NHS
North Cumbria
Clinical Commissioning Group

NHS North Cumbria CCG Governing Body	Agenda Item
5 December 2018	7.1

North Cumbria Integrated Health and Care System – Update Report

Purpose of the Report
The purpose of this report is to update the Governing Body on key items in relation to building the North Cumbria Integrated Health and Care System. Specifically this report includes updates on: • Memorandum of Understanding for the Integrated Health and Care System (IHCS) • Refresh of the System Strategy • Developing the Governance arrangements for the IHCS

Outcome Required:	Approve		Ratify		For Recommendation		For Information	X

Assurance Framework Reference:

As detailed in the Strategic Objectives below.

Recommendation(s):

The Governing Board are asked to

a) NOTE this report and associated appendices; and
b) NOTE that the System Leadership Board will consider reports on the updated governance framework for the IHCS and the System Strategy refresh in January 2019

Executive Summary:

Key Issues:

The report updates the Governing Body on key items in relation to the North Cumbria Integrated Health and Care System.

Key Risks:

- There are no risks for the Governing Body to consider in this report.

Implications/Actions for Public and Patient Engagement:

- This report includes an update on refreshing the system strategy for North Cumbria. Engagement with the public and key stakeholders is already taking place through a number of forums however specific engagement will be required on this piece of work during January – March 2019.

Financial Impact on the CCG:

- This report has no financial impact other than the system financial performance and control total, which is referred to in Appendix 2 of this report and has been approved by Provider and Commissioner Directors of Finance.

Strategic Objective(s) supported by this paper:	**Please select (X)**
Support continuous quality improvement within existing services including General Practice	**X**
Commission a range of health services, including an increasing range of integrated services, appropriate to our population's needs	
Develop our system leadership role (in the context of an integrated health and care system) and our effectiveness as a partner	**X**
Continuously improve our organisation and support our staff to excel	**X**

Impact assessment: (Including Health, Equality, Diversity and Human Rights)	N/A

Conflicts of Interest Describe any possible Conflicts of interest associated with this paper, and how they will be managed	There are no conflicts of interest relating to this report.

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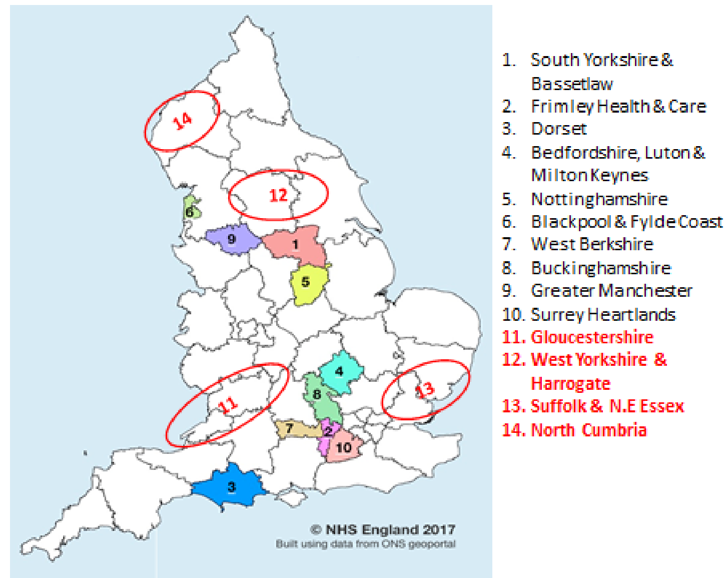
Date Report Written	28/11/2018

1. INTRODUCTION

In May 2018, the North Cumbria Integrated Health and Care system was announced in the next national wave of shadow integrated health and care systems, along with four other areas outlined in red below. The total number of shadow Integrated Care Systems (ICSs) across the NHS are now 14, illustrated below:



This paper updates the Governing Body on three key areas:

- Memorandum of Understanding for the Integrated Health and Care System (IHCS)
- Refresh of the System Strategy
- Developing the Governance arrangements for the IHCS

2. MEMORANDUM OF UNDERSTANDING FOR THE INTEGRATED HEALTH AND CARE SYSTEM (IHCS)

Each shadow Integrated Care System has to sign up to a formal Memorandum of Understanding (MoU) with NHS England/Improvement. There are national mandated items which are included in the MoU as well as locally defined priorities. The MoU for North Cumbria, which has been endorsed by members of the System Leadership Board is attached at Appendix 1 for information.

2.1 Local priorities

The local priorities for the integrated health and care system are set out below.

Transforming Care and Services

- **Population Health** – Develop the approaches to Population Health and Population Health Management at both system and place based levels across North Cumbria.

- **Primary Care and Integrated Care Communities (ICC)** - delivery of eight Integrated Care Communities (phase 1 & 2), across 2018/19 and 2019/20. This includes the overall development of primary care through implementation of the primary care strategy including 'North Cumbria Primary Care Limited'.
- **Mental Health** – Development and delivery of the 'Mental Health Futures' programme, this will include integrating service models (at place/ICC), crisis services and specialist mental health.
- **Children & Young People (including Child and Adolescent Mental Health)** – development of the wider children and young people's health and wellbeing agenda (linked to population health) and addressing the future strategy for CAMHS.
- **Acute service review** - continue to implement the outcomes from the public consultation decisions to address service vulnerabilities, shifting activity from the in-hospital to the out of hospital setting and collaborating where necessary with other hospital providers.
- **Financial strategy** - system development and implementation of financial efficiency delivery plans identifying how organisational and system savings will be achieved, and system risk addressed and appropriately mitigated.

System Enablers & Design

- Development of system governance arrangements to support new construct and design for health providers and commissioners during 2018/19 including implementation of the North Cumbria integrated health and care governance framework.
- Begin to implement the North Cumbria workforce strategy in 2018/19 to provide system level workforce planning, including skill mix, supply and deployment.

The system is required to provide information on a quarterly basis to the national transformation team on progress against delivering the MoU. The first return to the team has been made for Quarter 2 and is attached at Appendix 2 for information. Integrating 'business as usual' reporting against the MoU has commenced in order to ensure the Director leads and business intelligence support for this return isn't duplicating existing reporting.

3. REFRESH OF THE SYSTEM STRATEGY

In October 2016 the Sustainability and Transformation Plan for North Cumbria was produced. This also linked to the June 2016, Pre Consultation Business Case. Work has progressed since the production of these strategic plans in implementing the transformations in care that we set out, for example establishing Integrated Care Communities and implementing the outcomes from the public consultation.

In October 2018, work to refresh and update the Cumbria Health and Wellbeing Strategy commenced and is currently open to consultation. In addition to this, the imminent publication of the Long Term Plan for the NHS will require us as a system to produce a strategic plan on how we implement the requirements locally.

