

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 Q2 (NEDs, Governors, Vol Sector, Healthwatch forums) to update on ICS progress • System-wide Corporate Affairs/Governance Group meeting monthly and is developing system governance – System MOU session on 9 September • Continued development of System Engagement Strategy – due for completion by end of October • Funding identified for key system engagement roles. Recruitment is underway and interim resource has been secured • 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 and due for completion by end of October • Interim System Engagement Roles being interviewed w/c 13 September • Development of system SOF evidence and examples • Website supplier agreed and brand development work well underway 	
<p>Key Milestones & Critical Path: Delivery by Sept 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>		

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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 is progressing to further iterate functions at place/locality and what the phasing of this could look like Work continues to understand likely functions to be delegated from region, along with timescales and approach. Draft guidance has been shared and likely to be issued in mid September. CCG Director of Commissioning is co-ordinating this work stream, with T&F group established. <p>2. Design new commissioning model</p> <ul style="list-style-type: none"> Development work regarding Place progressed, with areas for delivery in Phase 1 agreed. Timeline agreed in September, along with identification of resource for the N&S ICPs via meetings held throughout September. Provider Collaboratives are progressing and clarity in scope is being worked up by each of the 3 provider collaboratives. <p>3. Design work aligned with wider strategic and operational plans and CBC</p> <ul style="list-style-type: none"> Work progressing 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 T&F group meetings with identified commissioning and quality leads, alongside regional and national meetings. 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 for phase 1 and provider collaboratives in development-relationship between place/PCs to be worked through. Principle agreement that ICB will be lean, with Place taking on majority of delivery over a phased time period as it matures, alongside 3 PCs. Future ICS scoping paper has been shared with system in Aug, discussed at SL in Sept, now seeking feedback for iteration and update for October PB and SL. 	
<p>Key Milestones & Critical Path: Delivery by Sept 2021:</p> <ul style="list-style-type: none"> Designation of functions at each level - Work is in progress to refine these and map staffing resource to them at CCG - aim to be completed by end of Sept 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 Agreement on organisational form at each level - Future ICS scoping paper has been shared with system for wider engagement. Place and PCs are determining their governance structures as part of this development work. (Interim Managing Directors appointed for ICPs) Agreement on budget, services and functions at each level - Ongoing development of this as Place and PCs are stood up in shadow form. A transition period during Sept/Oct 2021 	On track	

Workstream Area

System Roles and Capabilities (2):

Cambridgeshire and Peterborough
Integrated Care System

Date of Update

September 2021

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

Risk ID:

10 – Maintenance of Clinically led and informed decision making will be lost if they are not at the core of system decision making

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.

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.

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.

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PROVIDER COLLABORATIVES AND PLACES	<p>1. Alignment of Place and Provider Collaboratives</p> <ul style="list-style-type: none"> • Provider Collaboratives in progress for all 3 PCs, with a plan for governance and supporting partnership agreements to commence in shadow form from September for MH/LD. Childrens & Mat governance is in place along with agreed priorities. Work is ongoing to understand the interface between place and PCs, national guidance has now been received to help inform this. <p>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.</p> <ul style="list-style-type: none"> • Interim Managing Directors for place appointed and in post, 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 continues, first system event held end of Aug to gather input from partners and will inform the ICS brand. Capacity identified to support place development, recruitment is underway. 	
<p>Key Milestones & Critical Path: Delivery by Sept 2021:</p> <ul style="list-style-type: none"> • Establish robust processes for engaging Local Authorities, PCNs, primary care and social care - in development, co-producing approach to place development and phase 1 priority programmes, standing up ICP Executive Teams with key partners (weekly) to support ICP Boards (monthly) • Establish robust processes for engaging broader partners - in development, co-producing approach to place development and phase 1 priority programmes, strengthening relationships with District Councils and VCSE. • Develop PHM strategy to support the above – in development, participants selected for PHM Development programme with ‘readiness phase’ underway. • Agreement on organisational form at each level - Place and PCs are determining their governance structures as part of this development work. With leads identified for each function to be delivered at Place to enable shadow form from Sept/Oct 21. • Agreement on budget, services and functions at each level ongoing development of this as Place and PCs are stood up in shadow form. With formal delegation and transition of responsibility and resources during Sept/Oct 21. • Place working with CCG/ICS to define safe handover processes for managing and improving patient flow/UEC challenges. Partners collaborating to sponsor and deliver Nesta 100 Day Challenge for D2A, with launch in Sept 21. • Discussions and HR processes are underway for alignment of CCG staff with Place and Collaboratives as functions are delegated out. A similar process will need to be undertaken within partner organisations over Q3-Q4 2021/22. 		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 its 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"> • ICS scoping paper has been shared with system partners in August to set out potential future ways of working. To be discussed and developed further during September following feedback from sovereign boards. • Work is in progress regarding the development of a Most Capable Provider model that will support the safe transition of functions to new ICS delivery structures • ICS in engaged in national and regional Community of Practice re. ICS Establishment to share learning around this. • National guidance received on Readiness to Operate statement and other transitional guidance. This is being embedded into existing CCG Transition planning • Shadow form timescales are agreed and system is transitioning towards these, ensuring that supporting governance is in ongoing 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 Sept 2021:</p> <ul style="list-style-type: none"> • Design longer term arrangements to move towards shadow form - ICS scoping paper has been shared with system partners, with proposal for 2 places and 3 Provider collaboratives to commence in shadow form from autumn • Develop testing process to measure function/service maturity and maturity of ICS as a whole – development of a Most Capable Provider model is in first draft Agreement on organisational form at each level - Place and PCs are determining their governance structures as part of this development work • Agreement on budget, services and functions at each level - ongoing development of this as Place and PCs are stood up in shadow form 		On track

