

	An emerging place which has just begun the journey to working together in partnership	A developing place which has set up the foundations needed for the partnership and has identified steps needed to become effective	A maturing place, with the right components in place to be effective in delivery at place and delivery within the wider ICS	A thriving place which seeks to go beyond the minimum and has an ambition to excel for its population
Ambition and vision: ➤ Vision ➤ Health and Care Needs Assessment ➤ Clinically and Professionally Led ➤ Community/Neighbourhood/Citizen Informed ➤ Place Based Plans ➤ Review and Evaluation ➤ Enablers	Vision			
	<ul style="list-style-type: none"> All partners understand the need for a common vision for their place. The vision is aligned to the health and wellbeing priorities of the district. 	<ul style="list-style-type: none"> All partners have described the common vision for their place. The vision is clearly delivering the health and care priorities as part of the overall approach to health and wellbeing. 	<ul style="list-style-type: none"> All partners can demonstrate that the common vision for their place is understood within each partner organisations. The health and care system are proactively informing the longer term health and wellbeing strategy for their place. 	<ul style="list-style-type: none"> All partners can describe how the common vision for the place is delivered through action at organisation and partnership level. All partners can describe the connectivity between the health and care vision and the wider ambitions for health and wellbeing in the place.
	Health and Care Needs Assessment			
	<ul style="list-style-type: none"> Discussions are being held with regards to a shared evidence base in order to develop a shared understanding of the challenges facing its population. 	<ul style="list-style-type: none"> There is an agreed evidence base upon which to base decisions. A single shared view/vision of patient experience as they experience integrated care across the system is being developed. 	<ul style="list-style-type: none"> There is an agreed evidence base which informs a collective narrative around the challenges faced by the population locally. There is a single shared view/vision of patient experience as they experience integrated care across the system. 	<ul style="list-style-type: none"> There is an agreed evidence base which informs a collective narrative around the challenges faced by the population locally and informs actions and decision making. There is a single shared view/vision of patient as they experience integrated care across the system, which is used to inform transformation and decision making.
	Clinically and professionally led			
	<ul style="list-style-type: none"> Consideration is being given to an approach to clinical engagement and leadership within its neighbourhood and place arrangements. 	<ul style="list-style-type: none"> Clinical engagement is embedded within neighbourhood and place arrangements. 	<ul style="list-style-type: none"> Clinical leadership is embedded within neighbourhood and place arrangements, ensuring clinical engagement in the design of services. 	<ul style="list-style-type: none"> Clinical leadership is embedded within neighbourhood and place arrangements, driving priorities and ensuring clinical involvement in design and decision making.
Community / neighbourhood/ citizen informed (this section to be further developed to strengthen citizen engagement)				
<ul style="list-style-type: none"> An approach is being considered to citizen engagement within its neighbourhood and place arrangements. 	<ul style="list-style-type: none"> Citizen engagement is included within neighbourhood and place arrangements. 	<ul style="list-style-type: none"> Citizen voice is being embedded within neighbourhood and place arrangements to ensure public engagement in the design of services. 	<ul style="list-style-type: none"> Citizen voice is embedded within neighbourhood and place arrangements driving priorities and ensuring public voice involvement in design and decision making. 	