Accordingly, work has commenced on refreshing our local system strategy linked to the Health and Wellbeing Strategy and the pending Long Term Plan for the NHS. This refresh will build on the priorities we have previously set out and started to implement, as well as refocussing the balance of *what* our priorities are with *how* we will collectively implement these across North Cumbria.

3.1 What next and timescales

Work with Board members from the Provider NHS organisations and representatives from the CCG has taken place in November, which focussed on:

- What the refresh of the strategy should focus on
- Greater clarity on how we will deliver and measure impact
- Greater clarity on the overarching narrative for our staff and public
- Connecting our refresh to improving the health and wellbeing of our communities (linked to the Health and Wellbeing Strategy)
- A commitment to clarity as opposed to 'lengthy documents' that are difficult to understand and measure impact against.

A formal report on the outcomes from this work will be considered by the System Leadership Board in January 2019. This will include how we build on the existing communication and engagement work across the system to gain some direct feedback and involvement on shaping our measures of success.

The aim is to have the system strategy refresh completed by April 2019.

3.2 Development of the Regional Clinical Strategy for the North East and North Cumbria

It is important to highlight in this section of the report, the work which has commenced as part of the aspirant integrated care system plans for the wider North East and North Cumbria (CNE). This includes a specific event which is being held in January 2019 on how a clinical strategy for CNE is shaped and developed. Key leaders and staff from partner organisations have been invited. The programme for the event is being finalised to ensure balance and focus on local priorities for North Cumbria and where linkages across the wider North East require consideration, for example specialist networks and services.

4. DEVELOPING THE GOVERNANCE ARRANGEMENTS FOR THE IHCS

During the last 12 months work to evolve the governance arrangements from the Sustainability and Transformation work into the IHCS have progressed. A governance framework is in place for the IHCS, which continues to evolve as we progress with implementing new ways of working across organisations.

Key highlights from the governance arrangements are summarised below:

- The System Leadership Board has been refreshed with updated terms of reference and has now had two meetings in public.
- The previous Clinical Forum has been refocussed into a multi-disciplinary Leadership Forum with a broader representation.

- Progress against our process and method for stakeholder engagement has been made, which builds on the existing networks in place across the system as opposed to establishing something new.

However, there is a need to review some key elements of how we are working, which are summarised below:

- The System Management Group was previously a weekly meeting where delivery against the transformational plan was overseen and managed. Due to the closer working across providers and commissioners, this group has served its purpose and a refocus in relation to the 'engine' room to support the system is required. This work is being scoped out at the moment and will include how other key components link into this refresh, for example Cumbria Learning and Improvement Collaborative and Organisational Development.
- Key meetings and delivery support against the priority areas in the MoU.
- Oversight on the system architecture, which includes the merger programme for NCUH and CPFT as well as the future development of commissioning arrangements and functions across the system.
- Functionality of the Programme Management Resource.

The System Leadership Board will consider a report on the above at their next meeting in January 2019.

There is also an opportunity to ensure the core meeting and assurance groups across health organisations (CCG, CPFT and NCUH) from the Board/Governing Body are streamlined where possible to avoid duplication and over bureaucracy, whilst respecting the need for statutory functions to be appropriately discharged. The Directors from the respective organisations will be engaged in this discussion moving forwards.

5. RECOMMENDATION

The Governing Board are asked to:

a) NOTE this report and associated appendices.
b) NOTE that the System Leadership Board will consider reports on the updated governance framework for the IHCS and the System Strategy refresh in January 2019.

Ramona Duguid
Director of Integration

Appendix 1 – Memorandum of Understanding for North Cumbria
Appendix 2 – MoU – Quarter 2 position

Memorandum of understanding for Integrated Care Systems

Dear Stephen,

We are writing to confirm North Cumbria's status as an Integrated Care System (ICS), subject to collective agreement of all the leaders in your system, and to describe the terms of this relationship with the national leadership bodies.

In order to enable the further development of the ICS approach in 2018/19, this document sets out the national expectations of ICSs, the freedoms and flexibilities that these systems will gain in return and how we will work to support system leaders and their teams.

1. Objectives

ICSs are systems in which NHS commissioners and 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 use their collective resources to improve quality of care and health outcomes. They are expected to make faster progress than other health systems in transforming the way care is delivered, to the benefit of the population they serve.

ICSs will:

- re-design and integrate clinical and care pathways to better meet the needs of the local population, incorporating use of prevention and self-care where appropriate;
- develop population health management approaches that facilitate the integration of services focused, in the first instance, on populations that are most at risk of developing acute illness and hospitalisation;
- work with key system partners and stakeholders including patients and residents and their democratic representatives, health and care staff, local government and the voluntary sector;
- take collective responsibility for managing financial and operational performance, quality of care (including patient/user experience) and health and care outcomes;
- implement new methods of payment that support integration of services and population health management approaches, whilst enabling delivery of a shared system control total;
- create more robust cross-organisational arrangements to tackle the systemic challenges that the health and care system is facing;
- act as a leadership cohort, demonstrating what can be achieved with strong local leadership, operating with increased freedoms and flexibilities; and
- commit to developing and disseminating learning, together with the national bodies, so that other systems can develop ICSs.

2. National NHS priorities and deliverables

The NHS guidance for refreshing 2018/19 plans confirmed the priorities set out in *Next Steps on the Five Year Forward View*. These include to:

- improve investment in, access to and the quality of mental health services as defined in *Implementing the Five Year Forward View for Mental Health* and the planning round refresh;
- promote better prevention and earlier diagnosis of cancer, as well as increasing access to innovative and timely treatments that improve survival, quality of life and patient experience;
- stabilise general practice, ensuring measures are in place to maximise GP retention and recruitment, and support the development of primary care networks that improve access and share assets and workforce. In time these networks will collaborate to expand the range of services available in the community, including proactive services aimed at keeping people well and/or prevent acute deterioration;
- redesign and strengthen the urgent and emergency care system through successful implementation of the UEC transformation programme. This includes delivering national operational standards, the 2018/19 ambitions on "Reducing long stays in hospital - to reduce patient harm and bed occupancy" and urgent and emergency mental health care for people of all ages;
- transform the treatment, care and support available to people of all ages with a learning disability, autism or both so that they can lead longer, happier, healthier lives in homes not hospitals; and
- continue to make maternity services in England safer and more personal through the implementation of the Better Births guidance.

The national deliverables that underpin these priorities are set out in Annex 1 of this document for ease of reference.

