NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

Improvement and Delivery Plan 2018-2019

Date	Version	Authorised by
30th July 2018	Approved by NHSE on 1.08.2018	J Thomas (AO)
At the point of submission to NHSE, these dates and actions are finalised. The document will be reviewed and change control process applied monthly reported through NHSE and CCG Governing Body. The document is owned by the Governing Body who are accountable for its delivery.		

Content

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Summary Position – How we got here

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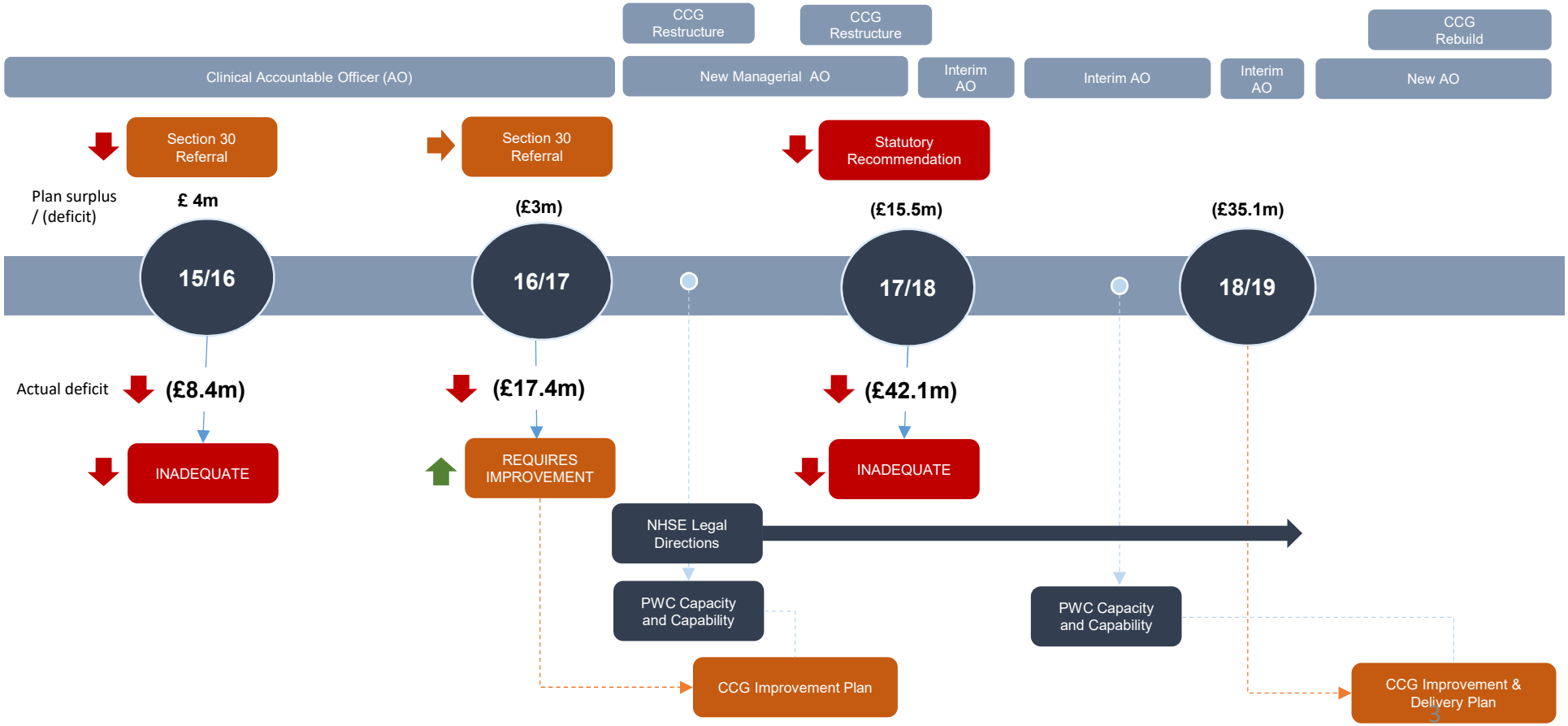
The CCG was rated "Inadequate" in the CCG Improvement and Assessment Framework for 2015/16 and was put under NHSE Legal Directions. A Capacity and Capability Review of Finance and Governance undertaken by PricewaterhouseCoopers LLP (PwC) led to the development of an Improvement Plan, progress to which contributed to a rating of "Requires Improvement" in 2016/17. The CCG remained under Legal Directions as a result of the underlying financial position.

For 2017/18, the CCG agreed a financial control total with NHSE of £15.5m deficit, however, the 2017/18 reported outturn is a £42.1m deficit, after adjusting for the release of the 0.5% national risk reserve the CCG is mandated to retain through the year. This position signals a failure in the CCG's statutory financial duties. There were four key drivers for the financial performance for 2017/18; acute over-performance, under delivery of QIPP, higher than anticipated growth in individual placements including the recognition of the backlog of cases within the CHC service and the national pricing concession issue within prescribing.



Summary Position – How we got here

Cambridgeshire and Peterborough Clinical Commissioning Group

Early in 2018, the CCG commissioned PwC to conduct a capability, capacity and independent review of financial plan which described significant failings across a number of areas of the CCG including a history which demonstrated a lack of grip, action, financial forecasting, financial control and delivery coupled with instability and lack of experienced leadership and capacity. All these issues have led to a breakdown in governance and control in relation to finance, of which NHS Continuing Healthcare was a clear example. The CCG Governing Body anticipates that the Annual Assessment rating will deteriorate and that NHS England Legal Directions will be refreshed.

External Audit has exercised its powers under Section 24 (Schedule 7) of the Local Audit and Accountability Act 2014 and has issued statutory recommendations to the CCG (which will also be reported to the Secretary of State and NHS England). These are set out below:-

a. The CCG should in response to the PwC report entitled 'NHS Cambridgeshire & Peterborough CCG – Capability, capacity and independent review of financial position (March 2018)', develop and formally agree a detailed improvement plan by 31 July 2018. The Improvement plan should be formally ratified by NHS England.
b. The CCG should report and monitor the implementation of the actions as a result of the response to the PwC report formally at each Governing Body meeting until all actions are complete.
c. The CCG must develop and formally agree a robust medium term financial plan to return to normal NHS business rules in a timeframe agreed by NHS England.

It is clear that there are three stages required to provide sustainable improvement:-

- Driving Immediate Improvement – delivering the recommendations from the PwC Report and requirements from NHSE;
- Meeting National Must Dos and CIAF Domains (Better Health, Better Care, Sustainability and Leadership);
- Transforming to an Integrated Care System.

The CCG has provided assurance to NHSE of our commitment to improve in these areas and to ensure that we deliver the Financial Plan for 2018-2019. The Governing Body will be accountable for the completion of the Improvement and Delivery Plan. Responsibility for delivering the Improvement and Delivery Plan will rest with the Chief Officer (Accountable Officer) supported by the Executive and Clinical Executive leadership team. There will also be a need to ensure close monitoring and scrutiny of actions to ensure that the improvements are effectively measured to provide assurance to the Governing Body and to NHSE. The Plan will be updated on a monthly basis and delivery closely scrutinised by the Committee Structure prior to presentation to the Governing Body at each meeting in public.

Why is 18/19 going to be different?

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Each of the below strategies on their own will not get the CCG to a sustainable position, all actions are required and are led jointly by the Chair and Accountable Officer.

1 NEW LEADERSHIP

- Newly appointed AO
- New CFO, COO and Medical Director recruitment commenced.
- Recruitment of new 2 Lay Members

2 RESULTS FOCUSED

- Clear financial plan with milestone to assure delivery
- New PMO and QIPP that triangulates QIPP with budget and activity
- Improved reporting based on data.

3 MITIGATED RISK

- Guaranteed income contracts with acute providers, limited acute overspend risk
- Increased management of risks and mitigations.

4 TRANSPARENCY

- Clear no surprises policy with NHSE and Governing Body
- Open book accounting with providers.
- Open approach internally and externally on communications (including MP's)

5 SYSTEM WORKING

- CCG at the heart of the STP and driving the ICS model.
- Focused areas for joint delivery and performance agreed as DTOC and AE.
- Integration of the SDU and CCG

2018/19 Corporate Objectives

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For 2018/19 for the CCG, we have to be very focused. Simply put we have to do what we said we would do and do it well. Our corporate objectives reflect this approach.

