

Workstream	Progress update Q2: 21/22	
DIRECTION & ENGAGEMENT	<p>1. Set Strategic Intent. Core vision and Agree Priorities</p> <ul style="list-style-type: none"> • Wider engagement around Vision Statement and Strategic Aims reaching completion • ICS Big Conversation undertaken in June, initial feedback shared with System Leaders on 15 June, final closing date 25 June <p>2. Ongoing Stakeholder Engagement with System Partners and the wider region</p> <ul style="list-style-type: none"> • Meetings held with key stakeholders throughout Q1 (NEDs, Governors, Vol Sector) to update on ICS progress • Established System-wide Corporate Affairs/Governance Group to support governance and engagement • Continued development of System Engagement Strategy • Funding identified for key system engagement roles and recruitment has commenced • Development of monthly ICS update to ensure all staff and system partners are briefed on progress <p>3. Ongoing Strategic Communications (PR)</p> <ul style="list-style-type: none"> • System Engagement Strategy in development • Interim System Comms & Engagement Roles being advertised to support wider engagement work • Development of system SOF evidence and examples • Website procurement brand development work started • Strategy development work underway 	
<p>Key Milestones & Critical Path: Delivery by July 2021:</p> <ul style="list-style-type: none"> • Set Strategic Intent. Core vision and Agree Priorities • Ongoing Stakeholder Engagement with System Partners and the wider region • Ongoing Strategic Communications (PR) 		On track
<p>Direction & Engagement: Risks, issues and concerns (Board Assurance Framework is source document)</p>		
<p>Risk ID:</p> <p>07 - Increasing change and uncertainty as the ICS continues to develop and operate whilst adjusting to it's new structure will add challenges for new and developing relationships across the system and will test established and well understood historic ones.</p> <p>09 - Increased collaboration with District, County and City councils and primary care and acute partners will add a multitude of agenda's, cultures and operating models that have the potential to stymie activity and reduce speed and agility in decision making and budgetary flow.</p> <p>17 - If we are unable to secure additional engagement resources within the desired timeframe, the ability to draw the wider ICS system together, deliver a cohesive and well communicated and understood plan will be directly affected.</p> <p>18 - The alignment of emerging national guidance direction with the local narrative could affect current direction of travel and impact timelines.</p>		

Workstream	Progress update Q2: 21/22	
FUNCTIONS AND SERVICES (INCL. STRATEGIC COMMISSIONING DEVELOPMENT)	<p>1. Determination of functions at each level</p> <ul style="list-style-type: none"> Undertaken initial assessment of all current CCG functions and notionally allocated to ICS/ICP/IN for consultation with system partners. Work ongoing with system colleagues to further iterate functions at place/locality and what the phasing of this could look like Work is underway with region to understand likely functions to be delegated from region and timescales. CCG Director of Commissioning allocated to co-ordinate this work stream. <p>2. Design new commissioning model</p> <ul style="list-style-type: none"> Development work regarding Place and Provider Collaboratives undertaken and fed back to SL in July Provider Collaboratives in progress for all five PCs <p>3. Design work aligned with wider strategic and operational plans and CBC</p> <ul style="list-style-type: none"> Work underway regarding role of CBC and spread of innovation to system <p>4. Engagement with NHSE/I regarding delegation of Specialist Commissioning to ICS level</p> <ul style="list-style-type: none"> Internal meetings arranged with identified commissioning and quality leads Executive CCG leads identified with clear governance route to ICS transition board CCG fully engaged with all NHSE/I workshops and programme board <p>5. Iterate functions at each system level</p> <ul style="list-style-type: none"> Confirmed functions and outcomes for ICPs to deliver in 2021/22 Place/locality functions approved and provider collaboratives in development-relationship between place/PCs to be worked through. Principle agreement that ICS will be lean, with Place taking on majority of delivery over a phased time period as it matures 	
Key Milestones & Critical Path: Delivery by July 2021: <ul style="list-style-type: none"> Designation of functions at each level Bring together health, care and wider public sector services at place and provider collaborative level to define the functions and services that can be delegated 	<div style="background-color: #FFD700; padding: 5px; display: inline-block;">On track</div>	
System Roles and Capabilities: Risks, issues and concerns (Board Assurance Framework is source document)		
<p>Risk ID:</p> <p>10 – Maintenance of Clinically led and informed decision making will be lost if they are not at the core of system decision making</p> <p>11 – The stability of the ICS could be compromised due to changes in senior roles and positions e.g. Chair, System Leaders Group, Key roles in the CCG.</p> <p>15 – The ability to deliver strategic commissioning (and delegated commissioning) at a system level and hold contracting arrangements at Place will be limited by the workforce skill set and capacity available, combined with the transfer of appropriate budgets.</p> <p>21 – The totality of work output requirements across ICS transition, Rest and Restoration and the Mass Vaccs Programme place significant workload on the system. Output requirements are greater than current workforce capacity.</p>		

