

Report to STP Board: 18 July 2019

Agenda item:	3.2		
Title:	South 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>			
No committees / groups			

Purpose of the paper
This paper provides an update on the progress of the South Alliance and outlines the next steps.
STP Board are invited to:
The Sustainability and Transformation Partnership (STP) Board are asked to note the update from the South Alliance; and provide any feedback on the approach, progress and priorities.

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 of 2018 and brings providers 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:

- Supporting the development of primary care networks covering around 30,000 to 50,000 people across the whole footprint;
- Implementing Integrated Neighbourhoods, building out from primary care networks; and
- 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 May 2019, the South Alliance have focused on the following priorities:

- Supporting the development of Primary Care Networks covering 30,000–50,000 with a view to identifying the next wave of Integrated Neighbourhoods;
- Further progressing wave 1 Integrated Neighbourhood development, including identifying and scoping specific priority projects; and
- Co-designing principles to underpin the allocation of the South Alliance funding with South Alliance members.

2. BODY OF REPORT

Primary Care Networks (PCN)

Following extensive engagement with partners throughout the System, Primary Care Networks across Cambridgeshire and Peterborough have been confirmed with NHS England (see groupings outlined in Appendix 1). The Primary Care Networks, supported by a new GP contract, came into effect on 1 July 2019. A Clinical Director has been confirmed for each Primary Care Network; this new role enables a nominated GP to lead the development of each Primary Care Network and engage in the implementation of local system plans. Over the coming weeks, the Chairs of the South Alliance will work with the Clinical Directors to identify the next two Integrated Neighbourhood accelerator sites, with the aim of commencing work with these sites by August 2019.

A Primary Care Innovation Academy is being developed in partnership with the Judge Business School. This will offer Clinical Directors a unique opportunity to shape the role as the first cohort of GP leaders of Primary Care Networks in Cambridgeshire and Peterborough.

Further, the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) is taking steps to realign their staff to support the development of Primary Care Networks. This includes the re-allocation of six full-time members of staff, who will act as the key point of contact for each Clinical Director on Primary Care Network development.

The South Alliance welcomes the creation of the nine Primary Care Networks for our local care System and is looking forward to welcoming them through the South Alliance of which they are each a key partner. Clinical leaders within the partner organisation, particularly Cambridge University Hospital (CUH) and Cambridgeshire and Peterborough NHS Foundation Trust (CPFT), look forward to developing and strengthening collaborative clinical leadership.

Wave 1 Integrated Neighbourhoods

Learning from the first Integrated Neighbourhood, the next two Integrated Neighbourhoods, once identified, will be offered the following package of support:

- Establishment of an Integrated Delivery Board, with representation from local leaders including the Primary Care Network Clinical Director, CPFT, CUH, Cambridgeshire County Council and local voluntary sector;
- Funding for an externally-facilitated workshop, which will bring together front-line staff partner organisations and local patients to design a local vision;
- Tools and learning from the first Integrated Neighbourhood, including prioritisation tool, protocols for establishing new pathways and projects, and support with data collection and evaluation; and
- Project Management resource to enable the day-to-day implementation of priority projects.

The first Integrated Neighbourhood being developed in the South Alliance footprint is Granta Integrated Neighbourhood. Prior to the changes to the National GMS contract, the Granta Medical Practice was the only Primary Care Network in the South Alliance footprint. The aim is to provide joined-up and proactive care to the 44,000 patients currently served by Granta Medical Practices. Using the outputs from the Granta Integrated Neighbourhood workshop in May, and a locally developed prioritisation tool which takes account of evidence base, potential impact and scalability, the Granta Integrated Delivery Board has identified four priority projects (listed below). These projects are currently being scoped, whilst other elements of the Granta Integrated Neighbourhood model, for example the piloting of the First Contact Physiotherapy model, are already underway.

- The **Wellbeing Hub** will integrate and coordinate staff and resources across the care and voluntary sector, using Granta Medical Practice as a 'hub'. This will build on learning from Cambridgeshire County Council's 'Neighbourhood Cares' model, which delivers proactive care based on what matters to patients.
- The **Wound Care Pathway** will coordinate wound care across our System, with the aim of delivering leg ulcer care more efficiently and effectively in the community. This will include links to the Leg Ulcer Pathway Assessment project which is currently being piloted by CUH for patients with complex leg ulcers.
- The **Diabetes Pathway** will coordinate diabetes care across our System, with the aim of preventing the incidence of Type 2 diabetes and empowering patients to manage their condition. This will offer the opportunity to pilot elements of the STP diabetes strategy, which is currently in development.
- The **Neurology Outpatients** project is enabling clinicians from primary and secondary care to work together to understand the needs of around 60 patients a month who are referred from Granta to secondary care neurology services. The aim is to design and implement a new approach to the delivery of traditional outpatients' services which is replicable for other clinical specialties.

In addition, the Granta Integrated Delivery Board are supporting a range of clinical and operational staff from partner organisations to attend NHS England's Virtual Academy of Large-Scale Change and systems Leadership programme. This will offer staff the opportunity to collaboratively design a new approach to supported discharge, the outputs of which will have applicability across our local healthcare System.

Resourcing

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

The CCG have aligned three full-time members of staff to support the development of the Primary Care Networks across the South Alliance footprint. 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 three Think Communities Managers for the South Alliance footprint, due to be in post from August 2019, they will focus on developing community assets and addressing the wider determinants of health.

The SDU budget for 2019/20 was also reviewed to create a total of five Change Agent / Project Manager roles to directly support the North and South 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.

Additionally, in June 2019 the South Alliance took the decision to use c.£40k of their allocated £300k funding to recruit a further Project Manager, to support the acceleration of Integrated Neighbourhood sites.

2019/20 South Alliance Transformation Fund

South Alliance members have co-developed a number of principles (outlined below) to underpin the decisions for allocation of the Alliance's £300k budget in 2019/20. These principles are based on learning from leading Integrated Care Systems.

- Improve health and social care outcomes;
- Drive integration of services and functions that improve quality and reduce health inequalities;
- Demonstrate public value;
- Increase public engagement in decision-making;
- Increase public co-production;
- Deepen and develop culture;
- Improve productivity;
- Ensure scalability;
- Standardise best practice in health and social care through commissioning and provision, in order to secure improved outcomes, efficiencies and effectiveness; and
- Contribute towards achieving a sustainable financial position.

Applying these principles, the South Alliance will be reviewing a number of options for allocation of the funding in 2019/20. One proposal will be the development of an innovation fund for local Integrated Neighbourhoods. In line with this, a small amount of funding would be made available to a number of Primary Care Networks to develop and invest in an element of their Integrated Neighbourhood model. The Alliance will review this proposal in detail in July 2019.

Next steps

Once the new posts to support Integrated Neighbourhood development have been recruited, the South Alliance will be able to revisit their priorities. In addition to supporting the implementation of the next wave of Integrated Neighbourhoods, the Alliance will focus on the implementation of:

- Priority care models outlined in the NHS Long Term Plan; Urgent Community Response, Enhanced Health in Care Homes and Supporting People to Age Well.
- Key STP Clinical Pathways being developed by the Clinical Community Forum, including Urgent and Emergency Care, Stroke and Cardiovascular Disease and Respiratory.

3. RECOMMENDATIONS

The STP Board are asked to **note** the update from the South Alliance; and provide any feedback on the approach, progress and priorities.

July 2019

Appendices: Appendix 2 – Primary Care Network Mapping.