Fit for the Future
Working together to keep people well

Report to STP Board: 18 July 2019

Agenda item:	4.1
Title:	Local response to the Long Term Plan
Lead:	Catherine Pollard, Executive Programme Director
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Report purpose *(Please mark one in bold)*

APPROVAL	**DECISION**	ASSURE	INFORM

Link to STP Priorities ***(Please mark all applicable in bold)***

AT HOME IS BEST	**SAFE & EFFECTIVE HOSPITAL CARE, WHEN NEEDED**	**WE'RE ONLY SUSTAINABLE TOGETHER**	**SUPPORTED DELIVERY**

Committees/groups where this has been presented to before *(including date)*

N/A

Purpose of the paper

This paper provides a summary of the following papers published by NHS England in June 2019:

- NHS Long Term Plan Implementation Framework
- Designing Integrated Care Systems (ICSs) in England

It includes a timeline, next steps in terms of developing a local response and areas of interdependency to note including the Cambridgeshire and Peterborough health and wellbeing strategies and medium term financial plan.

STP Board are invited to:

STP Board members are asked to **note** the contents of this update and that we will need to revisit current System priorities in light of the requirements set out for our Long Term plan response (see Annex 1).

STP Board members are asked to **decide** whether the Health and Care Executive (HCE) and the Sustainability and Transformation Partnership (STP) Board are used as the main forums at which draft and final iterations of the system delivery plan and supporting technical material are viewed, discussed and approved.

STP Board members are asked to **note** the areas of potential challenge identified and provide any feedback on the proposed approach to addressing them.

1. INTRODUCTION / BACKGROUND

This paper provides a summary of the following papers published by NHS England (NHSE) in June 2019:

- *NHS Long Term Plan Implementation Framework*
- *Designing Integrated Care Systems (ICSs) in England*

It includes a timeline, next steps in terms of developing a local response and areas of interdependency to note including the Cambridgeshire and Peterborough health and wellbeing strategies and medium term financial plan.

2. BODY OF REPORT

The *NHS Long Term Plan* (the Long Term Plan), published in January 2019, set out a number of ambitions to ensure the NHS is fit for the future and to consolidate the expectation that local partners must continue to work collaboratively, plan together and co-create five-year strategic plans covering the period 2019/20 through to 2023/24.

The *NHS Long Term Plan Implementation Framework* (the Implementation Framework), published in June 2019, underpins the Long Term Plan, focusing on what the NHS needs to deliver from now to 2023/24 and setting out the integrated approach systems should use to create their five-year strategic plans. The Implementation Framework sits alongside NHS England's *Designing Integrated Care Systems (ICSs) in England*, the content of which is discussed below.

NHS Long Term Plan Implementation Framework

Background

The Implementation Framework states that Sustainability and Transformation Partnerships (STPs) and ICSs must submit their initial plans by **27 September 2019** with a final submission to follow by **15 November 2019**. Systems are expected to take an **integrated approach** to strategic and operational planning, bringing together member organisations and wider partners, adopting a common set of principles and leadership behaviours as they develop and deliver plans. Systems must ensure that their plans are **agreed with regional teams** prior to submission and that they align to the following principles:

- Plans must be **clinically-led**.
- They must be developed with the full **engagement of local stakeholders**, ensuring local communities can meaningfully input into their development. Systems should undertake an engagement exercise with the public to explain the benefits of creating the plan.
- Plans must be based on **realistic workforce assumptions matched to activity and financial envelopes**; therefore, careful consideration of the implications of introducing new services is crucial.
- Plans must be **financially balanced**, showing how the commitments in the plans will be delivered within the resources available. Our plan must meet the five financial tests set by the government namely returning our system to financial balance, achieving cash-releasing productivity growth of at least 1.6% per year, reducing growth in demand for care through better integration and prevention, reducing unjustified variation in performance, making better use of capital investment and using existing assets to drive transformation.

Systems must ensure plans **demonstrate how the commitments in the Long Term Plan will be met**, that action is **phased over five years and based on local need**, that allocated funding is used to **reduce local health inequalities** and unwarranted variation and that there is a key focus on **prevention and how to prevent ill health**. For the majority of commitments in the Long Term Plan, systems have the freedom to phase and prioritise their activity across the 5 years. For a smaller number of commitments or 'critical foundations' there are national expectations around pace of delivery.

Across the country STP and ICS plans will be aggregated, brought together with additional national activity and published as part of a national implementation plan by the end of 2019. NHS England will then cross check collective resourcing assumptions against the outcome of the Government's Comprehensive Spending Review.

The Implementation Framework sets out what is expected in system plans to meet the commitments of the Long Term Plan, how much funding is available and how much non-financial support is available. There has been an attempt to have one single process for funding applications so that systems will know what fair share funding they are getting just once rather than having to go through competing processes. This single process will take place over the summer.