1. Delivering the Improvement Plan for 2018-2019 and beyond
2. Delivering the Financial Plan for 2018-2019
3. Delivering national must dos and service priorities set out in the National Planning Guidance
4. Ensuring clear oversight of patient safety and quality
5. Ensuring robust governance arrangements are in place to ensure the CCG delivers its statutory duties
6. Ensuring delivery of robust engagement and communications plans to support delivery

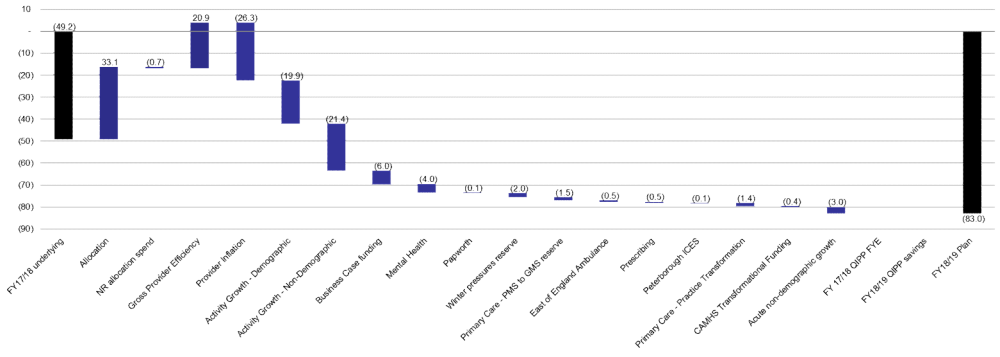
In order to deliver the above operationally we have to deliver 5 things, these 5 are all within our internal gift as an organisation:

- Create and sustain a strategic commissioning function that is fit for purpose and future proofed for development into the Integrated Care System;
- Deliver our QIPP commitment of £35m;
- Deliver specifically our medicines optimisation programme;
- Deliver improvements and results in CHC;
- Work with system partners to create tangible improvements in Delayed Transfers of Care and Emergency Department performance.

Context – 2017/18 to 2018/19

- The CCG and system do not have the capacity and capability to mobilise well worked up system plans by the start of the year.
- 2018/19 is a stabilisation and transition year for this system.
- Negotiated Guaranteed Income Contracts (GICs) with our material acutes to 'buy out' the risk of non-delivery of QIPP and in year growth, and align responsibility for reduction in activity with the investment made in admission avoidance schemes.
- QIPP progress and development is not well developed and is a priority area.
- This plan gets us to a sustainable transformed system that is an Integrated Care System and we have system buy-in to ensuring all parties understand what their role is.
- £35m deficit is a challenging and achievable plan, with several risks that are being mitigated.
- 0.5% contingency is low, therefore we would look for in year benefit against other areas like primary care and RTT to provide operational accounting flexibility.

Doing nothing is not an option …



- **FY17/18 underlying (£49.2):** Included within this underlying opening position is the CHC backlog estimate of £10m as a recurrent pressure going forward.
- **Allocation and non-recurrent allocation spend (+£32.4m):** This reflects resource uplift allocated centrally and non-recurrent allocation spend for IRS and NHS PS changes.
- **Planning adjustments (-£46.7m):** This reflects the national tariff guidance and our activity growth assumptions (primarily guided by the STP growth assumptions).
- **Pre-commitments (-£10.1m):** Business case funding (£6m): In FY17/18 the CCG made contributions to the system investment fund. Pooled funds have been used to fund schemes for 12 months.

2018/19 Financial Plan

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£m	17/18 FOT	2017/18 Recurrent Exit position	Increase in allocation	Tariff Inflator/ Inflation	Growth	MHIS & GPFV	Other recurrent investments	Non-recurrent investments	Contingency	Other reserves	Planned QIPP	2018/19 Plan	Growth on recurrent exit
Allocation	1,149,272	1,143,103	37,919									1,181,022	3.3%
Expenditure													
Acute	584,262	581,292		4,668	23,367		5,456				-13,969	600,814	3.4%
Mental Health	85,947	88,299		85	2,218	1,429					-300	91,731	3.9%
Community Health Services	129,117	128,336		231	4,410						-5,500	127,477	-0.7%
Continuing Care	71,541	72,736		73	3,273						-7,500	68,582	-5.7%
Prescribing	118,415	115,533		116	5,550			500			-5,700	115,999	0.4%
Primary Care Services	30,376	29,831		119	671	1,395					-520	31,496	5.6%
Primary Care Co-commissioning	117,318	117,292			3,541						-1,500	119,333	1.7%
Other programme	36,720	34,815		30	543					-391		34,997	0.5%
Contingency		-							5,230			5,230	
Non Recurrent headroom	5,059	5,059							-5,059			0	
Running Costs	18,717	19,022		190				1,358		15	-153	20,432	7.4%
Unidentified QIPP												-	
Total spend	1,197,472	1,192,215	0	5,512	43,573	2,824	5,456	1,858	171	-376	-35,142	1,216,091	2.0%
Surplus/(defict)	-48,200	-49,112										-35,069	

Month 3 Position

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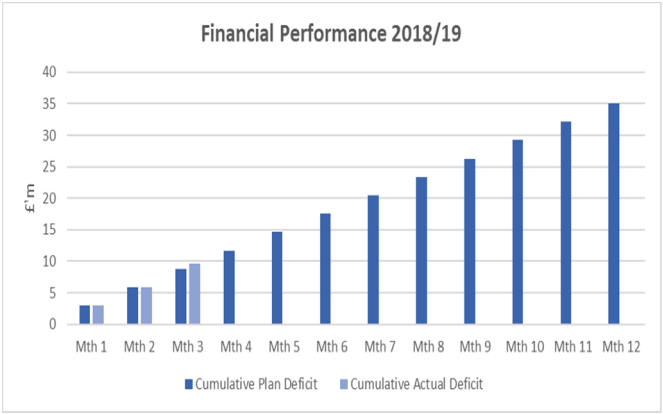
	YTD Budget £'000	YTD Actual £'000	Variance Fav/(adv) £'000	Annual Budget £'000	Forecast Outturn £'000	Variance Fav/(adv) £'000
Allocation	295,625	295,625	0	1,184,770	1,184,770	0
Acute Services	150,553	152,529	(1,976)	602,156	603,914	(1,758)
Mental Health Services	29,307	30,013	(707)	117,227	119,658	(2,431)
Community Services	25,699	25,876	(176)	102,798	102,999	(200)
Continuing Care	17,058	16,754	305	68,234	67,271	963
Primary Care	66,491	65,681	810	268,836	268,396	441
Other	10,176	9,178	998	40,156	37,169	2,986
Running Costs	5,108	5,179	(71)	20,432	20,432	0.0
Total Expenditure	304,393	305,210	(818)	1,219,839	1,219,839	0
In year deficit	(8,767)	(9,585)	(818)	(35,069)	(35,069)	0



- CCG spend is £818k over plan at month 3, and forecast outturn on plan
- Acute overspend driven by costs of Discharge to Assess (including winter beds overrun) and activity at The Queen Elizabeth, Kings Lynn. Winter beds were closed at the end of month 3. Recovering the D2A and QEKL position are 2 of the CCG's 3 priorities and the action to recover the financial position on these is detailed later in this pack.
- Mental Health YTD and FOT overspend due to the increase in s.117 placements costs
- Community YTD overspend due to slippage on QIPP delivery (plan phased in 12ths) – plan to recover by end of the year
- CHC underspend as a result of increased control on Stroke/ABI and core CHC spend
- 3 months of contingency has been released to deliver the year to date position and full contingency into FOT