Workstream

Progress update Q2: 21/22

PROVIDER
COLLABORATIVES
AND PLACES

1. Alignment of Place and Provider Collaboratives

- Provider Collaboratives in progress for all five PCs, work ongoing on interface between place and PCs

2. Placed based working (process of engagement with LA's/PCNs/Broader Partners)

- SL agreed 3 functions to be delivered at place (ICPs) in 2021/22 – System Resilience (initial focus on whole patient flow pathway), Population Health Management (focus on high impact interventions/high intensity users), Integrated Neighbourhood Multidisciplinary Team Development.
- Interim Managing Directors for place now appointed, will work with all partners to develop ICP form/governance and operational delivery.
- Development work for new provider Collaboratives being undertaken with system partners throughout summer

3. Approach for Engagement with Primary and Social Care defined

- Work on Engagement Strategy commenced, and all partners being included in development work as described above.

Key Milestones & Critical Path: Delivery by July 2021:

- Establish robust processes for engaging Local Authorities and PCNs - in development, co-producing approach to place development and phase 1 priority programmes
- Establish robust processes for engaging broader partners - in development, co-producing approach to place development and phase 1 priority programmes
- Define the approach to engaging primary care and social care - in development, co-producing approach to place development and phase 1 priority programmes
- Develop PHM strategy to support the above – in development, participants selected for PHM Development programme with 'readiness phase' underway.

On track

System Roles and Capabilities: Risks, issues and concerns (Board Assurance Framework is source document)

Risk ID:

04 – Planning and implementation of population health Management is not incorporated at all levels across the system.

06 - The balanced distribution of access to health and care resources across the geographic bounds of Cambridgeshire and Peterborough is artificially restricted due to conflict across financial boundaries, in place infrastructure and alignment of geographical units across the system

07 - Increasing change and uncertainty as the ICS continues to develop and operate whilst adjusting to it's new structure will add challenges for new and developing relationships across the system and will test established and well understood historic ones.

08 - Whilst conducting change management and moving towards a new planning and operational delivery model, it is possible that the ability and capacity to maintain a learning and adaptive culture will significantly reduce

09 - Increased collaboration with District, County and City councils and primary care and acute partners will add a multitude of agenda's, cultures and operating models that have the potential to stymie activity and reduce speed and agility in decision making and budgetary flow.

12 - Without a detailed workforce analysis across the entire system, there is the potential that workforce plans will not meet the ambition or address the needs of the system

14 - Without a regional way of working that is flexible and takes account of our local issues, the ability to influence change for the population of Cambridgeshire and Peterborough will be limited

Workstream	Progress update Q2: 21/22	
TRANSITIONAL ARRANGEMENTS	<p>1. Design longer term arrangements to move towards shadow form</p> <ul style="list-style-type: none"> • Work is in process of being scoped for wider consideration . Awaiting national guidance on processes • ICS in engaged in national and regional Community of Practice re. ICS Establishment to share learning around this. Experience from other (maturer) systems is that place determines its readiness to undertake rather than formalized 'gateway process' • Shadow form timescales are agreed and system is transitioning towards these, ensuring supporting governance is in development. <p>2. Develop testing process to measure function/ service maturity and maturity of ICS as a whole</p> <ul style="list-style-type: none"> • Work has been scoped for wider consideration. Awaiting national guidance on processes, which is expected in late July 	
<p>Key Milestones & Critical Path: Delivery by July 2021:</p> <ul style="list-style-type: none"> • Design longer term arrangements to move towards shadow form • Develop testing process to measure function/ service maturity and maturity of ICS as a whole – initial draft is in place, and is awaiting national and regional guidance to validate approach for this 		On track
System Roles and Capabilities: Risks, issues and concerns (Board Assurance Framework is source document)		
<p>Risk ID:</p> <p>09 - Increased collaboration with District, County and City councils and primary care and acute partners will add a multitude of agenda's, cultures and operating models that have the potential to stymie activity and reduce speed and agility in decision making and budgetary flow.</p> <p>15 - Without a Regional way of working that is flexible and takes account of our local issues, the ability to influence change for the population of Cambridgeshire and Peterborough will be limited.</p>		

