

Report to STP Board: 18 July 2019

Agenda item:	3.1		
Title:	North Alliance - Update		
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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>			
Paper circulated and approved by Caroline Walker and Neil Modha.			

Purpose of the paper
This paper updates the Sustainability and Transformation Partnership (STP) Board on the progress to date, successes of the North Alliance and outlines the next steps.
STP Board are invited to:
The STP Board is asked to note the contents of this report and progress being made by the North Alliance.

1. INTRODUCTION / BACKGROUND

The North Alliance is making good progress and gaining momentum, particularly with its largest priority, Integrated Neighbourhoods. This report outlines the progress over April and May and the next steps for each of the priorities.

2. BODY OF REPORT

Integrated Neighbourhoods

Integrated Neighbourhoods remains the greatest priority for the North Alliance and it was therefore decided that the meeting on 22 May would focus on a deep dive into this programme. Several areas were discussed and progressed which are detailed below.

Primary Care Networks (PCN)

The PCN acts as the cornerstone to the Integrated Neighbourhood. A national Direct Enhanced Service (DES) contract has supported the development of the PCNs. On 15 May primary care submitted PCN requests for the CCG and NHSE. A stakeholder meeting took place on 20 May where all partners were given an opportunity to comment on the submissions. On 11 June the CCG approved the PCNs including the list of practices and Clinical Directors which will come into effect on 1 July 2019. (Appendix 3)

North Alliance Resourcing

The system has made significant progress with aligning resource to the Alliances and supporting a placed-based approach to transforming services.

The Clinical Commissioning Group (CCG) have aligned six full-time members of staff to support the development of the Primary Care Networks. From the 1 July, the post holders will act as the primary point of contact for the PCN Clinical Director for all system support, including engagement events and workshops for the Integrated Neighbourhood accelerator sites where necessary.

The County Council are recruiting six Think Communities Managers, due to be in post from August 2019, they will focus on developing community assets and addressing the wider determinants of health.

The System Delivery Unit (SDU) budget for 2019/20 was also reviewed to create a total of five Change Agent/Project Manager roles to directly support the Alliances. Their focus will be on enabling the development of the Integrated Neighbourhood accelerator sites. Recruitment has been successful and conditional offers have been made with anticipated start dates of August/September.

This combined resource will act as one team, coming together around the North and South Alliances to deliver a placed-based approach to service transformation through the Primary Care Network, Integrated Neighbourhood and Think Communities programmes.

In addition to the above resource the North Alliance recognise the success of the Integrated Neighbourhood Manager in Stamford and see this as a pivotal role in the formation of the Integrated Neighbourhood. Members of the North Alliance, therefore agreed to use £180k to fund three Integrated Neighbourhood Managers for the accelerator Integrated Neighbourhoods. This has been achieved by using a proportion of the £300k allocated to the North Alliance from the 2018/19 SDU underspend.

After an initial recruitment process one of the three roles were appointed to with the successful candidate starting early August. Following a further recruitment round we are confident that the remaining two roles will be filled once the interviews have taken place.

Once in post, the Integrated Neighbourhood Managers will be allocated to the accelerator sites. The progress made in these sites can be compared to those without an Integrated Neighbourhood Manager to help evaluate the effectiveness of the role.

Key milestones and delivery

The North Alliance have reviewed the milestones and project overview which was submitted to HCE in December. There is a recognised four month slip in delivery due to the lack of system resource and national timetable on the formation of the Primary Care Networks. A revised timeline has been completed (annex 1) and although the timeline has slipped the North Alliance remain committed to proceeding with four Integrated Neighbourhood accelerator sites (one in Hunts and Fenland and three in Greater Peterborough). This will include hosting engagement events/workshops with an aim of allowing the teams to meet one another, review their population needs and decide their local priorities.

Greater Peterborough

The Greater Peterborough Network (GPN) federation committed to leading discussions on Integrated Neighbourhoods with the PCNs. All PCNs in Greater Peterborough will be offered the opportunity to create an Integrated Neighbourhood and will be supported in holding engagement events for all staff within the Integrated Neighbourhood. It is hoped at least three will be willing to engage and we anticipate engagement events taking place from Sept-Dec 2019.