Risks and Mitigations

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Risks and mitigations to 18/19 plan delivery	Total Risk	Original Plan risk comment	Mitigation comment	Mitigated Risk	In forecast	Residual risk
FY18/19 plan with QIPP	**-35.1**			**-35.1**	**-35.1**	
Plan risks and mitigations						
Acute Activity	-4	Activity and financial risk if GICs cannot be secured or are secured at higher than original planned value.	Achievement of GIC contracts – risk arises from NWAFT contract value higher than first planned but contingency vired to fund.	0	0	0
DTOC Riskshare agreement	-1.9	CCG contribution under the GIC if DTOCs increase over set amount reduced as nly applies to CUH	Implementation of Plan B DTOC transformation - Target not being achieved at start of July, assuming achievement from 1 september	-0.2	0	-0.2
Winter Beds – sustained capacity	-1	Winter beds opened as part of DTOC pressures in 17/18 – not currently able to close	System wide financial review of cost of Plan B – beds decommissioned end of Q1	-0.5	-0.5	0
Papworth contract	-0.1	Cap and collar contract +/- £100k	Delivery of QIPP to control activity	0	0	0
CPFT Contract	-0.5	Current difference between provider and commissioner assumption of contract value.	Actively mitigated through the contracting process through attachment of performance related conditions	0	0	0
Prescribing	-1	Volume and Price Increase risk	Delivery of QIPP to ensure overspend limited to National issues.	0	0	0
QIPP risks and mitigations						
Acute	-0.9	Non GIC QIPP non delivery	Rapid work up of Acute QIPP through recovery PMO and QIPP support (from national QIPP programme). Discussions ongoing with West Norfolk CCG re Aligned Incentive Contract for QEH.	0	0	0
Community	-2	The plan includes £5.5m planned QIPP of which only £3.6m has been identified.	Rapid work up of community QIPP through recovery PMO and QIPP support (from national QIPP programme).	-0.5	0	-0.5
CHC	-2	A risk assessed range of achieving 75% QIPP.	Rapid work up of CHC QIPP - To be delivered through CHC team restructure, substantial increase in grip and control and team approach cantered on improvement with subsequent financial benefit.	0	0	0
Primary Care Co-Commissioning	-0.8	The £1.5m included within the plan is not supported by detailed schemes A risk assessed range of achieving 50-75% QIPP.	Rapid work up of Primary care co-commissioning QIPP through recovery PMO and QIPP support (from national QIPP programme).	0	0	0
Prescribing	-2.9	The £5.7m included within the plan compares to £3m of identified schemes ideas. We have included a range of achieving 50-75% QIPP.	Rapid work up of Prescribing QIPP through recovery PMO and QIPP support (from national QIPP programme).	0	0	0
Running Costs	-0.75	Ambitious plan to deliver streamlined structure - details to be confirmed.	Delay the implementation of the new ways of working.	0	0	0
Delivery risks and mitigations						
s.117 Backlog	-3	New backlog cases identified in 18/19	Remedial work targeted at reducing S.117 backlog.	-1.4	-1.4	0
Delivering the DTOC recovery trajectory	-4.7	Increased acuity of DTOC patients requiring out of hospital placements	Continued use of D2A and JET schemes to address DTOCs. Regular interaction with the LA and DTOC action planning.	-0.6	-0.6	0
Paediatric Services	-0.5	Cambs Community Services have served notice and the potential re-commissioned service from NWAFT	Risk for 18/19 has been mitigated as CCS have agreed to keep the service for 18/19. Potential risk in 19/20.	0	0	0
LD pooled budget	-2.1	Pressures on the LD pooled budget	Agreement on risk share with CCC – negotiations ongoing	-0.8	-0.8	0
Total CCG budget			The CCG will review all underspends monthly and where appropriate take these into a central contingency to manage in year risk.	1	0.3	0.7
Total Risk Position	**-63.25**			**-38.1**	**-38.1**	**0**
			Contingency	**3.0**	**3.0**	**0.0**
			Net risk position after contingency	**0.0**	**0.0**	**0.0**

There are 3 main risks emerging that are critical to the delivery of the financial position. These are:

- Section 117 costs
- Spend on the D2A pathway
- Overspends on acute contracts not subject to GICs – specifically QEH Kings Lynn

Multi disciplinary task forces have been established to take urgent action on these areas.

At this point in the year the CCG have assessed we can mitigate the level of risks within the plan through the use of the contingency budget.

QIPP

- 98% delivery against £8,786 M3 target.
- The £0.18m adverse position, made up of £0.18m of Community services schemes, £0.19m of Acute services schemes, these adverse variances are offset by Prescribing over achieving by £0.2m against the QIPP target at Month 3.
- Additional recovery of the £2.1m risk adjusted QIPP schemes.

Status	RAG	Net Value	Risk adjusted		Variance
Schemes in delivery	Red	2,909	1,745	5%	-1,164
	Amber	2,310	1,617	5%	-693
	Green	29,272	29,272	89%	0
Pipeline	Red	600	300	1%	-300
		35,091	32,934	94%	-2,157

Expenditure area	0 - Pipeline		1 - Initiation		2 - Planning		3 - Delivery		4 - Monitoring		5 - Closure		Totals - Excluding		Totals - Including		QIPP Target (£'000s)	GAP EXCLUDING PIPELINE (£'000s)	GAP INCLUDING PIPELINE (£'000s)
	No.	Value (£'000s)	No.	Value (£'000s)	No.	Value (£'000s)	No.	Value (£'000s)	No.	Value (£'000s)	No.	Value (£'000s)	No.	Value (£'000s)	No.	Value (£'000s)			
Prescribing	0		11	1,955	13	2,047	1	150	8	771			33	4,924	33	4,924	5,700	776	776
Community / CSI	1	600	5	720									5	720	6	1,320	1,000	280	-320
Mental Health	0						1	200					1	200	1	200	300	100	100
Primary Care	0						1	2,000					1	2,000	1	2,000	2,000	0	0
CHC	0		1	7,500									1	7,500	1	7,500	7,500	0	0
Corporate Affairs	0		2	102					1	500			3	602	3	602	0	-602	-602
Contract Adjustments (CSI)	0						1	4,500					1	4,500	1	4,500	4,500	0	0
Acute (GIC)							1	12,900					1	12,900	1	12,900	12,900	0	0
Acute (PbR)			1	709			7	437					8	1,146	8	1,146	1,100	-46	-46
Totals	**1**	**600**	**20**	**10,986**	**13**	**2,047**	**12**	**20,187**	**9**	**1,271**	-	-	**54**	**34,491**	**55**	**35,091**	**35,000**	**509**	**-91**
Memorandum Acute GIC and PbR																			
Planned	2		2	325	8	2,361	8	3,621					18	6,307	20	6,307			
UEC	4		6	1,435			7	4,610					13	6,045	17	6,045			
Community / CSI - GIC							7	837					7	837	7	837			
Acute GIC and PbR Total	**6**	-	**8**	**1,760**	**8**	**2,361**	**22**	**9,068**	-	-	-	-	**38**	**13,189**	**44**	**13,189**			

Improvement Plan 2018/19

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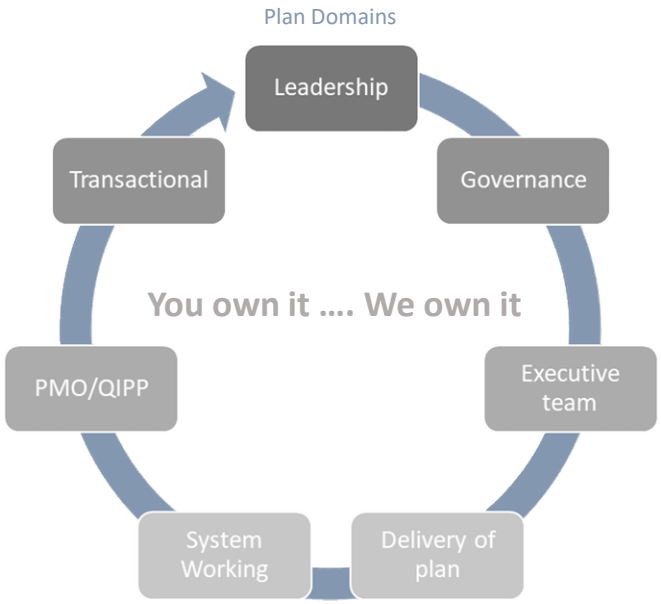
This improvement plan is the owned by Cambridgeshire and Peterborough CCG Governing Body (GB).

- Accountability for delivering the Improvement and Delivery Plan will rest with the Chief Officer (Accountable Officer)supported by the Executive and Clinical Executive leadership team.
- It is based around the PwC Capacity And Capability Review recommendations presented on 23rd March 2018.
- PwC were asked to review the plan at the end of May whilst it was in draft form to assure us that the plan addresses the significant issues raised (See comment box below).
- Since this time we have increased the actions we are to complete from 66 to 77.



Improvement plan coverage of PwC report recommendations

"Following our conversation yesterday, and as discussed I have been through the latest version of the Improvement Plan and cross-referenced the planned actions set out with the recommendations made in our final report 'Capability, capacity and independent review of financial position' dated 23 March 2018.