Long term plan response: content

Plans require two elements, and these must be submitted at both the September and November milestones:

- System delivery plan: this narrative document must set out what the system plans to deliver over the next five years and cover the elements described in the Implementation Framework; and
- Supporting technical material; this will set out the plan for finance, workforce and activity, providing an aggregate system delivery expectation and setting the basis for the 2020/21 operational plans for providers and CCGs.

Documentation setting out the expectation around finance, workforce and activity is expected to be provided later in July 2019.

Designing integrated care systems (ICSs) in England: summary

Designing integrated care systems (ICSs) in England is a document designed to help local leaders think through where functions should sit in their system to maximise resources, galvanise collective effort and systematically improve care for residents.

It includes a description of the possible functions of partnerships at different levels of population within an ICS and emerging regional and national arrangements to support and oversee systems. It also includes a new maturity matrix intended to help system leaders assess their own progress and a chart of the freedoms and flexibilities NHSE and NHS Improvement (NHSI) intend to award to mature systems. The matrix and chart are attached below in Annex 2.

The Long Term Plan confirmed that every part of England must be covered by an ICS by 2021. NHSE/I have worked with local teams to develop a consistent approach to how systems are designed, highlighting three levels at which decisions are made:

- Neighbourhoods (populations of circa 30,000 to 50,000 people)
    - Based on national geographies, population distribution and need, and previous work across different professional teams;
    - Drawing on a range of professional skills including GPs, care homes, home care, pharmacists, community and mental health teams, voluntary sector; and
    - Primary Care Networks are central to this.

- Places (populations of circa 250,000 to 500,000 people)
    - Matches local council boundaries or the natural geographies at which services are delivered;
    - Will include clusters of primary care networks linking to care providers such as one or more acute hospital, care homes, mental health and community providers, local government and voluntary or community organisations;

  - Two crucial pieces of work are driven at 'place' level: clinical care redesign and population health management; and
  - In the absence of a legal basis for statutory commissioners to form decision making committees with statutory providers, the 'board' at place level will normally operate according to an NHS alliance agreement or lighter touch memorandum of understanding.

- Systems (populations of circa 1 million to 3 million people)
  - The system level provides strategic leadership across the whole population of the ICS;
  - This includes overseeing a single plan covering both operational and long term transformation priorities and managing financial performance against a system control total that encompasses the CCG and NHS providers;
  - Responsible for delivering high quality services and access, reducing unwarranted clinical variation and addressing health inequalities;
  - Also responsible for workforce planning, making best use of capital, estates and digital infrastructure and spreading good practice;
  - Clinical, managerial and support functions will be provided at this level where it is efficient to deliver them once, e.g. business intelligence or analytical capacity; and
  - System leaders will take collective responsibility for financial and operational performance through a system wide board.

The document sets out the role of NHSE and NHSI at both a regional and national level.

- NHSE/I's regional teams are responsible for holding systems to account, supporting their development and making interventions where necessary;
- ICSs will agree system-wide objectives with their regional director; and
- Quality, safety and performance issues should be addressed as close to the system as possible.

Maturity matrix for integrated care systems

The ICS maturity model has been developed to outline the core characteristics of systems as they develop. It outlines the core capabilities of emerging ICSs, developing ICSs, maturing ICSs and thriving ICSs. For a system to be formally named as an ICS, they will need to achieve the attributes of a maturing ICS.

The model has five domains:

- System leadership, partnerships and change capability;
- System architecture and strong financial management and planning;
- Integrated care models;
- Track record of delivery; and
- Coherent and defined population.

There is also a table setting out the freedoms and flexibilities provide to systems at each stage in the following four areas:

- Oversight;
- Finance;
- Planning; and
- Support.

The matrix is attached below in Annex 2. Within our system, work to assess our position against these domains and stages is already underway.

Interdependencies

There are many interdependencies arising from the Long Term Plan and the two papers summarised above. In particular the Health and Wellbeing (HWB) strategies for Cambridgeshire and Peterborough and the new combined HWB strategy currently in development will need to be aligned to the STP response to the Long Term Plan. This will be achieved through close working with the Local Authority and discussion at joint forums including the Health and Care Executive.

