System Working Arrangements

February 2018

20.02.18: Version 6/TS

Introduction

Last year system partners agreed a framework to support the establishment of the Portsmouth and SE Hampshire accountable care system and shape the emerging agenda. There continues to be unanimous support from all organisations and their leaders to work collaboratively together as an local system and it is critical that the governance/ decision making arrangements develop to ensure that the system drives forward and delivers the outcomes set out in the Portsmouth and South East Hampshire System Improvement Plan, approved by Boards in recent months.

With this in mind the system leadership team has proposed amendments which will support the original principles of this collaboration and are defined as:

- The commitment to work as a system -sharing outcomes, resources, challenges and solutions to collaboratively improve the health and social care for the people of Portsmouth and South East Hampshire
- The need to focus on improving our services, not structural change;
- The need to focus on service effectiveness and efficiency and not just money;
- The need for Health and Care to be equal partners.
- The opportunity for clinicians across primary, secondary and community care to work together to resolve problems and transform services;
- The need to embed an empowered and innovative culture within the local health and social care system
- The requirement to ensure that delivery and recovery are improved immediately and sustained.

These revised arrangements aim to provide greater clarity of, and reduce duplication in decision making, ensure full and appropriate representation of partner organisations and focus on delivery of outcomes.

It is proposed that the alignment of relevant partnership and system wide groups and committees will occur over the next few months and a timeline is set out later in this document. This will ensure that statutory arrangements continue to be met and the changes fit with developments elsewhere including STP recalibration.

As an System Board we have agreed the following system objectives

As the organisations with responsibility for health and care in Portsmouth and South East Hampshire we have come together to deliver the following objectives:

❶ To **deliver long-term improvements in health and care outcomes**, supporting residents to stay well, reducing inequalities and reducing avoidable illness.

❷ To **improve the quality and safety of health and care services**, with all services assessed by the CQC and Ofsted to be 'good' or better, and increasing proportions of people reporting a positive experience of, and greater involvement in their care.

❸ To **deliver the agreed waiting time standards for health and care services**, by making fast and tangible progress in urgent and emergency care reform, strengthening general practice, community and social care services, improving mental health and planned care services.

❹ To **manage services within the money available,** delivering substantial system efficiencies and moderating the growth in demand for health and care services.

In order to deliver these objectives we are committing to:

❶ **Agree and deliver a single system improvement plan** to restore and improve service quality, performance and financial health, with clear and agreed priorities. The immediate priority is to deliver significant improvements in urgent and emergency care performance.

❷ **Establish a new way of working together,** where our organisations and teams are aligned around a common purpose, with clarity about roles and responsibilities, with stronger operational 'grip' and a culture that enables leaders and frontline staff to work together to drive and deliver the improvement plan. As providers and commissioners we are increasingly taking collective responsibility for population health and resources in Portsmouth & South East Hampshire

We have developed a single system improvement plan in which we agreed to

1. **Develop a single operating plan for the Portsmouth and South East Hampshire System for 2018/19**. In the past we have tried to 'add together' the individual plans of each organisation in the system, once they are finalised, to create a system plan. This time we will start by creating an overall system plan, setting out the system priorities, key transformation programmes, and financial strategy, which will inform the development of the operating plans of each provider and commissioner.
2. **Ensure that CCG funding for providers for 2018/19, and the incentives in contracts, are consistent with the agreed system plan**.
3. **Build a coherent clinical leadership body for the system**, bringing together clinicians from providers and commissioners; acute, mental health, primary and community care, with social care, to take overall responsibility for the development of a clear and compelling clinical vision, aligning care professionals with the delivery of that vision, and providing clinical leadership to the redesign of services and pathways, across the system.
4. **Create a single, shared business intelligence function in Portsmouth and South East Hampshire**, and where it makes sense establish shared back office functions, in order to simplify processes, and to reduce duplication and waste.

A **programme of service transformation and improvement** is in place to deliver this vision. We have organised our improvement activity into four programmes:

- **Urgent and Emergency Care**: to improve urgent care access and performance, reduce demand, reduce harm, and manage clinical variation, enabling the system to meet A&E and Delayed Transfers of Care targets
- **Community Health and Care:** to prevent ill health, increase early intervention and build the strong, sustainable primary and community care services required to proactively manage the needs of the population at home and the community
- **Elective demand and capacity:** to improve how we manage demand for elective care, and to redesign how we provide elective care, ensuring demand and capacity are in balance to enable constitutional targets to be met.
- **Mental Health:** to improve the quality of and access to mental health care for adults and children

How does our system approach assist in the delivery of our individual organisational objectives?