We are also expecting ICSs to go further than other systems in driving improvement across the clinical priority areas including:

- reaching 100% coverage of self-identified primary care networks (PCNs) by the end of 2018/19. We expect PCNs to be: functionally sharing assets and workforce and consistently delivering care through integrated teams to high risk groups; making use of data to understand their populations, identifying variation in resource use and outcomes, and guiding clinical decision making; acting as a core partner in system decision making. We will work with each ICS over the summer to agree the level of primary care network maturity that systems expect to achieve by March 2019, and that would represent a step change in the delivery of integrated primary care during 2018-19. We will also co-produce with ICSs appropriate measures to assess progress and impact, aligned with the national Primary Care Network Programme;

- enhancing resilience of systems before next winter, for example by improving system-level working across urgent and emergency care and improving resilience in care homes through implementation of the Enhanced Health in Care Homes framework;
- working in partnership with the National Mental Health Team to develop and implement actions to improve system-level working across all local partners for Mental Health delivery in 2018/19. This includes an ICS system-wide mental health investment strategy, and credible mental health workforce plan;
- working through, and as an active member of your Cancer Alliance, and in partnership with the National Cancer Programme, to implement the National Cancer Taskforce's recommendations[1].

[1] http://www.cancerresearchuk.org/sites/default/files/achieving_world-class_cancer_outcomes_-_a_strategy_for_england_2015-2020.pdf

3. Integrating care

In addition to making progress on these core priorities, ICSs will lead the way in integrating health and care services at the population and person level, including in the following ways.

- Analysing patterns of need, health and care utilisation, cost and other metrics by population segment. These analyses should help ICSs identify population groups that should receive proactive care with the objective of preventing illness or hospitalisation and reducing inequalities. Nationally we will work with ICSs to design a mechanism that can provide a common and consistent source of data to support benchmarking, peer learning and improvement.
- Using these analyses to redesign care with a view to providing proactive services to at-risk population groups and coordinating different services for them. We will support ICSs with practical learning derived from the new care models programme as well as other models used internationally.
- As population analytical methods will initially be snapshots, ICSs will increasingly need to build the digital infrastructure that allows for real-time analyses, patient 'tracking' and actionable insight. We will provide ICSs with advice on interoperability, information governance and, where necessary and appropriate investment.
- With support from the national team, ICSs will be required to make significant progress towards full maturity of the three population health management capabilities and develop a system-wide plan setting out locally determined population health priorities.

4. Local priorities and deliverables

The ICS leadership commits to delivering the following high priority deliverables in 2018/19:

Transforming Care and Services

- **Population Health** – Develop the approaches to Population Health and Population Health Management at both system and place based levels across North Cumbria.
- **Primary Care and Integrated Care Communities (ICC)** - delivery of eight Integrated Care Communities (phase 1 & 2), across 2018/19 and 2019/20. This includes the overall development of primary care through implementation of the primary care strategy including 'North Cumbria Primary Care Limited'.
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System Enablers & Design

- Development of system governance arrangements to support new construct and design for health providers and commissioners during 2018/19 including implementation of the North Cumbria integrated health and care governance framework.
- Begin to implement the North Cumbria workforce strategy in 2018/19 to provide system level workforce planning, including skill mix, supply and deployment.

5. Transformation funding

ICSs have been given transformation funding delegated to a host CCG on behalf of an ICS to support the implementation of integrated care and the local priorities set out above. This transformation funding package is set out in Annex 2. We will also be taking steps where possible to increase the flexibility of transformation funding streams dedicated to specific priorities from 2019/20 and beyond.

Financial governance arrangements

Definitive allocations are subject to NHS England and NHS Improvement approval for ICSs to go live. Prior to the release of any of the additional devolved funding included in this package each ICS will need to demonstrate:

- Governance and accountability arrangements so it is clear how decisions are made and who is accountable for delivering value for money from the expenditure.
- A value based allocation process for determining the use of the funding.
- Arrangements for oversight and reporting of expenditure and tracking of benefits realisation.

6. Managing collective resources

i) Shared system control total

As a shadow ICS you are required to work towards managing a system control total for 2019/20. Being able to manage a system control total is a key deliverable for your system for 2019/20.

ii) Single system operating plan

We expect you to put plans in place to allow the system to manage its combined income and expenditure across commissioners and providers, with a view to submitting a single system operating plan as part of the 2019/20 planning process.

iii) Capital and estates

As for STPs, you developed a system-wide estates and capital plan for submission in July. We asked that this should include sufficient focus on out-of-hospital schemes. This STP capital process is the main channel for access to strategic capital in 2018/19.

7. Oversight

We will progressively look to systems to manage and improve their own performance, as well as transforming services to ensure they are clinically and financially sustainable.

We will develop an oversight model that empowers your system to take a shared or leading role in decisions about oversight of trusts and CCGs, supported as necessary by NHS England and NHS Improvement, and with a commitment to minimising the administrative burden placed upon systems.

Regional teams will agree with ICSs how this oversight model will operate, taking into account the maturity of system working, including governance and financial management. This will include:

- establishing a single governance forum, (led and hosted by the ICS, but with input from regional teams) to review both system performance and the performance of individual providers and CCGs.
- agreeing an accountability framework setting out how oversight will work in practice.
- agreeing a work programme and timetable which identifies specific and tangible changes that will be made to the relationship between NHS England, NHS Improvement, the ICS and local trusts and CCGs.

General principles

In order to support system working and as the oversight model develops, all parties agree to work by the following principles:

- The ICS will interact with a single regional director, acting on behalf of both NHS Improvement and NHS England. We are working towards having fully integrated regional teams, as part of our wider plans for joint working.
- Where underperformance is identified, the ICS will generally be responsible in the first instance for working with local organisations to address the issue. Any NHS England or NHS Improvement intervention required will, wherever possible, be identified in consultation with and agreed with the ICS.
- Any regulatory decisions e.g. to put a trust or CCG into special measures, will, as now, be made by NHS England and NHS Improvement, but wherever possible in consultation with and taking into account the views of the ICS.
- NHS England/NHS Improvement will not generally engage with individual providers or CCGs without the knowledge of the system and an invitation to participate in the discussion.
- National programmes will, wherever possible, work through and with the ICS to ensure that challenge and support is in line with the needs of the system. Where

there are national support offers focussed on systems, these offers will be agreed with the ICS.

- NHS England/Improvement will minimise ad hoc data and information requests. Where additional data or information is sought, the ICS will be consulted before the request is issued. Where additional data or information is being sought from CCGs or trusts, we will, wherever possible, agree whether the request should come from NHS England/NHS Improvement or the ICS.
- These principles support a single route of communication, seek to enable the system to focus on improving and transforming quality and efficiency of care and reduce duplication of effort across our organisations.