An emerging place which has just begun the journey to working together in partnership	A developing place which has set up the foundations needed for the partnership and has identified steps needed to become effective	A maturing place, with the right components in place to be effective in delivery at place and delivery within the wider ICS	A thriving place which seeks to go beyond the minimum and has an ambition to excel for its population
Place Based Plans			
<ul style="list-style-type: none"> • There are a set of aligned plans across partners in the health and care system and is looking to develop a set of outcomes for the partnership to work towards. • There is an understanding of the need to embed tackling health inequalities through a population health management approach at the heart of its strategy and objectives. • A plan is being developed which will deliver the health and care aspects of the Health and Wellbeing Board Strategy/Plan. 	<ul style="list-style-type: none"> • Working is underway to aggregate plans across the health and care system and is developing a set of outcomes it is working towards. • Development of a strategy/plan has commenced which has a commitment to tackling health inequalities through a population health management approach across the place. • The plan will contribute to the Health and Wellbeing Board Strategy/Plan and members will work to ensure that it delivers the health and care aspects of the Health and Wellbeing Board Strategy/Plan. 	<ul style="list-style-type: none"> • There is a clear unified plan for the health and care system with agreed outcomes, owned by all partners and organisations in the system. • There is a strategy/plan with tackling health inequalities embedded within the plan and actions agreed to deliver outcomes. • The plan sets out how the health and care system at place delivers the health and care aspects of the Health and Wellbeing Board Strategy/Plan. 	<ul style="list-style-type: none"> • There is a clear unified plan for the health and care system with agreed outcomes, owned by all partners and organisations in the system and can demonstrate progress. • There is a strategy/plan with tackling health inequalities embedded within it through a population health management approach, clear actions and accountability and a track record in achieving outcomes in reducing inequalities. • The plan sets out how the health and care system at place delivers the health and care aspects of the Health and Wellbeing Board Strategy/Plan and is able to demonstrate considerable progress.
Review and Evaluation			
<ul style="list-style-type: none"> • There is an understanding that there is a need to consider the agreement of a local set of priorities and outcomes and a plan to deliver these. 	<ul style="list-style-type: none"> • Discussions are being held to agree a set of priorities and outcomes for the place, with related action plans for each. 	<ul style="list-style-type: none"> • There are an agreed set of priorities and outcomes for the place, with related action plans for each and an evaluation process in order to report progress back to the place based partnership. 	<ul style="list-style-type: none"> • There are an agreed set of priorities and outcomes for the place, with related action plans for each and an evaluation process in order to report progress back to the place based partnership, HWBB and the ICS.
Enabler - Data			
<ul style="list-style-type: none"> • Discussions are being held as to an approach to business intelligence, data infrastructure, sharing and governance to allow the ability to forecast the population risk profile for the district. 	<ul style="list-style-type: none"> • The place is developing a capacity to have a joint approach to business intelligence, data infrastructure, sharing and governance to allow the ability to forecast the population risk profile for the district enabling prioritisation of resources and further investment in prevention. 	<ul style="list-style-type: none"> • There is a shared approach to business intelligence, data infrastructure, sharing and governance to allow the ability to forecast the population risk profile for the district with an ambition to use this to prioritise resources and further investment in prevention. 	<ul style="list-style-type: none"> • There is a shared approach to business intelligence, data infrastructure, sharing and governance to allow the ability to forecast the population risk profile for the district enabling prioritisation of resources and further investment in prevention.

	An emerging place which has just begun the journey to working together in partnership	A developing place which has set up the foundations needed for the partnership and has identified steps needed to become effective	A maturing place, with the right components in place to be effective in delivery at place and delivery within the wider ICS	A thriving place which seeks to go beyond the minimum and has an ambition to excel for its population
	Enabler - OD			
	<ul style="list-style-type: none"> The developing placed based vision and plans will be used to inform the deployment of staff. 	<ul style="list-style-type: none"> The developing placed based vision and plans will be used to inform the deployment of staff and the delivery of the people plan locally. 	<ul style="list-style-type: none"> The place based vision and plans inform the deployment of staff across the health and care system and the delivery of the people plan locally 	<ul style="list-style-type: none"> The place based vision and plans inform the deployment of staff across the health and care system and the delivery of the people plan locally and progress can be demonstrated against these.
	Enabler – Digital (Completed via the ICS Digital Maturity Matrix.)			
	Enabler – Workforce (In addition to the completion of the workforce maturity matrix)			
System Leadership: <ul style="list-style-type: none"> ➤ Common Narrative ➤ Culture ➤ Trust ➤ Leadership 	<ul style="list-style-type: none"> The place has an ambition that their workforce will be attributed to place, where staff feel they work for their local system not organisation. 	<ul style="list-style-type: none"> The place has a workforce which is attributed to place, where staff, feel that they work for their local system not organisation. 	<ul style="list-style-type: none"> The place has a workforce which is attributed to place, where staff, feel that they work for their local system not organisation and there are plans to improve flexibility of movement between organisations. 	<ul style="list-style-type: none"> The place has a workforce which is attributed to place, where staff feel that they work for their local system, not organisation and are able to flexibly move within the system to where their skills are needed.
