NHS
Leadership Academy

East of England

Case Study:

Cambridgeshire & Peterborough Integrated Care System - Systems OD

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Introduction

This case study reflects the organisational development journey within Cambridgeshire & Peterborough Integrated Care System that is enabling the safe and effective delegation of ICB functions to Place and Collaborative Partnerships within the Integrated Care System.

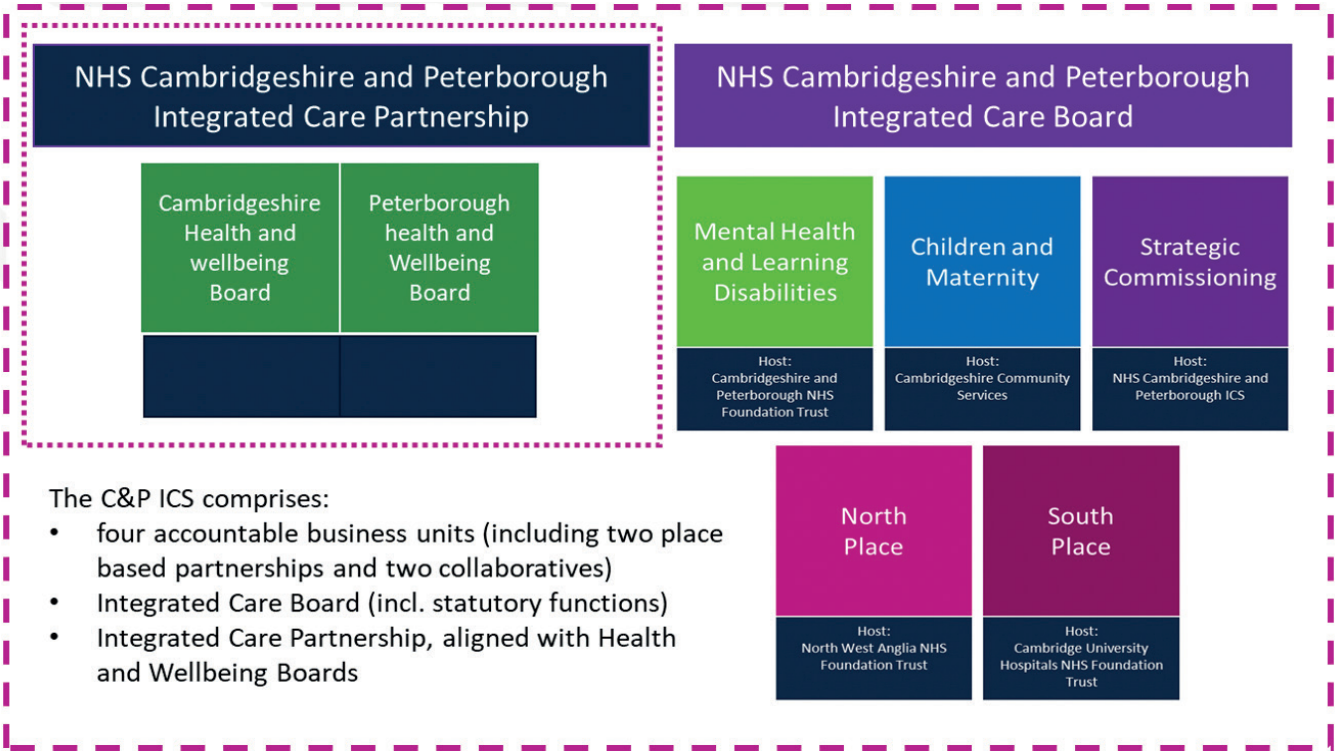
It highlights the work undertaken to develop a systematic and rigorous approach which enables the ICB and these partnerships to deliver substantial functions and services as close as possible to the communities, whilst assuring the capacity and capability to hold clinical and financial risk.

Implications for transformative new ways of working and collaborative systems leadership development are explored and sustained commitment to working differently together captured within a formal Memorandum of Understanding between ICS partner organisations and leaders.

Background

In November 2021, Cambridgeshire & Peterborough Integrated Care System (C&P ICS) were developing a Most Capable Provider (MCP) Framework for the Integrated Care Board (ICB) to utilise to assure safe and effective delegation of functions to Accountable Business Units (ABU). In turn the ABUs will be able to use the process to help guide their development and due diligence processes.

These ABUs are constituted by Place, Provider Collaborative and Strategic Commissioning functions within the ICS.



It was envisioned that the ICB will work with each ABU to co-develop a clear set of expectations and outcomes to support the high-level ICS infrastructure, as set out below.

