

## Report to STP Board: 19 September 2019

<b>Agenda item:</b>	5.		
<b>Title:</b>	South Alliance – Update		
<b>Lead:</b>	James Morrow, co-chair, South Alliance and Nicola Ayton, co-chair, South Alliance		
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<b>Report purpose (Please mark one in bold)</b>			
APPROVAL	DECISION	ASSURE	<b>INFORM</b>
<b>Link to STP Priorities (Please mark all applicable in bold)</b>			
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 (including date)</b>			
No committees / groups			

<b>Purpose of the paper</b>
This paper provides an update on the progress of the South Alliance and outlines the next steps.
<b>STP Board are invited to:</b>
The Sustainability and Transformation Partnership (STP) Board are asked to <b>note</b> 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.

## 2. BODY OF REPORT

### **Background**

In December 2018, the North and South Alliances developed the [Integrated Neighbourhood Framework](#). The framework outlines the aspiration to bring together primary, secondary, community, social and voluntary services to provide proactive and integrated care for local people, as endorsed by the [NHS Long Term Plan](#).

Primary Care Networks (PCNs) launched in July 2019 with the introduction of a new National GMS contract. The South Alliance is supporting the development of 9 PCNs across Cambridgeshire, all of which serve populations of 30-50,000 patients and use Addenbrooke's as their local hospital. PCNs are the cornerstone of the Integrated Neighbourhood model.

### **First wave Integrated Neighbourhoods**

Granta, in South Cambridgeshire, is the first Integrated Neighbourhood in the South Alliance footprint and was the only PCN operating in the patch prior to the introduction of the new GMS contract. Since January, the South Alliance has been working closely with Granta to deliver on its vision of providing joined up care to the 44,000 patients served locally.

Partners from the Granta Integrated Board, including representatives from Primary Care, CUH, CPFT and CCC, have worked with staff and patients, analysed population health data and incorporated learning from elsewhere to identify a number of priority projects, all of which are replicable across the patch, which are currently underway.

These projects include the development of a Wellbeing Hub, which will integrate and coordinate resources across the care and voluntary sector; a new Neurology Outpatients model, enabling primary and secondary care clinicians to understand the needs of around 60 patients a month who are referred from Granta to Addenbrooke's; and a new diabetes pathway, drawing on the STP Diabetes Strategy and focusing on pre-diabetic patients. The qualitative and quantitative data from these interventions will be reviewed on an ongoing basis, evaluated at key points and shared across both Provider Alliances.

### **Second wave Integrated Neighbourhoods**

The next wave of Integrated Neighbourhood 'accelerator' sites have been identified following an Expression of Interest process over the summer. This was a collaborative process with all PCN Clinical Directors and members of the South Alliance, and six of the remaining eight PCNs expressed an interest in becoming an Integrated Neighbourhood this year. The quality of submission was high with clear priorities and improvement projects described for local patients and citizens. The cross-organisational panel of South Alliance partners reviewed the submissions against the following criteria:

- Innovative ways of working with partners;
- Quantifiable benefits to patients and impact on population health;
- Wider system impact – cost reduction, quality improvement, streamlined pathways;
- Scalability; and
- Value for money.

The three PCNs selected for the second wave are: Ely South, North Villages and Cantab. These accelerator sites will receive the following support, drawing on learning from the first Integrated Neighbourhoods:

- a) Establishment of an Integrated Board comprising frontline staff from CPFT, CUH, the Council and voluntary sector;
- b) Funding for a workshop to bring together staff and patients to agree a local vision and priorities;
- c) Tools and learning, including analytics and evaluation support; and
- d) Dedicated Project Management resource.

### ***Developing the Integrated Neighbourhood pipeline***

All remaining PCNs will be supported to develop their ideas further and we will work closely with PCN Clinical Directors to strengthen their plans and proposals to improve care for citizens. The South Alliance team and co-chairs have met with all Clinical Directors to identify the support needs of each PCN, in line with national guidance.

To support Neighbourhoods at all levels of maturity, the North and South Alliances have developed an Innovation Fund. Based on learning from leading Integrated Care Systems, all PCNs will be supported to bid for seed funding to enable development of elements of the Integrated Neighbourhood model which will improve outcomes for their local population. This fund is due to launch in September, with support from the County Council, and will align with the local 'Innovate and Cultivate' fund.

### ***Programme of clinical engagement***

The South Alliance have developed a programme of clinical engagement to enable primary, community and secondary care clinicians to work together, systematically, to implement Integrated Neighbourhoods and develop new clinical pathways, including a series of events to bring clinicians together, starting with the South Alliance Clinical Directors event on 17 September. In addition, a system-wide leadership programme for PCN Clinical Directors delivered by the Judge Business School launched at the start of September.

### ***Evolution of our place-based care model***

The Alliances are evolving, and, with staff and local people, we are keen to deliver our collective aims and vision for place-based care.

In its fullest expression, one option would be for the South Provider Alliance to become accountable for a much broader remit covering delivery and transformation of Urgent and Emergency Care and Planned Care; in addition to proactive care for at risk groups through Integrated Neighbourhoods. This would be supported by an increasingly strategic relationship for the CCG which will be responsible for multi-year planning, setting long term outcomes and system assurance.

### ***Long Term Plan response***

Member organisations within the North and South Alliances are working together to develop a response to the Long Term Plan. This includes a strategy and plan for developing a future model of place-based care; approach and plan to enabling Neighbourhood development across the pipeline; and projected impact on activity and finances.

A number of sessions, including a joint Alliance workshop, have been held with Alliance members to develop the Long Term Plan response.

### ***Next steps***

The next steps for the South Alliance are to:

- Continue to work with PCN Clinical Directors to understand/support their development needs and build clinician to clinician relationships across the system;
- Deploy support to the second wave Integrated Neighbourhoods;
- Launch the Innovation Fund and work with PCNs to develop their proposals;
- Scope the approach, phasing and key steps to moving toward the new place-based model, including Urgent and Emergency Care and Planned Care programmes;
- Develop our five year implementation plan.

### 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.

**September 2019**