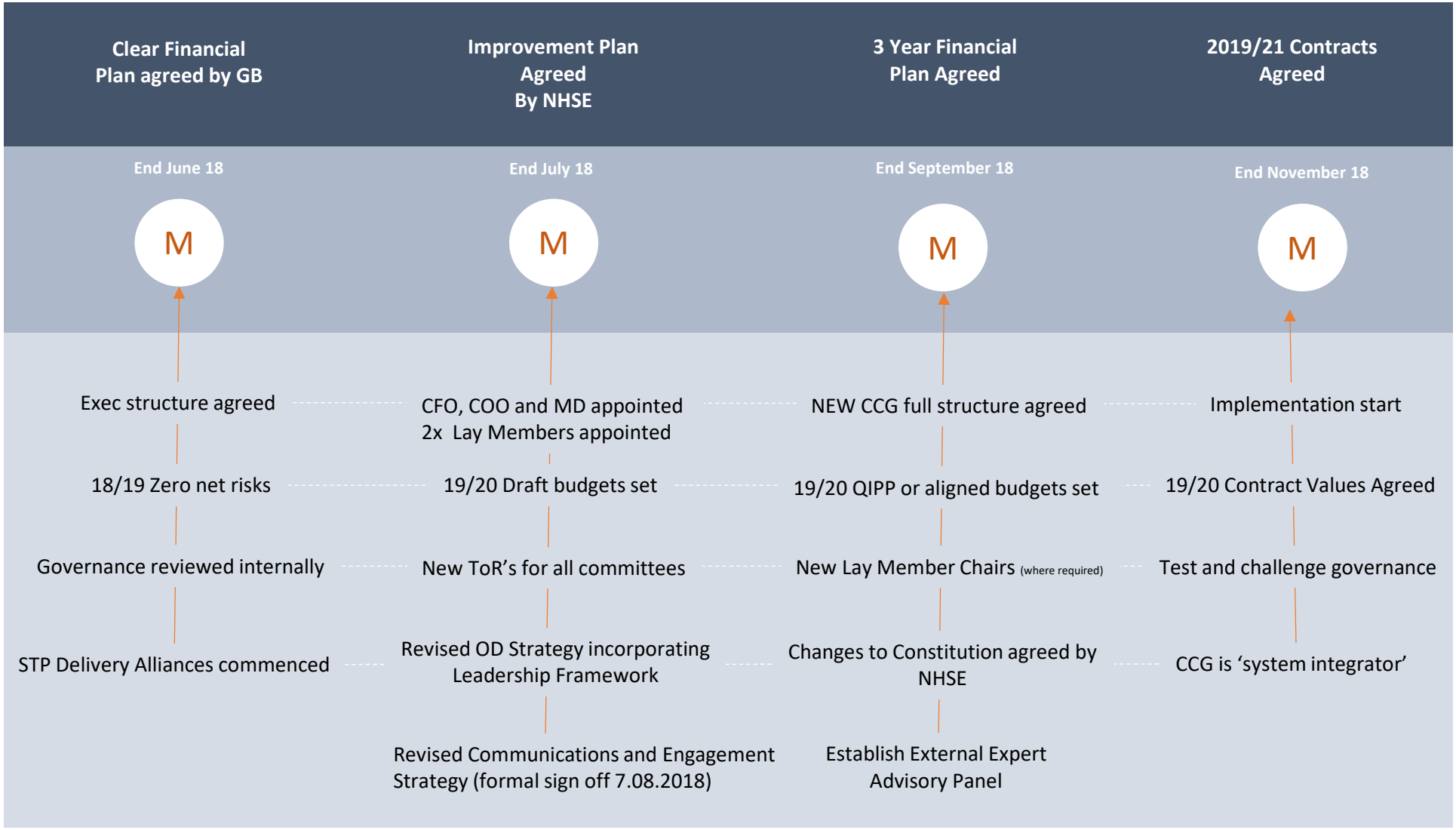
My view is that the improvement plan does cover the same points as the recommendations from the final report, as well as a number of additional points which go beyond the recommendations from our report. The IP has 65 individual actions, and our final report has 48 actions.

In a number of cases the original timetable for completion of the recommendations has elapsed and the IP therefore considers the action which is relevant now, for example 12b 'CCG GB agreement on SDU and CCG integration' has replaced 8A ' The role and remit and leadership arrangements for the SDU should be clarified: Clear objectives, outcomes and accountabilities should be defined'. This doesn't affect my view on coverage but it does highlight the need for the whole organisation to continue to act rapidly to address all action points and prevent slippage against the deadlines set out in the IP."

Matt Lynn, Director - PwC
30th May 2018 – by email

Key Documents and Milestones

Cambridgeshire and Peterborough Clinical Commissioning Group



M3 – Improvement Plan Progress

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Operational Delivery

- On track for all items
- Focus on delivery in the organisation
- Agreement on shared leadership
- Test and challenge session confirms progress

Financial Delivery

- On plan for month 2
- On a risk adjusted basis £2.2m of QIPP gap
- S117 over performance
- QEH over performance

Last 30 Day progress:

- GB approval of changes to Constitution – application to be sent to NHSE w/c 30.07.18
- CFO, COO and MD appointed. Other Top Line Executives on plan to appoint as per plan
- One Lay Member appointed, one Lay Member in progress
- OD Plan and Leadership Framework – informal sign off – formal sign off 7.08.2018
- GB development session, staff briefings and managers briefings all held with positive feedback.

Next 30 day priorities:

- NHSE approval of plan
- Finalise appointment of new top line exec team
- Conclude Deloitte review of CHC and re-run of 2018/19 position for assurance
- Finalise OD and Leadership plans with the staff.

Relook and step up actions on:

- S117 delivery and the rigour in the process and financial planning.
- Review the activity and demand plans to ensure increase in activity is mitigated.
- Implementation of full invoice validation for the acute non-GIC providers

External decisions impacting plan

1. STP Chair has asked to postpone SDU integration with CCG until further notice – this element will be put on hold in the plan.

2. STP agreed with NHSE to delay system 5 year financial plan until October 2018.

Leadership

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Ref	Requirement		Action	Due Date	GB Owner	RAG	Status
1	The Governing Body must take responsibility for the leadership and governance issues identified and urgently put in place plans to address them.	a	GB to formally sign off the CCG Improvement and Implementation plan (IIP)	24-May	Chair	Complete	Closed
2	A clearly articulated leadership strategy and structure for the CCG is needed.	a	Interim Structure signed off by GB	24-May	AO	Complete	Closed
		b	Leadership strategy to be outlined in IIP	24-May	AO	Complete	Closed
		c	New full organisational structure agreed for consultation	31-Aug	AO	On-Track	Open
		d	Appoint to vacant lay member posts	20-Aug	Chair	On-Track	Open
		e	New structure implementation	03-Dec	AO	Not Started	Not Started
		f	Revise CCG Constitution to reflect changes	30-Sep	Chair/CCG Sec.	On-Track	Open
		g	Identify GB Leads for each IDP Domain	30-Jun	CCG Sec.	Delayed	Open
3	Clear accountability for delivery and outcomes to be embedded within the Governing body and CEC.	a	CIAF to be used as core delivery structure and focus in the CCG. With Executive and Clinical ownership	Ongoing (Start in June)	AO	Complete	Live
		b	Strengthen Clinical Leadership	Ongoing (Start in June)	Chair/AO	Complete	Live
		c	Clear Clinical and Executive ownership of corporate and Directorate risks.	Ongoing (Start in June)	AO	Complete	Live

Governance

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Ref	Requirement		Action	Due Date	GB Owner	RAG	Status
4	The CCG should review the effectiveness of the Governing Body and its processes for seeking and receiving assurance over the robustness of plans and ongoing monitoring of implementation.	a	Agree and deliver an improved governance approach	31-Jul	AO	On-Track	Open
		b	Review effectiveness and Terms of Reference (TORs) of each CCG committee and GB sign off of all TOR's	02-Jul	CCG Sec.	Complete	Live
		c	Agree Chair of each Committee for 18/19	31-Jul	Chair	Complete	Closed
		d	Complete a Q1 test and challenge session on governance and delivery of the CCG - with PWC	26-Jun	AO	Complete	Closed
		e	Complete end Q3 review of all YTD governance and adapt as required	21-Dec	AO	Not Started	Not Started
		f	Complete the Deloitte Review of 'look forward implementation plan' for CHC	03-Aug	COO	On-Track	Open
5	Ensure that all members of the Governing Body receive the training, education and performance feedback required to improve overall CCG performance	a	Complete annual performance review and plan for each GB member, including 360.	03-Aug	Chair/AO	Delayed	Open
		b	Provide a rolling programme of Subject Matter Experts training events on specialised areas of CCG delivery	Ongoing (Start in June)	COO	Delayed	Open
		c	Implement GB Development Programme	31-Jul	AO	On-Track	Live
		d	Quarterly individual performance session	Ongoing (Start in October)	Chair/AO	Not Started	Not Started
6	Strengthen Risk Management processes across the CCG in line with the recommendations from the Internal Audit Review of Assurance Framework and Risk Management	a	Improve Risk Management Strategy to align to the three lines of defence assurance model	30-Sep	Dir. Gov	On-Track	Live
		b	Incorporate training for GB and Executive Managers in risk management techniques as part of GB Development Programme	31-Oct	Dir. Gov	Not Started	Not Started
		c	Improve triangulation of information with CAF Risks with CCG Reports	30-Jun	Dir. Gov	Complete	Live
		d	Improve actions to mitigate likelihood and consequences and challenge delivery	31-Jul	All	Complete	Live
		e	Enhance Directorate Risk Registers and implement risk management refresher training for Risk Co-ordinators	31-Jul	All	Complete	Live