A Medium Term Financial plan is being overseen by the Financial Performance and Planning Group (FPPG), which will set out Cambridgeshire and Peterborough system's three year financial plan in detail (2019/20 - 2021/22), and at high-level through to 2023/24. The methodology being undertaken includes:

- Agreeing system wide assumptions used consistently to ensure partner alignment for demand and cost growth projections (using national guidelines as a starting point);
- Adjusting activity and cost growth projections to reflect local circumstances, changes and pressures;
- Developing an activity, demand, workforce, bed and financial models to reflect these aligned assumptions and local circumstances;
- Developing a first cut financial plan, based on analytic inputs only –'the base case';
- Refreshing the drivers of the deficit to inform solutions – for partners and as a system;
- Validating, at an organisational level to refine with partner subject matter experts;
- Overlaying impact of quantified and collectively recognised System solutions and assessing the impact of System strategies e.g., estates;
- Triangulation of partner plans for consistency, robust stress-testing & consider phasing realism;
- Refreshing activity, workforce, bed and financial models to develop a draft Medium Term Financial Plan and assess the initial shape of the plan, as compared with regulatory expectations;
- Overlaying impact of further System solutions and new ideas and cross-checking plans with local authorities plans; and
- Iterating the models to refine and finalise the Medium Term Financial Plan.

All of this will be assured and supplemented by an external partner as necessary, as we have agreed with the regulators to build collective confidence. This work links directly with the requirements of the Long Term Plan and members of the System Delivery Unit will work together to ensure that work is carried out once and has the support of system partners, since this will directly impact 2020/21 organisational plans.

Key points for discussion

National milestones

The national timetable for the development and submission of the STP's response to the Long Term Plan is as follows:

Publication of long term plan implementation framework	27 June 2019
Main technical and supporting guidance	July 2019
Initial system planning submission	**27 September 2019**
System plans agreed with system leads and regional teams	**15 November 2019**
Further operational and technical guidance issued	December 2019
Publication of the national implementation programme for the long term plan	December 2019
First submission of draft operational plans	Early February 2020
Final submission operational plans	By end March 2020

Local process

The key national submission dates our system needs to meet are **27 September 2019** for an initial draft and **15 November 2019** for final submission. It is proposed that the Health and Care Executive (HCE) and the Sustainability and Transformation Partnership (STP) Board are used as the main forums at which draft and final iterations of the system delivery plan and supporting technical material are viewed, discussed and approved. System partner Chairs and Chief Executive Officers (CEOs), as well as other executive colleagues who are members of system groups, will lead the briefings to their organisations and manage any approvals required by their respective Boards.

There are a range of groups across the system that will need to be involved in the development of each section of the plan including the North and South Alliance Delivery Groups, Financial Performance and Planning Group (FPPG), the Clinical Communities Forum and GP Forward View and PCN Clinical Directors meeting. In addition to these groups, there will be opportunities for local communities to meaningfully input and this will be achieved by engaging with, for example, Health and Wellbeing Boards, Overview & Scrutiny Committees, as well as patient and condition specific groups and organisations. We will also ensure that NHS non-executive directors, governors and local authority councillors are given the opportunity to influence the plan and will be holding an event for this purpose before the November submission. Furthermore, Healthwatch have recently completed a tranche of nationally commissioned engagement work to inform the Long Term Plan and the feedback from this, as well as that from the planned CCG-led 'big conversations', will influence the plan. The System Delivery Unit (SDU) will oversee the process of involvement from these groups.

Key sign-off dates to note are set out below:

Leads across the System to confirmed for each area of content	Mid-July 2019
Commissions made of leads across the System, including: • Considering the expectations set out in the Long Term Plan, including how and when the System should seek to meet these; • Championing the consensus building of an agreed quantified saving opportunity for 2020/21 and 2021/22, where you lead a System "solution" with anticipated financial impact; • Identifying additional savings ideas for 2022-25, and supporting the quantification of these; and • Identifying required investments of cash, capital or delivery resource.	w/c 22 July 2019
Activity and Tactical Finance Working Group to discuss quantified solutions and the impact of existing system solutions, undertake an initial ideas generation exercise for longer term solutions and review partner organisation's 3-5 years plans.	19 August 2019
Extended HCE discussion around project approach, timeline and materials pulled together by the system including shortlisting of options for collaboration. HCE & Financial Directors to share partner financial positions; regional challenge session on drivers of the deficit.	22 August 2019
STP Board discussion and approval of the draft system delivery plan and supporting technical material; findings from external assurance enabling a public discussion of any big choices	19 September 2019
First draft HWB strategy to joint HWB Board	25 September 2019
Initial system planning submission	**27 September 2019**
HCE discussion and approval of the draft system delivery plan and supporting technical material	24 October 2019
System plans agreed with system leads and regional teams	Late October
Medium Term Financial plan approved by FPPG	31 October (tbc)
STP Board discussion and approval of the final system delivery plan and supporting technical material	*Currently 19 November (may need to be moved forward)*
System plans agreed with system leads and regional teams and submitted	**15 November 2019**
ICS maturity matrix assessment, supported by NHSI/E	January – February 2020
Final HWB strategy presented to joint HWB Board	March 2020

A more detailed local timetable for delivery is in development. Senior Responsible Owners (SROs) and the chairs of the groups will be responsible for ensuring that their content is developed in advance of the dates above.

