1st April 2020 – (in scope: the roles and functions of the Clinical Commissioning Group; role and functions of the System Delivery Unit and the Accountable roles for the Sustainable Transformation Partnership) • Improve how the health service works with Local Government to properly engage and include local residents in developing and delivering their local health and care services • Streamline how the ‘system’ governance works and reduce the amount of papers that are written and focus on the change needed and outcomes achieved
<i>Collaboration</i>	<ul style="list-style-type: none"> • Agree and develop an ambitious Cambridgeshire and Peterborough health and care long term plan by October 2019 • Agree and implement how NHS organisations will properly collaborate (see next section) • Agree and implement in 2019 how far health and social care pooling/aligning on budgets will happen
<i>Relationships</i>	<ul style="list-style-type: none"> • Need to operate as shared leadership team – with each CEO/GP leader taking lead roles on behalf of each other • Health and care leaders and Politicians must combine to lobby/ensure that the Cambridgeshire and Peterborough health system is funded at the average (or above) for England, to ensure we can pay for vital local services

c) Development of governance options to support integrated care and the Implementation of the Long Term Plan

- i. Based on the strategy of aligning our health and care system around local populations, it is assumed that we will continue to implement:
 - Health and care professionals working in neighbourhoods, supported by the new ‘Primary Care Networks’ (the new NHS funded model for Primary Care providers collaborating together)
 - A north and South governance arrangement across the area – focusing on implementing integrated models for older people and adults with severe long term conditions
- ii. Other options that are available for the Board to consider include:

Issue to be solved	Options
Develop a proper system leadership infrastructure	<ul style="list-style-type: none"> • Minimalist clinical commissioning group central structure and no SDU infrastructure: <ul style="list-style-type: none"> ○ Align all other resources on transforming care based around the North and South structures and other

	<p>Cambridgeshire/Peterborough wide patient group developments</p> <ul style="list-style-type: none"> ○ The clinical commissioning group central team undertake healthcare system leadership roles
	<ul style="list-style-type: none"> ● Recruit an independent Chair for the health care system and externally recruit a new system Accountable Officer role (linked to the above change)
Structures to support integrated care	<ul style="list-style-type: none"> ● Pooled health and social care budgets – potential for older adult’s pool and a children’s pool <ul style="list-style-type: none"> ○ Agreement on the Council(s) or the CCG being the lead contract holder
	<ul style="list-style-type: none"> ● NHS providers properly collaborating and sharing clinical and financial risk together for the outcomes achieved either on some pathways; whole populations outcomes or age related service areas
	<ul style="list-style-type: none"> ● Development of NHS ‘programme budgets’ that NHS providers agree to cap expenditure levels at and re-design services with patients to fit within the maximum budget figure. Providers can also share risk together within a programme budget
	<ul style="list-style-type: none"> ● Formalise the accountability/delegation from the STP Board to the North and South governance structures and Primary Care Networks
	<ul style="list-style-type: none"> ● Reductions in the numbers of providers and or contracts to simplify how the local system is led and operates
Methodology for change	<ul style="list-style-type: none"> ● To support any, or some of the above changes – agree and implement a common Quality Improvement approach for the health and care system

- iii. Any or all of the options can be implemented and some of the options are clearly complementary and should be considered together.
- iv. Board members are reminded that we must focus our energies on implementing integrated care properly and that the structural options are there to reinforce our joint plans. The structural solutions by themselves will not solve any current silo working or lack of trust between organisations/professionals.

3. RECOMMENDATIONS

The STP Board is asked to:

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- Agree (from the list in section 2 c)) on the priorities for the Executive members of the Board to work up options for further consideration and then decision making by the Board (in late Spring and early Summer).

7 March 2019