System Roles and Capabilities: 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.

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.

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LEADERSHIP STRUCTURE	<ol style="list-style-type: none"> 1. NHSE/I advertisement of C&P Chair & AO process <ul style="list-style-type: none"> • Chair advert is live, interviews on 30th Sept. Full engagement with system and region. Process led by national team. Odgers as search agency. • CEO Advert 1st Sept, closing 27th Sept. Interviews 25th Oct. Nationally led process, locally populated stakeholder and interview panels. System partners will have full engagement. Hunters as search agency 2. Determine ICS leadership structure <ul style="list-style-type: none"> • Draft structure in development, to be progressed in line with development of ICB future and in line with CEO and Chair appointment. • Principles for recruitment to ICB roles approach in development between Interim HRD and Director of Strategy & Planning. 	
<p>Key Milestones & Critical Path: Delivery by Sept 2021: National advert for ICB Chair and CEO in progress. Recruitment process for C&P is in progress to support appointment by early Aug Agreement on organisational form at each level - draft is in development. With leads identified for each function to be delivered at Place to enable shadow form from Sept/Oct 21. Agreement on budget, services and functions at each level - ongoing development of this as Place and PCs are stood up in shadow form. With formal delegation and transition of responsibility and resources during Sept/Oct 21.</p>		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, in line with development of ICB future and in line with CEO and Chair appointment • ICS Interim Governance Lead commenced to support this development work. Governance diagnostic undertaken and work is progressing on key ICB governance materials e.g Constitution, Wiring Diagram and MOU. System engagement via System Governance Group and CCG GB. Further engagement planned. 	
<p>Key Milestones & Critical Path: Delivery by Sept 2021: • Agreement on organisational form at each level - ICS scoping paper has been shared with system partners in August to set out potential future ways of working. To be discussed and developed further during September following feedback from sovereign boards. • Agreement on budget, services and functions at each level - ongoing development of this at Place and PCs are stood up in shadow form</p>		On track

<p>TRANSITIONAL ICS GOVERNANCE</p>	<p>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</p> <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 - next update for Qtr 2 will include draft ROS 	
<p>Key Milestones & Critical Path: Delivery by Sept 2021:</p> <ul style="list-style-type: none"> • Version 2 of the Development Plan submitted to Region by 30 June – Complete • Agreement on organisational form at each level - draft is in development. • Agreement on budget, services and functions at each level - ongoing development of this at Place and PCs are stood up in shadow form 		<p>On track</p>
<p>Workstream</p>	<p>Progress update Q2: 21/22</p>	
<p>CLINICAL LEADERSHIP</p>	<p>1. Strengthen clinical leadership model and revise clinical group membership and function</p> <ul style="list-style-type: none"> • Clinical Leadership paper drafted and engagement with senior clinical workforce underway. • Facilitation/OD support secured for the group to support the ongoing development of the clinical Leadership. • Proposal for clinical leadership model approved by System Leaders in September, for implementation • 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. <p>2. Refresh the clinical strategy to ensure it maximises the unique assets C&P ICS has at its disposal, including the CBC</p> <ul style="list-style-type: none"> • Plans in place to update the Clinical Strategy and extend reach of BMC for countywide benefit - Joint Clinical Group meeting fortnightly to facilitate this. This is behind schedule due to Operational pressures. 	
<p>Key Milestones & Critical Path: Delivery by Sept 2021:</p> <ul style="list-style-type: none"> • Establish Clinical Group Membership – complete. Group is now meeting on weekly basis. • Updated Clinical Strategy – work is in progress and will continue throughout Q2 and early Q3 –work has been delayed, so the timescales have been put back by 1 Qtr 		<p>On track</p>