Scope

Our system has the freedom to phase and prioritise their activity across the 5 years for the majority of commitments in the Long Term Plan. For a smaller number of commitments or 'critical foundations' there are national expectations around pace of delivery. Listed below, and described in more detail in Annex 1, is the required content for the plan:

- System development, including developing to ICS level by April 2021
- Development of PCNs, including supporting PCNs to build constructive relationships with community partners
- Community service including delivery of the four strategic community priorities (improved responsiveness of crisis response, jointly provided anticipatory care, development of primary care provision in care homes, building capacity and workforce to implement the Carter report and using digital innovation)
- Long Term Plan delivery of all commitments including prevention (smoking, obesity, alcohol, air pollution and antimicrobial resistance), maternity and neonatal services, services for children and young people, learning disabilities and autism, cardiovascular disease, stroke care, diabetes, respiratory disease, research and innovation, genomics, volunteering and wider social impact;
- Transformed out of hospital care and fully integrated community based care including meeting the new funding guarantee;
- Reducing pressure on emergency hospital services;
- Giving people more control over their own health and more personalised care;
- Digitally-enhanced primary care and outpatient care; increased use of digital tools to transform outpatient services, more options for virtual outpatient appointments
- Better care for major health conditions including cancer care, mental health services;
- Shorter waits for planned care (no more than 52 weeks from referral to treatment);
- Workforce (covering leadership and culture, the NHS as the best place to work, workforce transformation and devolution);
- Achieving digital maturity; and
- Funding, financial planning and meeting the commitments in the Long Term Plan.

Risks to meeting the national timetable

The table below describes anticipated challenges that our system may encounter when developing the system delivery plan and supporting technical material. The challenges and suggested approach to addressing them are set out below:

Area	Suggested approach
Balancing the desire to improve our system finances as much as possible, while also addressing the other requirements set out in the Long Term Plan (which may have neutral or even adverse impact on our finances)	Given the system's financial position, the Medium Term Financial plan may need a different approach to that taken in developing the original STP plan in 2016. Traditionally the approach taken would be to develop a plan that set out proposed changes to how we deliver care, in response to local needs, and then assess the financial impact of these changes. Our finances will be subject to immense regional and national scrutiny and therefore, in developing our response to the Long Term Plan, we may need to focus on articulating what we can do to improve our population's health and wellbeing while simultaneously improving our financial position, first and foremost (and thereby either deprioritising or deferring improvements that might have a neutral or negative financial impact). Further, seeking an independent partner to assure and strengthen our medium term financial plan, should help to enable us to agree with regulators a financial plan that is sustainable for local people.

Area	Suggested approach
Determining how the provider and commissioner landscape will develop in our system	This is a complex piece of work, that will require wide engagement, and it is proposed that the system delivery plan focuses on setting out a process and timetable for reaching the answer rather than concluding on a final design in the short time available. If possible, developing some design principles and a short-list of potential changes would further demonstrate we are making progress on this.
Balancing local priorities with national delivery requirements	Our system plan will need to set out a clear timetable for delivery over 5 years showing how the delivery of local and national priorities will be phased, including where we may need to renegotiate national delivery expectations.
Prioritising investments / determining where to focus bids for targeted national funds	Discussion will need to take place at HCE and the STP Board to achieve a consensus view on which of the target national funds identified we would want to bid for. This should align to our overarching medium term financial plan, but in particular we may want to bid for mental health core services, research and innovation and radical pathway redesign.
Engagement with local authorities, especially given the different timescales between the Long Term Plan response development and the HWB strategy development	This will take place at joint meetings including the HCE and STP Board. Further engagement will take place at officer level, as well as through the HWB Board, which has membership from across councils and NHS leadership, and with members of Overview & Scrutiny Committees.
Gaining meaningful input from our local communities	We will identify and proactively engage with the range of stakeholders who have an interest in influencing the Long Term Plan. This will include members of Health and Wellbeing Boards, Overview & Scrutiny Committees, Healthwatch, NHS non-executive directors, governors, local authority councillors and Healthwatch. An engagement event will take place before the November submission. A number of the system groups, for example the Alliances and Clinical Communities, already have membership including patients and the voluntary sector – who will therefore be involved in co-creating their contributions to the plans. Finally the Council are planning to engage in the development of the joint HWB Strategy, and the CCG are holding 'Big Conversations', both of which will shape these contributions to the plan.
Meeting the challenging national deadlines including the September and November deadlines	Work will be cascaded to named leads and groups and adhering to a centrally set programme plan is crucial. We will keep regulators briefed throughout to identify early any risks to meeting the deadlines.
Involvement of the new PCN clinical directors	This will be driven through the North and South Alliance Delivery Groups.