Specific additional agreements made between the region and the ICS

In addition to abiding by the above general principles, the regional team and the ICS also commit to the following specific actions:

- N/A

8. National support

NHS Improvement and NHS England will continue to support ICSs. We will:

Facilitate learning between systems including convening a regular ICS leads development day. We will also continue to convene learning groups on specific topics such as primary care development, population health and communications and engagement. In addition, in 2018/19 we intend to start convening other professional groups such as ICS programme directors.

Dedicate a senior 'sponsor' from the national team to support the regional team in working with the ICS to help source national expertise and help coordinate and control the demands placed on local systems. This sponsor will also be able to provide hands-on help in solving problems or removing barriers that inhibit ICS development.

Provide bespoke support to leadership teams drawing on the King's Fund, NHS Confederation and others. In addition to re-procuring leadership support similar to that which we provided last year, we will expand our development offer in 2018/19 to provide, for example, clinical leadership teams with a facilitated programme that builds on Surrey Heartland's Clinical Academy and Frimley's 2020 programme.

Mobilise teams with specific expertise or tasked with solving common problems faced by ICSs and other systems. For example, we already have teams assisting many systems with the rollout of primary care networks. In 2018/19, we will provide hands-on expertise around population health management approaches, engagement and communication, and system financial management. Other workstreams will be developed in consultation with ICS leaders.

Continue to develop national strategy and policy with ICSs. The ICS community provides an invaluable source of expertise on which we will draw in developing policy, for instance on national financial architecture and incentives, the operating model for integrated regional teams, and how national bodies should oversee and support systems as they mature.

Promote a collaborative and open approach, working with the ICS community to collectively solve problems and set future direction for the NHS. We commit to communicating openly with you, providing support where we can and doing so at a pace that supports the development of ICSs.

Signature

Stephen Eames confirms collective agreement of North Cumbria system leaders

Matthew Swindells on behalf of NHS England and Kathy McLean on behalf of NHS Improvement

Annex 1: 2018/19 Deliverables

Reminder of 2018/19 deliverables – drawn from 'Next Steps on the NHS Five Year Forward View' published in March 2017

The NHS already has two-year priorities, set out in last year's Planning Guidance and the March 2017 publication of the *Next Steps on the NHS Five Year Forward View.* This Annex confirms these deliverables for 2018/19.

For national targets we will, where appropriate, provide disaggregated STP and CCG-level improvement targets and templates to ensure plans are completed on a consistent basis.

1. Mental Health

<table>
<tr><td colspan="2">Overall Goals for 2017-2019
We published Implementing the Mental Health Forward View in July 2016 to set out clear deliverables for putting the recommendations of the independent Mental Health Taskforce Report into action by 2020/21. The publication of Stepping Forward to 2020/21[5] in July 2017 provides a roadmap to increase the mental health workforce needed to deliver this. Making parity a reality will take time, but this a major step on the journey towards providing equal status for mental and physical health. These ambitions are underpinned by significant additional funding for mental health care, which should not be used to supplant existing spend or balance reductions elsewhere.</td></tr>
<tr><td>Progress in 2017/18
• On track to ensure an extra 35,000 children and young people are able to access services this year.
• 70 new or extended community eating disorder services funded and commissioned.
• 81 new beds for Children and Adolescent Mental Health Services (Tier 4) and at least another 50 beds will open by</td><td>Deliverables for 2018/19
Additional funding has now been built into CCG 2018/19 allocations to support the expansion of services outlined in this planning guidance and the specific trajectories set for 2018/19 to deliver the Five Year Forward View for Mental Health. Progress to be made against all deliverables in the Next Steps on the NHS Five Year Forward View and the Implementing the Mental</td></tr>
</table>

[5] Stepping Forward to 2020/21: Mental Health Workforce Plan for England (Health Education England).

end of March 2018. • Expanded **specialist perinatal care** with over 5,000 additional women accessing these services between April and December 2017. Contracts awarded for four new Mother and Baby Units. • Continued to meet the waiting time standard for **early intervention in psychosis.** • **Physical health checks and interventions** for patients with severe mental illness in secondary care, with 60% of people in inpatient settings and 42% in community mental health teams receiving this to date. • Health Education England (HEE) expects to provide over 600 training places for Improving Access to Psychological Therapies (IAPT) practitioners. At least **800 practitioners in primary care** settings by March 2018. • 10 mental health **new care models** up and running and an additional 7 go live by April 2018. • CCGs have continued to meet the **dementia diagnosis standard**, which was at 68.3% by December 2017. • Seven **Global Digital Exemplar** Mental Health Trusts, funded to identify trusts which they will partner with as 'fast followers'.	*Health Forward View* in 2018/19 with all CCGs and STPs required to: • Each CCG must meet the **Mental Health Investment Standard** (MHIS) by which their 2018/19 investment in mental health rises at a faster rate than their overall programme funding. CCGs' auditors will be required to validate their 2018/19 year-end position on meeting the MHIS. • Ensure that an additional 49,000 **children and young people** receive treatment from NHS-commissioned community services (32% above the 2014/15 baseline) nationally, towards the 2020/21 objective of an additional 70,000 additional children and young people. Ensure evidence of local progress to transform children and young people's mental health services is published in refreshed joint agency Local Transformation Plans aligned to STPs. • Make further progress towards delivering the 2020/21 waiting time standards for **children and young people's eating disorder services** of 95% of patient receiving first definitive treatment within four weeks for routine cases and within one week for urgent cases. • Deliver against regional implementation plans to ensure that by 2020/21, **inpatient stays for children and young people** will only take place where clinically appropriate, will have the minimum possible length of stay, and will be as close to home as possible to avoid inappropriate out of area placements, within a context of 150-180 additional beds. • Continue to increase access to **specialist perinatal mental health services,** ensuring that an additional 9,000 women access specialist perinatal mental health services and boost bed numbers in the 19 units that will be open by the end of 2018/19 so that overall capacity is increased by 49%.

	• Continue to improve access to **psychology therapies** (IAPT) services with, maintaining the increase of 60,000 people accessing treatment achieved in 2017/18 and increase by a further 140,000 delivering a national access rate of 19% for people with common mental health conditions. Do so by supporting HEE's commissioning of 1,000 replacement practitioners and a further 1,000 trainees to expand services. This will release 1,500 mental health therapists to work in primary care. Approximately two-thirds of the increase to psychological therapies should be in new integrated services focused on people with co-morbid **long term physical health conditions** and/or medically unexplained symptoms, delivered in primary care. Continue to ensure that access, waiting time and recovery standards are met. • Continue to work towards the 2020/21 ambition of all acute hospitals having **mental health crisis and liaison services** that can meet the specific needs of people of all ages including children and young people and older adults; and deliver Core 24 mental health liaison standards for adults in 50% of acute hospitals subject to hospitals being able to successfully recruit. • Ensure that 53% of patients requiring **early intervention for psychosis** receive NICE concordant care within two weeks. • Support delivery of STP-level plans to reduce all inappropriate adult acute **out of area placements** by 2020/21, including increasing investment for Crisis Resolution Home Treatment Teams (CRHTTs) to meet the ambition of all areas providing CRHTTs resourced to operate in line with recognised best practice by 2020/21. Review all patients who are placed out of area to ensure that have appropriate packages of care.

