

Lancashire and South Cumbria Change Programme (and STP) Director's Report for July and August 2016

Introduction

As part of the programme structure supporting the governance structure, a Programme Board has been established for the LSCCP and this Board will also receive the STP as an output of the Programme.

The formality of the Programme Board will require a Programme Director's Report each month. The meeting on 17 August 2016 is only the second meeting of the Programme Board and this is the first monthly Director's report.

The Director's Report will set out in a summary form the work of the LSCCP over the previous month, and provide the context and an ongoing developing narrative that will be supported by more detailed Board papers on specific elements of the Programme and the STP.

These monthly reports will form part of the regular communication across stakeholder organisations and can be used by Programme Board members to brief their organisations or other stakeholder or interested groups.

For further information on any of the items in the Report please contact Samantha Nicol, Programme Director, either by email on samanthanicol@nhs.net or via the LSCCP Office on 01253 951630.

This report covers LSCCP activities from 20 July to 11 August 2016 and includes:

1. Progress on establishing the governance and programme structure and mobilising the Solution Design Phase (SDP)
2. The Collaborative Commissioning Board – 9 August 2016
3. Sustainability and Transformation Plan update
4. Developing the Case for Change
5. Digital Health Programme update
6. Involvement, Communication and Engagement
7. Key risks

1. Governance, structure and mobilising the Solution Design Phase

The Joint Committee of Clinical Commissioning Groups (JC CCGs)

A third draft of the Terms of Reference (ToR) of the JC CCGs was circulated to the clinical commissioning groups' (CCGs) governing bodies again during July and August. This followed on from a meeting with Gerard Hanratty, the LSCCP legal advisor, from Capsticks LLP, with the CCGs. Mr Hanratty also reviewed the CCGs' constitutions and along with a revised draft of the JC CCGs' ToR, CCGs who were required to make amendments to their constitutions were advised in writing.

All CCGs have now confirmed that their governing bodies have seen the ToR and confirmed in general their agreement to the ToR. There still remains the requirement for a written Minute of Decision and these will be requested over the next week, although this will not hold up the establishment of a schedule of dates for the JC CCGs.

There are further discussions taking place with the Cumbria CCG in respect of their role on the JC CCGs given the escalated pace of developing the STP. Non-voting members, NHS England (including specialised commissioning) and local authorities have already confirmed their agreement to the ToR and advised of their representatives. The local authorities have ensured that these representatives cover the footprint and include county, unitary and district councils.

It is expected that the first JC CCGs will be held in October. Following on from the last Programme Board on 20 July, the job description and person specification, for the Independent Chairman, was circulated to Board members and comments received back have been considered and incorporated as appropriate. The advertisement and recruitment process is being supported by the Commissioning Support Unit. The LSCCP will also be requesting the leaders of its partner organisations to consider using their networks to alert prospective suitable candidates to the vacancy. An interview panel will be convened, and this will include an external assessor.

The Programme Board

As Board members will have seen, following the discussion at the meeting on 20 July and further comments received subsequently, the Programme Board Terms of Reference has been amended.

Programme Structure

As Programme Board members are aware the programme structure utilises a dispersed leadership approach, following on from the commitment at the Leadership Summit on 19 November 2015 to utilise existing groups in the Programme and to put resource, including people into it. There was the requirement to develop the clinical leadership for the Programme. It is therefore, with pleasure that we are able to announce the appointment of Dr Malcolm Ridgeway, from Blackburn with Darwen, as the Senior Responsible Officer (SRO) for the Primary Care Transformation Workstream, and he will be further aided by Dr Mark Spencer, from Fylde, as the Clinical Lead. Working alongside Dr Amanda Doyle, SRO for the Programme and the STP Lead, as well, is Mr Andrew Curran, ED Consultant, Lancashire Teaching Hospitals NHS Foundation Trust. Mr Curran has been tasked with setting up the System Design Group, which will include senior medical, nursing and professional colleagues with the remit to oversee the design of proposed options for meeting the health and wellbeing and care and quality gaps.

In addition the system has also supported Prof. Heather Tierney-Moore's nomination to be the SRO for the Leadership and OD enabling workstream.

Mobilising the Solution Design Phase (SDP)

On 15 July the senior responsible officers from across the Programme had their first

meeting. The SROs are a vital part of the LSCCP, in developing the dispersed leadership approach they have come together to design and agree their role and identify the skills required and to consolidate as a team.

