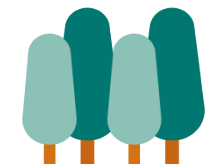


Northamptonshire

Health and Care Partnership

ICS Programme: Transition Steering Group

01 February 2022



Programme Highlight Report

For information and discussion

Programme Highlight Report – 28 Jan 21

STRATEGY WORKSTREAM PROGRESS SUMMARY

- Outcomes Framework taken to Jan Partnership Board. Request for the outcomes framework to go to Boards of partner organisations before final ratification.
- Health Inequalities plan is incorporated into the workstream. HI Plan in development with expected sign off in April. Alignment and input to 2022/23 operational planning.
- 'Plan for a plan' requirement by NHSEI being examined locally with options development in progress for wider discussion.

Decisions for fortnight ahead	Dependencies raised	Priority risks / issues	Delivery RAG
<p>Outcomes Framework:</p> <ul style="list-style-type: none"> • What is the nature of Board engagement? • Are we seeking sign off or are we consulting? • Further advice being sought ahead of Board meetings. 	<p>Outcomes Framework: Existing dependencies being mitigated:</p> <ul style="list-style-type: none"> • Collaboratives – re-agreement of revised framework with collabs as part of next steps planning • Communications - reliant on the comms team having capacity to support the creation of the final design. There are no indications this is a risk to delivery. Comms have raised risks around resource. <p>Health Inequalities:</p> <ul style="list-style-type: none"> • Collaborative Engagement within 22/23 operational planning programme. <p>Plan for a Plan</p> <ul style="list-style-type: none"> • Potential dependency on other organisations to develop system strategy in line with ICP expectations. This will require further discussion and engagement. 	<ul style="list-style-type: none"> • Development timeline – Framework requires additional development based on ongoing feedback, impacting timeline for development. Will have a knock on effect on PHM programme. Programme to assess knock on impacts for other workstreams • End Product - IF we are not clear on the expected content & scope of the final product THEN we may see delay in final delivery in March 2022. • H&WBB Place - IF we are not clear on the Place based role relating to outcomes framework, THEN there is a risk that ownership relating to delivery is unclear and delayed. Discussions with HWB's are ongoing • Leadership: pending departure of Director of Population Health Strategy: IF we are no clear about interim capacity and ownership, THEN there is a risk of delay to the programme. 	



Significant issues and delays



Minor issues and delays



On target

Programme Highlight Report – 28 Jan 21

ICB GOVERNANCE WORKSTREAM PROGRESS SUMMARY

- Workstream on track with plan.
- Plan has been reviewed in light of national guidance and assurance requirements.
- Draft constitution submitted, feedback received. Further draft to be submitted subject to confirmation of date.
- Delays to passage Secondary legislation, anticipated to be passed through House of Commons May 2022, risk to recruitment to board and ICB legal/ regulatory duties.
- Non-exec recruitment underway.
- Developing plans to establish shadow ICB committee structure from April 2022.
- Draft COI policy, awaiting feedback from NHSEI.

POINTS TO NOTE

- Potential for variations of Constitution dependant upon NHS England feedback.
- Continued iteration of ICB shadow arrangements based upon feedback received