	• Deliver annual **physical health checks** and interventions, in line with guidance, to at least 280,000 people with a severe mental health illness. • Provide a 25% increase nationally on 2017/18 baseline in access to **Individual Placement and Support** services. • Maintain the **dementia** diagnosis rate of two thirds (66.7%) of prevalence and improve post diagnostic care. • Deliver their contribution to the **mental health workforce** expansion as set out in the HEE workforce plan, supported by STP-level plans. At national level, this should also specifically include an increase of 1,500 mental health therapists in primary care in 2018/19 and an expansion in the capacity and capability of the children and young people's workforce building towards 1,700 new staff and 3,400 existing staff trained to deliver evidence based interventions by 2020/21. • Deliver against multi-agency **suicide prevention** plans, working towards a national 10% reduction in suicide rate by 2020/21. • Deliver **liaison and diversion** services to 83% of the population. • Ensure all commissioned activity is recorded and reported through the Mental Health Services **Dataset**.

2. Cancer

Overall Goals for 2017-2019
Advance delivery of the National Cancer Strategy to promote better prevention and earlier diagnosis and deliver innovative and timely treatments to improve survival, quality of life and patient experience by 2020/21.

Progress in 2017/18	**Deliverables for 2018/19**
• **Cancer survival** at its highest ever with latest figures showing that one-year cancer survival is up by over 2,000 people a year. • 95.1% of people seen by a specialist **within two weeks** of an urgent GP referral for suspected cancer, with 5.1% more patients being seen in the 12 months to November 2017 than in the previous 12 months. • Ten **multidisciplinary rapid diagnostic and assessment centres** in place across the country by March 2018, supporting patients with complex symptoms through to diagnosis. • We are on track to deliver the **largest radiotherapy upgrade programme in 15 years modern radiotherapy** have now funded 26 new machines in 21 trusts in 2017/18. • Half of the country's Cancer Alliances have begun to roll out **personalised follow-up** after cancer treatment. • Added 22 more drugs to the Cancer Drugs Fund, which have benefitted nearly 7,500 more patients, taking the total since the reformed CDF launched in July 2016 to 15,700 patients having benefited from 52 drugs treating 81 different cancers.	• Ensure all **eight waiting time standards** for cancer are met, including the 62 day referral-to-treatment cancer standard. The '10 high impact actions' for meeting the 62 day standard should be implemented in all trusts, with oversight and coordination by Cancer Alliances. The release of cancer transformation funding in 2018/19 will continue to be linked to delivery of the 62 day cancer standard. • Support the implementation of the new **radiotherapy** service specification, ensuring that the latest technologies, including the new and upgraded machines being funded through the £130 million Radiotherapy Modernisation Fund, are available for all patients across the country. • Ensure implementation of the nationally agreed **rapid assessment and diagnostic pathways for lung, prostate and colorectal cancers**, ensuring that patients get timely access to the latest diagnosis and treatment. Accelerating the adoption of these innovations helps meet the 62 days standard ahead of the introduction of **the 28 day Faster Diagnosis Standard** in April 2020. • Progress towards the 2020/21 ambition for **62% of cancer patients to be diagnosed at stage 1 or 2**, and reduce the proportion of cancers diagnosed following an emergency admission. • Support the rollout of FIT in the **bowel cancer screening** programme during 2018/19 in line with the agreed national timescales following PHE's procurement of new FIT kit, ensuring that at least 10% of all bowel cancers diagnosed through the screening programme are detected at an early stage, increasing to 12% in 2019/20. • Participate in pilot programmes offering low dose CT scanning based on an assessment of lung cancer risk in

	CCGs with lowest **lung cancer** survival rates. • Progress towards the 2020/21 ambition for **all breast cancer patients to move to a stratified follow-up pathway** after treatment. Around two-thirds of patients should be on a supported self-management pathway, freeing up clinical capacity to see new patients and those with the most complex needs. All Cancer Alliances should have in place clinically agreed protocols for stratifying breast cancer patients and a system for remote monitoring by the end of 2018/19. • Ensure implementation of the **new cancer waiting times system** in April 2018 and begin data collection in preparation for the introduction of the new 28 day Faster Diagnosis standard by 2020.

3. Primary Care

Overall Goals for 2017-2019 Stabilise general practice today and support the transformation of primary care and for tomorrow, by delivering *General Practice Forward View* and *Next Steps on the NHS Five Year Forward View*.	

Progress in 2017/18
• 52% of the country now benefitting from **extended access** including appointments on evenings and weekends, beating the target of 40% for 2017/18.
• **Primary care workforce**:
  o Over 770 additional GP trainees started specialist training since 2015 baseline (3,157 in total in 2017/18);
  o Begun GP international recruitment, with the first 100 GPs being recruited;
	Deliverables for 2018/19
	Progress against all *Next Steps on the NHS Five Year Forward View* and *General Practice Forward View* commitments. This includes all CCGs:
	• Providing **extended access** to GP services, including at evenings and weekends, for 100% of their population by 1 October 2018. This must include ensuring access is available during peak times of demand, including bank holidays and across the Easter, Christmas and New Year periods.
	• Delivering their contribution to the **workforce commitment**

o Launched the GP Retention Scheme; o Recruitment of an additional 505 clinical pharmacists, in addition to the 494 already in post. • **Investment in general practice** continues to increase on track to deliver the pledged additional £2.4 billion by 2021. • CCGs investing in line with expectations set out in the 2017/18 NHS's Planning Guidance, for **additional primary care transformation investment (£3/head)** over two years. • Invested in **upgrading primary care facilities**, with 844 schemes completed and a further 868 schemes in development.	to have an extra 5,000 doctors and 5,000 other staff working in primary care. CCGs will work with their local NHS England teams to agree their individual contribution and wider workforce planning targets for 2018/19. At national aggregate level we are expecting the following for 2018/19: o CCGs to recruit and retain their share of additional doctors via all available national and local initiatives; o 600 additional doctors recruited from overseas to work in general practice; o 500 additional clinical pharmacists recruited to work in general practice (CCGs whose bids have been successful will be expected to contribute to this increase); o An increase in physician associates, contributing to the target of an additional 1000 to be trained by March 2020 (supported by HEE); o Deliver increase to 1,500 mental health therapists working in primary care. • **Investing** the balance of the £3/head investment for general practice transformation support. • Actively encourage every practice to be part of a local **primary care network**, so that there is complete geographically contiguous population coverage of primary care networks as far as possible by the end of 2018/19, serving populations of at least 30,000 to 50,000. • Investing in upgrading primary care facilities, ensuring completion of the pipeline of **Estates and Technology Transformation schemes**, and that the schemes are delivered within the timescales set out for each project. • Ensuring that 75% of 2018/19 **sustainability and resilience funding** allocated is spent by December 2018, with 100% of the allocation spent by March 2019.