Workstream	Progress update Q2: 21/22	
ASSURANCE	<ul style="list-style-type: none"> • Agreed the principles, MOU and ToFRef for system SOAG – first meeting held 31st Aug. • Approach shared with SL and System Governance Group and communicated to all sovereign boards in Sept. • MOU and Terms of Reference signed off at inaugural meeting, with recognition that they will mature with the group. • Appointment of shared interim Director of Performance and Assurance with Region commenced in July 	
Key Milestones & Critical Path: Delivery by Sept 2021: <ul style="list-style-type: none"> • Agreement on organisational form at each level, with leads identified for each function to be delivered at Place to enable shadow form from Sept/Oct 21. • Agreement on budget, services and functions at each level, with formal delegation and transition of responsibility and resources during Sept/Oct 21. 		On track
OD	<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 • Funding stream of c£37k identified via region, for clinical leaders to utilise to facilitate this. Further funding to be secured. • SL OD review completed, finds to be shared with system colleagues in September. Formal review in October, with plan to recommence once ICS Chair and CEO are appointed. 	
Key Milestones & Critical Path: Delivery by Sept 2021: <ul style="list-style-type: none"> • Agreement on organisational form at each level • Agreement on budget, services and functions at each level 		On track
System Leadership, governance & accountability: Risks, issues and concerns (Board Assurance Framework is source document)		
Risk ID: <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	
<p>TARGET OPERATING MODEL</p>	<ol style="list-style-type: none"> 1. Draft operating plan <ul style="list-style-type: none"> • Programme of work completed on time 2. Final operating plan <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. H2 planning process is underway 3. Commence first SOAG <ul style="list-style-type: none"> • System’s first SOAG stood up in August 2021 • Approach has been shared with SL and System Governance Group - communicated to all sovereign boards in Sept • MOU and terms of reference agreed at inaugural meeting. 4. Iterate assurance and performance approach <ul style="list-style-type: none"> • System likely to land in SOF4, so work in progress to identify plan to release from this and support for Improvement role 5. Develop system quality improvement approach <ul style="list-style-type: none"> • System Strategy & Planning Group has been stood up and meeting monthly. Group is undertaking review of current system strategies and mapping these. QI and other methodologies for system development in discussion as part of ongoing development. 	
<p>Key Milestones & Critical Path: Delivery by Sept 2021:</p> <ul style="list-style-type: none"> • Draft Operating Plan • Agreement on organisational form at each level, with leads identified for each function to be delivered at Place to enable shadow form from Sept/Oct 21. • Agreement on budget, services and functions at each level, with formal delegation and transition of responsibility and resources during Sept/Oct 21. • Discussions and HR processes are underway for alignment of CCG staff with Place and collaboratives as functions are delegated out. A similar process will need to be undertaken within partner organisations over Q3-Q4 2021/22. 	<p>On track</p>	

Workstream	Progress update Q2: 21/22	
QUALITY AND PERFORMANCE	<ol style="list-style-type: none"> Confirm system-level quality oversight <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 place, with Tof Ref and MOU signed off. Stood up the first meeting in August 2021 ICS assurance and performance process in shadow form <ul style="list-style-type: none"> Work has been scoped for wider consideration. Awaiting national guidance on process 	
Key Milestones & Critical Path: Delivery by Sept 2021: <ul style="list-style-type: none"> System Level quality Oversight Group in development, plan to stand up in August ICS Assurance and performance in shadow form 		On track

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	
RISK MANAGEMENT	<ol style="list-style-type: none"> Implement Strategic Risk Oversight process to support transition <ul style="list-style-type: none"> BAF in place for ICS Development Plan – approved by Partnership Board in April. Monthly reporting in place Development of System Operational Risk Register (ORR) in August, for implementation in September. Risk management process in place for CCG Transition 	
Key Milestones & Critical Path: Delivery by Sept 2021: <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. Feedback now deferred to September as August Board postponed. <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. Further interviews scheduled for September for this post. 	
<p>Key Milestones & Critical Path: Delivery by Sept 2021:</p> <ul style="list-style-type: none"> • People Plan = first draft completed • Agreement on organisational form at each level • Agreement on budget, services and functions at each level 		On track