	Common Narrative			
	<ul style="list-style-type: none"> The leadership has begun to have discussions around a co-owned narrative for place or purpose for working together. Initial discussions in relation to principles including transparency, openness and trust in ways of working are being held by the place. 	<ul style="list-style-type: none"> Leaders have agreed to work together and to deliver decisions made collectively. There is a shared understanding to strive to be transparent in sharing information and decision making. 	<ul style="list-style-type: none"> There is collaborative and inclusive leadership from across the system reflected in governance arrangements with clear roles and responsibilities. There is clear vision and objectives with visible progress apparent to workforce and other stakeholders. 	<ul style="list-style-type: none"> There is collaborative and inclusive leadership with clear roles and responsibilities from across the system reflected in governance arrangements and with a strong track record of delivery. There is transparent and robust governance to support working and decision making in the system, which is well connected to the democratic process through strong Health and Wellbeing Board.
Culture				
<ul style="list-style-type: none"> Discussions are being held as to how increase engagement across key partners and sectors both at place, or horizontally/vertically within the ICS. 	<ul style="list-style-type: none"> There are plans in place to increase the involvement of all sectors, including service users, VCS, public and local government in decision making at place and neighbourhood level. 	<ul style="list-style-type: none"> There is an OD culture of shared learning, sharing experience, best practice to support shared decision making. 	<ul style="list-style-type: none"> There is an OD culture of shared learning, sharing experience, best practice to support shared decision making alongside a clear programme to develop and support future system leaders. 	

	An emerging place which has just begun the journey to working together in partnership	A developing place which has set up the foundations needed for the partnership and has identified steps needed to become effective	A maturing place, with the right components in place to be effective in delivery at place and delivery within the wider ICS	A thriving place which seeks to go beyond the minimum and has an ambition to excel for its population	
	<ul style="list-style-type: none"> There is a clear strategy/plan and ambition to share with other places in the ICS. There is an ambition to develop areas of work where providers and commissioners come together to commission and provide services through new collaborative alliance models of provision. 	<ul style="list-style-type: none"> Members work with, learn from and share best practice with, other places in the ICS when approached. There are plans to develop areas of work where providers and commissioners come together to commission and provide services through new collaborative alliance models of provision. 	<ul style="list-style-type: none"> Members work with, learn from and share best practice with, other places in the ICS. There are some examples of where providers and commissioners come together to commission and provide services through new collaborative alliance models of provision. 	<ul style="list-style-type: none"> Members work with, learn from and share best practice with, other places in the ICS, ensuring that where decisions are made that impact on other places, they are involved in the discussions and decision making. Providers and Commissioners come together to commission and provide services through new collaborative alliance models of provision. 	
	Trust – (This section is to be expanded following the conclusion of the Values and Behaviours work)				
	<ul style="list-style-type: none"> Initial discussions are being held in relation to representing each other on behalf of the place. 	<ul style="list-style-type: none"> There is a shared ambition to work towards representing each other on behalf of the place. 	<ul style="list-style-type: none"> There is a shared ambition to represent each other on behalf of the place and plans are in development for the next 18 months. 	<ul style="list-style-type: none"> There is an agreement in place in relation to representing each other on behalf of place and a clear plan in place for next 18 months. 	
	Leadership				
	<ul style="list-style-type: none"> Leaders demonstrate agreed values and behaviours for their partnership, only retreating to organisation silos where there are significant challenges in the system. 	<ul style="list-style-type: none"> Leaders demonstrate agreed values and behaviours for their partnership, where possible not retreating to organisation silos. 	<ul style="list-style-type: none"> Leaders consistently demonstrate agreed values and behaviours for their partnership, not retreating to organisation silos. 	<ul style="list-style-type: none"> Leaders consistently demonstrate agreed values and behaviours for the partnership, not retreating to organisation silos and embedding the same values and behaviours within their own organisations. 	