	• Ensuring every practice implements at least two of the **high impact 'time to care' actions**. • In all practices, delivering primary care **provider development initiatives** for which CCGs will receive delegated budgets, including online consultations. • Where primary care commissioning has been **delegated**, providing assurance that statutory primary medical services functions are being discharged effectively. • Lead CCGs expected to commission, with support from NHS England Regional Independent Care Sector Programme Management Offices, **medicines optimisation** for care home residents with the deployment of 180 pharmacists and 60 pharmacy technician posts funded by the Pharmacy Integration Fund for two years.

4. Urgent and Emergency Care

Overall Goals for 2017-2019 Redesign and strengthen the urgent and emergency care system to ensure that patients receive the right care in the right place, first time.	
Progress in 2017/18 • More patients able to **speak to a clinician** about their urgent and emergency care needs when calling NHS 111 – 40% of answered calls now receive clinical input, up from 22% last year. • Piloted and evaluated **NHS 111 Online** in a number of areas, with 27% of the population now able to access urgent and emergency care advice through this online portal.	**Deliverables for 2018/19** • Ensure that **aggregate performance against the four-hour A&E standard** is at or above 90% in September 2018, that the majority of providers are achieving the 95% standard for the month of March 2019. Also Trusts are expected to improve on their performance each quarter compared to their performance in the same quarter the prior year in order to qualify for STF payments.

• 110 **Urgent Treatment Centres (UTCs)** designated according to the revised standard specification. • **Ambulance Response Programme** implemented in all English mainland ambulance trusts. • 105 Trusts received capital funding of £96.7 million to implement **front-door clinical streaming**. Over 90% of Trusts now have this in place. • **1,491 beds have been freed up** as a result of **reducing delayed transfers of care (DTOC)**. • £30 million awarded to 74 areas to increase number of acute hospitals meeting the **'Core 24' standard for 24/7 mental health liaison teams**. • 97% of A&Es, 98% of the initial cohort of UTCs and 96% of e-prescribing pharmacies now have **access to primary care records** through either summary care records or local record sharing portals.	• Implementation of the **NHS 111 Online** service to 100% of the population by December 2018. • Access to enhanced **NHS 111** services to 100% of the population, with more than half of callers to NHS 111 receiving clinical input during their call. Every part of the country should be covered by an integrated urgent care Clinical Assessment Service (IUC CAS), bringing together 111 and GP out of hours service provision. This will include direct booking from NHS 111 to other urgent care services. • By March 2019, CCGs should ensure technology is enabled and then ensure that **direct booking from IUC CAS into local GP systems** is delivered wherever technology allows. • Designate remaining **UTCs** in 2018/19 to meet the new standards and operate as part of an integrated approach to urgent and primary care. • Work with local Ambulance Trusts to ensure that the new **ambulance response time standards** that were introduced in 2017/18 are met by September 2018. Handovers between ambulances and hospital A&Es should not exceed 30 minutes. • Deliver a **safe reduction in ambulance conveyance** to emergency departments. • Continue to make progress on **reducing delayed transfers of care** (DTOC), reducing DTOC delayed days to around 4,000 during 2018/19, with the reduction to be split equally between health and social care. • Continue to improve patient flow inside hospitals through implementing the "Improving Patient Flow" guidance[6]. Focus specifically on **reducing inappropriate length of stay for admissions**, including specific attention on 'stranded' and

[6] https://improvement.nhs.uk/resources/good-practice-guide-focus-on-improving-patient-flow/

	'super stranded' patients who have been in hospital for over 7 days and over 21 days respectively. • Continue to work towards the 2020/21 deliverable of all acute hospitals having **mental health crisis and liaison services** that can meet the specific needs of people of all ages including children and young people and older adults; and deliver **Core 24 mental health liaison standards for adults** in 50% of acute hospitals, subject to hospitals being able to successfully recruit. • Ensure that fewer than 15% of NHS **continuing healthcare full assessments** take place in an acute setting. • Continue to progress **implementation of the Emergency Care Data Set** in all A&Es (Type 1 and Type 2 by June 2018; and Type 3 by the end of 2018/19). • Increase the number of patients who have consented to share their additional information through the **extended summary care record** to 15% and improve the functionality of e-SCR by December 2018. • Implement a **proprietary appointment booking system** at particular GP practices, 50% of integrated urgent care services and 50% of UTCs by May 2018, supported by improved technology and clear appointment booking standards issued by December 2018. • Continue to rollout the **seven-day services four priority clinical standards to five specialist services** (major trauma, heart attack, paediatric intensive care, vascular and stroke) and the **seven-day services four priority clinical standards in hospitals** to 50% of the population.

5. Transforming Care for People with Learning Disabilities

<table>
<tr><td colspan="2">Overall Goals for 2017-2019
Our goal is to transform the treatment, care and support available to people of all ages with a learning disability, autism or both so that they can lead longer, happier, healthier lives in homes not hospitals.</td></tr>
<tr><td>Progress in 2017/18
22% increase in the number of annual health checks delivered by GPs to improve access to community alternatives to hospital and tackle premature mortality.
New and expanded community teams to support people with a learning disability at risk of admission to hospital, backed by £10 million transformation funding.
6% reduction in inappropriate hospitalisation of people with a learning disability, autism or both, between March and November 2017, totalling a 14% reduction since March 2015. In addition, over 100 people previously in hospital for 5 years or more were discharged between March and November 2017.
Tackling premature mortality by beginning to systematically review and learn from deaths of patients with learning disabilities by March 2018.</td>
<td>Deliverables for 2018/19
All Transforming Care Partnerships (TCPs), CCGs and STPs are expected to:
Continue to reduce inappropriate hospitalisation of people with a learning disability, autism or both, so that the number in hospital reduces at a national aggregate level by 35% to 50% from March 2015 by March 2019. As part of achieving that reduction we expect CCGs and TCPs to place a particular emphasis on making a substantial reduction in the number of long-stay (5 year+ inpatients).
Continue to improve access to healthcare for people with a learning disability, so that the number of people receiving an annual health check from their GP is 64% higher than in 2016/17. CCGs should achieve this by both increasing the number of people with a learning disability recorded on the GP Learning Disability Register, and by improving the proportion of people on that register receiving a health check.
Make further investment in community teams to avoid hospitalisation, including through use of the £10 million transformation fund.
Ensure more children with a learning disability, autism or both get a community Care, Education and Treatment Review (CETR) to consider other options before they are admitted to hospital, such that 75% of under 18s admitted to hospital have either had a pre-admission CETR or a CETR immediately post admission.</td></tr>
</table>

	• Continue the work on tackling **premature mortality** by supporting the review of deaths of patients with learning disabilities, as outlined in the National Quality Board 2017 guidance.

