Cambridgeshire and Peterborough
Integrated Care System

ICS Development Plan – Golden threads: quarterly reporting

Our ICS Development Plan has six themes. We have also identified five golden threads which are important considerations for us in all areas of planning. These golden threads reflect local and national priorities in our local context and challenges and the recent Covid-19 pandemic.

No.	Golden Thread	What are the current drivers?
1	Finance and performance	• We have an historic deficit. As a result of the Covid pandemic, we were unable to deliver our transformation programme. We need to deliver a 3.5% reduction in our H1 envelope in H2 (circa £30M). We are expecting a bigger efficiency ask over the next 2 years (5%-6% per annum). • Financial sustainability will only be achieved through delivery of the system transformation priorities at pace.
2	Clinical, care & professional leadership*	• Leadership from clinicians, carers and professionals in areas such as public health will need to provide input to all planning • Good engagement will be critical to this, as will ensuring that colleagues have the capacity to effectively engage in the development of the ICS plans
3	Health inequalities*	• There are significant disparities in health outcomes between the North and the South of our system which necessitates system level working to address • Covid-19 has further highlighted the need to address inequalities in our health system
4	Workforce	• The Covid-19 pandemic has reconfirmed the value of our system workforce and has demonstrated what can be achieved through collaboration at a system level • We recognise that overcoming the challenges of recovery and transition to ICS will require continued system working to support, retain and grow our workforce
5	Population Health Management*	• In order to take action on health inequalities and design integrated care models that meet the needs of our population, we need to have a clear understanding of our population and their health

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1: Finance and Performance	System Lead(s): Louis Kamfer
Quarter 1 update:	The ICS is forecasting to hit the breakeven position at H1; this reflects the reporting templates based on the 06 May initial H1 plan. Subsequently, all systems were required to resubmit on 03 June a revised position; for C&P, this is a projected surplus of £3.5m. Reporting based on the resubmitted plan will commence with M3 reporting. The revised H1 position (reporting from Month 3) of £3.5m is based on the net System assumption of generation of c£20m Elective Recovery Fund (ERF) income linked to expected over-performance during H1 of 21/22. With the increase in target to 95% from Q2, we anticipate that delivery of further ERF in Q2 will be very challenging. The ICS NHS financial position is under review by the NHSEI National team, and we are working alongside the Regional Team to revisit our movement since 19/20 and the impact of the covid pandemic on our cost base. In H1, the system plan identified c1% of efficiencies (£17m); at Month 2, we remain confident that these will be achieved. There will be an increased requirement to deliver recurrent efficiencies in H2 of 21/22, estimated to be c3.5%.
Quarter 2 plans:	Following a briefing held by the NHSE National Team on 09 July, some of the emerging planning requirements for H2 have been shared with the system but are subject to ongoing discussions with Treasury. A draft H2 planning timeline has been issued as follows:

Key events	Possible timings
H2 2021/22 settlement confirmed	Sep 21
H2 planning	Sep – Nov 21
22/23 preparatory work: • Review NHS block payments and system top-up baselines	By Nov 21

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<table>
<tr><td></td><td><table>
<tr><td>Spending review outcome</td><td>Dec 21</td></tr>
<tr><td>22/23 planning</td><td>Jan – Mar 21</td></tr>
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<tr><td>Key risks:</td><td>The forecast at Month 2 is that the ICS H1 financial plan can be delivered, however there remain a number of risks in relation to delivery of H1 and preparation for H2 and beyond as set out below:
The target for Q2 ERF has been increased from 85% to 95% and early modelling suggests this puts achievement of ERF during Q2 at risk. In addition, we are seeing an increase in NEL demand, putting recovery at risk.
Delivery of efficiencies within the H1 plan will be key to supporting delivery of the increased ask for H2; planning assumption is 3.5% subject to national guidance
There is increased scrutiny on the underlying financial position for C&P ICS as the financial framework begins to move towards the pre-covid process and allocations; the ability of the ICS to deliver the transformation priorities is critical to underpinning the medium-term financial recovery
Funding for the Hospital Discharge Programme has only been assumed for H1; if there is no funding available for H2, capacity will have to be withdrawn or additional efficiency delivered to continue funding.</td></tr>
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2: Clinical, care and professional leadership **Note: This update should be cross referenced with sections 3 & 5**	System Lead(s): Alex Gimson Fiona Head Carol Anderson
Quarter 1 update:	1: Strengthen clinical leadership model and revise clinical group membership and function by Q1 2021/22: • Facilitated meetings between Clinicians and Mike Farrar (ex-NHS Confederation); discussing collaborative behaviours, accountability/oversight roles and representation structures. • Further meeting held July 21st. • Report on value for money of clinical leadership and model consistent with SOAG proposals and national guidance being drafted. Will be discussed at further meeting early August . Recommendation will then go to ICS. 2: Refresh the clinical strategy to ensure it maximises the unique assets C&P ICS has at its disposal, including the Cambridge Biomedical Campus - Q1 2021/22: • Clinical Strategies are being reviewed in line with 4 of the 5 Golden Threads within the ICS Development Plan; Clinical Leadership, Health Inequalities, Workforce and Population Health Management. • Draft CVD strategy presented and discussed twice at JCG; 14 recommendations accepted with modifications. ➢ Primary CVD prevention (including hypertension) management ➢ Community Heart Failure coordination ➢ Joint consultant posts ➢ Impacts on PHM (overall Health Outcomes) positive and Health Inequalities (HI Impact Assessment) being completed • Respiratory Medicine Community meetings (x2 June July 2021) have started and priorities in development • Diabetes and Obesity; consideration of joint workforce between Diabetes, CVD and Respiratory Medicine. Health Impact Team (HIT Squad) in target high prevalence PCN/IN. • ICS-Academic and Life Sciences Forum to provide a community of Life Science and academic experts from across the Biomedical Campus and surrounding Life Sciences sector for the ICS to draw on • To support local evidence-based decision-making on health and care issues ➢ To identify opportunities to embed innovative methods technologies and approaches into local systems drawing on routine health and care data