Executive team

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Ref	Requirement		Action	Due Date	GB Owner	RAG	Status
7	The Executive team must be stabilised urgently, with experienced permanent appointments made wherever possible, or long term fixed appointments where substantive appointments cannot be made in the short term.	a	AO of CCG Appointed	08-Jun	Chairman	Complete	Closed
		b	Turnaround/Improvement Interim Appointment	01-Jun	AO	Complete	Closed
		c	COO Appointed	31-Jul	AO	Complete	Open
		d	DOF Appointed	31-Jul	AO	Complete	Open
		e	DON Appointed	18-Aug	AO	On-Track	Open
		f	Clinical Director Appointed	20-Jul	AO	Complete	Open
8	Sustainable OD knowledge is needed within the Executive team, to enable financial recovery.	a	Draft OD strategy	22-Jun	Dir. Gov	Complete	Closed
		b	Ensure OD/HR lead part of executive team	25-May	AO	Complete	Live
		c	CCG system participation in CPP (PWC programme)	Oct (Start date)	AO	On-Track	Open
9	Drive a rigour an operational delivery within the CCG	a	Design and implement an 'operating rhythm' for the executive team that drives a focus on the CCG's delivery and results.	25-May	COO	Complete	Live
		b	Design and implement weekly and monthly performance reporting that is scrutinised regularly	01-Jun	COO	Delayed	Open

Improvement Plan and System Working

NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

Ref	Requirement		Action	Due Date	GB Owner	RAG	Status
10	A clearly defined Improvement Plan should be urgently developed to allow the CCG to map out how it will improve and by when	a	IIP framework agreed by GB	01-May	Chief Officer	Complete	Live
		b	NHSE Approval of recovery plan	31-Jul	Chief Officer	On-Track	Open
		c	Agree IIP governance and assurance process	24-May	CFO	Complete	Live
		d	IIP sign off by GB	24-May	CFO	Complete	Live
11	Set out a clearly defined multi-year Financial Recovery Plan, showing when the CCG will recover and return to NHS England business rules.	a	In year financial plan sign off by GB	01-May	CFO	Complete	Live
		b	In year financial plan sign off NHSE	25-May	CFO	Complete	Live
		c	3 Year financial plan draft	20-Jul	CFO	Complete	Open
		d	3 Year financial plan final	28-Sep	CFO	Not Started	Not Started
12	The role and remit and leadership arrangements for the SDU should be clarified. The current overlap / duplication between SDU and CCG activities must minimise	a	HCE agreement for the merging of SDU and CCG over time	NA	AO	Complete	Closed
		b	CCG GB agreement on SDU and CCG integration	01-May	AO	Complete	Closed
		c	Commence Consultation on future structures	July (Start date)	AO	STP AO/Chair decision to pause	
		d	Full organisational integration	03-Dec	AO		

PMO & QIPP

NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

Ref	Requirement		Action	Due Date	GB Owner	RAG	Status
13	Implement a robust and embedded PMO	a	Redefine the PMO's purpose, focussing it on the FY18/19 QIPP programme.	25-May	CFO	Complete	Live
		b	Identify an Executive with responsibility for the PMO.	25-May	CFO	Complete	Live
		c	Head of PMO appointed to provide day to day leadership.	07-May	CFO	Complete	Closed
14	Rapid FY18/19 QIPP development	a	The FY18/19 QIPP plan development process should be further accelerated to fill the gap with fully worked up schemes.	Immediate	CFO	Complete	Live
		b	Further focussed development meetings should be held to shore up the QIPP list with PIDs completed	Immediate	CFO	Complete	Live
		c	Set out lead indicators on QIPP delivery – With milestones reported regularly.	25-May	CFO	Complete	Live
		d	Instigate a CCG and NHSE advisory committee, which has sight of monthly financial reports.	30-Sep	CFO	Not Started	Not Started
		e	Re-run unpalatable options generation and assessment process.	15-Jun	CFO	Complete	Live
		f	Weekly QIPP review by CCG executive team	07-May	CFO	Complete	Live
		g	Delivery of QIPP oversite through CEC every 2/52	07-May	CFO	Complete	Live

Transactional Improvements

NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

Ref	Requirement		Action	Due Date	GB Owner	RAG	Status
15	Continuing Healthcare delivery and reduction of backlog	a	The CCG should deliver its plan to process the backlog of CHC claims in a rapid but robust way to minimise appeals.	Ongoing	COO	Delayed	Open
		b	CHC back to be cleared within NHSE agreed trajectory	26-Oct	COO	Delayed	Open
		c	Re-run its model with updated assumptions prior to submission of the final plan in April 2018 to ensure the estimate included for FY18/19 reflects the most up to date information	22-Jul	COO	Complete	Live
16	Contract Management	a	Each contract has a named manager and clinical owner	22-Jun	CFO	Complete	Live
		b	A clear timetable and operational process needs to be in place for the contracting management and challenge process.	22-Jun	CFO	Complete	Live
		c	GP Primary care dashboard for performance and communications should be implemented	31-Aug	CFO	On-Track	Open
17	Communications	a	Implement internal communications plan owned by Executive Team	14-May	Dir. Gov	Complete	Live
		b	Agree and implement stakeholder communications plan	24-May	Dir. Gov	Complete	Live
		c	Refresh external communications and engagement plan, including STP communications	04-Jun	Dir. Gov	Complete	Live

Governance Structure

Cambridgeshire and Peterborough Clinical Commissioning Group

Set out below is the CCG's Governance Framework. The Improvement and Delivery Plan will be updated on a monthly basis and delivery closely scrutinised by the Committee Structure prior to presentation to the Governing Body at each meeting in public.

As part of the Improvement Plan, the CCG will be optimising the effectiveness of each Committee, and reviewing the Executive Membership to align with the Executive Structure, and reviewing Chairs and Vice-Chairs for each Committee.

	Frequency/Chair	Summary of Objectives	Membership
Clinical Executive Committee	• 2/52 • Chief Officer (Chair) • Chief Finance Officer (Deputy Chair)	• Supports GB to set and deliver the strategic direction and priorities; • Development and delivery of clinical engagement and clinically led plans; • Delegated day to day operational responsibility for running the organisation;	• GP Chair / Chief Clinical Officer • GP Governing Body Members • All Executive Directors • CCG Secretary
Quality, Outcomes and Performance Committee	• Monthly • Lay Member Assurance (Chair)	• Provides scrutiny of performance and processes relating to patient safety and quality and patient outcomes within the services we commission; • Provides the link to the Multi-Agency Local Adult Safeguarding and Multi-Agency Local Children's Safeguarding Boards.	• 2 GP GB Members , Chief Officer • Chief Nurse, Secondary Care Doctor • Service Leads, CCG Secretary
Finance Committee	• Monthly • Lay Member Finance (Chair)	• Provides scrutiny of the CCG's financial functions • Ensures that the CCG meets its statutory financial duty • Monitors oversight of financial risk and delivery of QIPP	• 1 Lay Member • 2 GP GB Members • Chief Officer and Chief Finance Officer • Executive Directors
Audit Committee	• Quarterly • Lay Member Governance (Chair)	• Independent and objective view of legal compliance, regulation and directions • Ensures an effective system of internal control • Assurance all areas of governance are conducted within best practice	• 2 Lay Members • 3 GP Members • CFO and CCG Secretary (in attendance)
Remuneration & Terms of Service Committee	• Quarterly • Clinical Chair (Chair)	• Determines remunerations fees and other allowances for employees and other people providing services to the CCG • Agrees all HR and associated policies and procedures • Responsible for workforce strategy performance; OD Plan oversight	• 2 Lay Members • Chief Officer • Secondary Care Doctor • 1 GP Governing Body Member
Patient Reference Group	• Monthly • Lay Member Patient and Public Involvement (Chair)	• Provides an independent view of the work of the CCG that is external to the day to day running of the CCG • In all aspects of the CCG business, ensures the public voice of the local population is heard and patients and the public are empowered	• Mandated patient representatives from each local area • Local Healthwatch representatives • Member of CEC
Primary Care Commissioning Committee	• Monthly • Lay Member Patient and Public Involvement (Chair)	• Oversees commissioning of primary care services; • Ensures the CCG delivers its Delegation Agreement with NHSE	• 1 Lay Member • Chief Officer and Chief Finance Officer • Executive Director • Chief Nurse

