

Appendix 7a Healthier Lancashire Completing the Strategic Planning Phase

Name of Paper	Healthier Lancashire Completing the Strategic Planning Phase
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Purpose of Paper	<p>The purpose of this paper and the appended slide deck is to support the Healthier Lancashire Executive Leadership to discuss with their governing bodies and boards the Healthier Lancashire governance, programme and resourcing arrangements.</p> <p>These arrangements are expected to be the mechanism through which the Sustainability and Transformation Plan for Lancashire and South Cumbria will be developed.</p>
Exec Summary	<p>The paper builds on the agreement to complete the activities within the Strategic Planning Phase, made at the Executive Leadership Summit and Governance Workshop both held at the end of November 2015. This ensures that Healthier Lancashire is built on firm foundations; as historically such programmes have found progress challenging and decisions challenged when governance arrangements have not been robust.</p> <p>The focus is on the proposed governance and programme arrangements for Healthier Lancashire and organisations are asked confirm their agreement to these.</p> <p>The gaps in the dispersed leadership model are highlighted and processes set out to fill them.</p> <p>The recommendation in relation to the resource plan and funding model will be finalised through the Lancashire Finance Network.</p>
Recommendations	Lancashire Leadership Forum, Collaborative Commissioning Board members and Lancashire Transformation Executive Group members are asked to:

	<ul style="list-style-type: none"> • Note the contents of this report and include it as an item for discussion across their Board/Governing Body/Senior Management Team meetings during March 2016. • Ensure that this paper and appended slide deck are included as an agenda item at their March 2016 Board; Governing Body or Senior Management Team meetings. The paper is for discussion in the private part of these meetings. • Seek the agreement to the governance and programme arrangements for Healthier Lancashire and confirm their commitment to working within these. • Note the proposals for filling the gaps in the dispersed leadership model and support colleagues, from within their organisations, to come forward and express their interest in the roles. • Use this as background to support the decision on the resource plan and funding model to be presented by the finance leads separately for agreement • Assure their governing bodies and boards that a final paper for public meetings will be provided for meetings in April.
<p>Next steps</p>	<p>The next steps are set out based on the identified dependencies and aligned to the Healthier Lancashire plan's critical path.</p> <ul style="list-style-type: none"> • Enact the processes to fill the vacant leadership roles • Establish the Joint Committee • Complete the establishment of the work streams • Align Healthier Lancashire and Local Health and Care Economy governance and programme arrangements • Establish the Programme Board • Agree the Resource Plan and Funding Model

1. Introduction

- 1.1. At the Executive Leadership Summit on 19th November 2015 the leaders of health and local government organisations, from across Lancashire, came together and made a commitment to complete the Strategic Planning Phase of Healthier Lancashire. This collaborative commitment was based on the understanding that there was a need for a shared programme of work across Lancashire to develop a plan for sustainable health and care public services, at a scale and pace that had been directed by the recommendations made in the Alignment of the Plans Report, published in October 2015.
- 1.2. At the Summit there was also commitment to:
 - 1.2.1. Use local senior leaders to chair the committees and groups in the governance structure with external expert reference group/advisory arrangements and build on work/groups already in place to strengthen leadership (Carnall Farrar Executive Leadership Summit Report November 2015)
 - 1.2.2. This has been a core principle of the development of the governance and programme arrangements.
- 1.3. The Governance Workshop on 30th November 2016 recognised that transformational change programmes, of the size of Healthier Lancashire, have historically found progress challenging and decisions challenged when governance arrangements are not robust. The emphasis on building firm foundations and recognising that work and decisions need to be taken at a number of levels and dependent on the issue is also another key principle on which these proposals have been developed.
- 1.4. This paper focuses on the governance and programme arrangements of Healthier Lancashire and the resource plan to support them. It sets out the proposed governance structure, and the supporting programme structure. The paper details the dispersed leadership model and the process to secure the required resources to mobilise these arrangements.
- 1.5. This paper does not set out detail on the other activities included in the Strategic Planning Phase.
- 1.6. While this paper does not set out the process for developing a Sustainability and Transformation Plan (STP) for Lancashire and South Cumbria, the governance and programme arrangements will be the mechanism through which the STP is produced.