Workstream	Progress update Q2: 21/22	
LEADERSHIP STRUCTURE	<ol style="list-style-type: none"> 1. NHSE/I advertisement of C&P Chair & AO process <ul style="list-style-type: none"> • Process has been set out for C&P by NHSE/I – communicated to SL and PB. Awaiting additional guidance on the process • National Chair advert is expected w/c 19th July, interview by end of September • CEO Advert expected 9 August, interview likely to be the end of September 2. Determine ICS leadership structure <ul style="list-style-type: none"> • Draft structure in development, to be commenced following CEO and Chair appointment. • Principles for approach in development between HRD and Director of Strategy & Planning 	
Key Milestones & Critical Path: Delivery by July 2021: National advert for ICS Chair to be released w/c 21 June. Recruitment process for C&P is in progress to support appointment by early Aug		On track
GOVERNANCE	<ol style="list-style-type: none"> 1. Determine ICS accountability and Governance <ul style="list-style-type: none"> • Draft ICS Governance structure in development, awaiting appointment of CEO and Chair before further work is undertaken • ICS Interim Governance Lead commences in July to support this development work 	
Key Milestones & Critical Path: Delivery by July 2021: None		On track
TRANSITIONAL ICS GOVERNANCE	<ol style="list-style-type: none"> 1. Development Plan engagement and ratification with System Leaders group, Partnership Board and other system colleagues to formally sign it off through the current system governance processes <ul style="list-style-type: none"> • Version 2 of the Development Plan complete and submitted to Region. • Awaiting formal feedback from ICS Stocktake meeting on 7th July • Monthly reporting and updates against DP are in place, along with supporting risk register • Expecting quarterly versions/updates to the DP to region for 2021/22 	
Key Milestones & Critical Path: Delivery by July 2021: <ul style="list-style-type: none"> • Version 2 of the Development Plan submitted to Region by 30 June – Complete 		On track

Workstream	Progress update Q2: 21/22	
CLINICAL LEADERSHIP	<ol style="list-style-type: none"> <li data-bbox="461 394 1888 429">1. Strengthen clinical leadership model and revise clinical group membership and function <ul style="list-style-type: none"> <li data-bbox="558 436 1717 468">• Clinical Leadership paper drafted and consultation with clinical workforce underway. <li data-bbox="558 475 2040 506">• Facilitation/OD support secured for the group to support the ongoing development of the clinical Leadership. <li data-bbox="558 514 2390 582">• Second session on 21st July, proposal for clinical leadership model will then be produced for discussion in August and implementation in September <li data-bbox="558 589 2372 658">• The Strategic Primary Care Group (SPCG) have reviewed their representation, accountability, and influence in terms of general practice. Agreed that the SPCG will continue throughout transition and will undertake the role of engagement and influence, feeding into JCG. <li data-bbox="558 665 1564 696">• Estate strategy review to follow this publication, not starting before Nov. <li data-bbox="461 704 2295 739">2. Refresh the clinical strategy to ensure it maximises the unique assets C&P ICS has at its disposal, including the CBC <ul style="list-style-type: none"> <li data-bbox="558 746 2405 815">• Plans in place to update the Clinical Strategy and extend reach of BMC for countywide benefit - Joint Clinical Group meeting fortnightly to facilitate this 	
Key Milestones & Critical Path: Delivery by July 2021: <ul style="list-style-type: none"> <li data-bbox="66 919 1245 951">• Establish Clinical Group Membership – complete. Group is now meeting on weekly basis. <li data-bbox="66 958 1299 989">• Updated Clinical Strategy – work is in progress and will continue throughout Q1 and early Q2 		On track

