

System Partnership Board Report

Meeting	System Partnership Board Meeting in Public		
Date of Meeting	Wednesday 17 November 2021		
Agenda item:	2.1		
Title:	Joint Accountable Officer Update for System Partnership Board		
Lead:	Jan Thomas and Roland Sinker, Joint Accountable Officers		
Author:	Jill Hall, Interim Head 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 matters in relation to our transition to an Integrated Care System (ICS).</p> <p>It also provides a brief update on other matters for the System Partnership Board's (Board) attention.</p>			
Recommendation			
The Board is asked to note the Joint Accountable Officer Update.			

1. Covid 19 Response and Mass Vaccination Programme

We continue to maintain robust arrangements to respond to the ongoing COVID-19 Pandemic and delivery of the Mass Vaccination Programme, which continues to be managed as a Level 3 Incident (Regional Co-ordination). We are maintaining our Incident Co-ordination Centre functions which are manned from 8.00 am to 6.00 pm seven days a week.

We are continuing to oversee delivery of the Mass Vaccination Programme. During Phase 1 and Phase 2 of the Programme, 78.6% of our population have received their first dose, with 74% having also received their second dose at the time of writing this report.

The booster campaign commenced in Cambridgeshire and Peterborough on 17 September 2021. We are currently seeing 82% uptake for those called for a booster. Boosters are being administered across a mixed delivery model - Vaccination Centres, Primary Care, Pharmacies and Hospital sites. Hospital hubs are vaccinating own staff and co-admin with flu. Boosters are also being delivered in Care Homes.

2. System Performance

2.1.1 As we have reported to the Board previously, demand for services – emergency, elective and non-elective, alongside primary care, community and mental health services and NHS 111 remains extremely high across Cambridgeshire and Peterborough, and nationally. Measures to address this continue to be discussed in detail at the CCG's Integrated Performance and Assurance Committee and within the wider ICS. It is clear that we need to continue to deliver significant actions on admission avoidance and supporting workload in all areas.

2.1.3 We continue to focus on initiatives to address the sustained and significant demand across the system which continues to impact on 111 and Emergency Departments. This is currently being led jointly by Place and the CCG's Operations Team as we progress the transition work to an ICS. A verbal update will be provided at the meeting given the fast-pace and evolving nature of such operational matters.

2.1.4 Operational Teams across our system partners are continuing to build on the initial "mutual aid" work which will see the system starting to address the waiting lists of patients who have now had their treatment delayed by the COVID-19 Pandemic.

3. Finance

3.2.2 As a system, we continue to work with NHSE/I to complete and get agreement on the system's medium term financial plan. As previously noted, representatives from across the system met with the NHSE Chief Finance Officer on Tuesday 20 July

2021 to discuss the overall system deficit, and how this related to the medium-term plan and the immediate H2 (October 21 to March 22) plan. Work on both the H2 plan and the longer term is continuing and there was a follow up meeting with the NHSE Chief Finance Officer and wider team on 9 November 2021. A verbal update will be given to the Board on the outcome of this meeting.

4. System Oversight and Assurance Group

- 4.1 As previously reported we were formally advised that the system is deemed to be at System Oversight Framework (SOF) Four. This is due to our financial position, and there is a need for the system to clearly define our approach to moving from this position by the end of March 2023. To this end, we have been put into the Recovery Support Programme
- 4.3 As the Board is aware, the System Oversight and Assurance Group (SOAG) has been established to provide an integrated approach to the principles of the NHSE/I System Oversight and Assurance Framework and will provide a key element of the leadership and governance arrangements for the ICS going forward and fulfil some of the regulatory roles presently undertaken by NHSEI East of England (EoE) regional team.
- 4.4 The Group held its second meeting, Chaired by Adam Cayley, Director of Performance and Recovery NHSE/I East of England regional team, on 29 September 2021. An update on the outcomes of the meeting was presented to the Board in October. The Group will meet again on 30 November 2021, with the outcomes reported to the Board at its meeting in December.

5. ICS Development

5.1 Leadership

- 5.1.1 As the Board is aware, the Chair Designate for the Integrated Care Board (ICB) has been announced. We welcome John O'Brien who brings a wealth of experience in both the public and private sector. John will officially take up his post as Chair of the ICB formally from April 2022.
- 5.1.2 The Chief Executive Officer interviews took place on the 25 October. The preferred candidate is due to be announced later this month, following regional approval. There will be further communication to the system regarding the outcome of these interviews.

5.2 Governance

- 5.2.1 We are continuing to work through the detail of the guidance related to ICS functions and governance and have scoped out via a governance diagnostic what we need to develop and by when, to ensure that we meet the milestones set out in

the latest ICS Established Timeline and are able to operate as an ICS from 1 April 2022.