2. Governance and Programme Structure and Resource Plan

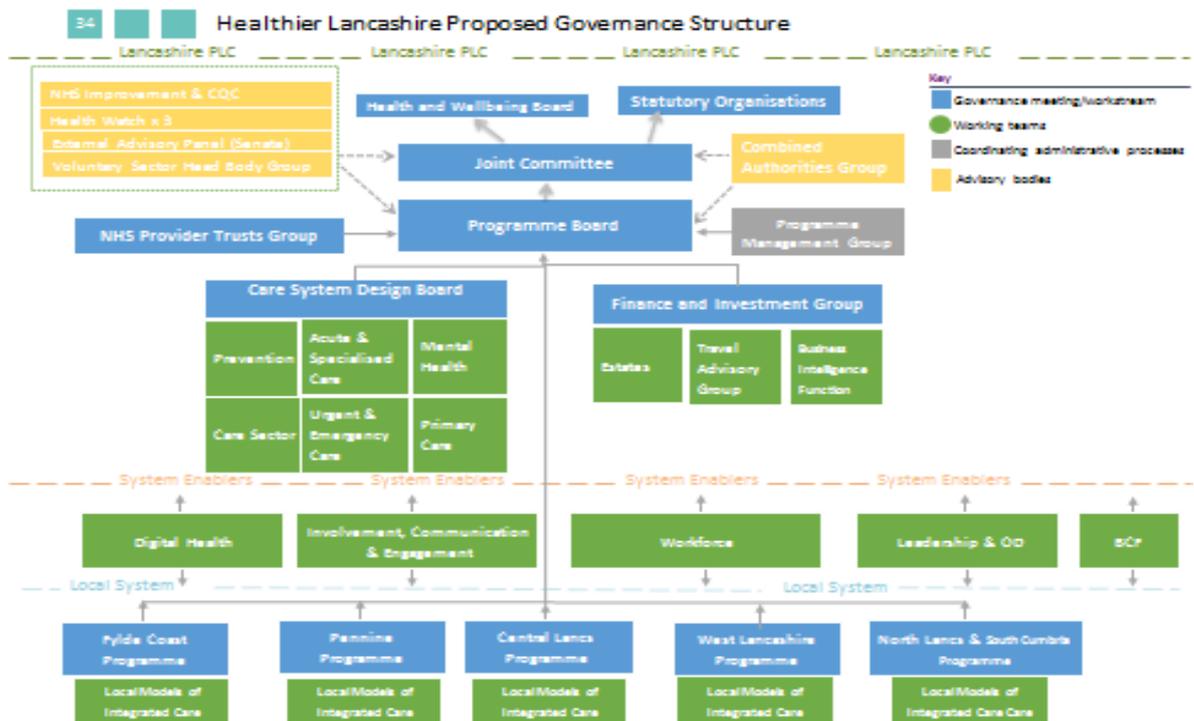
- 2.1. NHS and local government organisations across Lancashire have committed to working effectively together to take forward the transformation of services within available resources as set out in the 5 Year Forward View. They are aware of the development devolution agenda nationally and intend to be well placed for local

opportunities that may bring. This commitment is being taken forward through the Healthier Lancashire Programme, supported by a strategic change management team and programme management office.

2.2. To ensure this complex transformation process is undertaken effectively and efficiently. Healthier Lancashire is looking forward to ensure the necessary processes and expert advice is in place at every step of the journey.

2.3. The Lancashire Health and Care System is moving from agreeing the arrangements to putting them in place, in readiness for major programmes coming forward.

2.4. The diagram below sets out the proposed governance structure. This has been finalised following the events in November 2015 and comments received from organisations following the reports of those events. Further amendments have been made from meetings of the Interim Steering Group, Transformation Executive Group, Collaborative Commissioning Board and a variety of other meetings and one to one discussions.