Decisions for fortnight ahead	Dependencies raised	Priority risks / issues	RAG
<ul style="list-style-type: none"> • Draft TOR for ICB committees prepared 31/01/22 • Submission of Further draft constitution TBC • Engagement on ongoing CCG governance arrangements and support to establish ICB shadow arrangements – <ul style="list-style-type: none"> • 15/02/2022 (CCG GB) • 17/02/2022 (NHCPB) 	<p>Existing dependencies being mitigated:</p> <ul style="list-style-type: none"> • RED Development and agreement of ICS operating model – Supports system delivery and allows the ICB committees to function as intended – Mitigation - The transition programme to develop and gain agreement on the operating model. (purple boxes) • People - ICB Board design in relation to People workstream. Linkages to HR Resource for recruitment to Non-Exec roles made, work ongoing. • ICP / Place workstreams – Links with ICP Leads establish to further develop functions and decision map. • Finance - SORD - Link in to Finance workstream for SORD and decisions map/structure is developed. 	<ul style="list-style-type: none"> • ICB governance 1st July 2022 - Passage of Secondary legislation may not provide sufficient time for the system to undertake the works necessary to establish the ICB. - Continue with Planned works whilst waiting for the guidance. • The system not able to operate ICB shadow arrangements: <ul style="list-style-type: none"> • Unable to recruit to essential posts. • Unable to agree ICB shadow committee arrangements. • Vacant posts prevent the establishment of intended shadow arrangements. <p>Mitigation: CEO role now recruited to. Linkages to the HR resource for Non-Execs established. Recruitment underway. Change management process in place. Risk that passage of secondary legislation doesn't allow time to recruit partner members. Development of ICB shadow arrangements underway.</p>	<p>On target</p>



Significant issues and delays



Minor issues and delays



On target

Programme Highlight Report – 28 Jan 22

CLINICAL & PROFESSIONAL LEADERSHIP MODEL WORKSTREAM (CPLM WS) PROGRESS SUMMARY

- Next Steps paper agreed by the workstream working group
- NHS Elect sessions developed and three dates scheduled throughout February and March
- O&D and E&I representatives invited to join working group

Decisions for fortnight ahead	Dependencies	Priority risks / issues	RAG
<ul style="list-style-type: none"> • Nominations for NHS Elect workshops to develop principle 4 delivery • Leads for all workstrands agreed 	<p>Existing dependencies being mitigated:</p> <ul style="list-style-type: none"> • ICB governance – Medical director is part of the Core ICB Directors. Senior clinical roles are mandated and clinical membership of sub-committees considered. • ICP / Place – clinical framework alignment. Place / Sub Place structures will need clinical participants. To be built into Place hypotheses. • Collaboratives – appropriate clinical leadership and engagement in place with those programmes. • Strategic finance – system clinical baseline established. Finance workstream engaged. • People workstream – O&D and E&I representation engaged. • Communications workstream – Clinical framework must sit alongside a clinical engagement model for the system. 	<ul style="list-style-type: none"> • Covid Level 4 response – Structures remain in place and absorbing bandwidth of working group participants. WS is not on critical path for safe and legal transition. Sufficient float in plan to mitigate issues until end Feb 22. • Funding – alignment of national expectations to current system funding. Workstream have established current funding. A review of current funding vs proposed activity to be integrated into Finance WS. Finance model must include LA data. • Framework engagement and direction overly medical. CPLM WG has wide representation with membership reviewed quarterly. LA are now both represented at the group as are O&D and E&I representatives. • System buy-in for clinical model. Test and refine stage will engage with clinical forums across the system. 	

Programme Highlight Report – 28 Jan 21

INTEGRATED CARE PARTNESHIP DESIGN WORKSTREAM – No update from last report

Recommendations to Jan 2022 Partnership Board

- Agree that a co-chair arrangement be put in place to consist of the incumbent Chair of the Northamptonshire Integrated Care System Board and an Elected Member from one of the two Unitary Local authorities
- Agree to twice yearly formal partnership meetings, with the option to add in additional development days (suggestion: two development days in year one, and one development day for future years)
- Discuss, propose and agree membership at the NHCP
- Agree that the current administrative function that supports the current NHCP continues to provide administrative support, with all partners continuing to commit to drafting papers and presentations relevant to their contributions at the partnership
- Recognise that significant work was previously undertaken to develop the Northamptonshire Health and Care Partnership name and brand and agree that this is retained, subject to small changes to align consistently to the overall ICS branding

Decisions for fortnight ahead	Dependencies raised	Priority risks / issues	RAG
<ul style="list-style-type: none"> • Agreement of proposed approach / plan • Agreement of working principles for the Integrated Care Partnership and Board, including approach for appointment of the ICP Chair and high-level membership proposals 	<p>Existing dependencies being mitigated:</p> <ul style="list-style-type: none"> • Place/sub-place - high degree of dependency with Place workstream discussed – agreed merging of 2 workstreams as mitigation • ICB – ICP needs to be aligned to ICB proposed governance, in addition to Place governance 	<ul style="list-style-type: none"> • Capacity and timing – risk that high level approach will not be developed in time for wider engagement or for the completion of the ROS schedule of submissions. 	