Workstream	Progress update Q2: 21/22	
ASSURANCE	<p>No work scheduled in Development Plan for Q2</p> <ul style="list-style-type: none"> • Agreed the principles for system SOAG with SL in August • MOU and Terms of Reference are in development • Appointment of shared interim Director of Performance and Assurance with Region commenced in July • System's first SOAG will stand up in August 2021 	
Key Milestones & Critical Path: Delivery by July 2021: None		On track
OD	<p>No work scheduled in Development Plan for Q2</p> <ul style="list-style-type: none"> • Increasing need identified for OD, particularly for the Federations and how they can work with the ICPs going forward. • Alongside this, a request for clinical leadership OD for the ICPs • Diagnostic to be undertaken to understand intervention/support so that this can be secured 	
Key Milestones & Critical Path: Delivery by July 2021: None		Work not started
System Leadership, governance & accountability: Risks, issues and concerns (Board Assurance Framework is source document)		
<p>Risk ID:</p> <p>1 - The draft Operating Plan and Development Plan will not be delivered on time and subsequent system planning and programmes of work will be affected.</p> <p>05 -Change in Governance models and the introduction of new leadership across the system will create a period of reduced knowledge and understanding.</p> <p>10 - Maintenance of clinically led and informed decision making will be lost if they are not at the core of system decision making.</p> <p>11 - The stability of the ICS could be compromised due to changes in senior roles and positions such as the Chair and System Leaders Group</p>		

Workstream	Progress update Q2: 21/22	
TARGET OPERATING MODEL	<p>1. Draft operating plan</p> <ul style="list-style-type: none"> • Programme of work completed on time <p>2. Final operating plan</p> <ul style="list-style-type: none"> • Completed on time and submitted to Region • Regional feedback now received. Operating Plan is now being drawn into a delivery plan for implementation – awaiting support offer from CF <p>3. Commence first SOAG</p> <ul style="list-style-type: none"> • System’s first SOAG will stand up in August 2021 	
<p>Key Milestones & Critical Path: Delivery by July 2021:</p> <ul style="list-style-type: none"> • Draft Operating Plan 		On track
QUALITY AND PERFORMANCE	<p>1. Confirm system-level quality oversight</p> <ul style="list-style-type: none"> • National guidance on SOF is available and has been used to inform C&P process. Awaiting confirmation of C&P SOF status • SOAG group is in development, with TofRef and MOU in development. Plan to stand up the first meeting in August 2021 <p>2. ICS assurance and performance process in shadow form</p> <ul style="list-style-type: none"> • Work has been scoped for wider consideration. Awaiting national guidance on process 	
<p>Key Milestones & Critical Path: Delivery by July 2021:</p> <ul style="list-style-type: none"> • System Level quality Oversight Group in development, plan to stand up in July • ICS Assurance and performance in shadow form 		On track
RISK MANAGEMENT	<p>1. Implement Strategic Risk Oversight process to support transition</p> <ul style="list-style-type: none"> • BAF in place for ICS Development Plan – approved by Partnership Board in April. Monthly reporting in place • Risk management process in place for CCG Transition 	
<p>Key Milestones & Critical Path: Delivery by July 2021:</p> <ul style="list-style-type: none"> • ICS Assurance and performance in shadow form 		Complete

System Oversight and Quality Improvement: Risks, issues and concerns (Board Assurance Framework is source document)

- Risk ID**
- 01 - The draft Operating Plan and Development Plan will not be delivered on time and subsequent system planning and programmes of work will be affected.
- 05 - Change in Governance models and the introduction of new leadership across the system will create a period of reduced knowledge and understanding.

Workstream	Progress update Q2: 21/22	
SINGLE PEOPLE PLAN	<p>1. People Plan is in place</p> <ul style="list-style-type: none"> • First draft is completed, further development planned as ICS matures • The system workforce Improvement Plan has moved to phase 3 – ‘Recommendations for action’ These were presented and approved at the end of June to the local People Board. • A Gap analysis and framework to action aligning to the SWIM recommendations are both in train and this work will continue throughout the month of August with feedback returning to the LPB at the end of August. <p>2. Recruit System Director of Workforce</p> <ul style="list-style-type: none"> • The interviews for the System Director of Workforce Transformation and Culture took place on 15/16th July– no appointment made 	
<p>Key Milestones & Critical Path: Delivery by July 2021:</p> <ul style="list-style-type: none"> • People Plan = first draft completed 		On track
PLACE BASED PARTNERSHIP	<p>Development of Place</p> <ul style="list-style-type: none"> • Interim Managing Directors appointed for both ICPs, with additional staffing resource needs being mapped. • System Leaders confirmed the mandate for functions and outcomes that will move into the ICPs as they now begin to operate in shadow form for the rest of 2021/22: <ul style="list-style-type: none"> ➤ Integrated Neighbourhood Team development - building multi-disciplinary, cross-partner teams aligned to PCNs/Integrated Neighbourhoods, with a responsibility for proactive care for their population ➤ High Impact Intervention and High Intensity Users - within a broader, more proactive programme of Population Health Management, including prevention and earlier intervention ➤ Patient flow - within a broader System Resilience Programme, including admission avoidance, urgent and emergency care, inpatient care, and discharge pathways • Accountability for the agreed outcomes will sit with the ICPs from 1st September, and providers who deliver services within these pathways will therefore be accountable to the ICPs for their performance and outcomes. • System Leaders committed to the alignment of their relevant staff (across all partners) to the ICPs to enable the delivery of those functions under the ICP. 	
<p>Key Milestones & Critical Path: Delivery by July 2021:</p> <p>None</p>		On track