- **North & South Partnerships** - works across health, local authority, voluntary sector, and the wider community. They take collective responsibility for improving the health and wellbeing of residents within the two places.

- **MH/LD and autism collaborative** will ensure that Mental Health and Learning Disabilities feature throughout the ICS by making mental health everybody's business. It will improve the experience of service users and their carers by promoting shared decision making and personalised care to ensure better mental and physical health outcomes

- **Childrens and Maternity collaborative's** aim is to develop a collective system-wide vision for children, young people and maternity services. Its overarching priority is to tackle health inequalities, promote choice and personalisation and to keep children safe.

- **Strategic commissioning** is proactively working to improve people's health and wellbeing with a focus on preventing ill health, prolonging life expectancy and promoting healthy behaviours by focusing on population health, citizen-based data, strategic planning and outcomes setting.

The ICB acknowledged there was a need to transform their approach, which involved new ways of working where all partners across the NHS, Local Authorities and VCSE sector work as one team with matrix management and transparency at all levels. A set of Design Principles were developed to complement the overall ICB purpose:

NHS Cambridgeshire & Peterborough (the ICB) will aim to:

1. Commission for outcomes, measured by agreed key performance indicators
2. Provide a strategic vision and framework
3. Delegate responsibility and accountability to the most local level (subsidiarity)
4. Create a conducive environment for building long term relationships across local strategic partners, backed up by contractual agreements which are as simple as possible.
5. Provide as much certainty as possible on long term financial envelopes
6. Address inequalities through levelling up, using capitation growth funding
7. Provide and expect 'open book' on performance and finance
8. Apply the national ICS assurance framework fairly and in an aligned approach with NHSE

To embed these principles and a transformative way of working C&P ICS embarked on a systems OD approach to developing the ABUs. The following sections describe how our ICS and ABUs have evolved from these original design principles to our current (Spring 2023) state where we are beginning to embed Place and Collaborative Partnerships in our Business as Usual governance, with a focus on delivery of strategic aims.

Approach

The Leadership Academy ICB - ICP Board Development Framework provided a useful intervention to facilitate this systems OD approach. NHS Cambridgeshire & Peterborough ICB commissioned Tricordant as the systems OD provider to work with them to deliver this approach, however, the ICB leadership team were also actively involved in delivery of review and development sessions with wider senior leader stakeholders, such as CEOs and Chairs groups.

An initial diagnostic phase, including 121 interviews with ABU leaders, collective feedback and output sessions and a review of the evolving Framework demonstrated that ABU leadership development needs existed for:

- Gaining greater understanding of the delegation process and how it works.
- Exploring where it sits in the system infrastructure, how it is led locally (and links regionally).
- Identifying how ABUs will be governed. Who its key stakeholders are. How its members work together.
- Establishing what the ABU priorities are for the short-medium term.
- Agreeing broad principles of working together and what resources are needed.

A series of development sessions then focused upon:

1. Recap on the vision and role of ABUs within the system	a) Is there anything further to add since previous discussion and output? b) Have these elements changed or evolved?
2. ABU priorities for 2023-24 and resourcing	a) How well do these priorities align with the overall system and ambition? b) Are there gaps or areas of ambiguity? c) What should be the system approach to providing resources and enablers? d) What are the principles that underpin this? e) How does this link to our system resource and capability model? f) What process do we need to decide this and what are the next steps? g) What is the role of the strategic commissioning unit in supporting ABU development and delivery?
3. Mandate and delegation	a) What do we mean by delegation? b) What does the ICB intend to delegate? c) What criteria must be met for delegation to take place? d) How should ABUs and system leaders develop a mandate for the role of the ABUs within the system?
4. Collaboration model	a) What is the intended collaboration model for ABUs? b) Discuss the implications of this.
5. ABU Programme next steps	a) Is there any feedback on this programme?

Approach continued

Attention was also given to principles for ways of working collectively across the ICB and ABUs:

- Shifting our mindset - moving away from being organisationally focused (with an historical culture of competition between providers), towards doing what is best for the local population.
- Being open and resolving conflict.
- Developing shared ownership to find collaborative solutions to system wide problems.
- Coming together as groups to focus on development in addition to delivery.
- Developing greater understanding, a shared narrative.
- Building trust and describing how we will work together in the future.