PLACE AND SUB PLACE MODEL WORKSTREAM PROGRESS SUMMARY – No update from last report

Next steps being considered by the delivery team.

Decisions for fortnight ahead	Dependencies raised	Priority risks / issues	RAG
<p>Place Paper revised timeline</p> <ul style="list-style-type: none"> • Partnership Board – 20th Jan • System Transformation Delivery Board – Discussion around next steps 	<p>Existing dependencies being mitigated:</p> <ul style="list-style-type: none"> • Collaboratives – Place proposal to be incorporated into case for changes. • ICP Design - ICP Design governance to incorporate place proposal . Agreed to go though the System Exec, Steering Board. 	<ul style="list-style-type: none"> • Alignment with IC Board and Partnership mapping – Task and Finish Group developing decision map. • Resource with PA roll out of programme to be confirmed 	

Programme Highlight Report – 28 Jan 21

DIGITAL WORKSTREAM PROGRESS SUMMARY

NHSX have agreed to provide £250k to support development of the Northants Digital Strategy & Costed Plan. Currently chasing when the funds are expected to land and whether work can commence “at risk” before the funds are in hand.

Natasha Chare has begun familiarisation with the work already undertaken to gather potential themes and principles for the strategy

KW has begun drafting the resourcing plan required to support the digital elements of What Good Looks like for the ICB

POINTS TO NOTE

Current strategic IG contract has come to an end and there is a gap in provision

Decisions for fortnight ahead	Dependencies raised	Priority risks / issues	RAG
<ul style="list-style-type: none"> Agreement of the Consultancy organisation to support the Strategy and Plan development SRO meeting with ICB CEO 7 Feb to consider the digital roadmap for the ICB 	<ul style="list-style-type: none"> Multiple workstreams 	<ul style="list-style-type: none"> Lack of clarity when the allocated funding will be available for the consultancy to develop the Digital Strategy. Mitigation Requested to start working ‘at risk’ Funds are allocated for 2021/22 for work spanning into 2022/23 – Mitigation Plan how best to hold/manage funds in order to delivery work beyond 21/22 Lack of capacity to drive the strategy development – Mitigation NC allocated to drive strategy activity with support of consultancy services Lack of clarity on the organisation to be used to provide consultancy services – Mitigation Confirmation from NHSX of the options and buying mechanism 	



Significant issues and delays



Minor issues and delays



On target

Programme Highlight Report – 28 Jan 21

CCG TRANSITION WORKSTREAM PROGRESS SUMMARY

- Project team have a robust methodology in place to oversee the CCG closedown work continues with each of the workstreams however the impact the delayed ICB timetable needs further investigation. The next CCG transition board will focus on the impact and risk areas of an in year closedown
- Following the board meeting the workstreams leads will be required to assess new and changed review/checklist issues agree them with the project team.
- The team have drafted a paper on the CCG Transition for CMT, this is being reviewed by the SRO.
- Continue to review and identify the evidence required to ensure progress
- Resourcing, alongside BAU, new variant of COVID 19, winter and continued incident response remains the key risk
- POINTS TO NOTE
- CCG Transition timetable to be reviewed in light of delay in timetable.
- Oundle project and timetable impact risk escalated with Regional Lead