STP Board members are asked to note these areas of potential challenge and provide any feedback on the proposed approach to addressing them.

3. RECOMMENDATIONS

STP Board members are asked to **note** the contents of this update and that we will need to revisit current System priorities in light of the requirements set out for our Long Term plan response (see Annex 1).

STP Board members are asked to **decide** whether the Health and Care Executive (HCE) and the Sustainability and Transformation Partnership (STP) Board are used as the main forums at which draft and final iterations of the system delivery plan and supporting technical material are viewed, discussed and approved.

STP Board members are asked to **note** the areas of potential challenge identified and provide any feedback on the proposed approach to addressing them.

July 2019

Annexes: *Annex 1: Mapping of Long Term Plan requirements to System workstreams and leads*
Annex 2: Integrated Care System Maturity Matrix

Annex 1: Mapping of Long Term Plan requirements to System workstreams and leads

Area	Required content	Lead group/ individual within our system	Meetings at which discussion is required
System development	STPs are required to show how they will develop to ICS level by April 2021, as set out in *Designing Integrated Care Systems (ICSs) in England*. A maturity matrix has been developed against which system partners are expected to assess their progress towards ICS status. Systems are also required to set out how they see the provider and commissioner landscape developing.	HCE – *Matthew Winn/ Caroline Walker/ Roland Sinker*	HCE
Long Term Plan Delivery	Systems should prioritise the delivery of the commitments in the Long Term Plan according to local need. The delivery of additional 'critical foundations' for service transformation and system development must be planned for in accordance with nationally defined timetables or trajectories, including the government's five financial tests. The commitments include prevention (smoking, obesity, alcohol, air pollution and antimicrobial resistance), maternity and neonatal services, services for children and young people, learning disabilities and autism, cardiovascular disease, stroke care, diabetes, respiratory disease, research and innovation, genomics, volunteering and wider social impact.	HCE with advice from the Joint Clinical Group (JCG) and Clinical Communities Forum (CCF) – *Mark Sanderson / Alex Gimson*; and the North and South Alliances	HCE South Alliance North Alliance JCG CCF
Primary Care Networks (PCNs)	By July 2019 all of England will be covered by PCNs, supported by almost £1.8bn by 2023/24 linked to clear deliverables as set out in the five-year framework for GP contract reform. During 2019/20 PCNs will implement a plan to develop further including the requirement to select and progress specific projects to improve care for their population, driven by collaboration.	South Alliance chair – *Nicola Ayton / James Morrow* North Alliance chair – *Caroline Walker / Neil Modha*	South Alliance North Alliance
Transformed out of hospital care/ fully integrated community based care including meeting the new funding guarantee	For each of the four years from 2020/21 to 2023/24, systems must set out how, indicatively, they are going to meet their portion of new primary medical and community health service funding guarantee of a £4.5bn real terms increase in 2023/24 over 2018/19 planned spend. Each region must deliver its share of the additional funding to the frontline from April 2020 onwards; therefore every system will have to agree its share with the regional teams and use that figure to inform its plans. Systems should do this openly and in consultation with their community providers and PCN clinical directors, and ensure they fully honour the GP contract entitlement over and above existing baseline spend. They will need to show a distribution of funding across primary care, community health and CHC services.	Chair of FPPG – *Paul Scott*, with advice from the Primary Care Commissioning Committee	FPPG Primary Care Commissioning Committee

Area	Required content	Lead group/ individual within our system	Meetings at which discussion is required
Community services	There are four strategic priorities for community services (improved responsiveness of crisis response, jointly provided anticipactory care, development of primary care provision in care homes and building capacity and workforce to implement the Carter report and using digital innovation). System plans must set out an initial view of the service improvements they are aiming to achieve over the next four years, taking into account the phasing of the new GP contract including the seven new national service specifications and full implementation of the final years of the pre-existing GP Forward View commitments. The schedule of commitments must be agreed with community providers and PCN clinical directors and be linked to the new funding guarantee.	South Alliance chair – *Nicola Ayton / James Morrow* North Alliance chair – *Caroline Walker / Neil Modha* CPFT	South Alliance North Alliance
Reducing pressure on emergency hospital services	System plans should show how local urgent and emergency care services will continue to develop to produce an integrated network of community and hospital based care. Systems that can reduce pressure on their emergency services will benefit from a financial, capacity and staff 'dividend' that can be reinvested in local priorities.	South Alliance chair – *Nicola Ayton / James Morrow,* North Alliance chair - *Caroline Walker / Neil Modha*	South Alliance North Alliance
Giving people more control over their own health and more personalised care	Systems will be expected to set out how they will use the funding available to them to implement all six components of the NHS comprehensive model for personalised care including the employment of social prescribing link workers by PCNs. System plans should reflect NHSE/I's commitment to increase its contribution to funding children's palliative and end of life care services	South Alliance chair - *Nicola Ayton / James Morrow* North Alliance chair - *Caroline Walker / Neil Modha* Child HWB Commissioning Board – *Wendi Ogle-Welbourne*	South Alliance North Alliance
Digitally-enhanced primary care and outpatient care	By the end of July NHSE/I will confirm targeted funding for health systems as part of a programme to delivery digital first primary care. Selected sites will test and validate the approach; regional teams will support subsequent bids for funding during summer 2019.	Digital Enabling Group – *Stephen Posey*	Digital Enabling Group
Better care for major health conditions	The plan sets out priority interventions for improving cancer outcomes, mental health services and delivering shorter waits for planned care	JCG and CCF with advice from the relevant clinical communities/ Cancer Alliance / Mental Health Delivery Group / Child HWB	JCG CCF