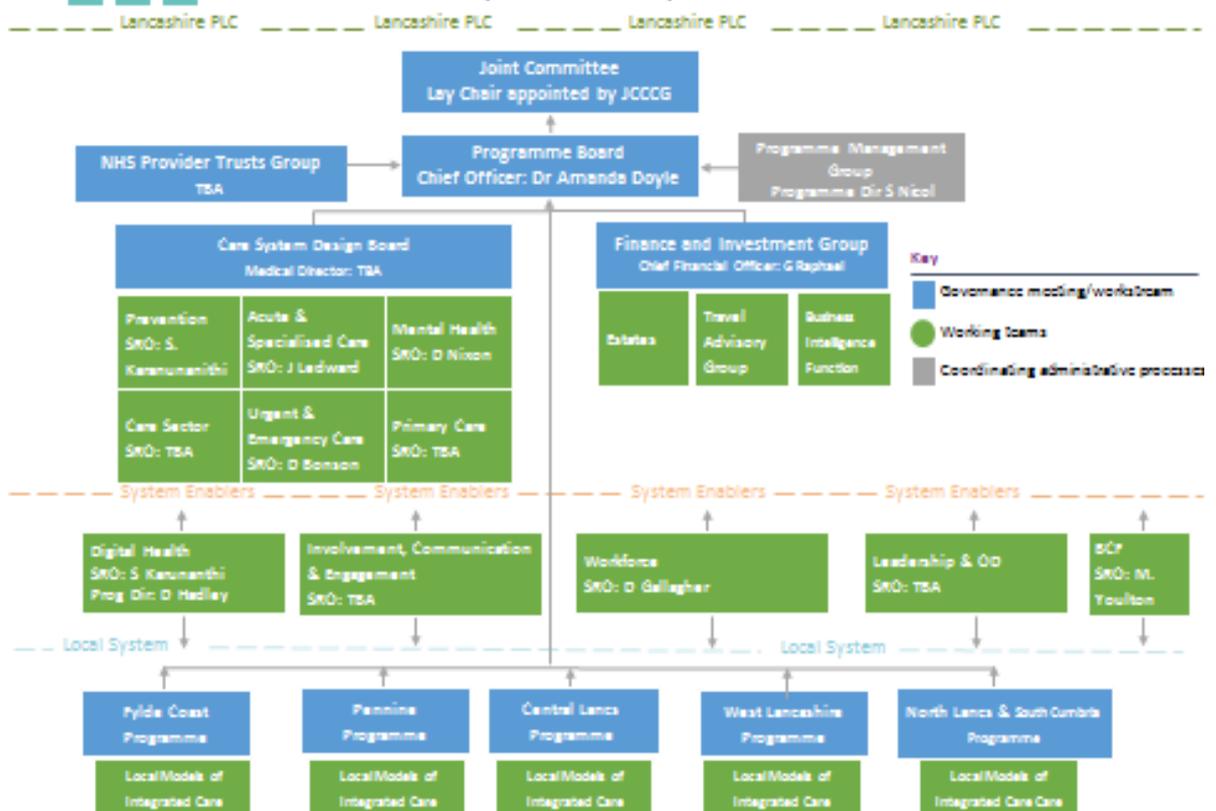
2.5. It seeks to confirm the desire for a federation model, through collaborative leadership and through consistent approaches and agreed principles, based on a shared purpose and utilising large scale change methodology and robust involvement of all stakeholders, including local politicians and the public.

2.6. The slide deck (slides 44-47) contain the high level terms of reference for each element of the structure.

2.7. The Lancashire health and care system has over the last 18 months of working together recognised and actively supported the need to call on expert advice and

expertise from a number of sources, both internal to the system, but also external. This has been based on a further agreed principle to put the best people on the Programme to ensure success. Therefore the requisite legal advice supporting the development of the Healthier Lancashire structures has been provided by Capsticks LLP. Local systems are also seeking legal advice on their arrangements from a variety of legal firms.

- 2.8. There is a process underway to establish the Joint Committee of Clinical Commissioning Groups as this involves the agreement by each CCG on the functions that will be delegated and how assurance will be provided to each CCG. This is being led by Dr Amanda Doyle and supported by Gerard Hanratty from Capsticks LLP. It is hoped that this will be established by the end of April.
- 2.9. There are still discussions continuing in relation to the establishment of a single Health and Wellbeing Board for Lancashire and to a Joint Overview and Scrutiny Committee. The conclusion of these discussions and any new terms of reference for these bodies will obviously have an impact on how the Joint Committee of Clinical Commissioning Groups relates to the Health and Wellbeing Board and its role in system leadership and accountability. The future state however, is represented in the illustration.
- 2.10. In order to mobilise the supporting programme structure there has been a lot of work at local health and care economy levels to ensure their arrangements mirror Healthier Lancashire and following the establishment of the Joint Committee these will be reviewed and aligned as necessary.
- 2.11. To support pace of mobilisation a dispersed leadership model has been proposed. This is shown in the diagram below. Leadership of change at this scale and speed will be shaped by dealing with emergence, the need to influence rather than control and the importance of working through distributed leadership to align multi-faceted changes.
- 2.12. This dispersed leadership model builds on the commitment made on 19th November and set out above at paragraph 1.2.1. Dr Amanda Doyle was nominated and has been supported to undertake the senior responsible officer role and to be known as the Chief Officer. In addition Gary Raphael has been supported by the CCGs to undertake the role of Healthier Lancashire's Chief Finance Officer full-time. This has necessitated a shared Chief Finance Officer post with Fylde and Wyre CCG. High level role descriptions are included at slides 54-61.