Design and Delivery: <ul style="list-style-type: none"> ➤ CCG Transition ➤ Governance ➤ Financial and Risk ➤ Quality 	CCG Transition				
<ul style="list-style-type: none"> There are discussions in the place in relation to developing place based arrangements under the new ICS statutory body including CCG transition, delegation and accountability agreements and staff deployment at place. 	<ul style="list-style-type: none"> There is a developing plan for the place in relation to developing place based arrangements under the new ICS statutory body including CCG transition, delegation and accountability agreements and staff deployment at place. 	<ul style="list-style-type: none"> There is a clear plan for the place in relation to developing place based arrangements under the new ICS statutory body including CCG transition, delegation and accountability agreements and staff deployment at place and plans to have achieved staff deployment by the Autumn 2021. 	<ul style="list-style-type: none"> There is a clear plan for the place in relation to developing place based arrangements under the new ICS statutory body including CCG transition, delegation and accountability agreements and staff deployment at place, with some staff already deployed under new arrangements and plans to have achieved staff deployment by the Autumn 2021. 		

	An emerging place which has just begun the journey to working together in partnership	A developing place which has set up the foundations needed for the partnership and has identified steps needed to become effective	A maturing place, with the right components in place to be effective in delivery at place and delivery within the wider ICS	A thriving place which seeks to go beyond the minimum and has an ambition to excel for its population
	Governance <i>(being further developed through the governance group)</i>			
	<ul style="list-style-type: none"> • There is some alignment to the Health and Wellbeing Board Strategy for the place. • Governance is being developed which sets out the mechanisms through which ICS functions are discharged to place. • There is an understanding of the need to consider how difference in opinions, decision making and leadership behaviours are managed in the partnership. • Discussions are being held on the need for governance arrangements which align to the governance arrangements of constituent bodies • Mapping is underway to ensure that there is a clear overview of who represents the place on all ICS Boards and programme groups. 	<ul style="list-style-type: none"> • The strategy/plan is clearly aligned to the place based Health and Wellbeing Board Strategy with some accountability to the Health and Wellbeing Board. • There is governance which sets out the mechanisms through which ICS functions are discharged to place. • Mechanisms are being developed to build in to governance to enable managing difference in opinions, decision making and leadership behaviours in a way which limits risk to the place. • Governance arrangements are being developed to include connectivity to the governance arrangements of constituent bodies • There is represented widely across the ICS and mechanisms for communication back to place, are being developed. 	<ul style="list-style-type: none"> • The strategy/plan clearly aligns to the place based Health and Wellbeing Board Strategy and sits within the governance of the Health and Wellbeing Board. • There is governance which sets out the mechanisms through which ICS functions are discharged to place and the accountability back to the ICS against quality, finance and performance. • There are mechanisms built in to its governance to enable managing difference in opinions, decision making and leadership behaviours in a way which limits risk to the place. • Governance arrangements are clear in how they align to the governance arrangements of constituent bodies. • There are representatives from across the system on all ICS Boards and programme groups and decisions are brought back to the place for discussion before being made. There are mechanisms for sharing discussions at ICS with place. 	<ul style="list-style-type: none"> • The strategy/plan aligns to the place based Health and Wellbeing Board Strategy and is accountable to the Health and Wellbeing Board, and is able to demonstrate progress against the Health and Wellbeing Board priorities. • There is governance which sets out the mechanisms through which ICS functions are discharged to place and the accountability back to the ICS against quality, finance and performance and is able to demonstrate this in action. • There are mechanisms built in to governance to enable managing difference in opinions, decision making and leadership behaviours in a way which limits risk to the place and is able to demonstrate this in action. • The governance arrangements are clear in how they align to the governance arrangements of constituent bodies and there is evidence this enhances delivery of system objectives. • There is representation from across the system on all ICS Boards and programme groups, all of whom have the ability to make decisions on behalf of the place and communicate plans, progress and decisions back to the place.