- Local clinicians and system leaders have identified a set of shared priority areas that are fundamental to the sustainability of all local NHS and care organisations.
- We recognise that traditional approaches and individual organisational working will not deliver the transformation and financial recovery necessary for this system
- Urgent care, community health and care, elective care, mental health and children's services will be the focus of our collective effort to drive improvement and deliver financial sustainability in this system
- Having a system approach to these priority areas ensures that the whole system coalesces around our collective priorities and that each programme takes an accountability on behalf of all partners to deliver the agreed system objectives
- The transformation of urgent care for example is all our responsibility. The impact of not transforming is damaging to all organisations from a quality and financial perspective. Traditional approaches to managing this issue through internally focused, binary or contractual approaches has not resulted in safer delivery or sustainable financial recovery.
- Individual organisations will hold the system to account for delivery of the agreed programmes, but given the system is all of us, then this means the Chief Executives and their Governing Bodies holding each other to account, led by the system convenor

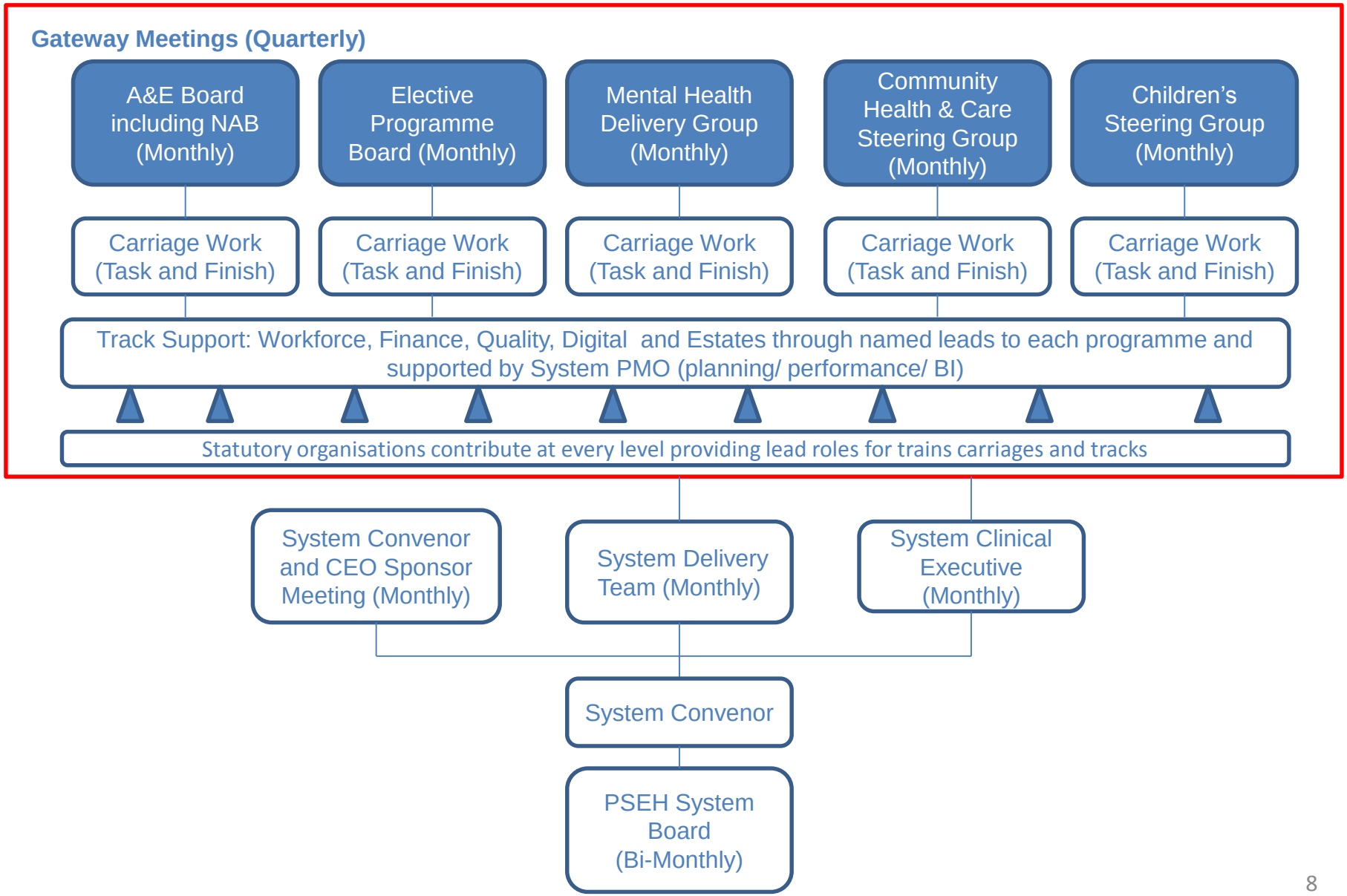
Our focus is on delivering the immediate improvements and transformational change through the following programmes of work