In addition resource needs were identified and considered in order to:

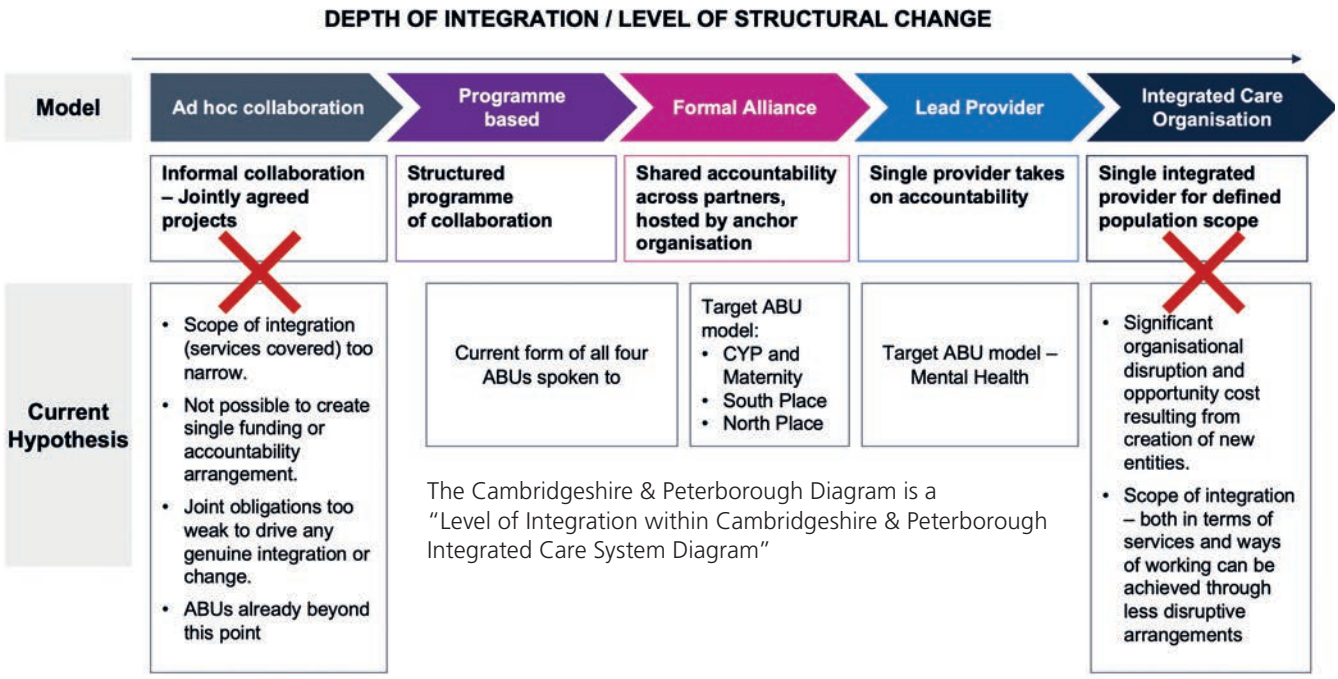
- Commit the resources, human and financial, to the creation and development of our neighbourhood teams. Ensure each neighbourhood has the capacity and capability to implement key initiatives (e.g. multidisciplinary integrated frailty services). To achieve this managerial and clinical/professional leadership must be secured in each integrated neighbourhood team.
- Invest in the organisational development of each part of the system (e.g. ABUs), recognising that these are new and emerging delivery vehicles in our system.
- Carve out transformation resources (e.g. funding for neighbourhood based frailty teams) to enable each ABU to drive service improvement to test its partnership and delivery capability.
- Design and deliver opportunities for staff (in providers, local authorities, VCFS and ICB) to come together and consider the benefits and career potential of operating in these new integrated structures.
- Agree the initial contribution of human and financial resources to the ABUs for 2023/24 from all partners.

Outcomes

Significant energy existed for efforts to secure traction for ABU delegated responsibilities and functions.

Each ABU Managing Director had previously outlined the likely future medium-term model of collaboration term (e.g. by the end of 2024), resulting in ICS plans stating the ambition that each ABU would move towards a lead provider model by the end of 2024.

Session outputs suggested that this had shifted, and that three of four ABUs now considered a formal alliance to be a better structure.