	An emerging place which has just begun the journey to working together in partnership	A developing place which has set up the foundations needed for the partnership and has identified steps needed to become effective	A maturing place, with the right components in place to be effective in delivery at place and delivery within the wider ICS	A thriving place which seeks to go beyond the minimum and has an ambition to excel for its population
	<ul style="list-style-type: none"> • Membership is being developed that it reflects the health and care sector in the place. • An approach to VCSE involvement in the partnership is being considered. • Connections between wider determinants of health and the work of the Board are being considered. • The place is working to understand where member organisations may have complexities in the footprints they serve. • There are developing neighbourhood/community based arrangements in place, with a plan to contribute to delivering the place plan. • There are discussions as to how best to build a partnership model in to the neighbourhood/community based. 	<ul style="list-style-type: none"> • Membership is representative of the health and care sector at place. • There is VCSE representation on the partnership. • There is a commitment to ensuring connectivity in governance to stakeholders reflecting wider determinants of health. • Members are aware of those whose work spans across different places/ICSs. • There are mature neighbourhood/community based arrangements in place, delivering the plan. • There is a plan to develop the neighbourhood/community based arrangements to encompass a partnership model. 	<ul style="list-style-type: none"> • The membership is representative of the health and care sector at place, some of whom are able to decisions on behalf of their organisation. • There is VCSE sector representation and it is embedded in all elements of population planning. • There is either membership and/or connectivity in governance to stakeholders reflecting wider determinants of health. • Members are aware of those whose work spans across different places/ICSs and conscious of the challenges this may bring. • There are mature neighbourhood/community based arrangements in place, delivering the plan with a neighbourhood level population health focus. • The neighbourhood/community based arrangements are based on a partnership model. 	<ul style="list-style-type: none"> • There is membership which is representative of the health and care sector at place, which is able to make decisions on behalf of their organisation. • There is VCSE sector representation, which is embedded in all elements of population planning, decision making and delivery. • There is either membership and/or connectivity in governance to stakeholders reflecting wider determinants of health and ensures this work is embedded in plans. • Members are aware of those whose work spans across different places/ICSs and are supportive in working in a collaborative way across these where appropriate. • There are mature neighbourhood/community based arrangements in place, delivering the plan with a neighbourhood level population health focus and ability to demonstrate progress in reducing health inequalities. • The neighbourhood/community based arrangements are based on a partnership model with effective citizen involvement.

	An emerging place which has just begun the journey to working together in partnership	A developing place which has set up the foundations needed for the partnership and has identified steps needed to become effective	A maturing place, with the right components in place to be effective in delivery at place and delivery within the wider ICS	A thriving place which seeks to go beyond the minimum and has an ambition to excel for its population
	<ul style="list-style-type: none"> • A mutual accountability approach to working is being considered. • Some organisations have climate change plans and goals and it is sometimes discussed at meetings. • There are an agreed set of principles established to inform the design/re-design of NHS services to deliver joined up care to cohorts of the population. • Governance arrangements are being developed for the partnership and an outline operating model. • Discussions are being held to determine the possibility of a shared infrastructure to enable the delivery of strategy and plans at place and neighbourhood. 	<ul style="list-style-type: none"> • Arrangements for mutual accountability are being developed. • There is an understanding of the importance of environmental sustainability and has a plan to meet its net zero carbon obligation and climate change is on every meeting agenda. • There is an ambition for the place to work towards an alliance agreement that will enable the place to hold programme / population level budgets for NHS contracts and fairly allocate risk and reward. • The operating model has agreed terms of reference and is developing accountability arrangements to the wider system. • A shared infrastructure is planned to enable the delivery of strategy and plans at place and neighbourhood. 	<ul style="list-style-type: none"> • The terms of reference set out the mutual accountability arrangements for the Partnership • There is investment in climate change and sustainability in order to meet goals and obligations and climate change is considered as an integral part of discussions at every meeting. The place also discusses climate change with other places in the ICS. • There is a collectively agreed operating model and the place is designing a form to deliver whole-population, joined-up care. • The operating model has clear lines of accountability and governance, with agreed terms of reference for the Partnership and associated groups. • There is a shared infrastructure in development to enable the delivery of strategy and plans at place and neighbourhood. 	<ul style="list-style-type: none"> • The terms of reference set out the mutual accountability arrangements for the Partnership and there is a track record of the success of these in improvements in health outcomes. • Environmental sustainability and accounting is embedded in all decision making processes and aligned with the other places in the ICS and the threat of climate change is clearly understood. • There is a collectively agreed operating model and form to deliver whole-population, joined-up care. • The operating model has clear lines of accountability and governance, with agreed terms of reference for the Partnership and associated groups, which is co-owned by all members. • There is a shared infrastructure in place to support the work at place including primary care network clinical leadership to support delivery of plans.