Leadership Framework

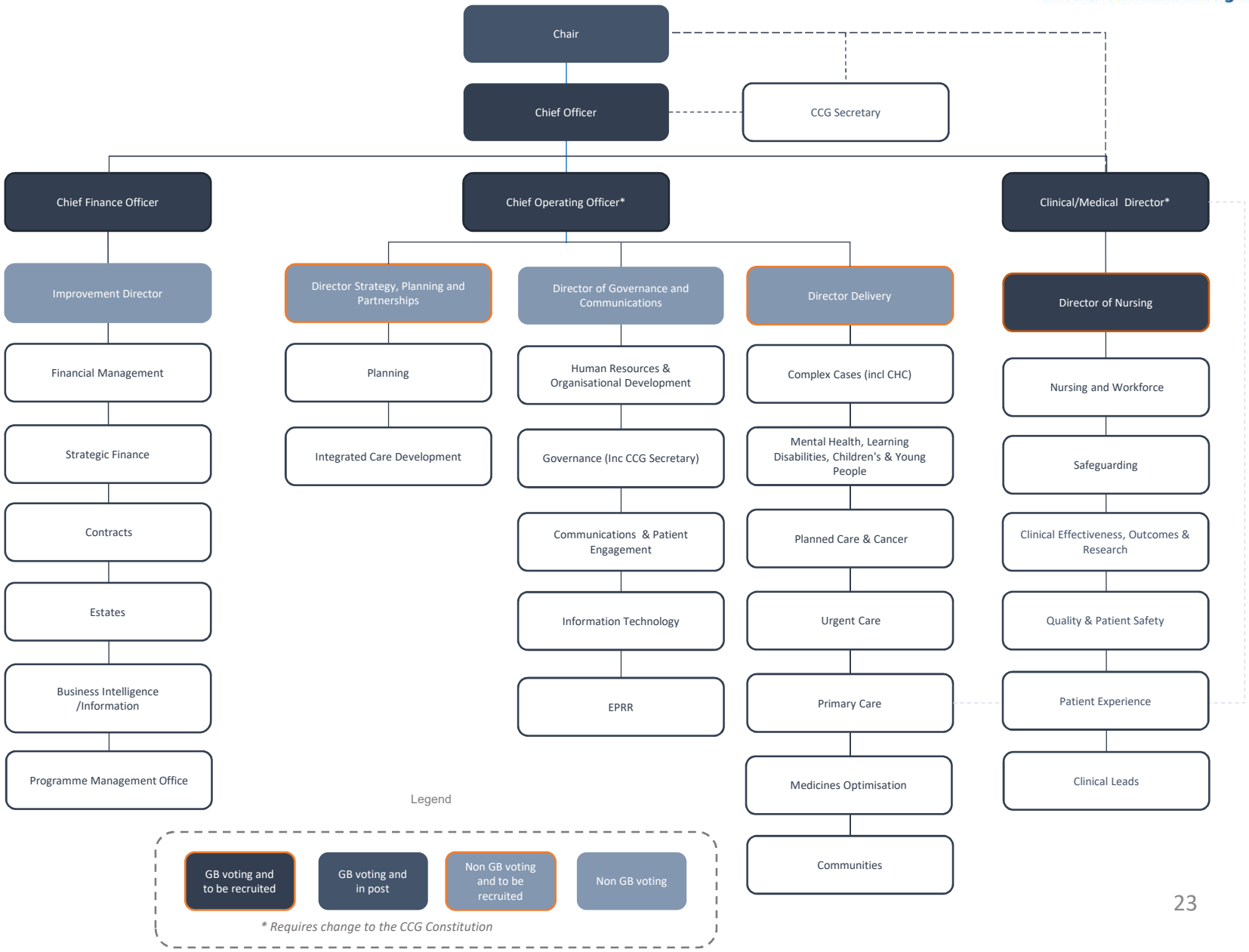
There is a need for shared ownership, accountability and responsibility for delivery of the CCG's Improvement and Delivery Plan. The aim of the CCG's Leadership Framework is to provide a clear description of the standards and expectations of what good leadership and management looks like at all levels. This sets the standards of how as organisation we are expecting our leaders to deliver together, in collaboration with the whole CCG. The current Leadership Framework is set out below and will reviewed to reflect the Improvement and Delivery Plan.

Our objectives are to:

- Create a meaningful plan that will build the capacity and skills of the workforce thus ensuring the organisation is excellent in the commissioning of its services;
- Link leadership and management development to improving services and patient experiences;
- Retain and grow the knowledge and skills of our leaders and managers and provide opportunities for aspiring managers and leaders;
- Encourage a culture of learning in the organisation in which managers and leaders take responsibility for the learning and development of their staff;
- Ensure a range of tools are embedded and work alongside the training and development plan to support leaders and managers in the organisation;
- Describe how and what is needed to perform successfully in a management or leadership role, and provide a consistent approach to appraising leaders' and managers' performance and capability in leading the organisation towards its strategic goals;
- Give examples of what a person operating in such roles will do (competence) and guidance on how they will conduct their leadership and management role (behaviour) to inform recruitment processes and succession planning.

Executive Structure

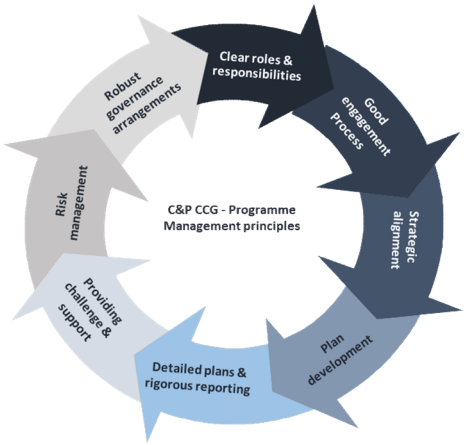
NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group



QIPP Delivery

Cambridgeshire and Peterborough Clinical Commissioning Group

- Successful QIPP development and delivery is a key priority for the CCG, and is a central component of the improvement plan.
- Delivery of schemes with a minimum value of £35m is essential, with a strong ambition to deliver more than this to reduce run rate and position the CCG well going into FY2019/20.
- The programme has a clear focus on quality as well as financial recovery, taking difficult decisions but not at the cost of an erosion of quality of care.
- This process draws upon Rightcare, Hospital Episode Statistic, Continuing Healthcare and other benchmarking to identify those areas with most opportunity, as well as cross-referencing the programme with NHS England's Menu of Opportunities.
- Existing schemes have been stretched wherever possible.
- Further work is urgently underway to fill the remaining gap. An exercise to compare QIPP schemes across multiple CCGs across Midlands and East and the rest of England is in process, with buy-in from NHS England.



Stage description	Gateway approval required to progress to next stage
0. Pipeline	Finance review, Management executive review
1. Initiation	CEC review, Impact assessors sign off
2. Planning	PMO review of finalised plans
3. Delivery	PMO able to monitor – KPIs, finances in place
4. Monitoring	PMO records all scheme benefits delivered
5. Closure	PMO records scheme as closed

- Weekly meetings are held with directorates / workstream teams to drive development and delivery, clearly measured by financial and delivery metrics.
- Teams are held to account by an embedded QIPP PMO, which has been re-focused on 2018/19 planning and delivery.
- Encouraging cross directorate working to cut through silos, and increasing system interaction without loss of grip of CCG driven schemes.
- There is regular reporting to the Management Executive (weekly) and CEC (fortnightly). Cases for change are scrutinised before acceptance into the programme.
- MS Office 365 tools and MS Project are used to measure delivery with a composite RAG measure used to give a balanced view of progress.
- Monthly management accounts information will be used going forwards to further scrutinise delivery.

Operational Delivery Plan

NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

The Operational Delivery Plan is based around the four Domains in the CCG Improvement and Assess Framework (CIAF).

- Better Health: this domain looks at how the CCG is contributing towards improving the health and wellbeing of its population, and bending the demand curve;

- Better Care: this domain principally focuses on care redesign, performance of constitutional standards, and outcomes, including in important clinical areas; these are mental health, dementia, learning disabilities, cancer, diabetes and maternity;

- Sustainability: this domain looks at how the CCG is remaining in financial balance, and is securing good value for patients and the public from the money it spends;

- Leadership: this domain assesses the quality of the CCG's leadership, the quality of its plans, how the CCG works with its partners, and the governance arrangements that the CCG has in place to ensure it acts with probity, for example in managing conflicts of interest.

The 2018/19 CIAF has yet to be published but it is anticipated that the Domains will remain the same. The Framework will be updated to reflect any changes identified. The Operational Delivery Plan is based around the following principles:-

- Action and Outcome focussed with clear milestones and deliverables;
- The need for financial stability;
- Quality of care and patient safety is central to the organisation now and the future.

The Operational Delivery Plan will be underpinned by a clear Communications and refreshed Organisational Development Strategy, to ensure ownership and delivery across the organisation, and with our wider partners and stakeholders.

The Operational Delivery Plan is set out at Appendix A.