The Cambridgeshire & Peterborough Diagram is a "Level of Integration within Cambridgeshire & Peterborough Integrated Care System Diagram"

Key considerations within this discussion included:

- The MH collaborative was the only one aiming to become a lead provider model. This ABU would still be emphasising principles of collaboration and shared endeavour to bringing together stakeholder organisations to transform the system. However, many providers are third sector organisations, where subcontracting model will ensure administrative practicality.
- For other ABUs, an alliance model was felt to be more conducive to building an active partnership approach, emphasising themes of shared accountability for transformation.
- All four ABUs will be hosted by anchor institutions - with these helping to organise and drive development forward. Where that requires significant additional investment on the part of the anchor organisation, the ICB and ABU partners will need to discuss how that is provided
- While recognising the importance of ABU form in the medium term, ABUs felt the topic would be easier to address once there was greater clarity about ABU priorities and plans and the delegation intentions.

Design principles for ways of working as ABUs were also agreed, with the aim to:

1. Understand and respond to the needs of their patients and populations by using analytics and engagement, including data on social determinants of health, to shape the support provided.
2. Commit to a culture of continuous improvement and innovation to address needs and inequalities in health care quality, use and access across C&P and to maximise our collective resources and drive out inefficiencies.
3. Carefully assess the impact of any changes to service, taking into account stakeholder and public views as appropriate to the scale of change, including an agreed set of impact assessments.
4. Provide strategic and annual plans to deliver on the ICB outcomes and policy priorities.
5. Manage costs within agreed financial envelopes and ensure that the ICS as a whole delivers its financial strategy.
6. Collaborate effectively within and across the ABUs.
7. Engage with a broad range of stakeholders across health, care, voluntary and other key sectors to ensure diversity of thought and decision-making.
8. Maximise the opportunities of digital technology to meet the evolving health needs of our communities, working in partnership with them to shape new solutions.
9. Ensure citizen active participation in the governance, delivery and shaping of services and support.

A formal Memorandum of understanding between the ICB and ABUs was developed that sets out:

- Principles for working together across the ICS;
- How current service transformation and improvement priorities will be led, planned, and delivered across place based partnerships, system collaboratives and C&P-wide teams working within the Integrated Care Board (ICB);
- How this work will be prioritised, resourced and accountability for it managed;
- How the Partnerships will develop their capability, and their experience of working together, in order to take on an increasing range of responsibilities in future; and
- The role of the ICB in supporting the Partnerships to be successful.

The principles for working together across the ICB and ABUs were agreed as:

1. We recognise the relationship between the Partnerships and ICB as one equal partnership of complementary groups, working towards common goals.
2. We subscribe to a model of collaborative leadership where Partnership leaders operate as representatives of the Partnership and the communities they serve, rather than in the interests of their individual organisations.
3. We enable our people to work in collaborative teams, reaching across organisational boundaries and traditional reporting structures.
4. We will hold ourselves and each other accountable for what we commit to.
5. We are ambitious but also recognise that successful change is only delivered where it is properly resourced. We will need to collectively align the right resources to our priorities so that we can deliver what we commit to.
6. We will be working at pace; as a result, our teams will need to have adequate delegation from their respective organisations to facilitate efficient progress.
7. We recognise that system structures are still developing and that we will need to find ways of working with and building these as our system evolves.

Outcomes continued

8. We will work with maximum transparency, sharing evidence, data, and learning wherever possible.
9. We work to enable residents to contribute and co-produce the development of effective services.
10. We will build on what already works - working with existing structures and services rather than re-inventing them.

Learning and Insights

Investment in organisational development for each part of the system, both in terms or resource and dedicated time has been recognised as an essential component to the success of the ICS.

This relates not just to the ABUs within C&P ICS, but also to wider ICS partners. As a result the ICS is also starting to focus on development for the ICB Board, Health and Wellbeing Board and Integrated Care Partnership.

It is critical that this layering of systems OD work concurrently evolving within the ICS is well coordinated and complementary.

Observations and Next Steps

Next Steps for ABU ways of working and delivery include:

- Further develop and agree priorities and delivery plans collaboratively actioned via development of the ICS operational plan and Joint Forward Plan, and reflected in a RACI matrix that covers all the ABUs and the ICB so there is clarity on leadership, purpose, delivery, accountability and ownership.
- Agree ways of working, timescales and plans for priorities that work across ABUs and the ICB, the identification of the areas of risk and agree mitigations and the approach to performance and monitoring.
- Support the transition of the ABU Development Programme to move to 'business as usual' by embedding the Managing Directors of each ABU into the ICB Leadership governance including host, ICB, ICS etc.
- Develop a joint resource plan to support the successful transition and delivery of short, medium and long-term objectives.
- Agree 23/24 delivery plans and outcome measures, which will inform delegation.
- Continue to develop stakeholder and relationship networks to underpin collaborative system working
- Alignment of layered systems OD initiatives within one ICS systems OD plan.

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