Programme	Aim	Work streams	Leadership	Outcomes /Metrics
Urgent Care	Improve flow, reduce LOS, reduce conveyance and admissions and avoid harm. Use performance measurement to support accountability and improvement.	Frailty including Acute frailty unit and FIT, IDS/ D2a, DOS development, non-conveyance, primary care access, GP Streaming and UTC, 111/OOHs *Priority Focus: MFFD, Medical Model, SAFER*	**Exec Sponsor -** Mark Cubbon, CEO PHT **Clinical Lead** – Dr Elizabeth Fellows, Clinical Chair PCCG **SRO** - Sarah Austin, COO Portsmouth & Commerical Director, Solent NHS Trust **Groups:** A&E Board (monthly), A&E Ops Group (fortnightly), Task and finish groups for each project.	Improved performance in 4 hour ED wait, 12 hour trolley waits, occupied bed days, Effective use of escalation beds, Reduction in avoidable attendances and admissions,
Community Health and Care 	System approach to accelerate the new models of integrated primary and community care. Includes mental health, children , long term conditions, local MCP development and delivery of GP Forward View.	• Population Health • Prevention • Urgent out of hospital care • Ongoing care • Highest care needs • Enablers • *Priority focus: frailty, care homes, End of Life*	**Exec Sponsor**- Innes Richens, Chief of Health & Care Portsmouth, PCCG **Clinical Leads**-Dr Rumi Chappia, Director Portsmouth PCA & Dr Donal Collins, Director, South Hants PCA **SRO**- Sara Tiller, Director of Primary Care Development, Hampshire Partnership CCGs **Groups:** New Care Models Delivery groups, weekly task and finish groups	Primary care sustainability Increased capacity for LTC and complex case management Improved patient management and experience, Reduction in A&E attendances and emergency admissions including care homes, Reduction in acute outpatient and elective activity, Reduction in LOS

Our focus is on delivering the immediate improvements and transformational change through the following programmes of work

Programme	Aim	Work streams	Leadership	Outcomes /Metrics
Elective Care 	Elective pathways across Portsmouth and South East Hampshire are managed in the most efficient way ensuring that patients are seen in an appropriate setting and timeframe.	Improve waiting list management processes at PHT, halt growth in demand through referral management with GPs in Surgery, Urology and MSK. Address demand/ capacity in urology , fully implement e-referrals	**Exec Sponsor** – Dr Linda Collie, Chief Clinical Officer & Clinical Leader, PCCG **Clinical Lead** –Dr Richard Jones, Cardiologist, PHT **SRO-** Lyn Darby, Dep Chief Commissioning Officer, Hampshire Partnership CCGs **Groups** - Elective Care Board (monthly), Task and finish groups for projects	RTT , diagnostic and cancer target delivery
Mental Health 	Service transformation to create sustainable system wide solutions to mental health service delivery challenges	Current state analysis, system redesign workshops and implementation Priority focus: Psychiatric decision unit, single system bed management , system wide role development	**Exec Sponsor** - Nick Broughton, CEO Southern Health **Clinical Lead-** Dr Dan Meron, Chief Medical Officer, Solent **SRO-** Suzannah Rosenberg, Dir of Quality & Commissioning, PCCG **Groups -** Mental Health Partnership Board (monthly) , Task and finish groups	Increased numbers of people receiving early support, reduced numbers requiring medical interventions, improved management in secondary care, improved resource utilisation,
Childrens 	To be developed in 2018			