Decisions for fortnight ahead	Dependencies raised	Priority risks / issues	RAG
<ul style="list-style-type: none"> • Meet and support the requirements of the CCG Due diligence checklist audit the RSM team. • Administration support for future meetings will become a gap due to staff changes. 	<ul style="list-style-type: none"> • None raised 	<ul style="list-style-type: none"> • Resourcing - Conflicting demands of CCG staff and their capacity to deliver the transition programme may lead to risks with delivery. Mitigation - Weekly meetings in place to monitor progress, support from comms with fortnightly newsletter, CEO staff briefing. • Resourcing - Potential CSU transfers and relocation of services. Close working with the CSU/NHSE/I to mitigate. • Third party and national agencies will need to engage with transition (SBS, GBS etc.) and capacity in these agencies is a risk. Consistent engagement and seeking of assurance on detailed transition plans as mitigation. • Oundle workstream - Timetable from NHSEI for boundary change remains under discussion. C&P constitution requires 2/3 majority agreement, if required to be in place 1 April 22 decision must be made WC 7 Feb to get through governance process. • Natural funding transfer between the 2 CCGs - Raised with NHSE/I Team • PCN alignment with Northamptonshire - Confirmation of joining Rockingham Forest PCN- part of Lakeside group • Continue with use of Out of area Acute service - Planned/contracting /urgent care workstream to ensure contracts are in place for out of area services are continued 	

Significant issues and delays

Minor issues and delays

On target

Programme Highlight Report – 28 Jan 21

COLLABORATIVES DEVELOPMENT WORKSTREAM PROGRESS SUMMARY

- MH collaborative case for change (Gateway 1-5) was approved at NHCP Board and will now progress tranche one of the Outcome-Based Collaborative Contract for Adult & Older People’s Mental Health Pathways, as from 1 April 2022, between the CCG and the Collaborative
- The Elective Care collaborative case for change (Gateway 1&2) was approved at NHCP Board and will now move onto technical and contractual development
- Both CYP and iCAN have held 2nd stakeholder workshops in January to inform discussions and progress update for NHCP Board in February
- Contracting guidance being developed which will include contracting design principles and definitions of what a contract could look like versus full delegation for 1st April 2022

POINTS TO NOTE

Lessons learnt from MH and Elective Care cases for change governance and engagement process to be discussed at Central Collaborative Steering Group 26th January 2022

Decisions for fortnight ahead	Dependencies raised	Priority risks / issues	RAG
<ul style="list-style-type: none"> • Following CYP Board (24th January 2022) CYP task and finish group will prepare progress update for February NHCP Board to be signed off virtually by CYP Board 	<ul style="list-style-type: none"> • ICS strategy / outcomes framework - Development of an outcomes framework that resonates with collaboratives (and vice versa – collaboratives that can meet the needs of Northamptonshire's population) • ICB, ICS Partnership design - Development of governance structures that can “dock into” ICS structures at different levels of maturity • Place/sub-place - Linking in with local / neighbourhood structures to ensure place-based input into service models and integration plans • All cross-cutting workstreams (people, finance, infrastructure) - These are all critical enablers for the system and collaboratives within that so ensure to link in • CCG transition - Provide a pathway for transition of some functions at right stage of maturity - must be mindful of collaboratives development 	<ul style="list-style-type: none"> • Capacity of Collaborative teams impacted by Level 4 Covid 19 response. Impact on delivery of Case for Change, delays manageable at this time - Mitigation: Continued monitoring of the programmes against timelines. Collaboratives not on critical path for 1 April. ICS Go-Live confirmed nationally for July 2022. • Contracting team capacity to support Collaboratives through technical requirements - Mitigation: Not all collaboratives require transactional support immediately or at the same time. • Lack of project support to task and finish groups may causing delays to content creation and delivery support to T&F Chairs - Mitigation: Sourced from provider resources where possible. Central funding allocated to support the delivery teams. Additional project support has been secured for CYP and elective care. • Engagement with professional and communities to update on current workstreams required - Mitigation: Engagement with Communications and engagement strategy. Imbed Comms representatives into Collaborative sub workstreams 	



Significant issues and delays



Minor issues and delays



On target

Programme Highlight Report – 28 Jan 21

STRATEGIC FINANCE WORKSTREAM PROGRESS SUMMARY – No update from last report

Draft documents supplied as evidence to support ROS sign off sent to NHSEI including the following documents:

- Draft ICB SORD Template
- Function mapping for SORD
- Draft Financial Framework
 - Inc: Description of system financial arrangements to support and enable agreed place-based, provider collaborative arrangements and any commissioning delegation

Work progressed on :

- Financial Strategy Engagement
- SBS full project plan

Decisions for fortnight ahead	Dependencies raised	Priority risks / issues	RAG
<ul style="list-style-type: none"> • Expecting feedback from NHSEI on draft documents submitted • Revised SBS Project Plan being drafted following the delay to the ICB start date • 22/23 financial planning assumptions agreed in line with national guidance 	<ul style="list-style-type: none"> • CB / ICP Governance – Draft Financial Model (FM), Scheme of Reservation and Delegation (SORD) and Standing Financial Instructions (SFIs) are being discussed across the system. • ICB governance and Collaboratives – need to identify opportunities to define system wide sustainable finance and transformation plans post ICS transition. • Collaboratives – Understanding timeline and financial requirements for integration into SORD and FM. • Place/sub-place - developing ICS place based budgets and underpinning mechanisms • Strategy development / outcomes framework - financial plans need to link and correspond with system strategy • Guidance from NHS England - NHS England sharing further guidance in a timely manner for prompt development of requirements for transition 	<ul style="list-style-type: none"> • Transformation plans not developed – Fully developed or delayed transformation plans not in place for April 2022. - Additional extraordinary meetings in place as required. • Reliance on Third Party Organisations - delay in response from third party organisations such as SBS, GBS, RBS, HMRC, ESR etc. - Close liaison with Regional Finance to agree approach. • Finance Team Capacity - capacity within existing Finance teams to deliver all tasks required for transition. Mitigated by ongoing resource discussions across CFO/DOFs are discussing options 	<p style="text-align: center;">On target</p>



Significant issues and delays



Minor issues and delays



On target

Programme Highlight Report – 28 Jan 21

PEOPLE WORKSTREAM PROGRESS SUMMARY

Continue to progress approved ICS Workforce Plan (agreed Dec 2020) and SWIM objectives.
ICB Chair and CEO appointment process concluded.
NED appointments made following conclusion of recent selection process.

Decisions for fortnight ahead	Dependencies raised	Priority risks / issues	RAG
<ul style="list-style-type: none"> • People Committee in wider ICS structure to be determined, key meetings scheduled to progress. CO and MS - chairs of the People Board are recommending that the core functions of a people committee including monitoring functions as envisaged by the ICS People and Culture regional programme, governance discussions need to be progressed to agree the format and structure of this approach. • The proposed approach will allow the ICS people functions to be managed within an appropriate committee and will build on the positive work already undertaken, which has been acknowledged regionally and nationally 	<ul style="list-style-type: none"> • Clinical Leadership – <ul style="list-style-type: none"> • Dedicated leadership development plan. • Identifying, recruiting and creating a pipeline for clinical and professional leaders. • Creating a culture of shared learning – Mobilisation of Task and Finish Group with OD leads to develop. • Place and Sub Place - people plan integration to ICS establishment. 	<ul style="list-style-type: none"> • People Committee/People Board - Need to determine the combination of these two functions. Further discussions planned during Jan to determine way forward. • Workstream resource - Query over future use of system WDF (HEE funded) funding or future people function use. Mitigation: Discussion with Finance needed to determine recurrent funding gap to ensure stability in the system. • Unable to fully recruit to key posts prior to 1 Apr 21 – CEO / Chair now in role, NEDs appointments in progress with selection processes in Jan 21. Ongoing organisational change process in place. 	<p style="text-align: center;">On target</p>