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	➢ To identify early opportunities for local Life Science enterprises seeking implementation of technologies for evaluation and opportunities for joint research addressing local system needs ➢ To enable the findings of research to be rapidly adopted within the local health and care system ➢ To help the ICS promote its ability to evaluate changes and variation in local policies and practices and generate evidence of impact on local health and inequalities. ➢ Congruent links to NIHR ARC Population Health Evidence and Data Science, CUHP, EAHSN, Clinical Academic Reserve
Quarter 2 plans:	• Establishing an ICS Chief Pharmacist role (reporting to the ICS Medical Director) to lead an ICS transformation plan for pharmacy and medicines optimisation is scheduled within the Development Plan for Q2 2021/22 • Clinical & Professional Leadership Report proposed for end-August consistent with SOAG proposals and national guidance • Development of the Clinical Strategy as set out above
Key risks:	• Clinical workload issues across all sectors, primary, community and secondary care, are at historically high levels and seriously risk inhibiting proposed transformational change within the ICS • Changes in CCG capacity as a result of ongoing covid response and uncertainty in future roles for senior staff.

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3: Health inequalities	System Lead(s): Caroline Walker Fiona Head
Note: This update should be cross referenced with sections 2 & 5	
Quarter 1 update:	• Recruitment of a new Health Inequalities team consisting of 3 WTE (2 in post, 1 starting end of July 2021). • Established a system-wide Health Inequalities Board, with distributed leadership chaired by Caroline Walker (CEO, NWAFT) and with Non-Executive Director support from Julie Spence (Chair, CPFT). • Creation of a new Health Inequalities Operational Group, with named clinical and operational representatives from system providers, and wider system representation from C&P's Local Authority Think Community Team, Healthwatch and Public Health. • Ongoing support of the mass vaccination programme to increase vaccine confidence and uptake amongst ethnic minority groups, disadvantaged groups, and inclusion health groups. • Development of a system-wide Health Inequalities action plan distilled from the Cambridgeshire and Peterborough Health Inequalities Strategy, relevant actions in the LTP, and NHSE/I's five priority actions for 2021/22. • Improvements made in ethnicity data capture across the system, primarily driven by the mass vaccination programme: - Between 05/04/21 and 14/06/21, the proportion of patients with a known ethnic category in GDPPR and HES datasets increased from 86.1% to 88.6%, equating to approximately 24,000 additional patients having an ethnicity category recorded. • Established and embedded a new process within the C&PCCG for the completion of Health Inequality Impact Assessments with wider roll-out planned across the system in Q2. Summarise what activity has taken place during the previous quarter
Quarter 2 plans:	• Expansion of the Health Inequalities team with the recruitment of a new Outcomes Project Improvement Manager with responsibility for the delivery of key projects aimed at addressing health inequalities (e.g., Treating Tobacco Dependence programme, mitigating against digital exclusion) • Expansion of the already established Sentinel Indicators to incorporate ethnicity and deprivation to monitor health inequalities at place and system level. • Further increase ethnicity data capture across Primary and Secondary Care (duration 6 months) through HI Operational Group. • Health Equity Partnership (HEP) Programme continuation to mitigate against digital exclusion in most deprived PCNs of the system. • Development of system-wide Health Inequality communication plan. • Refresh 2020 workforce data to help identify continued existence of inequalities in workforce distribution between North and South of the system. • Analysis of waiting list data against 2019/20 baseline by ethnicity, deprivation and protected characteristics for each provider and as a system.