6. Maternity

Overall Goals for 2017-2019 Continue to make maternity services in England safer and more personal through the implementation of the *Better Births.*	
Progress in 2017/18 • Continuing the year on year **safety improvements** to maternity services including, since 2010, a 16% reduction in stillbirths, 10% reduction in neonatal mortality and 20% reduction in maternal deaths. • Seven maternity 'early adopters' established covering 125,000 births a year to implement specific elements of *Better Births* and service improvements. Pilots of **continuity of carer** established to over 3,000 women. • 44 **Local Maternity Systems** established bringing together commissioners, providers and service users to lead and deliver transformation of maternity services in every part of the country. • We will exceed the planned goal of 2,000 more women receiving **specialist perinatal care** in 2017/18, with over 5,000 additional women accessing these services between April and December 2017. Four new mother and baby units also funded.	**Deliverables for 2018/19** • Deliver improvements in **safety** towards the 2020 ambition to reduce stillbirths, neonatal deaths, maternal death and brain injuries by 20% and by 50% in 2025, including full implementation of the Saving Babies Lives Care Bundle by March 2019. • Increase the number of women receiving **continuity** of the person caring for them during pregnancy, birth and postnatally, so that by March 2019, 20% of women booking receive continuity. • Continue to increase access to **specialist perinatal mental health services,** ensuring that an additional 9,000 women access specialist perinatal mental health services and boost bed numbers in the 19 units that will be open by the end of 2018/19 so that overall capacity is increased by 49%. • By June 2018, agree trajectories to improve the **safety, choice and personalisation** of maternity

N.B. This is not a comprehensive list of 'Next Steps' deliverables for 2018/19, simply an 'aide memoire' covering these service improvement areas. CCGs and STPs should also continue to work to reduce inequalities in access to services and in people's experiences of care.

System:	North Cumbria			
Priority #	Type of Priority	Description of priority	Relevant STG team	Q2 Progress Update from ICS
National NHS priorities and deliverables				
NC1.1	National NHS priorities and deliverables	Reaching 100% coverage of self-identified primary care networks (PCNs) by the end of 2018/19. We expect PCNs to be: functionally sharing assets and workforce and consistently delivering care through integrated teams to high risk groups; making use of data to understand their populations, identifying variation in resource use and outcomes, and guiding clinical decision making; acting as core partner in system decision making. We will work with each ICS in July and August to agree the level of primary care network maturity that systems expect to achieve by March 2019, and that would represent a step change in the delivery of integrated primary care during 2018-19. We will also co-produce with ICSs appropriate measures to assess progress and impact, aligned with the national Primary Care Network Programme.	Primary Care	The system has achieved 100% coverage of self-identified primary care networks (PCNs) in April 2017, with increased community and social care engagement by the end of 2018/19. We have assessed the maturity of our PCNs to be level 1with a target of reaching level 2 across all PCNs by March 2019. This represents a step change in the delivery of integrated primary care during 2018-19. Work on establishing a core data set across each ICC (PCN) for population health to focus on variation in two key pathway areas - lung health and diabetes has commenced. We will build on this as part of our PHM plans at place level.
NC1.2	National NHS priorities and deliverables	Enhancing resilience of systems before next winter, for example by improving system-level working across urgent and emergency care and improving resilience in care homes through implementation of the Enhanced Health in Care Homes framework.	EHCH; UEC, Cancer & MH	ASC shift based commissioning of home care in order to attract and retain more staff in the home care sector. ICCs phase 2 to support better flow for Urgent Care continuing good work of ICCs phase 1. Annual evaluation of 18/19 winter to evaluate effective initiatives and identify improvements needed for next winter. The Care Home Collaborative is co-ordinated by the the nursing and quality team of the CCG. This covers a numbers elements of the framework such as the Red Bag initiative. NHSE and North East & North Cumbria Urgent Care network are working together to benchmark areas progress against each of the Enhanced Health in Care Homes elements and how they can share knowledge across systems.
NC1.3	National NHS priorities and deliverables	Working in partnership with the National Mental Health Team to develop and implement actions to improve system-level working across all local partners for Mental Health delivery in 2018/19. This includes an ICS system-wide mental health investment strategy, and credible mental health workforce plan.	UEC, Cancer & MH	Under the direction of the National Mental Health Team local services in the North are working in collaboration with Northumberland, Tyne and Wear NHS Foundation Trust to support the development of sustainable Mental Health and Learning Disability model. This process includes addressing the improvements highlighted by internal and external partners that are linked to implementing a workforce model assisted by NTW's knowledge and international linkages. There is a commitment to meet the investment standard for mental health and learning disability services across north cumbria.
NC1.4	National NHS priorities and deliverables	Working through, and as an active member of your Cancer Alliance, and in partnership with the National Cancer Programme, to implement the National Cancer Taskforce's recommendations.	UEC, Cancer & MH	Treatment package: - Looking at incorporating the Holistic needs assessment into our cancer people management system, Infoflex, in order to facilitate collation of data. - In the early stages of reviewing the requirements for the treatment summary. - Number of health and wellbeing events planned and currently in the process of securing funding - In the early stages of reviewing the requirements for the cancer treatment plan. Whole person, whole pathway: - Looking to appoint a Lead Cancer Nurse that will sit over the whole healthcare system and can have oversight of patient pathways from start to finish. - Reviewing pathways within the acute Trust in line with best practice. Risk stratified pathways: - Work has started in breast. Colorectal and prostate to follow. Development of the new cancer build in N Cumbria
Integrating care				**Due to the population demography and Joint Strategic Needs Assessment conclusions the future demand r**
NC2.1	Integrating care	With support from the national team, ICSs will be required to make significant progress towards full maturity of the three population health management capabilities and develop a system-wide plan setting out locally determined population health priorities.	Primary Care; PHM	Delivery plan for PHM drafted November 2018. This builds on the outcomes from the completed maturity assessment. Local health and wellbeing strategy being updated in conjunction with system strategy refresh to ensure PHM is a core strand across LA and NHS from 2019.
Oversight				
NC3.1	Oversight	Regional teams will agree with ICSs how this oversight model will operate, taking into account the maturity of system working, including governance and financial management. This will include: - establishing a single governance forum (led and hosted by the ICS, but with input from regional teams) to review both system performance and the performance of individual providers and CCGs. - agreeing an accountability framework setting out how oversight will work in practice. - agreeing a work programme and timetable which identifies specific and tangible changes that will be made to the relationship between NHS England, NHS Improvement, the ICS and local trusts and CCGs.	System Design	Single Governance Framework in place for ICS, two public meetings of the ICS Board now held. Updates to the 'system engine', organisational form for the ICO platform taking place in Q3. System performance reviews by NHSI&E in place. Timetable and programme of work for 2019 being developed.
Local priorities and deliverables				

