

Workstream	Progress update Q1: 21/22	
DIRECTION & ENGAGEMENT	<p>1. Set Strategic Intent. Core vision and Agree Priorities</p> <ul style="list-style-type: none"> • Draft Vision Statement and Brand developed and agreed with System Leaders in May for wider engagement • Draft Strategic Aims developed and agreed with System Leaders in May for wider engagement, along with KPIs to underpin <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 March/April (NEDs, Governors, Vol Sector) to update on ICS progress • Established System-wide Corporate Affairs/Governance Group to support governance and engagement • System Engagement Strategy in development • Funding identified for key system engagement roles • 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 • Draft of interim System Comms & Engagement Roles for advertisement in May • Development of system SOF evidence and examples 	
<p>Key Milestones & Critical Path: Delivery by June 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>16 - 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>17 - 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)	<ol style="list-style-type: none"> 1. Determination of functions at each level <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 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. 2. Design new commissioning model and Place Development <ul style="list-style-type: none"> • Discussions regarding Place and Provider Collaboratives scheduled with System Leaders for 4th & 18th May. • Draft Provider Collaboratives scope for MH/LD, Childrens, UEC and Acute in place and under review 3. Design work aligned with wider strategic and operational plans and CBC <ul style="list-style-type: none"> • Discussions commenced regarding role of CBC and spread of innovation to system 	
Key Milestones & Critical Path: Delivery by June 2021: <ul style="list-style-type: none"> • Designation of functions at each level confirmed • Strategic Commissioning Framework • 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 budget, services and functions at each level 		On track
PROVIDER COLLABORATIVES AND PLACES	<ol style="list-style-type: none"> 1. Alignment of Place and Provider Collaboratives <ul style="list-style-type: none"> • Draft Provider Collaboratives scope for MH/LD, Childrens, UEC and Acute in place and under review 2. Placed based working (process of engagement with LA's/PCNs/Broader Partners) <ul style="list-style-type: none"> • Discussions regarding Place and Provider Collaboratives scheduled with System Leaders for 4th & 18th May. 3. Approach for Engagement with Primary and Social Care defined <ul style="list-style-type: none"> • Work on Engagement Strategy commenced 	
Key Milestones & Critical Path: Delivery by June 2021: <ul style="list-style-type: none"> • Establish robust processes for engaging Local Authorities and PCNs • Establish robust processes for engaging broader partners • Define the approach to engaging primary care and social care • Finalise PHM strategy 		On track

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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 <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 is in process of being scoped for wider consideration. Awaiting national guidance on processes 	
<p>Key Milestones & Critical Path: Delivery by June 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 		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>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.</p>		

Workstream Area

System Leadership, governance & accountability

Cambridgeshire and Peterborough
Integrated Care System**Date of Update**

May 2021

Workstream	Progress update Q1: 21/22	
LEADERSHIP STRUCTURE	No work scheduled in Development Plan for Q1	
Key Milestones & Critical Path : Delivery by June 2021: None		Work not yet due
GOVERNANCE	No work scheduled in Development Plan for Q1	
Key Milestones & Critical Path : Delivery by June 2021: None		Work not yet due
TRANSITIONAL ICS GOVERNANCE	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 1 of the Development Plan complete and submitted to Region by 1 April. Feedback from System Leaders on V1 of DP by 04.05.21. Feedback from Region by 20.05.21. V2 of Development Plan to be drafted May/June and scheduled sign-off via SL and PB June 2021 	
Key Milestones & Critical Path : Delivery by June 2021: <ul style="list-style-type: none"> Version 2 of the Development Plan to be submitted to Region by 30 June 		On track
CLINICAL LEADERSHIP	1. Strengthen clinical leadership model and revise clinical group membership and function <ul style="list-style-type: none"> Clinical Leadership paper drafted and consultation with clinical workforce underway. 2. Refresh the clinical strategy to ensure it maximises the unique assets C&P ICS has at its disposal, including the Cambridge Biomedical Campus <ul style="list-style-type: none"> Plans in place to update the Clinical Strategy and extend reach of BMC for countywide benefit 	
Key Milestones & Critical Path : Delivery by June 2021: <ul style="list-style-type: none"> Establish Clinical Group Membership Updated Clinical Strategy 		On track