Area	Required content	Lead group/ individual within our system	Meetings at which discussion is required
		Commissioning Board – *Wendi Ogle-Welbourne*	
Workforce	The Implementation Framework reiterates the key messages of the interim NHS People Plan published in June 2019 highlighting four priority areas for systems to address in workforce planning including Leadership and Culture, NHS as the best place to work, workforce transformation and workforce devolution. The framework also sets out some assumptions for pay growth.	Workforce Strategy & Delivery Group – *Tracy Dowling*	WSDG
Digital	Systems need to produce digital strategies and investment plans that describe how digital will support wider transformation plans	Digital Enabling Group – *Stephen Posey*	DEG
Funding and financial planning	Five year CCG allocations have already been set for the period to 2023/24. In addition to this, systems will receive funding allocations on an indicative, 'fair shares' basis, to support systems meet their long term plan commitments for mental health, primary medical and community services, cancer and some other commitments. Access to this 'faire share' funding will be conditional upon systems having strategic plans agreed with their regional teams. More mature systems will have greater autonomy over how additional resources can be used. Indicative allocation for this funding will be communicated alongside the implementation framework. On top of the CCG allocations and 'fair share' system allocations, further funding will be made available to test specific long term plan commitments where a general distribution is not appropriate. This targeted funding will be used to support the delivery of various elements including mental health, primary medical and community services, technology, cancer, cardiovascular disease, stroke, respiratory, children and young people and maternity. Access to this funding will be communicated at a future date. System plans will be expected to demonstrate how systems will meet various commitments linked to the long term plan. To aid systems with their plans, the framework sets out financial assumptions for the years ahead. Indicative capital assumptions will need to be produced at a system level The framework suggests systems may also wish to produce 'well prioritised list' of further capital investments beyond the envelope available to them	FPPG chair – *Paul Scott*	FPPG

Annex 2: Integrated Care System Maturity Matrix

The following Maturity Matrix for integrated care systems is an extract of the document *Designing Integrated Care Systems (ICSs) in England.*

Maturity matrix for integrated care systems (ICSs)

The integrated care system maturity matrix has been developed to outline the core characteristics of systems as they develop. These were developed from observing and talking to the earliest ICSs, and from the objectives set out in the NHS Long-Term Plan.

It is based on similar tools used by the Local Government Association and others, who have experience in supporting system development and change. It provides a consistent framework for all regions and systems across the country.

The matrix outlines the core capabilities expected of emerging ICSs, developing ICSs, maturing ICSs and thriving ICSs. For a system to be formally named an ICS, they will need to meet the attributes of a maturing ICS.

It uses a progression model which shows a journey rather than a series of binary checklists, recognising that systems will not develop all domains at the same pace and will therefore have varying levels of maturity across each domain. By doing this, it seeks to support more nuanced and reflective discussions about system maturity.