Workstream	Progress update Q2: 21/22	
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 Neighborhood 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 transition to the ICPs during September, and providers who deliver services within these pathways will therefore be accountable to the ICPs for their performance and outcomes. • ICPs are co-producing approach to Place development and phase 1 priority programmes, including standing up ICP Executive Teams with key partners (weekly) to support ICP Boards (monthly), Leads (operational and clinical identified for each function, strengthening relationships with partners, particularly District Councils and VCSE • 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. Discussions and HR processes are underway for alignment of CCG staff with Place and collaboratives as functions are delegated out. A similar process will need to be undertaken within partner organisations over Q3-Q4 2021/22. • Place is working with partners and regional team to develop Organisational Development plans for Place and neighbourhoods. 	
<p>Key Milestones & Critical Path: Delivery by Sept 2021:</p> <ul style="list-style-type: none"> • Agreement on organisational form at each level • Agreement on budget, services and functions at each level 	On track	

Workstream	Progress update Q2: 21/22	
<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 • National guidance received August/Sept and is being reviewed in light of C&P planning processes. • Development of Readiness to Operate statement and embedding process into existing Transition processes 2. People transition and support plan <ul style="list-style-type: none"> • Agreement that all CCG staff will transfer to ICB on 1 April, national guidance received on processes. • Suite of support in place for staff and draft in place of principles for development of staff within system to support new ICS infrastructure • Workforce Task and Finish Group in place and overseeing the work • Comprehensive programme of staff engagement events to communicate changes • Interim HRD appointed Sept to support the ICB appointments 	
<p>Key Milestones & Critical Path: Delivery by Sept 2021:</p> <ul style="list-style-type: none"> • CCG Transition Plan in place – seeking assurance from region on robustness of approach • Agreement on organizational form at each level • Agreement on budget, services and functions at each level 		<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 1418"> 6. Establish retained, developed and transferred commissioning arrangements <ul style="list-style-type: none"> <li data-bbox="580 1350 2471 1418">• 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): [Louis Kamfer](#)

Date of Update

September 2021

Workstream	Progress update Q2: 21/22		
	<p>Key Milestones & Critical Path: Delivery by Sept 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 • Agreement on organisational form at each level • Agreement on budget, services and functions at each level 		On track
Workstream	Progress update Q2: 21/22		
<p>COLLECTIVE RISK MANAGEMENT STRUCTURES AND MECHANISMS</p>	<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 • Agreement on organisational form at each level • Agreement on budget, services and functions at each level 		On track

Workstream	Progress update Q2: 21/22	
<p>ALLOCATION APPROACH TO PLACES, COLLABORATIVES AND ORGANISATIONS</p>	<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 Sept 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 • Agreement on organisational form at each level • Agreement on budget, services and functions at each level 		<p>On track</p>
<p>FINANCIAL RESOURCE MANAGEMENT AND MECHANISMS</p>	<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 Sept 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 • Agreement on organisational form at each level • Agreement on budget, services and functions at each level 		<p>On track</p>
<p>Financial Framework and use of resources: Risks, issues and concerns (Board Assurance Framework is source document)</p>		