It is important that the Programme Board note that in the main the SROs are undertaking these roles on top of their existing 'day jobs'. Most of these individuals do not have any backfill and many are having discussions with their organisations and teams about how their workload is shared or about what doesn't get done. There are without doubt significant risks in terms of capacity and capability.

The SRO group met again on 5 August and invited the local health and care economy programme directors to join them. The objective of the session had been to sign off the role description and to work through what activities or design work was taking place in individual CCG areas, local systems as well as STP footprint level. The intention had been to then use the results of this to develop scenarios to discuss where decisions were or needed to be taken. The group had planned to look in detail at the proposed solution design process and consider what and how they needed to undertake this, recognising that some workstreams have already been in existence and working prior to the Programme. Interestingly the discussion about what was being done on what level in the system raised the issue of local programme design work versus STP footprint design work. This has raised a critical issue in respect of where decisions are taken and more importantly how they are adhered to.

As yet the governance structure and therefore the decision making process has not been tested. It is however, becoming a constant theme through the local programmes, the Collaborative Commissioning Board and the workstreams, while discussions on the role of the Health and Wellbeing Board(s) continue. In preparation for taking and holding to decisions in the future through the delivery of the Programme and the STP there is a clear need to take a more disciplined approach to testing the decision making arrangements out at this early stage, to minimise disruption or resistance when it might be more mission critical.

The Programme Board will be asked to contribute to this debate, by considering a couple of scenarios, which the SROs involved in the work have developed. The intention is to build up a picture of the potential issues, barriers or resistance to decisions through these discussions and to then look to ensuring that the governance arrangements are fit for purpose. This might also be related to behaviours, assumptions and mindsets and identifying these will help to inform proposals for leadership development and design of appropriate system interventions.

The SRO and Programme Directors have now been asked to consider where their local programmes and workstreams are in relation to it. They will meet again on 9 September and this will be the commencement of the SDP.

2. The Collaborative Commissioning Board – 9 August 2016

The Director's Report would not normally feedback on the Collaborative Commissioning Board. It is only included here because of several important pieces of work that the Programme Board should be aware of and which have interdependencies with the

Programme and the STP.

The work in local systems to develop integrated services between health and social care to support the implementation of new integrated models of care, predicated on community support, but including local hospital services. Together with the work in local authorities, particularly some commissioned work by Lancashire County Council, to develop new approaches to public sector service delivery has raised the desire to consider the requirement for changes in the way services are commissioned. Dr Doyle has agreed to gather together a small group of volunteers to consider what these conversations need to be, who they need to be with and when, with the objective of engaging and involving the right people and organisations in helping to develop options for consideration over the coming months.

At the last meeting of the Programme Board there was a request to investigate the opportunity to pause expected procurements. This was based on the need to focus efforts and capacity on the STP, but also to ensure that proposed procurements would not adversely affect or impact on future proposals or necessary decisions.

This request was taken back through the CCB, with the CSU compiling a spreadsheet of current and proposed procurements being undertaken across Lancashire. The CSU also provided advice on the level of risk in relation to pausing these in relation to the stage that the procurement had progressed to. This exercise raised a number of interesting questions and issues, which the CCB required further exploration on before being able to take a decision in relation to the request to pause.

Not all the CCGs had contributed to the exercise and so the detail on the procurements needed to be completed in full. There were a number of these that were already well progressed and so were considered in the high risk category. So these needed to be considered in relation to the size or value of the tender; the impact or interdependencies across the STP, on other services or organisations; the impact of pausing at an advanced stage of the process. The same was true for those procurements that had not yet commenced. There was also the need to ensure that any of these would not prejudice the co-design of solutions through the Programme or limit future options proposals.

Carl Ashworth, from the CSU, has been asked to set up a small task and finish group to undertake this work and to present back to the CCB at its September meeting. Mr Ashworth has also been asked to work with the Programme Director and Dr Doyle to develop a revised ToR for the CCB and a proposal for its role in relation to the LSSCP and the STP going forward. A first iteration of this will be discussed at the CCB at its meeting on 13 September 2016.

3. Sustainability and Transformation Plan (STP) update

As Board members are aware the second draft STP was submitted to NHS England on 30 June 2016, this comprised of 30 slides. There was a local assurance meeting with NHS England and colleagues from across the health and care system on 5 July to prepare for a meeting with Simon Stevens and other colleagues from the national teams of NHS England and NHS Improvement on 20 July 2016 in Leeds.