Operational Risks

Cambridgeshire and Peterborough Clinical Commissioning Group

Risk	Year Start Risk Score (April 18)	Current Risk Score	Target Risk Score 2018/19 -	Impact	Actions / Mitigations	Senior Risk Owner (SRO)
Service/Transformation Delivery						
Risk to delivery of QIPP Plan (Transformation)	**20 4x5 Red**	**20 4x5**	**10 2x5 Amber**	Failure to improve CCG CIAF Rating 2018-2019 (Sustainability Domain) Referral letter to the Secretary of State under Section 30(b) of the Local Audit & Accountability 2014 Act. Statutory Recommendations under the Local Audit and Accountability 2014 Act Section 24 Schedule 7 Potential referral for a Public Interest Report	CCG Improvement and Delivery Plan - approved by NHSE and monitored via GB, External Audit as required	Chief Finance Officer
Failure to deliver a safe, high quality Integrated Urgent Care (IUC) Service by Herts Urgent Care (HUC)	**20 5x4 Red**	**16 4x4**	**8 2x4 Amber**	Failure to improve CCG CIAF Rating 2018-2019 Rating (Better Care Domain) Increase in patient experience and complaints Reputational damage to CCG and to NHS	Remedial Action Plan, Contract Monitoring, Increased clinical leadership	Chief Nurse
Failure to meet National Framework for NHS Continuing Healthcare and NHS funded Nursing Care compliance	**16 4x4 Red**	**16 4x4**	**12 3x4 Amber**	Failure to improve CCG CIAF Rating 2018-2019 (Better Care & Sustainability Domains) Increase in patient experience issues Breach in Statutory Duties Reputational Damage to the CCG and to the NHS	CHC Improvement Plan, Deloitte Review	Chief Operating Officer
Failure to provide accurate data on activity and finance for complex cases - Continuing Healthcare & Section 117 cases	**16 Red**	**16 4x4**	**12 Amber**	Failure to improve CCG CIAF Rating 2018-2019 (Sustainability and Well Led Domains)Referral letter to the Secretary of State under Section 30(b) of the Local Audit & Accountability 2014 Act. Statutory Recommendations under the Local Audit & Accountability 2014 Act Section 24 Schedule 7 Potential referral for a Public Interest Report Reputational damage to the CCG and NHS	CHC Improvement Plan, Deloitte Review	Chief Operating Officer
Failure to address Section 117/CHC disputes with Local Authorities	**16 4x4 Red**	**20 4x4**	**4 1x4 Yellow**	Failure to improve CCG CIAF Rating 2018-2019 (Sustainability Domian) Referral letter to the Secretary of State under Section 30(b) of the Local Audit & Accountability 2014 Act. Statutory Recommendations under the Local Audit & Accountability 2014 Act Section 24 Schedule 7 Potential referral for a Public Interest Report Reputational damage to the CCG and NHS	CHC Improvement Plan, Deloitte Review	Chief Operating Officer
Failure to address quality improvement in Primary Care	**15 3x5 Red**	**15 3x5**	**10 2x5 Amber**	Failure to improve CCG CIAF Rating 2018-2019 (Better Care Domain) Breach in statutory duty under the Health and Social Care Act 2012 Increased risk of patient complaints, claims and serious incidents Reputational damage to the CCG and NHS	Remedial Action Plans, Close working with CQC and other Regulators, Contract Monitoring	Director of Planned & Primary Care
Impact on quality as a result of workforce capacity within all providers	**16 4x4 Red**	**16 4x4**	**12 3x4 Amber**	Failure to improve CCG CIAF Rating 2018-2019 (Better Care Domain) Impact on performance leading to failure to deliver NHS Constitution Targets Increased risk of patient complaints and serious incidents	Remedial Action Plans, Close working with CQC and other Regulators, STP Workforce Strategy and Delivery Plan, Contract Monitoring	Chief Nurse

Operational Risks

Cambridgeshire and Peterborough Clinical Commissioning Group

Risk	Year Start Risk Score (April 18)	Current Risk Score	Target Risk Score 2018/19 -	Impact	Actions / Mitigations	Senior Risk Owner (SRO)
Stakeholder Management						
Failure to engage with Member Practices and wider stakeholders	**12 3x4 Amber**	**16 4x4 Red**	**8 2x4 Amber**	Failure to improve CCG CIAF Rating 2018-2019 Rating (Well Led Domain) Additional NHSE Legal Directions Lack of engagement, poor performance Reputational damage to CCG and to NHS	CCG Improvement and Delivery Plan, Communications and Engagement Plan	Director of Corporate Affairs
Quality Management						
Potential for poor quality in the services which the CCG commissions from the East of England Ambulance Trust.	**16 4x4 Red**	**12 3x4 Amber**	**12 3x4 Amber**	Failure to improve CCG CIAF Rating 2018-2019 Rating (Better Care Domain) Increase in patient experience and complaints Reputational damage to CCG and to NHS	Remedial Action Plan Quality Risk Summit Quality Surveillance Group oversight	Chief Nurse
Risk of poor quality care being delivered to patients in residential and nursing care homes and domiciliary care providers	**16 4x4 Red**	**16 4x4**	**9 3x3 Amber**	Failure to improve CCG CIAF Rating 2018-2019 Rating (Better Care Domain) Increase in patient experience and complaints Reputational damage to CCG and to NHS	Remedial Action Plans, Close working with CQC, Contract Monitoring	Chief Nurse
Failure to comply with lawful requirements for DoLs safeguards to be in place for CCG funded patients	**16 4x4 Red**	**16 4x4**	**4 1x4 Yellow**	Failure to improve CCG CIAF Rating 2018-2019 (Better Care Domain) Breach of Statutory duty Reputational damage to CCG and NHS	CHC Improvement Plan, Deloitte Review	Chief Nurse
Financial Management						
Failure to achieve the Financial Control total agreed with NHS England	**20 4x5 Red**	**20 4x5**	**10 2x5 Amber**	Failure to improve CCG CIAF Rating 2018-2019 (Sustainability Domain) Referral letter to the Secretary of State under Section 30(b) of the Local Audit and Accountability 2014 Act. Statutory Recommendations under the Local Audit and Accountability 2014 Act Section 24 Schedule 7 Potential referral for a Public Interest Report Reputational damange to the CCG and NHS	CCG Improvement and Delivery Plan - approved by NHSE and monitored via GB, External Audit as required	Chief Finance Officer
Failure to deliver key NHS Constitution Targets	**16 4x4 Red**	**16 4x4**	**3 1x3 Green**	Failure to improve CIAF 2018-2019 (Better Care Domain) Failure to comply with the Health & Social Care Act 2012 Poor quality of services to patients across Cambridgeshire and Peterborough Reputational damage to the CCG, NHS Trusts and the NHS nationally Increased risk of complaints and serious incidents Potential for increased NHSE Legal Directions	Remedial Action Plans Close monitoring of improvements via governance framework	Chief Officer
Failure to Improve Value For Money Rating In-Year (Efficiency, Economy and Effectivess	**20 4x5 Red**	**20 4x5**	**10 2x5 Amber**	Failure to improve CCG CIAF 2018-2019 Rating (Sustainability Domain) Potential for referral for a Public Interest Report Reputational damage to CCG and NHS Further instability at leadership level Potential for increased NHSE Legal Directions	CCG Impovement and Delivery Plan - approved by NHSE and monitored via Governing Body, NHSE and External Audit	Chief Finance Officer
Governance/Leadership						
Failure to deliver the CCG's Improvement Plan for 2018-2019.	**16 4x4 Red**	**16 4x4**	**4 Yellow**	Failure to improve CCG CIAF 2018-2019 Rating (Well-Led Domain) Potential for referral for a Public Interest Report Reputational damage to CCG and NHS Further instability at leadership level Potential for increased NHSE Legal Directions	CCG Impovement and Delivery Plan - approved by NHSE and monitored via Governing Body, NHSE and External Audit	Chief Officer
Risk to maintaining robust CCG Governance Arrangements	**16 4x4 Red**	**16 4x4**	**4 1x4 Yellow**	Failure to improve CCG CIAF Ratings 2018-2019 Rating (Well-Led Domain) Potential for Public Interest Report - Local Audit and Accountability Act 2014 Increased NHSE Legal Directions	CCG Improvement and Delivery Plan - approved by NHSE and monitored via GB, External Audit as required	Director of Corporate Affairs

Activity Plans

Cambridgeshire and Peterborough Clinical Commissioning Group

- Whilst as a CCG our accountabilities and responsibilities are wider than acute care, we have committed as an organisation to the activity profile below with NHSE.
- This profile is base on the TnR subset of the total activity data we receive from the providers or through the national HES and PBR data.
- Monthly, the Executive and Governing Body will be required to understand our position against this plan and provide recovery and mitigation plans if it is not being achieved.