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

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> <p>Two Groups COO/DAS and Acute Provider Collaborative + have been established to co-ordinate the recovery work and aligned to Alliances and UEC to address urgent priorities for the system performance</p> <ul style="list-style-type: none"> The group has established a sub structure of working groups. Each ICP/Places SRG will oversee unplanned care 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 are in development, and lead arrangements in place for System Green Plan. This work extends 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 ICPs. To be programmed within six months of Clinical Strategy being signed off. 	
Key Milestones & Critical Path: Delivery by Sept 2021: <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"> • Work continues on development of the strategy . The delivery of the strategy will be Q3 to take into consideration to emerging documents; What Good Looks Like to ensure alignment of the strategic priorities and asks both nationally/locally and taking into account emerging reviews of Partner Digital strategies. Further user engagement across the System is underway to further shape the Digital strategy. 2. Shared Care Record <ul style="list-style-type: none"> • Phase 1 delivery have been readjusted, as we finalise the contract negotiation. Implementation work will start in September with an early quick win of standing up the technical environments and software being installed, ready for a managed rolling programme of early adopters across our Partners into Q4. 3. Maximising digital opportunities across the system <ul style="list-style-type: none"> • Processes and governance being set up for the Provider Digitisation Workstream. Digital Bids continue to be received from National and a collaborative approach being undertaken to co-ordinate and agree which bids to take forward, ensuring the System is able to absorb the project as it transitions into business as usual (e.g. funding streams, resources etc) 	
Key Milestones & Critical Path : Delivery by Sept 2021: ShCR - Contract sign off. Agreed Phase 1 implementation Plan		On track
DATA AND INFORMATION		
Key Milestones & Critical Path : Delivery by Sept 2021:		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 Sept 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 next round of interviews taking place Sept • 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 – Feedback to August LPB deferred to September as Board postponed. • 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. Deferred to September as Board postponed. • D2A pathway work in train using the 'Sphere of Influence' workforce Methodology and engaging AHPs at system level. 	
<p>Key Milestones & Critical Path: Delivery by Sept 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 • GAP analysis undertaken August 2021 		On track

Workstream Area

System and digital transformation (4):

Date of Update

September 2021

Workstream

Progress update Q2: 21/22

INTEGRATED CARE DELIVERY (INCL. CLINICAL STRATEGY)

- Clinical Leadership paper drafted and engagement with senior clinical workforce underway.
- Facilitation/OD support secured for the group to support the ongoing development of the clinical Leadership.
- **Proposal for clinical leadership model approved by System Leaders in September**, for implementation
- 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.
- Plans in place to update the Clinical Strategy and extend reach of BMC for countywide benefit - Joint Clinical Group meeting fortnightly to facilitate this. **This is behind schedule due to Operational pressures.**

Key Milestones & Critical Path: Delivery by Sept 2021:

On track

TRANSFORMATION APPROACH

1. Define transformation resource requirements

- 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. longer term to look at ICS Development
- Further work needed to identify areas of focus for transformation **and to review the McKinsey plan to focus on areas for emerging ICS infrastructure to lead on**

Key Milestones & Critical Path: Delivery by Sept 2021:

Agreement on organisational form at each level

Agreement on budget, services and functions at each level

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"> • Now integrated into the Due Diligence Requirements and Readiness to Operate Checklist, these activities are underway and have oversight from the Governance Task and Finish Group. 2. Readiness to Operate Statement (ROS) <ul style="list-style-type: none"> • Requirements have been reviewed and incorporated into the CCG – ICB transition Plan. Work Plans for each Task and Finish Group ensure that the requirements will be met. Region will require assurance at the end of Q2, Q3 and in early – mid Feb 2022. We have established a RAG rating against these requirements and will report to the Transition Board monthly on progress. 3. Due Diligence checklist. <ul style="list-style-type: none"> • Guidance has now been received on the constitutional requirements. Work is in progress to review board and committee requirements for both the ICB and ICP respectively. The MOU is being developed in parallel and a plan of engagement with the wider system will be put in place. 	
<p>Key Milestones & Critical Path: Delivery by Sept 2021: Agreement on organisational form at each level Agreement on budget, services and functions at each level</p>		On track
CCG to ICS Transition: Risks, issues and concerns (Board Assurance Framework is source document)		
<p>Risk ID</p> <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 October regarding future OD work and focus for the next steps once the CEO and Chair are appointed 2. Develop model constitution <ul style="list-style-type: none"> • First draft of constitution is being developed by the governance group with CCG GB. National guidance received. ICS Governance lead recruited from July to support this work and governance diagnostic is underway. 3. Launch transitional governance, functions and services through shadow form <ul style="list-style-type: none"> • Draft governance in place and development continues in light of the development of ICS functions. All system operational groups are stood up and meeting regularly. Will continue to progress whilst CEO and Chair recruitment processes 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"> • Work is in progress regarding the development of a Most Capable Provider model that will support the safe transition of functions to the new ICS delivery. 	
Key Milestones & Critical Path: Delivery by Sept 2021: Agreement on organisational form at each level Agreement on budget, services and functions at each level		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**1. ICS Board membership recruitment**

- Chair and CEO process in place – expected to be completed by October 2021
- Roadmap for ICS board level roles in development with interim system HRD

Key Milestones & Critical Path: Delivery by Sept 2021:

[Agreement on organisational form at each level](#)

[Agreement on budget, services and functions at each level](#)

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.