The meeting was structured around service proposals, finance and (political) engagement. This was a 45 minute meeting which focused on the plans that the Lancashire and South Cumbria health and care system had for delivering on its targets, while closing the financial gaps in 2016/17 and 2017/18. Our proposals for the future and our arrangements for working together and taking decisions together were seen as very good; there was a significant emphasis on the need to achieve financial sustainability in this year and next to establish the foundations for transformation in years three, four and five of the STP. This was about not waiting until year five to deliver everything, but to spread the work to bridge the gap, avoid cost and take cost out over the whole lifetime of the STP.

The STP footprints have been asked to submit further detailed financial analysis on the plans for 2016-18 and show how the financial gaps will be bridged, by 16 September 2016. It is expected that these, along with direction in recent financial guidance issued by NHS England, will be used to ensure that contracts with NHS providers are developed during October and November and contracts for two years will be signed by Christmas 2016, bringing forward and truncating the contracting round that usually commences in October to conclude at the end of March.

Further detail on the expectations of STP footprints in September and October were provided at a meeting of the North Region STP leads and NHS England local directors of commissioning operations from the North, alongside the NHS England North's Director, Richard Barker, colleagues from the Care Quality Commission (CQC), Public Health England (PHE), NHS Improvement (NHSI), National Institute for Health and Care Excellence (NICE); held on 10 August 2016.

NHS England and NHS Improvement described what they had gathered from the 44 STPs so far, the common themes, common enablers, common issues and requests that have been made by STP footprints. The common themes included urgent and emergency care, mental health, and elective care. Common issues were delivering at scale and pace, cross boundary issues, fostering a collaborative culture, implementing good practice at scale, and the issue of being transparent and engaging stakeholders in exploring radical solutions. Everyone was clear that an aligned position across the STP footprint was important and that the triple aims were all equally important.

By 16 September 2016 STP footprints have to submit a set of financial returns. By the end of October these financial plans will need to include a clear narrative that sets out how the triple aims will be addressed with a coherent story that includes provision and commissioning. The STPs need to show a joined up view of where the system needs to get to by 2020. The STP will set out the journey from sustainability to transformation year on year over its lifetime. The detail of years one and two are expected to be reflected in the operational plans required by December from organisations.

Chief Executives and Accountable Officers from across the health and care system attended a briefing with Dr Doyle on 22 July and agreed to come together regularly over the coming weeks to ensure that the work being undertaken to develop the STP is supported. There are four leaders meetings planned. The first one held on 11 August was to set out a number of pieces of work that have been set off and to request further information from organisations and local systems about the detail of their existing plans. The next meeting on 19 August

will consider how the local delivery plans and organisational plans meet the triple aims and to consider the impacts across the system and to consolidate performance against plan for this year and consider any remedial actions. The third meeting will then consider the level of transformation that will need to be brought forward to next year for delivery in order to meet the financial challenge.

There is a real desire and an imperative to engage clinicians and others in the development of the STP through to end of October and Roger Baker, ICE Director will be looking to support this with the LSCCP Team.

4. Developing the Case for Change

Over the last couple of months, a number of colleagues have been meeting as an Editorial Panel to begin to draft the Case for Change. It is obvious that this needs to support the narrative for the STP too. The Case for Change should establish a sense of urgency for change. It is often a skipped step in many change programmes or it is assumed that the sense of urgency is already shared broadly among stakeholders in the system, which it rarely is. One of the best ways to cultivate a sense of urgency is to craft a powerful Case for Change.

Simply put, the Case for Change is a *narrative* that explains the changes coming to the system and why they are necessary. Its objective is to provide a common baseline of awareness and understanding among stakeholders.

Currently we are working on a fourth draft of the Case for Change, but following the discussion with the STP leads across the North of England and the arm's length bodies there is an opportunity to engage further expertise and involve others in putting this important document together.

5. Digital Health Programme Update

It has been agreed that Declan Hadley, Programme Director and Sakthi Karunanithi, SRO for the Digital Health Programme will present a full update on this at the Programme Board in September. The following is a short summary of work underway.