NC4.1	Local priorities and deliverables	Population Health – Develop the approaches to Population Health and Population Health Management at both system and place based levels across North Cumbria.	PHM	Delivery plan for PHM drafted November 2018. This builds on the outcomes from the completed maturity assessment. Local health and wellbeing strategy being updated in conjunction with system strategy refresh to ensure PHM is a core strand across LA and NHS from 2019. Local priorities defined and linked directly to pathway redesign - first one Lung Health. Diagnostic capabilities on information management commenced - traget for each ICC (PCN) to have a local health life expectency map from April 2019 onwards. Data mapping on IG barriers across health and social care commenced.
NC4.2	Local priorities and deliverables	Primary Care and Integrated Care Communities (ICC) - delivery of 8 Integrated Care Communities (phase 1 & 2), across 18/19 and 19/20. This includes the overall development of Primary Care through implementation of the primary care strategy including 'North Cumbria Primary Care Limited'.	Primary Care	Phase 1 of the ICCs was up and running from July 2018 with the 8 ICCs being embedded across the North Cumbria System. Early indicators of success: 12.3% reduction in occupied bed days for cohort of patients targeted by the ICCs which includes reduced admissions and reduced lengths of stay 43% of patients seen by 'home first team' returned home 700 referrals a week to ICC hubs 90 additional community staff in post 90,757 visits by nursing and therapy staff in first three months Considerable positive impact on LoS and number of medically fit stranded and super stranded patients, within the acute trust. Third Sector posts per ICC approved to build third sector capability and connectors into each ICC. North Cumbria Primary Care (NCPC) LTD legal construct in final stages of approvals and negotiation. Processes and timetable in place as part of the approvals process for novation of GMS contracts with the first wave of practices becoming salaried early 2019. Work on the clinical model for NCPC commenced - focus on demand reduction/workforce design and key clinical models of delivery - such as primary mental health commenced. Integrated Urgent Care hub with primary care will go live on site at West Cumberland Hospital in January 2019.
NC4.3	Local priorities and deliverables	Mental Health – Development and delivery of the 'Mental Health Futures' programme, this will include integrating service models (at place/ICC), crisis services and specialist mental health.	UEC, Cancer & MH	Due to the population demography and Joint Strategic Needs Assessment conclusions the future demand modelling demonstrated the need for addition support in ICCs with older adults. The mental health place based working has prioritised placed based mental working with a particular focus on the dementia pathway. The pilot is underway and evaluation will conclude in January 2019, this will be built in to a business model for consideration of expansion.
NC4.4	Local priorities and deliverables	Children & Young People (including Child and Adolescent Mental Health) – development of the wider children and young people's health and wellbeing agenda (linked to population health) and addressing the future strategy for CAMHS.	UEC, Cancer & MH	The Joint Health and Wellbeing Strategy is currently out for public consultation. The public consultation concludes on the 31st January 2019, this strategy has identified an immediate priority of improve mental wellbeing of children and adults and is inclusive of children's and young people wellbeing. The ICS is determining the current demand and capacity of local CAMHS services, across north cumbria this work is being supported by both the CCG and NTW. The children and young peoples plan for Cumbria is being led by the LA which will set out the local priorities from 2019 onwards for the system.
NC4.5	Local priorities and deliverables	Acute service review - continue to implement the outcomes from the public consultation decisions to address service vulnerabilities, shifting activity from the in-hospital to the out of hospital setting and collaborating where necessary with other hospital providers.		North Cumbria System implementation of the following consultation outcomes: - Maternity: Midwife led units implemented on both Acute Trust sites alongside Consultant led Units. This is undergoing audit and review - Paediatrics: Short Stay Paediatric Assessment Units - Urgent Care - Integrated Urgent Care provision enhanced at WCH site with the composite workforce model to secure staffing levels for sustaining two Urgent Care site and to deliver a new model of care. - Community Hospital Consolidation: Community hospital beds reduced by 29 and 9 sites consolidated to 6 sites. - HASU to be implemented in 19/20 - Shift of elective activity to WCH site to ensure patients are treated where possible closer to their homes. Sustainable Services work progressing with the North East, There is now joint working with both Northumbria Healthcare Trust and Newcastle upon Tyne Hospitals to develop collaborative long term plans to sustain services across the three trusts.

NC4.6	Local priorities and deliverables	Financial strategy - system development and implementation of financial efficiency delivery plans identifying how organisational and system savings will be achieved, and system risk addressed and appropriately mitigated.	Finance Reform	At Q2 all organisations in the system continued to forecasrt achievement of individual control totals and thus acheivement of the overall ICS control total. The system has identified a number of risks, predominantly mainfesting in NCUHT and remains commited to addressing these through system-wide working and application of the risk sharing approach developed in previous financial years. It is important to note that that collectively the system has refreshed financial plans to reflect the transformation funding package included as Appendix 2 of the MOU. For example the system has collectively agreed to maintain a number of "winter schemes" from 2017/18 by applying the expected UEC funding that has suported the in-year improvement of A&E performance.
NC4.7	Local priorities and deliverables	Development of system governance arrangements to support new construct and design for health providers and commissioners during 2018/19 including implementation of the North Cumbria integrated health and care governance framework.	System Design	Single Governance Framework in place for ICS, two public meetings of the ICS (SLB) Board now held. System website established for ICS. Updates to the 'system engine', organisational form for the ICO platform taking place in Q3. System performance reviews by NHSI&E in place. Strategic outline case for merger of CPFT and NCUH drafted. Options appraisal paper for future CCG functions drafted and being discussed with partners. Timetable and programme of work for 2019 being developed for 2019 go live.
NC4.8	Local priorities and deliverables	Begin to implement the North Cumbria workforce strategy in 18/19 to provide system level workforce planning, including skill mix, supply and deployment.		Workfore strategy being refrehed into a strategic delivery plan from 2019 following substantive Director of Workforce and OD joining the system on 5/11/2018.