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Key risks:	• The HI Team is in its infancy – 1 x WTE post still to commence. • Additional resource requirement to support Phase 3 of vaccination programme – prioritisation of existing workload to focus on key deliverables in 2021/22. • Differences between the North and South of the ICS in terms of the health inequalities that exist and the operational delivery requirements to tackle them – close partnership working. • Lack of resource to deliver key projects designed to tackle health inequalities – agreement secured to create a new Outcomes Project Improvement Manager role within the HI Team. • There is a wide non NHS Health Inequalities agenda not reflected in our plans or "golden threads" that sit within the DPH leadership area. Further work is needed to align this with the work set out in this update.

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4: Workforce	System Lead(s): Stephen Legood Louise Mitchell
Quarter 1 update:	• The System Workforce Improvement Plan has moved to Phase 3 – 'Recommendations for Action' These were presented and approved at the end of June to the Local people Board. • The July Local People Board is due to receive a first copy of a reformed workforce data business intelligence report (for partners that have signed up to the Data Sharing Agreement). This is a 'work in progress' and will evolve to include all system partners including Third Sector colleagues who are working in partnership with us to determine how we together capture a system picture of workforce beyond NHS • Proactive positive engagement with our third sector and LA colleagues is underway to ensure we develop a system Workforce report for LPB going forwards. • Agreement with TU representatives to co-host an engagement event in September dedicated to appraising TU leads on the form and function of our ICS and exploring their role in working in partnership with us. • Launch of 'Its all coming together' system partner website – focusing on system work, career opportunities and apprentice opportunities across C&P • Joint working with Region colleagues to progress with preparing for Launch of a Retention programme for C&P. Governance for the above work falls within the existing System Workforce Local People Board and sub-group infrastructure which includes • Health Safety and Wellbeing Forum • Supply Information and Planning Forum • Learning and OD Forum • ED &I Forum
Quarter 2 plans:	• A Gap analysis and Framework to action aligning to the SWIM recommendations are both in train and this work will continue throughout the month of August with feedback returning to the LPB at the end of August. • Launch of system 'Retention Programme' will take place at the beginning of Q2 and align with the Regions 30/60/90 day plan associated with retention strategy. This will continue to be overseen by both the Local People Board and the Supply Information and Planning (SIP) forum that sits under the LPB

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	• Review and recommendations to be shaped for system leader and Local People Board consideration in regard to the resourcing of a system wide workforce team that aligns to ICS and People Plan accountable areas of delivery for workforce. • ICS and Trade Union partnership engagement workshop scheduled to take place 15th September 2021
Key risks:	Risks are captured within the System Leaders report (submitted for July) and in the Development Plan report submitted – no additional risks identified for escalation at this point in time.

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5: Population health management	System Lead(s): Sue Graham
Note: This update should be cross referenced with sections 2 & 3	
Quarter 1 update:	**National Population Health Management Wave 3 Development Programme** • Meetings commenced with Optum as part of the National Wave 3 PHM Development Programme. Two meetings per week, one focusing on project delivery and on focused on Data and Information Governance. • Stakeholder engagement also conducted with Local Authority, Ambulance, Police, Public Health, Acutes, and Community Providers. • The Wave 3 Programme was discussed at the Health Inequalities Board with the group recommending that the North Alliance be the focus of phase 1 of the work (1 Place and 3 or 4 PCNs). • System leaders agreed the Health Inequalities Board recommendation that phase 1 of the programme will work with the North of our system. This won't stop us sharing learning with all parts of the system from day 1 via the Health Analytics Community, Alliances, System Leaders and Partnership Boards. We have at least one PCN in the South ICP involved and opportunities for 'buddies' to attend action learning sets. **Cambridgeshire & Peterborough Shared Care Record** • Work is also continuing on the Cambridgeshire & Peterborough Shared Care Record which will include a PHM module. This is one of the key interdependencies as the Wave 3 PHM work will help define the requirements for the Shared Care Record PHM module. This will help move PHM from a retrospective data activity into a proactive clinical support tool.
Quarter 2 plans:	**National Population Health Management Wave 3 Development Programme** • Finalise the list of PCNs working on the project (currently 3 out of 4 confirmed). • Complete and submit various IG documents including the Data Protection Impact Assessment and Data Access Request Service. This is to ensure that data sharing occurs in line CCG and National requirements. • Once that is complete, we can begin to bring the datasets together in an IG compliant environment. This will then allow Optum to produce the analytics to support the Place and PCNs in their work. • Quarter 2 will also see wider discussions with the Place and PCNs around attendance at the Action Learning Sets that are planned. • The above actions once complete will allow us to commence the Action Learning Sets in Q3 of 2021/22.
Key risks:	• Resource to continue the programme at pace. Currently 0.5wte Project Manager and 0.25 WTE Associate Director.

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	• Operational pressures across the system will impact the programme. It is designed to support front line staff in delivering change, but that requires their time and engagement.