A Lancashire and South Cumbria Wide Digital Road Map (LSCDRM) has been created as a key driver to support the better alignment and access of information across health and social care. The LSCDRM is owned by the Digital Health Board who has established a governance structure and a number of key work streams in support of the LSCDRM:

- **Lancashire Person Record Service (LPRES)**

By the end of 2016 all the provider organisations in Lancashire will be able to send and receive any document to any GP anywhere in Lancashire and South Cumbria. It will also be able to provide – subject to Data Sharing and Information Governance agreements – a view of data sets e.g. EpaCCS, urgent care and care plans.

- **Collaboration across systems for Providers and Primary care**

Through the Chief Information and Chief Clinical Information Group all clinical systems are being reviewed and where possible procurement of new systems is co-ordinated to

improve collaboration i.e. PACS.

- **Citizen free Wi-Fi**

The North West Shared Infrastructure Service (NWSIS) working with Blackpool Council and the Midlands and Lancashire Commissioning Support Unit has rolled out a programme of free public Wi-Fi to most NHS premises across Lancashire (including GP practices). This has been a real success and is now routinely accessed by thousands of patients and staff across Lancashire.

- **Information Governance and Data Sharing**

Information Governance has been an important element within the overall digital agenda and the Cumbria and Lancashire Information Governance Group, which is led by Helen Speed, has created an electronic Information Governance Register which simplifies the creation of data sharing agreements and the provision of Privacy Impact Assessments. It is currently being evaluated by the Information Governance Team at HSCIC to assess its suitability for a national rollout.

6. Involvement, Communication and Engagement (ICE) update

Roger Baker, ICE Director, will at a future meeting present the proposed plans for involvement, communication and engagement around the Case for Change, the STP and related to other elements of work across the LSCCP.

Even in the height of the holiday season however, there have been a number of meetings and discussions with colleagues from across the system. These have included a joint workshop with the communication and engagement partners and the workforce workstream. This was followed by a very productive discussion with union representatives. Both were about developing a good approach to communicating and engaging with staff in and about the Programme, and to understand from the staff's perspective what was important and would be helpful to them going forward.

There have been presentations to the Lancashire's Public Sector Leaders' Group on the STP and a commitment for someone from the LSCCP to attend that meeting on a monthly basis. The Health Watches have come together to also look at how they can support the Programme and will be coming back to the Programme Board with some proposals. The Lancashire Health Scrutiny Committee continues to be actively engaged and the Chairman, County Councillor Steven Holgate and Officer, Wendy Broadley have taken time to give some direction to what they would like the Committee to engage with at their meeting in October.

To continue to develop good relationships with colleagues in Cumbria, Brenda Smith, Director of Adult Social Services, Cumbria County Council has taken time to meet with the Programme Director and has been invited to be a member of the Programme Board. There have been meetings too with Lindsey Hoyle, MP and council colleagues at Chorley Borough and with Blackpool Council's Adult Care Senior Management Team.

7. Key risks

Currently the single biggest risk to the LSCCP is capacity and capability of the Programme Team to co-ordinate, facilitate and produce all the required elements of the STP and to mobilise the Solution Design Phase within given timelines. The Team is looking to manage this with some additional capacity to support the Finance Director, and plans to secure further help are being considered.

Alongside this is the capacity of the system to be able to participate in the activities that are taking place both in local systems and across the Lancashire and South Cumbria footprint. This is being mitigated by ensuring there is prioritisation and good communication to allow people to attend and speak for each other.

Failure to secure the appropriate commitment to the governance arrangements or to design robust decision making arrangements which will cause decisions to either not be taken or not to be supported and outcomes not delivered. This is why the discussion on decision making and testing this through scenarios is so important.

Conclusions

Despite it being the holiday season, the LSCCP continues to move forward and gather momentum. The last three weeks have been exceptionally busy with work to establish the governance arrangements and mobilise the programme structure and prepare to commence the Solution Design Phase. The Case for Change is a critical element of the Solution Design Phase and this requires further support and development, alongside the push to have a third draft of the STP by the end of October, and financial plans in more detail to be scrutinised by 16 September. Involvement, communication and engagement is a critical part of the LSCCP Team's work and the last few weeks have been no exception.

It is clear that there is a growing collaboration across health and social care organisations that is focussed on achieving the plans to really impact on health outcomes, while doing so within the given resource envelope. The discussions and commitment to working together is unprecedented and is already ensuring that the complex issues are brought to the fore and activities are focused on looking for solutions together.