Significant issues and delays



Minor issues and delays



On target

Programme Highlight Report – 28 Jan 21

COMMUNICATIONS AND ENGAGEMENT WORKSTREAM PROGRESS SUMMARY

- Focus area 1: System stakeholder engagement strategy – focus on planning stakeholder sessions to engage staff cohorts (in planning).
- Focus area 2: System (ICB) community engagement framework (strategy) – meeting with potential interim resource to support with mobilisation. Interviews scheduled for roles 2 February 2022.
- Focus area 3: Development of communications ways of working post ICS establishment (April 2022) System working / supporting collaboratives - comms plan in development for staff, public and stakeholder 'day one' comms (in planning).
- Focus area 4: Development of updated digital suite (ICS, ICB, CCG websites and related intranets) – scoping resource activity and structure planning.
- Focus area 5: Development of styling and 'brand' approach - co-design session planning to be scoped to align collaborative styling
- Focus area 6: Creation of 'day one' comms plans – narrative signed off and design in progress

Decisions for fortnight ahead	Dependencies raised	Priority risks / issues	RAG
<ul style="list-style-type: none"> • Interim recruitment support for development of engagement strategy / framework (DM – Comms). Workshops to happen from late February • Resourcing additional capacity for digital support (DM / AF – Comms) • ICB day one comms planning – share with CMT • Stakeholder session timings and bookings with organisations / focus areas. Tying in with OD team to coordinate delivery. 	No new dependencies noted	<ul style="list-style-type: none"> • Stakeholder engagement – limited stakeholder engagement with critical groups (clinicians, localised staff groups and public). • Focussed stakeholder planning has begun for relevant workstreams • Comms team to drive engagement plan, materials and delivery mechanism on behalf of workstream leads. 	On target

PMO WORKSTREAM PROGRESS SUMMARY

- Revised STG format and timetable – moving to a once per month highlight report with alternative weeks focus on enabling workshops.
- Team have begun a review plans with workstreams to make a provisional assessment of the impact of revised timetable released by NHSE.
- Digital and People workstrand check in rhythm established

Decisions for fortnight ahead	Dependencies raised	Priority risks / issues	RAG
Work with SROs to assess the impact of revised timetable for implementation	Place and ICP delivery team contract end Dec 2021	<ul style="list-style-type: none"> • Requirement to assess critical path for go live given potential national implementation • Place and ICP workstream support gap – discussions ongoing with SROs • Collaborative workstream support due to leave post next fortnight – replacement to be identified 	On target



Significant issues and delays



Minor issues and delays



On target

Programme Risk Summary

RAG

There are currently 19 live risks on the central programme risk register. There are two risks to note. The highest risk recorded is Amber Red and is concerned with the level 4 national Covid response and the impact on plans from a revised NHSE timetable. PMO is conducting check-in meetings with workstreams to revise associated risks throughout February. The second Risk to note is the Boundary Change Project for Oundle, the decision point on implementation of boundary changes from NHSE is WC 7 Feb or the change will not take affect by 1 April 2022.

15 – 28 Jan 2022

Details				Mitigation			Residual score				
Risk ID	Date Logged	Description	Impacts	Owner	Actions and Individual Owners (Contingency / Mitigating)	Impact	Likelihood	Total	Owner	Status	
NEW	12/12/22	Oundle workstream – Decision to implement changes of boundaries wef 1 April 2022 and not 1 July 2022 is outstanding from NHSE	<ul style="list-style-type: none"> Failure to implement boundary change 1 April 2022 		Escalated to Regional Representative	3	4	12	Sarah Stansfield	Open	
11	15/07/21	The current Covid scenario means that Covid incident response structures need to be stood up again, absorbing bandwidth and attention, causing delays to this project	<ul style="list-style-type: none"> Delays to deliverables Critical path prioritised for delivery (ICS Transition) best effort for none critical deliverables in 2022. 	SRO's, Prog Dir	Update: Contingency had been added to work plans where possible, this float in the plan has been used over quarter three and four. A revised timetable issued by NHSE WC 24 January, has adjusted the delivery of the safe and legal transfer to 1 July 2022. Some areas have benefited from the revised timetable but the complexity and volume of work added some areas is considerable. Clarification points have been requested from regional links and SROs have been asked to assess the impact on current plans, maintaining links to workstream Regional Leads.	3	5	15	SRO, ESG	Open	