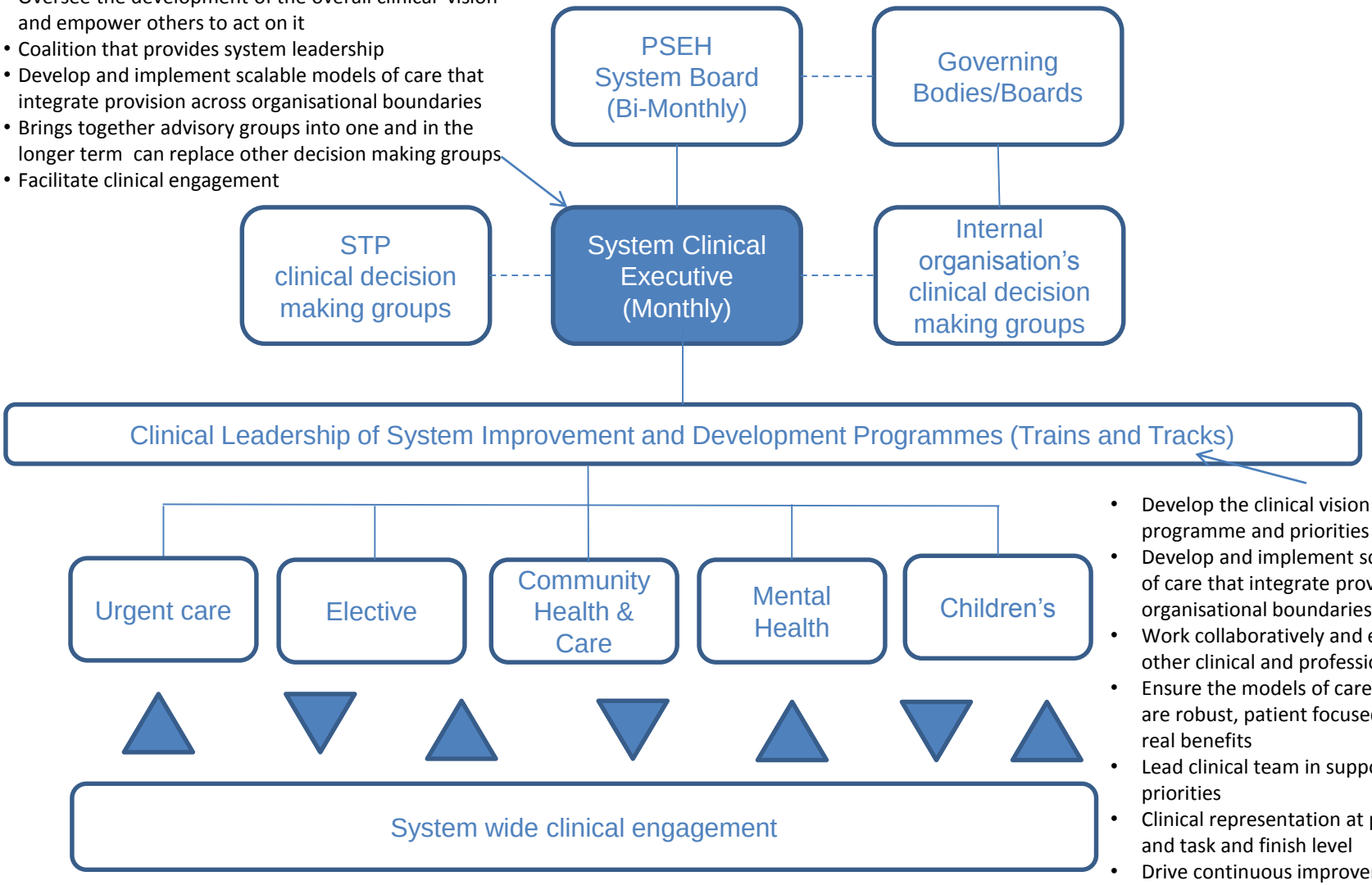
The programme arrangements must be streamlined, transparent and flexible to enable effective and efficient decision making and action



Collaborative and cross boundary clinical leadership is a critical enabler of accountable care, supported by a clear structure that delivers appropriate accountability and authority