<p>SUPPORTING PEOPLE TO TRANSITION</p>	<ol style="list-style-type: none"> 1. CCG Transition Plan in place <ul style="list-style-type: none"> • Project Manager appointed • CCG Transition Board established, governance in place, Task & Finish Groups established and project governance in place • Regional support secured regarding ICS Establishment and assurance process is being established • Awaiting national guidance regarding the People transition 2. People transition and support plan <ul style="list-style-type: none"> • Agreement that all CCG staff will transfer to ICS on 1 April • Suite of support in place for staff • Workforce Task and Finish Group in place and overseeing the work 	
<p>Key Milestones & Critical Path: Delivery by July 2021:</p> <ul style="list-style-type: none"> • CCG Transition Plan in place – seeking assurance from region on robustness of approach 		<p>On track</p>
<p>Leadership & People Development: Risks, issues and concerns (Board Assurance Framework is source document)</p>		
<p>Risk ID</p> <p>08 - Whilst conducting change management and moving towards a new planning and operational delivery model, it is likely that the ability and capacity to maintain a learning and adaptive culture will significantly reduce.</p> <p>12 - Without a detailed workforce analysis across the entire system, there is the potential that workforce plans will not meet the ambition or address the needs of the system.</p>		

Workstream	Progress update Q2: 21/22
SYSTEM WIDE FINANCIAL FRAMEWORK INCLUDING CAPITAL	<ol style="list-style-type: none"> <li data-bbox="486 279 2471 389"> 1. Complete reforecasting <ul style="list-style-type: none"> <li data-bbox="580 322 2471 389">• FPPG has developed a model to assess projected 21/22 run-rate against 19/20 actual expenditure; the ICS financial position is in the national team spotlight with a discussion with the National Finance Director on 20 July. <li data-bbox="486 401 2471 668"> 2. Develop a system capital investment plan for 21/22 and beyond, building on the system first approach in 20/21 and finalised strategies for estates, primary care, and clinical <ul style="list-style-type: none"> <li data-bbox="580 486 2471 668">• The System Capital Plan was submitted on 12 April, in line with national planning. We received a System CDEL of £79.5m which was less than the equivalent sum in 20/21. The capital plan is stretching with a number of programmes not supported within the plan. System Leaders approved the outcome of a prioritisation exercise to agree on the final plan. FPPG is monitoring delivery closely in-year in line with the Regional Capital reporting process in order to mitigate the risk of exceeding the available spending envelope. The system service delivery model for LTP priorities will inform our longer-term capital investment financial strategy. <li data-bbox="486 679 2471 825"> 3. Agree financial settlement <ul style="list-style-type: none"> <li data-bbox="580 722 2471 825">• We have received our H1 System allocation, based primarily on H2 20/21.; within the NHSE model, there is an expectation for the System to breakeven. The revised H1 plan, submitted on 15 June in line with the national timetable, was a small surplus of £3.5m, generated through increased ERF of £20m in H1. <li data-bbox="486 836 2471 1025"> 4. Complete financial plan <ul style="list-style-type: none"> <li data-bbox="580 879 2471 1025">• We have produced an H1 System finance plan, linked to the activity & workforce plans; before mitigations, the plan is for a surplus of £3.5m. Further work is being undertaken through FPPG to support the development of a financial framework which will inform the allocation of resources moving forward. We do not yet have the H2 financial framework, but we do expect a higher efficiency requirement. The transformation priority service models will inform the longer-term financial analysis. <li data-bbox="486 1036 2471 1296"> 5. Develop financial framework, funding model and payment mechanisms <ul style="list-style-type: none"> <li data-bbox="580 1079 2471 1225">• The financial position of the system is under review with the NHSE National Team. We have developed a model detailing the movement in cost base between 19/20 and 21/22 projected position; this shows that the system has maintained grip on the underlying position with increases not linked to technical adjustments and funded services increasing by 4.0%. We believe that C&P has the second lowest in cost base over the period across the region. <li data-bbox="580 1229 2471 1296">• System discussions have taken place during Q1 regarding the development of future commissioning arrangements at place and locality level; this work is ongoing and further updates will be provided as this work progresses. <li data-bbox="486 1308 2471 1419"> 6. Establish retained, developed and transferred commissioning arrangements <ul style="list-style-type: none"> <li data-bbox="580 1350 2471 1419">• System discussions have taken place during Q1 regarding the development of future commissioning arrangements at place and locality level; this work is ongoing and further updates will be provided as this work progresses.