	<p>Primary Care (being further developed through the Primary and Community Care Board and with place based Primary Care Leads)</p>			
	<ul style="list-style-type: none"> • The need for primary care networks is understood across the system and discussions around definitive networks are being held. 	<ul style="list-style-type: none"> • Primary Care Networks across the place have been agreed however, leadership has not yet been agreed as membership. 	<ul style="list-style-type: none"> • Primary Care Networks are well established with strong leadership and membership at place. 	<ul style="list-style-type: none"> • Primary Care Networks are well established and embedded in the working of the place and wider system with clear alignment of plans.

An emerging place which has just begun the journey to working together in partnership	A developing place which has set up the foundations needed for the partnership and has identified steps needed to become effective	A maturing place, with the right components in place to be effective in delivery at place and delivery within the wider ICS	A thriving place which seeks to go beyond the minimum and has an ambition to excel for its population
<ul style="list-style-type: none"> The PCN can articulate a clear vision for the network and actions for getting there. 	<ul style="list-style-type: none"> The organisations within the PCN have agreed shared development actions and priorities. 	<ul style="list-style-type: none"> The PCN has established an approach to strategic and operational decision-making that is inclusive of providers operating within the network footprint and delivering network-level services. 	<ul style="list-style-type: none"> PCN leaders are fully participating in the decision making at the system. They feel confident and have access to the data they require to make informed decisions.
Finance and Risk			
<ul style="list-style-type: none"> There is an understanding that there is a need to consider an operating model which will enable the place to hold population / pathway based contracts that span multiple care settings and multi-year time horizons. There is an understanding that there is a need to consider a move to arrangements to assess and share risks and gains across providers. There is a transparent approach to sharing details of organisational budgets and the place is having discussions in relation to developing a joint financial plan. Consideration is being given to the need for financial governance to support shared decision making/pooled budgets. 	<ul style="list-style-type: none"> There is an ambition to develop an operating model which will enable the place to hold population / pathway based contracts that span multiple care settings and multi-year time horizons. There is an ambition to move to arrangements to assess and share risks and gains across providers alongside an approach to transparency within the place. There is a transparent approach to sharing details of organisational budgets and a joint financial plan is being developed. Financial governance is being developed to support shared decision making/pooled budgets. 	<ul style="list-style-type: none"> An operating model is being developed which will enable the place to hold population / pathway based contracts that span multiple care settings and multi-year time horizons. Arrangements to assess and share risks and gains across providers are being developed alongside an approach to transparency around resource availability and allocation within the place. There is a joint financial plan to deliver devolved budgets There is clear financial governance in place to support shared decision making/pooled budgets. 	<ul style="list-style-type: none"> The place level operating model enables the place to hold population / pathway based contracts that span multiple care settings and multi-year time horizons. Arrangements to assess and share risks and gains across providers are established and supported by transparency around resource availability and allocation within the place. There is a joint financial plan to deliver devolved budgets and is able to demonstrate the impact made on health outcomes as a result of the investments made. There is clear financial governance in place to support shared decision making/pooled budgets which has clear links back to individual organisational governance at place.
Quality – (Currently in development to align with the new WY&H ICS quality system)			