System maturity matrix – five domains, four stages

System progression

	Emerging	Developing	Maturing ICS *System formally named an ICS and minimum level of maturity for all systems to reach by April 21*	Thriving ICS
System leadership, partnerships and change capability	• Leadership team that lacks authority with no collectively-owned local narrative or sense of purpose. • Lack of transparency in ways of working. • Little progress made to finalise system vision and objectives or embed these across the system and within individual organisations. • Minimal meaningful engagement with primary care, local government, voluntary and community partners, service users and the public.	• All system leaders signed up to working together with ability to carry out decisions that are made. • An early shared vision and objectives, starting to build common purpose and a collectively-owned narrative among the broader leadership community including primary care. • Plans to increase the involvement of local government, voluntary and community partners, service users and the public in decision-making at system, place and neighbourhood.	• Collaborative and inclusive multi-professional system leadership and governance; including local government and the voluntary sector. • Clear shared vision and objectives, with steady progress made visible to stakeholders and staff. • Dedicated capacity and supporting infrastructure being developed to help drive change at system, place and neighbourhood level (through PCNs). • Effective ongoing involvement of voluntary and community partners, service users and the public in decision-making at system, place and neighbourhood levels. • A culture of learning and sharing with system leaders solving problems together and drawing in the experiences of others.	• Strong collaborative and inclusive system leadership, including local government and the voluntary sector, with a track record of delivery. • Transparent and robust governance, with multi-professional leadership aligned around the system and system working closely with health and wellbeing boards. • A proactive approach to the identification and development of future system leaders at all levels. • Dedicated clinical and management capacity and infrastructure to execute system-wide plans. • A narrative that is well understood and strongly supported by the public and staff, outlining how integrated care is delivering on the ambitions of communities, with demonstrable impact on outcomes.
System architecture and strong financial management and planning	• Limited understanding of system architecture across the footprint and limited plans to organise delivery around neighbourhood, place and system. • Fragmented commissioning landscape with few agreed plans to streamline arrangements. • System not in financial balance and unable to collectively agree recovery trajectory. • Lack of system wide plans on workforce, estates and digital.	• Clear plans to organise delivery around neighbourhood, place and system. • Plans to streamline commissioning, typically with one CCG that is leaner and more strategic. • Good understanding of system financial drivers and efficiency opportunities, with a shared plan to address issues. • System wide plans being developed to address workforce, estates and digital infrastructure.	• System is working with regional teams to take on increased responsibility for oversight. • Plans to streamline commissioning are underway. • System has credible plans for meeting system control total and, where not already achieved, for moving towards system financial balance • System wide plans for workforce, estates and digital infrastructure being implemented. • System is managing resources collectively and signed up to the ICS financial framework.	• System has progressed to the most advanced stage of oversight progression – i.e. self-assurance, with clear communication and relationships with regional team. • Streamlined commissioning arrangements fully embedded across all partners. • System is in financial balance and is sharing financial risk using more sophisticated modelling of current and future population health and care needs. • Incentives and payment mechanisms support objectives and maximises impact for the local population. • Improvements in workforce, estates and digital infrastructure being seen across the system. • System is managing resources collectively and signed up to the ICS financial framework.

System progression

	Emerging	Developing	Maturing ICS *System formally named an ICS and minimum level of maturity for all systems to reach by April 21*	Thriving ICS
Integrated care models	• Limited use of national and local data to understand population health and care needs. • Limited thinking about how to scale up primary care and how to integrate services at neighbourhood or place • Minimal collaboration or engagement across providers.	• Early development of the 5 service changes within the LTP, and care models aiming to: - address unwarranted clinical variation; - integrate services around the needs of the population in neighbourhoods; - integrate services vertically at place; - collaborate horizontally across providers at the system and/or place level. • PCNs developing clear vision for integrated care models and transforming population health. • Some understanding of current and future population health and care needs using local and national data. • Plans in place to support interoperable access to care records across health and social care providers.	• PCNs implementing new or redesigned care models with partners to meet population need – that is enabling integrated provision of health and care within neighbourhoods. • Integrated care teams operating at neighbourhood and place bringing together PCNs, mental health, social care and hospital services as per the triple integration set out in the LTP. • Starting to implement plans to: - address unwarranted clinical variation; - deliver the 5 service changes in the LTP; - tackle the prevention agenda and address health inequalities. • PHM capability being implemented including segmenting and stratifying population using local and national data to understand needs of key groups and resource use.	• Integrated teams demonstrating improvement in outcomes. • Fully mature PCNs across the system delivering care with partners that meets population needs. • Implementing priorities in prevention and reducing health inequalities as part of care model design and delivery. • Full population health management capability embedded at neighbourhood, place and system levels which supports the ongoing design and delivery of proactive care. • Implementation of the 5 service changes set out in the LTP demonstrating improvement in health outcomes.
Track record of delivery	• Slow progress towards delivering national priorities especially the 5 service changes set out in the LTP. • Lack of relative progress in delivering constitutional standards without system agreement to work together to support improvements. • Weak system operating plan developed and system unable to make collective decisions around system funding.	• Evidence of progress towards delivering national priorities especially the 5 service changes set out in the LTP. • Improved delivery of constitutional standards. • System operating plan in place that demonstrates a shared set of principles to start to manage finances collectively.	• Evidence of tangible progress towards delivering national priorities especially the 5 service changes set out in the LTP. • Consistently improving delivery of constitutional standards with credible system plans to address risks. • Robust system operating plan and system financial management in place, with a collective commitment to shared financial risk management. • Robust approach in place to support challenged organisations and address systemic issues.	• Evidence of delivering national priorities especially the 5 service changes set out in the LTP. • Delivery of constitutional standards including working as a system to mitigate risks. • Demonstrating early impact on improving population health outcomes. • Consistently delivering system control total with resources being moved to address priorities. • As issues emerge, leaders join forces to tackle them as a system including when under pressure.
Coherent and defined population	• A meaningful geographical footprint that respects patient flows • Where possible contiguous with local authority boundaries; where not practicable has clear arrangements for working across local authority boundaries • Covers an existing STP of sufficient scale (~1m pop or more)	• A meaningful geographical footprint that respects patient flows • Where possible contiguous with local authority boundaries; where not practicable has clear arrangements for working across local authority boundaries • Covers an existing STP of sufficient scale (~1m pop or more)	• A meaningful geographical footprint that respects patient flows • Where possible contiguous with local authority boundaries; where not practicable has clear arrangements for working across local authority boundaries • Covers an existing STP of sufficient scale (~1m pop or more)	• A meaningful geographic footprint that respects patient flows • Where possible contiguous with local authority boundaries; where not practicable has clear arrangements for working across local authority boundaries • Covers an existing STP of sufficient scale (~1m pop or more)

