

Cambridgeshire and Peterborough
Integrated Care System

System Partnership Board Report

Meeting	System Partnership Board Meeting in Public		
Date of Meeting	Wednesday 31 March 2021		
Agenda item:			
Title:	STP Executive Lead Update for System Partnership Board		
Lead:	Jan Thomas and Roland Sinker, Joint Executive Leads		
Author:	Sharon Fox, Director of Governance, CPCCG		
Report purpose <i>(Please mark one in bold)</i>			
APPROVAL	DECISION	ASSURE	INFORM
Committees/groups where this has been presented to before <i>(including date)</i>			
N/A			
Purpose of the paper			
<p>The purpose of this report is to provide an update to the System Partnership Board on key issues in relation to the Sustainability and Transformation Programme's transition to an Integrated Care System (ICS).</p> <p>It also provides a brief update on other issues for the System Partnership Board's (Board) attention.</p>			
Recommendation			
<p>The Board is asked to note the Joint Executive Lead update.</p> <p>The Board is asked to acknowledge NHSE/I's approval of our application to become an Integrated Care System.</p> <p>The Board is asked to acknowledge the key areas of focus that NHSE/I have set out to support our Development Plan, and our associated Road Map set out at Appendix A.</p> <p>The Board is asked to formally thank Dr Liz Robin, Dr Chess Denham and Councillor Anna Bailey for their contribution to the STP since its inception in 2016.</p>			

1. Progression to an Integrated Care System

1.1 As the Board is aware, the White Paper : Integration and Innovation: working together to improve health and social care for all was released on 11 February 2021. In summary, this White Paper:

- Places ICS on a statutory footing with an NHS ICS Board and ICS Health and Care Partnership Board;
- Provides a duty to collaborate across healthcare, public health and social care system;
- Establishes new powers for the Secretary of State for Health and Social Care and new duties on the Secretary of State; and
- Proposes significant changes to procurement and repeal of Section 75 of the Health and Social Care Act 2012.

1.2 We are pleased to advise the Board formally in public that we received notification on Friday 19 March 2021 that NHSE/I has approved our application to become an ICS.

1.3 The letter from NHSE/I acknowledges that the successful application is the culmination of hard work over many months and the commitment to progressing our system development, alongside extraordinary challenges and demands. It also acknowledges the strengthening of collaborative working in response to the Covid-19 pandemic and the new ways of working that we have embraced to benefit our local population. It also acknowledges the many areas of good work taking place in Cambridgeshire & Peterborough,

1.4 As the Board is aware, we are now in the process of preparing our Development Plan as we transition to the ICS. NHSE/I has asked us to focus on the following areas within the Plan:

- Finance - the system needs to demonstrate that they have a deliverable system plan to reduce the underlying deficit, building on the improved financial governance that they have demonstrated over the last year. This needs to incorporate longer term strategic solutions to enable the step changes needed to allow the system to live within its means;
- Regional clinical leadership – the system has yet to fully demonstrate the advantage of the unique assets it has at its disposal, including the Cambridge Biomedical Campus, which is A a significant asset for our system. The system needs to find new ways to bring out the advantages of having it on their doorstep for the local population;
- Workforce – the system needs to progress on workforce and will need additional capacity and leadership at a system level to fulfil the required ambition on this;
- Provider collaboration – particularly in relation to achieving health equality. The system has not yet delivered sustained acute to acute provider collaboration and this will now need to be addressed rapidly; and
- Local Authority engagement will need to be a key feature in future plans and approach.

- 1.5 Alongside the above, we will also be progressing the other key areas set out in our ICS application including strategic commissioning, Integrated Care Partnerships, place development and a strong approach to population health management. These programmes of work will be underpinned by a suite of supporting strategies and a clear communications and engagement plan.
- 1.6 Subject to Royal Assent of the subsequent Bill, the current timeline for the ICS to become a statutory body remains shadow form from October 2021, with go live in April 2022, but NHSE acknowledge the risks around this. We remain committed to working to these timescales, as set out in our proposed Roadmap set out at Appendix A.
- 1.7 NHSE/I will continue to monitor our progress against the Development Plan, the first iteration of which will be submitted at the end of this month. We will ensure that the Board is regularly updated through our Business Cycle for 2021/22 which is currently under review.
- 1.8 Alongside our Development Plan, throughout March we have undertaken stakeholder engagement with a number of groups including our Non-Executive Directors and Lay Members, Governors, the Local Authority Adults Committee and Directors of Governance/Corporate Affairs across our system.

There is a clear need to develop a detailed stakeholder map to take into account all our key stakeholders and groups (including hard to reach groups) and develop a robust Engagement Strategy to support the transition into an ICS.

2. Operational Planning Guidance

- 2.1 As the Board is aware, Carnall Farrar is supporting the system to develop its Operational Plan for 2021/22.
- 2.2 On Thursday 24 March 2021, we are anticipating publication of the Operational Planning Guidance for 2021/22.
- 2.3 Ahead of publication we are aware that there will be a need to address inequalities into every element of the planning guidance including:
 - supporting the health and wellbeing of our staff and taking continued action on recruitment and retention;
 - the continued focus on COVID-19, including the vaccination programme, future planning and maintaining excellent practice around infection prevention and control;
 - accelerating the restoration and recovery of non-COVID activity, 'building back better' in a way that robustly addresses health inequalities;
 - expanding primary care capacity to improve access, experience and outcomes; and
 - redesigning community and urgent/emergency pathways.
- 2.4 As an ICS, we will continue to strengthen our collaborative working to embed these elements into our Operational Plan for 2021/22.

2.5 The Operational Plan will also set out our system financial plan for 2021/22. A more detailed paper is presented at Agenda Item X which provides an overview of work to date.

3. Starters and Leavers

3.1 We are delighted to welcome Kit Connick, former Director of Corporate Affairs at Cambridgeshire and Peterborough NHS Foundation Trust, as our new Director of Strategy & Planning for our ICS.

3.2 We are also pleased to welcome Graham Wilde, former Chief Operating Officer at North West Anglia NHS Foundation Trust, as Interim Director of System Delivery who will lead the restoration and recovery process.

3.2 At the end of April 2021, we will say goodbye to Dr Liz Robin who will be retiring from her role as Director of Public Health for Cambridgeshire County Council and Peterborough City Council. We would like to thank her for her contribution to the local health and care system over many years. The ICS looks forward to being engaged in the appointment of Dr Liz Robin's successor, as it is a key function for the ICS.

3.3 Thanks are extended to Dr Chess Denham, Medical Director at Cambridgeshire and Peterborough NHS Foundation Trust who is retiring from this role in May 2021 and also her role as Chair of the Joint Clinical Group. Dr Alex Gimson will be taking on this role as Interim Chair of the JCG until an appointment is made to the CCG Medical Director role.

4. Reflections on the last year

4.1 As we are all aware, the last year has been exceptional for both health and care services. Across health, social care and the third sector, staff and volunteers have worked at a relentless sustained pace to ensure we can react to the pandemic, rapidly innovate services to adapt, focus on reducing harm and maintaining services whenever staffing allowed. We would like to personally thank these staff for their outstanding effort and attitude.

4.2 As we progress with our ICS development and transition, we need to ensure we take the lessons we have learnt on innovation and also to ensure our staff have the time and support, to build back up their resilience to be able to tackle what know will be another challenging year ahead.

Appendix A ICS Roadmap

Roadmap to ensure we meet our system development goals