Workstream Area

Financial Framework and use of resources (2):

Date of Update

July 2021

<p>Key Milestones & Critical Path: Delivery by July 2021:</p> <ul style="list-style-type: none"> • Complete reforecasting • Develop a system capital investment plan for 21/22 and beyond, building on the system first approach in 20/21 and finalise strategies for estates, primary care, and clinical • Complete financial plan 		On track
Workstream	Progress update Q2: 21/22	
COLLECTIVE RISK MANAGEMENT STRUCTURES AND MECHANISMS	<p>1. Implement Strategic Risk Oversight process to support transition</p> <ul style="list-style-type: none"> • BAF in place for ICS Development Plan – approved by Partnership Board in April. Reporting on monthly basis. • CCG Transition Risk Register in place and monitored via project governance, with oversight from Transition Board 	
<p>Key Milestones & Critical Path: Delivery by July 2021:</p> <ul style="list-style-type: none"> • Implement Strategic Risk Oversight process to support transition 		On track

Workstream	Progress update Q2: 21/22
-------------------	----------------------------------

ALLOCATION APPROACH TO PLACES, COLLABORATIVES AND ORGANISATIONS	<p>1. ICP enabled integrated care delivery:</p> <ul style="list-style-type: none"> • Discussions underway throughout June on ICPs and Provider Collaboratives. This will inform the budgets and outcome-based contracts work • The allocation of resources and the financial framework is dependent on the development of service delivery at Place, Neighborhood & ICS level as well as the development of system service models to underpin (this has been assessed as red/amber rated at this stage)
--	--

<p>Key Milestones & Critical Path: Delivery by July 2021:</p> <ul style="list-style-type: none"> • We will agree outcome-based contracts for initial cohorts, for which ICPs will take responsibility of planning and delivering services using a ring-fenced budget based on current spend and population needs (such as health inequalities) – this milestone has been moved to Q2 in light of the agreement at place and locality 	On track
--	-----------------

FINANCIAL RESOURCE MANAGEMENT AND MECHANISMS	<p>1. Financial Resource Management will be defined by the target operating plan</p> <ul style="list-style-type: none"> • The H1 System plan was a small surplus (generated by ERF) of £3.5m. The plan assumed c£20m of ERF based on revised operational delivery plans during the period. At Month 2, we are on-track for delivery. We do not yet know the allocation or funding framework for H2 but we expect an increased requirement to identify and deliver System efficiencies (c 3.5%). • FPPG is working through a set of principles to help the system allocation of resources incorporating efficiency, population, equity of access – these principles will inform our financial framework currently under development • The primary financial planning risk is that whilst the System now has the H1 funding envelope and system plan, we anticipate that the delivery requirement in H2 will be even more challenging; the system must maximise focus now on embedding delivery of efficiencies ahead of the H2 settlement
---	--

<p>Key Milestones & Critical Path: Delivery by July 2021:</p> <ul style="list-style-type: none"> • Define the contracts between levels of the system and within each level • Budget pooling • Risk share/ gain share 	On track
--	-----------------

Financial Framework and use of resources: Risks, issues and concerns (Board Assurance Framework is source document)

Risk ID
09 - Increased collaboration with District, County and City councils and primary care and acute partners will add a multitude of agenda's, cultures and operating models that have the potential to stymie activity and reduce speed and agility in decision making and budgetary flow.