Key

LTP – Long Term Plan; PCNs – Primary Care Networks; UEC – Urgent and Emergency Care; PHM – Population Health Management

ICS will drive forward five major practical service changes set out in the LTP – These are: (1) boost out-of-hospital care, and finally dissolve the historic divide between primary and community services; (2) re-design and reduce pressure on emergency hospital services; (3) give people more control over their own health, and more personalised care when they need it; (4) implement digitally-enabled primary and outpatient care; and (5) increasingly focus on population health and local partnerships with local authority-funded services.

Freedoms and Flexibilities for 2019-20

System progression

	Emerging	Developing	Maturing ICS *System formally named an ICS and minimum level of maturity for all systems to reach by April 21*	Thriving ICS
Oversight	• Systems can provide advice and guidance on individual organisations within the system to support conversations • NHSEI will use a single performance, oversight and assessment framework	• Systems will develop and implement a plan to support ICS development, which will be reviewed and agreed with NHSEI • NHSEI will invite system leadership to attend and contribute to discussions relating to individual organisations within the system • NHSEI will consult the system position before any escalation action/ intervention is approved and enacted through a single identified lead • NHSEI will align roles within the regions to support systems	• ICSs will agree and implement system-wide objectives agreed with regional teams, covering care quality and health outcomes, reductions in inequalities, implementation of integrated care models and improvements in financial and operational performance • ICSs will conduct and contribute to the assurance and improvement of individual organisations performance • NHSEI will keep ad hoc data requests and routine reporting outside the performance framework and agreed ICS objectives to a minimum, and coordinate through an identified lead • NHSEI will not engage with individual Trusts or CCGs without the knowledge of the ICS • NHSEI will co-locate regional roles within the ICS to provide bespoke support requested by the ICS	• ICSs will lead the assurance of all individual organisations • ICSs will agree and coordinate any trust or CCG intervention carried out by NHSEI, other than in exceptional circumstances • ICSs will be able to lead and shape how gathering any data from individual organisations is managed where required • NHSEI will agree a minimum dataset with ICSs • NHSEI will embed regional resources within the ICS to operate under the direction of the ICS • NHSEI will undertake the least number of formal assurance meetings possible with individual organisations
Finance		• STPs will demonstrate strong financial leadership and governance for financial decision-making.	• ICSs will take up the 19/20 ICS financial framework • ICSs will commit to delivering the objectives of the relevant national programmes and report progress against this. Appropriate governance arrangements to account for use of funds will be in place before any funds are released • NHSEI will delegate authority for the direction of transformation funding from national programmes to the system, where possible	• ICSs will take up the 19/20 ICS financial framework
Planning	• Organisational financial recovery plans will be developed with the system leaders to ensure consistency with five year system-level strategic plans, with system efficiency plans overseen by a system efficiency board • NHSEI will lead review and assurance of organisational and system operating plans. • NHSEI will work with the system to develop and strengthen these plans	• NHSEI will work in partnership with system leaders to review organisational and system operating plans	• Organisations that are in financial surplus will play an active role in the development and delivery of financial recovery plans of organisations within their ICS • NHSEI will support system leaders to assure organisational plans, and will work in partnership with system leaders to ensure system operating plans are sufficiently robust.	• ICSs will lead assurance of organisational plans. • System operating plans will have a light touch review by the NHSEI
Support	• Intense support, regionally led and nationally coordinated	• Based on needs identified in development plan • ICS Accelerator Programme TBC • Access to regional and national subject-matter expertise where required	• ICS Development Programme	• ICS Development Programme • Expectation to work alongside regional and national teams to support less developed systems