

Cambridgeshire and Peterborough
Integrated Care System

System Partnership Board Report

Meeting	System Partnership Board Meeting in Public		
Date of Meeting	Wednesday 19 May 2021		
Agenda item:	3.1		
Title:	Joint Accountable Officer Update for System Partnership Board		
Lead:	Jan Thomas and Roland Sinker, Joint Accountable Officers		
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 our 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 Accountable Officer Update.</p> <p>The Board is asked to comment on the ICS Governance principles described in Section 3.1.1.</p>			

1. Covid 19 Response

- 1.1 We continue to maintain robust arrangements to respond to the ongoing COVID-19 Pandemic and delivery of the Mass Vaccination Programme which has now been de-escalated to a Level 3 Incident (Regional Co-ordination). Whilst the frequency of some of our command control and co-ordination structures have stepped down, the Local Resilience Forum's Strategic Co-ordination Group and Tactical Co-ordination Group continues to meet. We are also required to maintain our Incident Co-ordination Centre function which is manned from 8.00 am to 6.00 pm seven days a week.
- 1.2 At the time of writing this report, we remain on track with the delivery of the Mass Vaccination Programme, with 56.1% of the Cambridgeshire and Peterborough population having received their first dose and 27.8% now receiving their second dose.

2. System Performance

- 2.1 Scrutiny of system performance currently sits with the CCG Governing Body and its relevant sub-Committees. From latest Integrated Performance Report report, there are a number of areas to bring to the System Partnership Board's attention:

- 2ww e-Referral activity has increased by 1% in the latest week (962 to 971) activity is now in line with the activity levels seen in October 2020;
- Cambridge University Hospitals NHS Foundation Trust (CUHFT) and North West Anglia NHS Foundation Trust (NWAngliaFT) are working together on a joint Patient Treatment List (PTL) to address the significant increase in patients on 31-day waiting lists;
- 2ww: CUHFT met the 2 weeks wait standard in February and NWAngliaFT is working hard to meet this standard;
- Cancer standards: There are challenges for both Trusts in relation to the 31-day and 62-day cancer standards;
- Diagnostics: 47.3% of patients are waiting greater than 6 weeks in the latest data;
- A&E: This continues to be a significant area of concern. Improvement Plans are being overseen by the System-wide A&E Delivery Board.

- 2.2 We are working across the system to improve the performance in these key areas, and our draft Operational Plan for 2021-22 sets this out in more detail.

3. Operational Plan 2021/2022

- 3.1 As the Partnership Board is aware, we are working to the national time frame in relation to the development of the system-wide Operational Plan for 2021/22.

- 3.2 The system-wide plan covers the key operational priorities set by NHS England and NHS Improvement (NHSE/I) for 2021/22 which are:

- A. Supporting the health and wellbeing of staff and taking action on recruitment and retention

- B. Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19;
- C. Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services;
- D. Expanding primary care capacity to improve access, local health outcomes and address health inequalities;
- E. Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay: and
- F. Working collaboratively across systems to deliver on these priorities.

3.3 The draft Operational Plan was signed off by our Cambridgeshire and Peterborough System Leaders Group on 1 May 2021 and submitted to NHSE/I to meet their deadline of 6 May 2021. The submission includes the system finance plan, mental health finance plan, draft activity, workforce (primary and secondary care) and mental health workforce numerical information alongside the draft narrative plan submission.

3.4 All system partners have been asked to take the draft submissions through their internal governance processes before approval of the final plan. We are also awaiting formal feedback from NHSE/I on our draft submission. Work will take place over the next period to refine the Plan based on feedback from our system partners, and from NHSE/I. Key to our success will be in ensuring that there are granular plans at an operational level to secure our strong position and taking a collective and integrated approach to delivering these, with clear timescales and key performance indicators.

3.5 The current system focus has been on finalising our Recovery Plans and trajectories to meet the requirement of the NHS planning cycle. Of note:

- We are making progress on developing an active PTL to build on the current combined lists currently shared between our system partners. The specialities we are currently developing are Endoscopy, Ophthalmology and Trauma and Orthopaedics.
- We are working together on diagnostic capacity and recovery and looking at how best to use all available space on all available scanners. Workforce remains a significant issue and this will link into the work on Community Diagnostic hubs.
- The Urgent and Emergency Care collaborative is working well, and the plans for the movement of the Peterborough Urgent Treatment Centre onto the Peterborough City Hospital site are progressing.
- The re-opening of the Cambridge Eye Unit relatively early on coming out of Wave 2 of the pandemic has meant the system has been able to offer P2 Ophthalmology from the North.