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ASSURANCE	No work scheduled in Development Plan for Q1	
Key Milestones & Critical Path : Delivery by June 2021: None		Work not yet due
OD	No work scheduled in Development Plan for Q1	
Key Milestones & Critical Path : Delivery by June 2021: None		Work not yet due
System Leadership, governance & accountability: Risks, issues and concerns (Board Assurance Framework is source document)		
Risk ID: 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. 05 -Change in Governance models and the introduction of new leadership across the system will create a period of reduced knowledge and understanding. 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 such as the Chair and System Leaders Group		

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TARGET OPERATING MODEL	<p>1. Draft operating plan</p> <ul style="list-style-type: none"> System Workshops and programme of work has taken place throughout April. Draft Templates in place, submitted to Region on 4th May Programme of work identified, signed off by SL (30 April) and scheduled for May , prior to submission date of 1 June <p>2. Final operating plan</p> <ul style="list-style-type: none"> Scheduled to be in place by 1 June 	
<p>Key Milestones & Critical Path: Delivery by June 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"> Awaiting national guidance on SOF – consultation is underway SOAG group is in development and awaiting feedback from SL by 4 May 2021 on proposed governance <p>2. ICS assurance and performance process in shadow form</p> <ul style="list-style-type: none"> Work is in process of being scoped for wider consideration . Awaiting national guidance on processes 	
<p>Key Milestones & Critical Path: Delivery by June 2021:</p> <ul style="list-style-type: none"> System Level quality Oversight ICS Assurance and performance in shadow form 		On track
RISK MANAGEMENT	<p>1. Implement Strategic Risk Oversight process to support transition</p> <p>BAF in place for ICS Development Plan – approved by Partnership Board in April. Reporting in May</p>	
<p>Key Milestones & Critical Path: Delivery by June 2021:</p> <ul style="list-style-type: none"> System Level quality Oversight 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.		

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SINGLE PEOPLE PLAN	1. People Plan is in place <ul style="list-style-type: none"> Completed, further development planned as ICS matures 	
Key Milestones & Critical Path: Delivery by June 2021: <ul style="list-style-type: none"> People Plan 		Complete
PLACE BASED PARTNERSHIP	No work scheduled in Development Plan for Q1	
Key Milestones & Critical Path: Delivery by June 2021: None		Work not yet due
SUPPORTING PEOPLE TO TRANSITION	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 	
Key Milestones & Critical Path: Delivery by June 2021: <ul style="list-style-type: none"> CCG Transition Plan in place 		On track
Leadership & People Development: Risks, issues and concerns (Board Assurance Framework is source document)		
Risk ID 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.		
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.		

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SYSTEM WIDE FINANCIAL FRAMEWORK INCLUDING CAPITAL	<ol style="list-style-type: none"> 1. Complete reforecasting <ul style="list-style-type: none"> The System delivered the 20/21 financial projection c£0.8m surplus across the System; all partners delivered breakeven or a small surplus. We now have a complete 20/21 I&E position and additionally a draft financial plan for H1 21/22. FPPG is undertaking a focused piece of work to review the System underlying financial position and developing projections for H2 21/22 and beyond. 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"> 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 will be required to monitor delivery closely in-year 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. 3. Agree financial settlement <ul style="list-style-type: none"> We have received our H1 System allocation, based primarily on H2 20/21.; within the NHSE model, there is an expectation for the System delivering £8.7m of additional efficiencies to breakeven as a minimum (our actual estimated system H1 value is higher). Additionally, Providers will overlay Specialised and Other commissioning income and a level of Other Income recovery. 4. Complete financial plan <ul style="list-style-type: none"> We have produced an H1 System finance plan, linked to the activity & workforce plans; before mitigations, the plans was £18m deficit but with receipt of NHSE Other income £6.6m, release of CCG contingency (because contractual risks have lessened) and efficiencies incorporated into the plan, we are submitting a breakeven position. 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 anticipate a higher efficiency requirement. We are developing a 12-month plan through FPPG; the transformation priority service models will inform the longer-term financial analysis 	
Key Milestones & Critical Path: Delivery by June 2021: <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 Agree financial settlement Complete financial plan 	On track	