Code	Title	17/18 OT	18/19 Do Nothing	18/19 QIPP	18/19 Plan	17/18 to 18/19	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
E.M.7	Total Referrals (Specific Acute)	318,285	330,640	-15,388	315,252	-1%	25,761	27,776	26,576	27,433	26,199	24,340	28,016	27,513	22,285	27,119	25,088	27,146
E.M.7a	Total GP Referrals (G&A)	178,715	185,649	-8,640	177,009	-1%	14,778	15,677	15,025	15,238	15,072	13,733	15,699	15,334	12,070	15,022	14,116	15,246
E.M.7b	Total Other Referrals (G&A)	139,570	144,991	-6,748	138,243	-1%	10,983	12,099	11,551	12,195	11,127	10,607	12,317	12,179	10,215	12,097	10,972	11,900
E.M.8	Consultant Led First Outpatient Attendances (Specific Acute)	346,115	355,707	-14,381	341,326	-1%	26,950	29,002	28,350	28,015	27,169	26,330	30,290	31,572	25,236	30,792	28,184	29,437
E.M.9	Consultant Led Follow-Up Outpatient Attendances (Specific Acute)	414,136	420,753	-15,729	405,024	-2%	31,752	33,409	33,061	31,964	32,115	31,481	36,444	37,768	30,241	38,219	33,248	35,321
E.M.10	Total Elective Admissions (Spells) (Specific Acute) [Ordinary Electives + Daycases]	103,535	110,452	-1,983	108,469	5%	8,696	9,271	8,897	9,179	9,228	8,440	9,857	9,591	7,860	9,511	8,682	9,256
E.M.10a	Total Elective Admissions - Day Cases	86,649	90,797	-1,532	89,265	3%	7,173	7,617	7,299	7,565	7,640	6,962	8,125	7,864	6,473	7,908	7,102	7,537
E.M.10b	Total Elective Admissions - Ordinary	16,886	19,655	-451	19,204	14%	1,523	1,654	1,598	1,614	1,588	1,478	1,732	1,727	1,387	1,603	1,580	1,719
E.M.11	Total Non-Elective Admissions (Spells) (Specific Acute)	85,708	89,176	0	89,176	4%	7,138	7,478	7,356	7,543	7,149	7,267	7,566	7,465	7,823	7,561	7,006	7,825
E.M.11a	Total Non-Elective Admissions - 0 LoS		25,437	0	25,437		2,001	2,079	2,134	2,130	2,027	2,054	2,136	2,194	2,293	2,077	2,015	2,297
E.M.11b	Total Non-Elective Admissions - +1 LoS		63,739	0	63,739		5,137	5,399	5,222	5,413	5,122	5,213	5,430	5,271	5,530	5,484	4,991	5,528
E.M.12	Total A&E Attendances excluding planned follow ups	303,404	318,066	0	318,066	5%	25,826	27,582	26,788	28,240	25,913	25,588	27,207	26,316	26,695	25,513	24,404	27,993

- For the avoidance of doubt, this is aligns to but not directly map to the provider activity plans due to it being a subset of data. Provider activity plans will be separately monitored.

Moving to Integrated Care

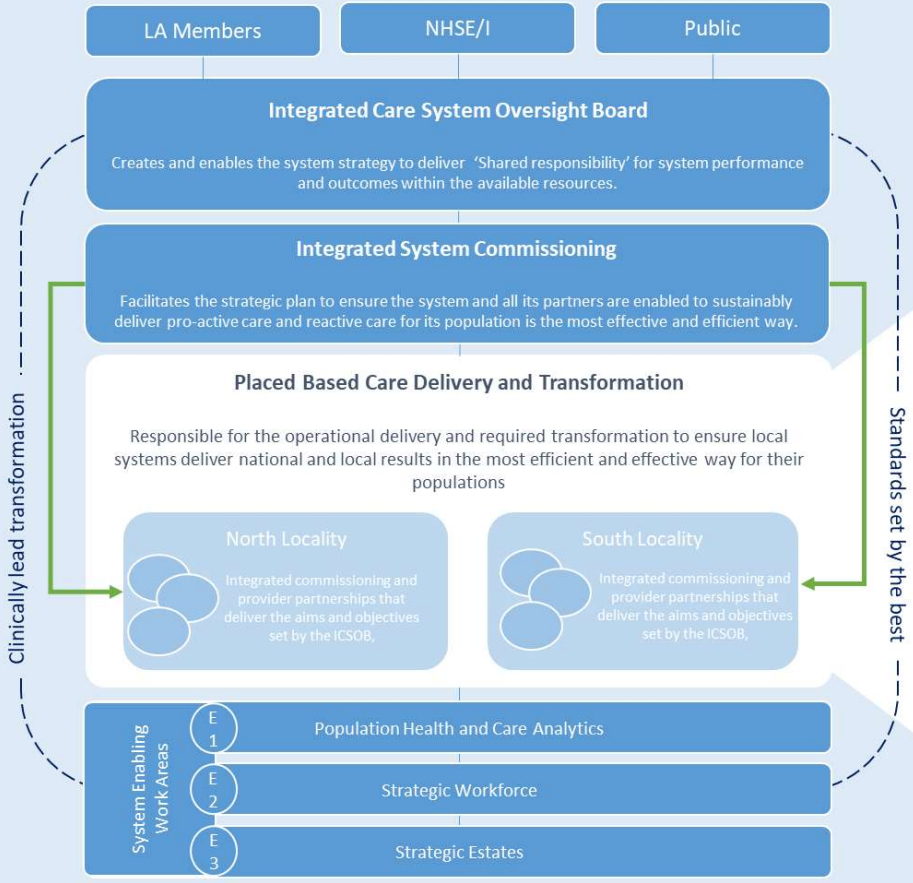
NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

As an CCG the Accountable Officer is also responsible for the Delivery of the Sustainability and Transformation Partnership (STP). The STP has a 3 year plan and strategy and as an organisation we are supportive of the direction and understand the need to move into a year focused on delivery. In order for us as a commissioner within the system, we need to work in 2018/19 be driving all our teams to work in a partnership way and be able to describe what this means. Therefore we are going to work with all stakeholders (internal and external) to test ourselves against the following characteristics required and essential jobs of an integrated acre system.

- ✓ Build **collaborative leadership** around a shared local vision for the Integrated Care System, with mature relationships including local Government.
- ✓ **Effectively engage** and involve clinicians and staff, the third sector, service users in the public in developing the shared local vision and throughout implementation;
- ✓ Create a **dedicated 'engine room'** to drive and manage the local transformation programme, with adequate dedicated resources and capabilities.
- ✓ Establish **a transparent governance structure** so that everyone knows how decisions are made, and to ensure collective responsibility across the Integrated Health System;
- ✓ Understand the **different needs of our diverse population**, and segment into different population groups, designing the Integrated Care System to reflect patient flows and contiguous with local government boundaries.
- ✓ Develop and maintain a clear and explicit description (**a 'logic model'**) that explains how the Integrated care system will transform care to expected and agreed outcomes.
- ✓ Establish the financial case (a **'value proposition'**) for developing the Integrated Care System with collective commitment from all partners to system planning and shared financial risk management. Commit to a clear return on investment, so that there is a compelling and credible proposition for service change. This includes setting out how the Integrated Care System will help moderate demand, and increase provider efficiency to deliver the STP
- ✓ Design **and document each component parts** of the care transformation. This includes clinical and business processes and protocols, team design and job roles. Do these work with and for patients, carers and clinicians? For the most complex services, develop a clear understanding of the different costs, the expected throughputs, and the methods for selecting patients for proactive care.
- ✓ **Systematically plan**, schedule and manage the implementation of the changes in line with the emerging design specifications, and the value proposition timetable. Achieve effective clinical, service user and patient participation.
- ✓ **Learn and adapt quickly**. Generate timely monitoring and evaluation loops covering (a) initial implementation of change, broken down change-by-change, team-by-team; (b) the ongoing management of the services; and (c) the quantified impact on outputs and outcomes. Identify successes and rapidly address the inevitable teething problems that will occur, and failures in design or execution. Scrap the interventions that don't work. Commission and contract so that organisational forms and financial flows are supporting the transformation rather than get in the way.

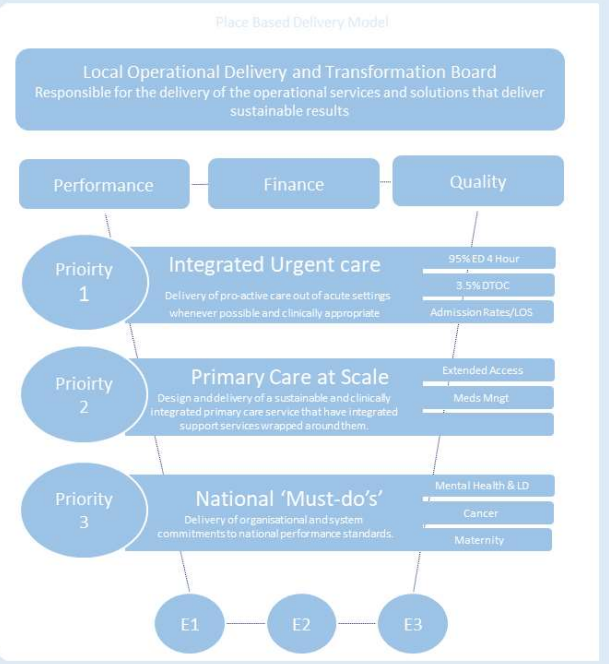
Model ICS Framework – for Discussion

Cambridgeshire and Peterborough Clinical Commissioning Group



"Integrated Care Systems are those in which commissioners and NHS providers, working closely with GP networks, local authorities and other partners, agree to take shared responsibility (in ways that are consistent with their individual legal obligations) for how they operate their collective resources for the benefit of local populations. "

Refreshing NHS Plans for 2018/19
Published by NHS England and NHS Improvement



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