- 3.5 The final Plan needs to be submitted to NHSE/I East of England Regional Team on 3 June 2021.

3. Development Plan

A separate paper to the Partnership Board sets out the progress report on the Development Plan and associated risks. Other updates are provided below.

3.1 Governance Principles

- 3.1.1 As we progress towards our transition to an Integrated Care System, we are in the process of developing governance principles to guide our work. These draft principles are set out below:

C&P ICS Governance

1. Is population-focused and supports decision-making as close to communities as possible, except where there are clear and agreed benefits to working at scale;
2. Is based on a shared understanding between partners on the challenges we will collectively address;
3. Exists to facilitate the delivery of our agreed system objectives;
4. Enables us to make a collective decision on behalf of all partner organisations;
5. Is streamlined and reduces duplication across the system;
6. Is explicit about which forums are for decisions and which are for participation and engagement via a system-wide 'functions and decision map';
7. Uses shared, accurate and complete data in an open and transparent manner to inform decision-making;
8. Is based on the principles of co-design and co-production, so that those affected by the decision are included and informed;
9. Is clear, transparent and accountable;
10. Is iterative and will develop in line with the ICS's development and maturity.

- 3.1.2 These principles will align to the establishment of a robust governance architecture to support delivery of system transformation to our Integrated Care System. These have been shared with system colleagues during April for their feedback and consideration. Ahead of formal sign off, the Board is also asked to review and comment on these principles.

3.2 Leadership

- 3.2.1 As we progress through our Development Plan and our transition to an ICS, there are a number of clear milestones that we need to progress. Key to this will be to determine our leadership structure and clinical leadership arrangements. We need to continue to progress these discussions at pace to enable us to bring back a formal proposal to a future Board meeting.

3.3 Place and Provider Collaboratives

- 3.3.1 Discussions are continuing at our System Leadership Group to define our approach to place and localities. Work is underway with system colleagues and we anticipate we should be able to share feedback on this at our next meeting. At the conclusion of these discussions, we will need to move quickly to undertake engagement with all our partners and determine key priorities which will align to our overall system strategy. We will continue to keep the Board updated on progress.
- 3.3.2 Good progress is being made on the development of our provider collaboratives and papers is being shared with System Leaders on the proposals for the Children and Young People Collaborative and the Mental Health and Learning Disabilities Collaborative on the next steps in their development. Progress updates have also been shared on the other Provider Collaboratives (Urgent and Emergency Care, Acute and Specialist Services).

4. National Developments

4.1 System Oversight Framework

- 4.1.1 In 2021/22, the NHS will continue to manage the impact of COVID-19 and provide the full range of non-COVID services within an evolving local, regional and national context. The new NHS System Oversight Framework will:
 - a. provide clarity to integrated care systems (ICSs), providers and commissioners on how NHS England and NHS Improvement will monitor performance; set expectations on working together to maintain and improve the quality of care; and describe how identified support needs to improve standards and outcomes will be co-ordinated and delivered;
 - b. be used by NHS England and NHS Improvement's regional teams to guide oversight of ICSs at system, place-based and organisation level as well as decisions about the level and nature of delivery support they may require; and
 - c. describe how NHS England and NHS Improvement will work with the Care Quality Commission (CQC) and other partners at national, regional and local levels to ensure our activities are aligned.
- 4.1.2 The new Framework introduces a new support programme to replace the 'special measures' regime. To provide an overview of the level and nature of support required across systems, inform oversight arrangements and target support capacity as effectively as possible, we propose that NHS England and NHS Improvement regional teams will allocate ICSs, Trusts and CCGs to one of four 'segments'.
- 4.1.3 The approach to oversight will be characterised by the following key principles:
 - a. working with and through ICSs, wherever possible, to tackle problems;
 - b. a greater emphasis on system performance and quality of care outcomes, alongside the contributions of individual healthcare providers and commissioners to system goals;
 - c. matching accountability for results with improvement support, as appropriate
 - d. greater autonomy for ICSs and organisations with evidence of collective working and a track record of successful delivery of NHS priorities, including

tackling inequality, health outcomes and access; and
e. compassionate leadership behaviours, that underpin all oversight interactions.

- 4.1.4 We are working with system leaders and with our Regulators to understand the implications for the Cambridgeshire and Peterborough system. We will keep the Board updated on progress.