Hunts and Fenland

A readiness assessment was completed to evaluate and select the Integrated Neighbourhood accelerator site for Hunts and Fenland. This considered nine different factors including the PCN readiness, population health data and partners ability to wrap services around the PCN geography. Wisbech has been identified as the first accelerator site, with Huntingdon Central and St Ives having a need and expressing interest for later this year.

An engagement event has therefore been arranged for 9 July to launch the Wisbech Integrated Neighbourhood. This will give staff an opportunity to meet one another, hear examples of place-based care and understand the vision for the Integrated Neighbourhood. The group will then review the population needs for Wisbech and using population health data, patient surveys and staff survey results will identify 3-5 priority projects for Wisbech.

Barriers and Blockages for the Implementation of Integrated Neighbourhoods

At the May North Alliance Delivery Group meeting members discussed the barriers and blockages they are currently experiencing that are impeding the implementation of the Integrated Neighbourhoods programme. The following areas were discussed and agreed;

Resources: it was recognised that resourcing the North Alliance has been a challenge however there are multiple roles coming online over the next three months. The group therefore agreed to focus on supporting the accelerator sites with the resource we do have (SDU project managers, Integrated Neighbourhood Managers and CCG PCN Programme Managers).

Contracting and permission to act: it was agreed that to really change the care model and service provision within the Integrated Neighbourhoods the limitations and parameters of the current contracts would need to be relaxed. A sub-group agreed to form and meet with Rob Murphy, Senior Responsible Officer for Community Services, to discuss this further.

Governance: Some concern had been raised around the governance of the Integrated Neighbourhood including who would be the clinical decision makers and who would oversee patient safety, risk and complaints. It was acknowledged that other parts of the country have achieved this without the same

challenge, and this should not be over engineered. It was therefore agreed that all organisations would take responsibility for their own staff and continue with current governance arrangements.

Shared Skills and Capabilities: The North Alliance supports cross professional and organisational working and will act as an un-blocker to this for the accelerator sites.

Reducing Health Inequalities and Improving Health Outcomes

The North Alliance have been sighted on the developments of the Think Communities approach and support the plans to combine the different programmes of work in relation to 'place based care' (Primary Care Networks, Integrated Neighbourhoods and Think Communities). A few members of the Alliances have been working together to describe this combined place based approach, the governance arrangements and combined timeline.

The North Alliance supports in principle, the suggestion of new place based boards that will be created aligned to District Council boundary boundaries to oversee and govern all place based programmes which would feed into the Alliance.

The group asked for further clarity as to the current forums in place, how they would operate in the interim, such as the current Integrated Delivery Board and Living Well Partnerships to ensure there remains close alignment between the programmes until the suggested governance arrangements are finalised and established.

IV Antibiotic Service

Members of the North Alliance remain committed to resolving the gap in service provision for home IV antibiotics for people living within the geography of the North Alliance. Patients currently remain in hospital to receive IV antibiotics, whereas in the South of the county a service is commissioned to provide IV antibiotic at home.

NWAngliaFT have been working with partners to create an options papers including detailing the current demand, options for service provision and costs. The paper was presented to the North Alliance on 28 June, with the potential to extend the service into the Fenland area by establishing a pilot OPAT service at Doddington. The group requested further clarification as to the number of patients that would be suitable for the service as well the costs for the pumps required to roll this out.

Following the review of the further information, we will be discussing our proposal with the CCG to proceed to implementation.

North Alliance Away Day

Members of the North Alliance attended an away day on 14 June to shape the medium to long term plan for the Alliance. The event included guest speaker, Sir Neil Mackay, and was facilitated by PA Consulting. The emphasis was on thinking through the practical steps to help continue the journey towards working more closely together.

The group also considered the role of the commissioners in a provider Alliance and the benefits of a lay chair. There were examples of how things are progressing in different areas and consideration that many of the building blocks are in place for this, but that delivery needed to be accelerated including on issues such as IV antibiotics as an immediate priority.

The discussions will be factored into upcoming North Alliance meetings.

3. RECOMMENDATIONS

The STP Board is asked to **note** the contents of this report and progress being made by the North Alliance.

June 2019

***Appendices: Annex 1 – Key Milestones and Delivery Timeline
Appendix 3 – Primary Care Network Mapping.***

CONFIDENTIAL DRAFT: Work in progress

Annex 1 – Key Milestones and Delivery Timeline