2.13. There are however, a number of leadership roles left to fill and to ensure securing the right person a variety of recruitment methods will be used; these include:

- 2.13.1. Joint Committee – Lay Chairman: expressions of interest to be sought from existing CCG lay members and a recruitment process to be undertaken
- 2.13.2. Medical Director for Healthier Lancashire – NHS recruitment process
- 2.13.3. The Involvement and Communications Director for Healthier Lancashire – NHS recruitment process (this function is shown at slide xx and is described as a Communications and Engagement Director)
- 2.13.4. Primary Care – expressions of interest to be sought for a senior responsible officer and also for a clinical lead
- 2.13.5. In respect of the Care Sector Work Stream, Prevention Work Stream and the Workforce Group discussions are ongoing to confirm either proposed nominations or agreement to look for expressions of interest.

2.14. While the green boxes are being referred to as work streams it should be noted that wherever possible existing groups are being used. For instance the Prevention Work Stream will be led and co-ordinated through the Public Health Collaborative, which is chaired by Dominic Harrison, the Director of Public Health for Blackburn with Darwen, but which includes the Directors of Public Health from Lancashire and Cumbria and Public Health England and other colleagues. The Healthier Lancashire (and Sustainability and Transformation Plan) lead from this group is Sakthi Karunanathi, Director of Public Health Lancashire County Council. Again for the Urgent and Emergency Care Work Stream, this will be the existing Lancashire and

South Cumbria Urgent and Emergency Care Network, which is led by David Bonson and supported by managers from the Commissioning Support Unit.

- 2.15. Other posts, such as the programme management office and programme managers to support the senior responsible officers and the work streams will be secured through discussions between the CCGs and the Commissioning Support Unit and a redefining of their existing contract, but also consideration of backfill of posts to release people from across the system and then where necessary an NHS recruitment process.
- 2.16. In committing to the arrangements outlined then organisations are also committing to supporting its mobilisation through financial means or in kind, by releasing clinical and managerial staff to participate in their local programmes of work and in the collaborations at the Healthier Lancashire level too.
- 2.17. The resource plan and suggested funding model have been developed based on evidence of other large scale change programmes around the country, adapted to fit the Healthier Lancashire structure and reflecting the existing arrangements and co-designed by the members of the Lancashire Finance Network. This is subject to a final discussion and recommendation by the Finance Network on 4th March and then will be presented to organisations through their directors of finance/chief finance officers.

3. Conclusion

- 3.1. In order to ensure the successful completion of the Strategic Planning Phase and to mobilise quickly, as agreed at the Executive Leadership Summit on 19th November 2015, organisations must now confirm their understanding and agreement to the proposed governance and programme structures.
- 3.2. There are still a number of leadership roles to fill, but there are processes outlined to ensure these are recruited to.
- 3.3. The resource plan and funding model underpinning these arrangements is still being considered and will be brought back to each organisation through their financial leaders.
- 3.4. There are still further steps to be undertaken and specialist support, legal and involvement and communications expertise will be required to move from agreeing the arrangements to putting them in place with a coherent integrated operational model.

4. Recommendations

- 4.1. Lancashire Leadership Forum, Collaborative Commissioning Board members and Lancashire Transformation Executive Group members are asked to:

- 4.1.1. Note the contents of this report and include it as an item for discussion across their Board/Governing Body/Senior Management Team meetings during March 2016.
- 4.1.2. Ensure that this paper and appended slide deck are included as an agenda item at their March 2016 Board; Governing Body or Senior Management Team meetings. The paper is for discussion in the private part of these meetings.
- 4.1.3. Seek the agreement to the governance and programme arrangements for Healthier Lancashire and confirm their commitment to working within these.
- 4.1.4. Note the proposals for filling the gaps in the dispersed leadership model and support colleagues, from within their organisations, to come forward and express their interest in the roles.
- 4.1.5. Assure their governing bodies and boards that a final paper for public meetings will be provided for April.

5. Next Steps

The next steps are set out based on the identified dependencies and aligned to the Healthier Lancashire plan's critical path.

- Enact the processes to fill the vacant leadership roles
- Establish the Joint Committee and Programme Board and supporting structure
 - Terms of reference
 - Decision making authority
 - Membership
 - Interfaces to be managed
 - Information flows
- Align Healthier Lancashire and Local Health and Care Economy governance and programme arrangements
- Agree the Resource Plan and Funding Model.