18 Failure to deliver the LTP financial trajectory signed off by System Leaders in Jan '20 due to non delivery of the financial savings through transformation, a worsening financial underlying position, the incidence of covid, and a lack of pace to implement the transformation schemes in 21/22

Workstream	Progress update Q2: 21/22	
COVID RESPONSE AND RECOVERY	<p>1. Finalise system recovery plan</p> <ul style="list-style-type: none"> • Interim Director of System Delivery is leading the work to establish system recovery • The system recovery plan will be based on the final activity submissions for the 21/22 planning round <p>2. Drive cooperative working after COVID peak to focus on elective recovery</p> <ul style="list-style-type: none"> • System-wide Delivery and Performance Group established to co-ordinate work, and aligned to Alliances and UEC to address urgent priorities for the system performance • The group is reviewing the sub structure to establish the working groups required currently looking at diagnostic MRI and Cardiology • AEDB will oversee unplanned care recovery and a planned care board is being explored to oversee elective recovery <p>3. Estate strategy development</p> <ul style="list-style-type: none"> • Estates group is Supporting first phase on Diagnostic hubs. • On-going development of town planning contributions processes for system to cover infrastructure beyond Primary Care • Aspiration to support development of blueprint for care provision by population. • Organisation Green Plans in development, discussed link in with System Green Plan. Acknowledge this is an issue extending significantly beyond the Estates agenda (workforce and procurement are large contributors) • An update of the System Estates Strategy requires direction on health and care strategy for system and close working with Alliances. To be programmed within six months of Clinical Strategy being signed off. 	
<p>Key Milestones & Critical Path: Delivery by July 2021:</p> <ul style="list-style-type: none"> • Finalise system recovery plan • Drive cooperative working after COVID peak to focus on elective recovery 		On track

Workstream	Progress update Q2: 21/22	
DIGITAL	<ol style="list-style-type: none"> 1. Digital strategy development <ul style="list-style-type: none"> • Head of Digital Transformation is leading on the development of the digital strategy, revising the current strategy (from 2018) to reflect ICS Design Framework and the accelerated pace of digital implementation initiated from the response to Covid. Work has already begun through the Digital Enabling Group (DEG). • A set of policies are in development to underpin the ways of working and approach to digital working and delivery. 2. Shared Care Record <ul style="list-style-type: none"> • DEG have agreed a 3 phase implementation plan is in place to deliver the Shared Care Record, with Phase 1 September milestone to stand up the technical platform and onboard a subset of Partners. 3. Maximising digital opportunities across the system <ul style="list-style-type: none"> • Through a dedicated digital workstream, all new funding opportunities are being considered with a Partner wide collaborative approach to ensure alignment with System priorities to deliver a more holistic solution to enable better patient care. 	
Key Milestones & Critical Path : Delivery by July 2021: None		On track
DATA AND INFORMATION	No work scheduled in Development Plan for Q2	
Key Milestones & Critical Path : Delivery by July 2021: None		Work not started

Workstream	Progress update Q2: 21/22	
ESTATES	<p>1. Capital plan agreed (aligned with operational plan)</p> <ul style="list-style-type: none"> Work is underway and waiting finalisation of the operational plan and other key system strategies Review of 2018 System Estates Strategy confirms requirement for update following strategy set by ICS and Alliances. Review of Governance requirements for the Estates Group undertaken – recommendations for representation within Alliances to support and guide estate implications made. System Capital work planning continues e.g. Hinchingsbrooke RAAC, Local Diagnostic Hubs, Cambridge Children’s Hospital developing to OBC stage, review of PoW OBC, Over Surgery FBC and further CUH plans 	
<p>Key Milestones & Critical Path: Delivery by July 2021:</p> <ul style="list-style-type: none"> Capital plan agreed (aligned with operational plan) 		On track
WORKFORCE	<p>1. Workforce strategic plan developed</p> <ul style="list-style-type: none"> Work is progressing on the plan Director of Workforce Transformation & Culture interviews taking place 15/16 July Recommendations from SWIM analysis presented to local people board and endorsed 25 June 2021. Actions now in train to undertake gap analysis and commence framework to action – during August/ongoing. Recommendations from SWIM shared with system leaders July 21. <p>2. SWIM report and action plan</p> <ul style="list-style-type: none"> Phase 1 diagnostic is complete. Phase 2 has been focused on defining the recommendations to enable action. A Gap analysis and framework to action aligning to the SWIM recommendations are both in train and this work will continue throughout the month of August with feedback returning to the LPB at the end of August. 	
<p>Key Milestones & Critical Path: Delivery by July 2021:</p> <ul style="list-style-type: none"> Workforce strategic plan developed SWIM report and action plan – presented to local people board and endorsed 25 June 2021 		On track
INTEGRATED CARE DELIVERY (INCL. CLINICAL STRATEGY)	No work scheduled in Development Plan for Q2	
<p>Key Milestones & Critical Path: Delivery by July 2021:</p>		Work not