- 5.2.2 A key element of our work is focussed on the development of the ICB constitution. The first phase of our wider engagement on the constitution, focussing on the Board size and composition, commenced on 15 October 2021 and has continued throughout November. Our engagement approach in this first phase is based on significant amounts of one-to-one conversations with senior leaders from a range of organisations across our area to ensure that we thoroughly understand their feedback. Stakeholders have included local authorities, NHS partners, voluntary sector representatives, Healthwatch and Unions. Initial feedback to date has been supportive of both the direction of travel for our ICS and how this is reflected in our proposed Board composition. Following stakeholder feedback, there is one change to the draft composition, namely, to increase the number of regular participants to include the Specialised Commissioning ABU and the Director of Public Health. There is no change to the core members. We remain on track with this work and expect to meet the regional deadline of 17 November for submitting our ICB composition for review.
- 5.2.2 The Constitution Task and Finish Group has continued to meet to consider all other aspects relating to the development of the constitution, with its most recent meeting being held on 19 October. The draft constitution has been revised in light of the Group's comments, including in relation to the nomination and selection process for Partner Members. The draft is also being refined in light of the recently published model terms of reference for the Board's two statutory committees - the Audit Committee and Remuneration Committee. We have started discussions on the detail of the constitution with the Chair Designate as we will need to ensure that all designate Board members are supportive of its terms, in due course. We are also engaging with the system Governance Group on these documents to ensure we gather a wide range of feedback as we work through the detail.
- 5.2.3 The second phase of our wider engagement will shortly commence, and a supporting plan has been developed. This includes plans for wider engagement via a letter to MPs and a dedicated web page to gather feedback. To expand our reach, we have set up a short, open questionnaire on our website to gather views on our proposed approach, providing the opportunity for an even wider range of partners to input their views and thoughts. This is due to go live once the letter has been circulated. Phase two of our engagement activity will close on 30 November in preparation for submission of the Draft Constitution to NHSEI on 3 December.
- 5.2.4 We have also begun to develop other key governance documents:
- a) We have now received guidance on the development of the ICB **Scheme of Reservation and Delegation (SoRD)**. This will set out the full detail on which functions will be exercised where, and through what governance arrangements, including delegations to another body e.g. to a local authority via a section 75 partnership arrangement or to a trust via a delegation agreement made under the new powers in the Bill.

- b) The **functions and decisions map** complements the SoRD and is a high-level summary setting out the governance arrangements that support collective accountability between partner organisations for whole-system delivery and performance. The purpose of the Functions and Decisions Map is to ensure that all partners fully understand their responsibilities and to facilitate transparent decision-making and foster the culture and behaviours that enable system working.
- c) The **System Oversight Framework MoU** is a requirement of the Readiness to Operate Statement. It has been signed off by the system for 2021/2022 and submitted to the region. This will form the basis for the 2022/2023 MoU.
- d) In parallel we are continuing to work on the development of an **ICS Partners MoU**, which is being taken forward in close collaboration with the ICS Governance Leads.

5.2.5 System Partners have now also received a draft paper outlining the Most Capable Provider process (MCP) that will support the transition to our ICS future Infrastructure. Given the potential for the delegation of important functions and significant spend to providers and provider collaborations a more complex set of arrangements is therefore necessary, and it is important that decisions are co-produced with providers and their partners. This work also informs the development of the SoRD but given the timescales related to the MCP process it is acknowledged that the ideal delegation arrangement may not be the most immediately suitable and that the SoRD will evolve over time until the full delegation arrangements can be confidently realised. We are seeking feedback from system partners on the proposed MCP process so that we can build this into its development.

5.2.6 The Chair Designate has also been closely involved in the plans for the appointment of the non-executive members of the Board. The latest expectation of the national timescale for both appointment of the non-executive and executive members of the Board is that the appointment process will now complete in January 2022, and not December 2021.

5.3 Developing the Integrated Care Partnership

- 5.3.1 We are continuing to liaise with our statutory partners to progress the creation of an ICP and its underpinning governance arrangements in preparation for legislation. ICP membership options are being developed and engagement with stakeholders is taking place.
- 5.3.2 Following a system workshop in early October, we have agreed the alignment of the ICP with the Health and Wellbeing Board (HWBB) with underpinning principles to work closely together to ensure an integrated approach that also meets the respective statutory requirements.

5.3.3 We will progress this work over the next few months to draw together the draft governance arrangements and seek to hold the first aligned meeting of the ICP and HWBB in January 2022.

5.4 Quarter 2 Reporting

5.4.1 We have had meetings with regional colleagues to review our Readiness to Operate (ROS) checklist, Transition Plan and Development Plan in November. Feedback was positive for all areas, and we are on track with no significant areas of issue or delay. Following regional feedback, further work is underway on our Transition Plan. We are awaiting the detailed feedback from regional colleagues (expected by the end of November), following which we will update the Development Plan accordingly. As always, we thank system colleagues for their support with this work.

5.4.2 Communication and Engagement

5.5.1 During October we held initial staff and stakeholder workshops to help inform the new structure of our ICS website. Key themes that were identified from workshops included:

- It must be patient and people focussed: Clearly signposting the user to the right information for their needs.
- Togetherness: It needs to showcase all our partner organisations and demonstrate how we are working together across the system
- Simplification and improved user journeys: We must provide a journey to the user that's accessible to all and inclusive, free from jargon – using simple and clear language.

The next steps in progressing the development of the ICS website are to:

- Review website specification document and initial website structure / wireframes
- First group of attendees to take part in the CMS training workshop
- Determine accessibility best practice and establish internal process

6. Other Issues

6.1 Enhanced Response Area status

6.1.1 We have become an Enhanced Response Area (ERA) with effect from Monday 1 November due to the high rates of Covid-19. As part of ERA status the area will enter into further discussions with the DfE about additional measures it can use in schools. In the meantime, the ERA status allows us to push for additional support to:

- Accelerate and target 12-15 vaccination roll out to key areas and schools where infections are highest
- Accelerate booster vaccinations for eligible groups who have had their second vaccination more than six months ago
- Increase vaccination rate in areas with the lowest uptake