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COLLECTIVE RISK MANAGEMENT STRUCTURES AND MECHANISMS	1. 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. Reporting in May• CCG Transition Risk Register in place and monitored via project governance, with oversight from Transition Board	
Key Milestones & Critical Path: Delivery by June 2021: <ul style="list-style-type: none">• Implement Strategic Risk Oversight process to support transition		On track

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ALLOCATION APPROACH TO PLACES, COLLABORATIVES AND ORGANISATIONS	<p>1. ICP enabled integrated care delivery:</p> <ul style="list-style-type: none"> • Discussion planned for 4th & 18th May at System Leaders 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 rated at this stage) 	
<p>Key Milestones & Critical Path: Delivery by June 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) 		Caution
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"> • FPPG recommended to System Leaders for approval on 30 April; the plan recognised the deficit before mitigations of c£18m but through release of CCG contingency (in line with other Systems due to reduced contractual risk - £3.3m), receipt of additional Other Income from NHSE (£6.6m) and further efficiencies, the System is submitting a balanced draft financial plan for H1. We do not yet know the allocation or funding framework for H2 but we anticipate an increased requirement to identify and deliver System efficiencies • 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 June 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

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.

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COVID RESPONSE AND RECOVERY	<p>1. Finalise system recovery plan</p> <ul style="list-style-type: none"> • Interim Director of System Delivery appointed April 2021 to lead the work • 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 • 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>Key Milestones & Critical Path: Delivery by June 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
DIGITAL	No work scheduled in Development Plan for Q1	
<p>Key Milestones & Critical Path: Delivery by June 2021:</p> <p>None</p>		Work not yet due
DATA AND INFORMATION	No work scheduled in Development Plan for Q1	
<p>Key Milestones & Critical Path: Delivery by June 2021:</p> <p>None</p>		Work not yet due

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ESTATES	<ol style="list-style-type: none"> 1. Capital plan agreed (aligned with operational plan) <ul style="list-style-type: none"> • Work is underway and waiting finalisation of the operational plan and other key system strategies 2. Review of 2018 System Estates Strategy confirms requirement for update following strategy set by ICS and Alliances. 3. Review of Governance requirements for the Estates Group undertaken – recommendations for representation within Alliances to support and guide estate implications made. 	
Key Milestones & Critical Path: Delivery by June 2021: <ul style="list-style-type: none"> • Capital plan agreed (aligned with operational plan) 		On track
WORKFORCE	<ol style="list-style-type: none"> 1. Workforce strategic plan developed <ul style="list-style-type: none"> • Work is in progress on the plan • System Leaders have approved the appointment of an interim System Workforce Transformation Director. JD/PS is being drafted, to be advertised May/June 2. SWIM report and action plan <ul style="list-style-type: none"> • Interim findings reported to the People Board on 26 April. To be shared with System Leaders in May/June 	
<ul style="list-style-type: none"> • Key Milestones & Critical Path: Delivery by June 2021: • Workforce strategic plan developed • SWIM report and action plan 		On track
INTEGRATED CARE DELIVERY (INCL. CLINICAL STRATEGY)	No work scheduled in Development Plan for Q1	
Key Milestones & Critical Path: Delivery by June 2021: None		Work not yet due

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TRANSFORMATION APPROACH	No work scheduled in Development Plan for Q1	
Key Milestones & Critical Path : Delivery by June 2021: None		Work not yet due

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