Workstream	Progress update Q2: 21/22	
TRANSFORMATION APPROACH	1. Define transformation resource requirements <ul style="list-style-type: none"> • System Strategy and Planning group stood up and looking at overall system strategies and transformation needs • ICS Improvement Hub (including QSIR Facility) to aid system recovery and delivery. And longer term to look at ICS Development • Further work needed to identify areas of focus for transformation 	
Key Milestones & Critical Path: Delivery by July 2021: None		On track

System & Digital Transformation: Risks, issues and concerns (Board Assurance Framework is source document)
Risk ID

06 - The balanced distribution of access to health and care resources across the geographic bounds of Cambridgeshire and Peterborough is artificially restricted due to conflict across financial boundaries, in place infrastructure and alignment of geographical units across the system.

08 - Whilst conducting change management and moving towards a new planning and operational delivery model, it is likely that the ability and capacity to maintain a learning and adaptive culture will significantly reduce.

13 - The inability of the system to capture and capitalise on the lessons learnt during the COVID 19 Pandemic could slow the transformation agenda and impact the ICS's ability to harness the opportunities and dispel the threats that have been brought about under the new ways of working.

Workstream	Progress update Q2: 21/22	
CCG to ICS Transition	<ol style="list-style-type: none"> 1. Early transitional activity identified and T+F Groups Actioned. <ul style="list-style-type: none"> • Estates, ICT, Finance and Governance T+F Groups directed to commence transitional activity. 2. Readiness to Operate Statement (ROS) <ul style="list-style-type: none"> • Draft received – work in progress to integrate activity and ensure compliance against required activity 3. Due Diligence checklist. <ul style="list-style-type: none"> • Requirement identified – Governance T+F Group to develop, circulate and co-ordinate. 	
Key Milestones & Critical Path : Delivery by July 2021: None		On track
CCG to ICS Transition: Risks, issues and concerns (Board Assurance Framework is source document)		
Risk ID	<p>07- Increasing change and uncertainty as the ICS continues to develop and operate whilst adjusting to its new structure will add challenges for new and developing relationships across the system and will test established and well understood historic ones.</p> <p>17 – The alignment of emerging national guidance direction with the local narrative could affect current direction of travel and impact timelines.</p>	

Workstream	Progress update Q2: 21/22	
Implementation	<ol style="list-style-type: none"> 1. OD Sessions to enhance leadership/partnership board effectiveness <ul style="list-style-type: none"> • In place for 2021/22 for SL. Review of progress to date in August regarding future OD work and focus for this 2. Develop model constitution <ul style="list-style-type: none"> • First draft of constitution in place, awaiting national guidance. ICS Governance lead recruited from July to support this work 3. Launch transitional governance, functions and services through shadow form <ul style="list-style-type: none"> • Draft governance in place, all system groups stood up. Awaiting appointment to CEO and Chair to progress to next stage 4. Test maturity and readiness of shadow functions and services as they scale up (individual components and as a collective) <ul style="list-style-type: none"> • Draft principles in place, awaiting national guidance on approach 	
Key Milestones & Critical Path: Delivery by July 2021: None		On Track
Direction & Engagement: Risks, issues and concerns (Board Assurance Framework is source document)		
Risk ID: 07 - Increasing change and uncertainty as the ICS continues to develop and operate whilst adjusting to it's new structure will add challenges for new and developing relationships across the system and will test established and well understood historic ones. 09 - Increased collaboration with District, County and City councils and primary care and acute partners will add a multitude of agenda's, cultures and operating models that have the potential to stymie activity and reduce speed and agility in decision making and budgetary flow. 10 - Maintenance of clinically led and informed decision making will be lost if they are not at the core of system decision making.		
Recruitment	<ol style="list-style-type: none"> 1. ICS Board membership recruitment <ul style="list-style-type: none"> • Chair and CEO process in place – expected to be completed by October 2021 • Roadmap for ICS board level roles being drafted 	
Key Milestones & Critical Path: Delivery by July 2021:		On Track
Direction & Engagement: Risks, issues and concerns (Board Assurance Framework is source document)		
Risk ID: 05 – Change in Governance models and the introduction of new leadership across the system could create a period of reduced knowledge and understanding.		