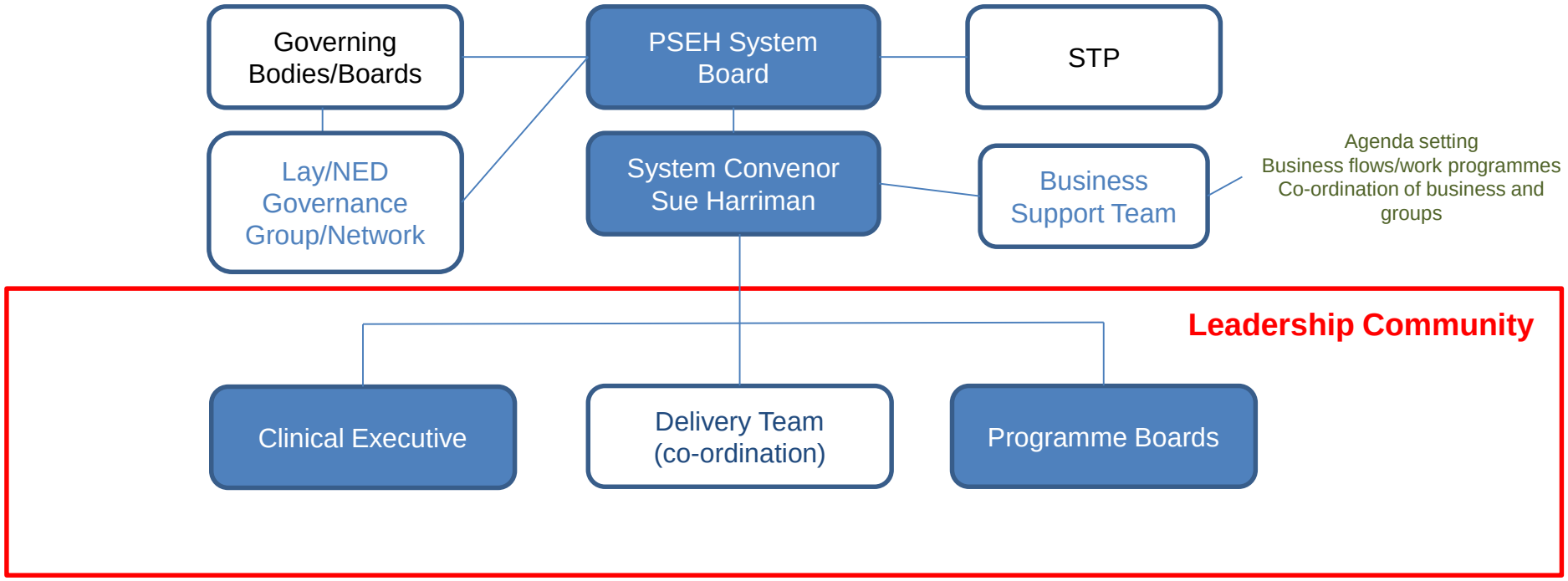
Clinical Executive Functions

- Senior clinical leaders from partner organisations and System Programme Clinical Leads
- Oversee the development of the overall clinical vision and empower others to act on it
- Coalition that provides system leadership
- Develop and implement scalable models of care that integrate provision across organisational boundaries
- Brings together advisory groups into one and in the longer term can replace other decision making groups
- Facilitate clinical engagement



- Develop the clinical vision for the programme and priorities for redesign
- Develop and implement scalable models of care that integrate provision across organisational boundaries
- Work collaboratively and engage with other clinical and professional groups
- Ensure the models of care implemented are robust, patient focused and deliver real benefits
- Lead clinical team in support of the priorities
- Clinical representation at programme and task and finish level
- Drive continuous improvement

We have created an overarching structure in order for partners to make decisions, allocate funds and hold each other accountable for delivering outcomes



- PSEH System Board is final arbiter of system decisions, with senior representation from all partner organisations
- Focus is on delivery actions with less frequent meetings and reduction in duplication
- Clinical Executive aligns current system clinical leadership groups to form one decision making group focused on transformation
- System Improvement Programmes have a steering group/board and gateway meetings, supported by the system PMO, reporting through Gateway meetings to the System Board
- Development programme teams meet as and when required and report progress through System Delivery Team to the Board
- System Delivery Team focus is overall co-ordination and delivery of the enabling and supporting functions and processes and include subject experts and senior partner representatives
- System Finance Board focuses on recovery, sustainability and business rules and aligned with the system PMO
- Leadership Community comes together periodically for strategy, horizon scanning and development

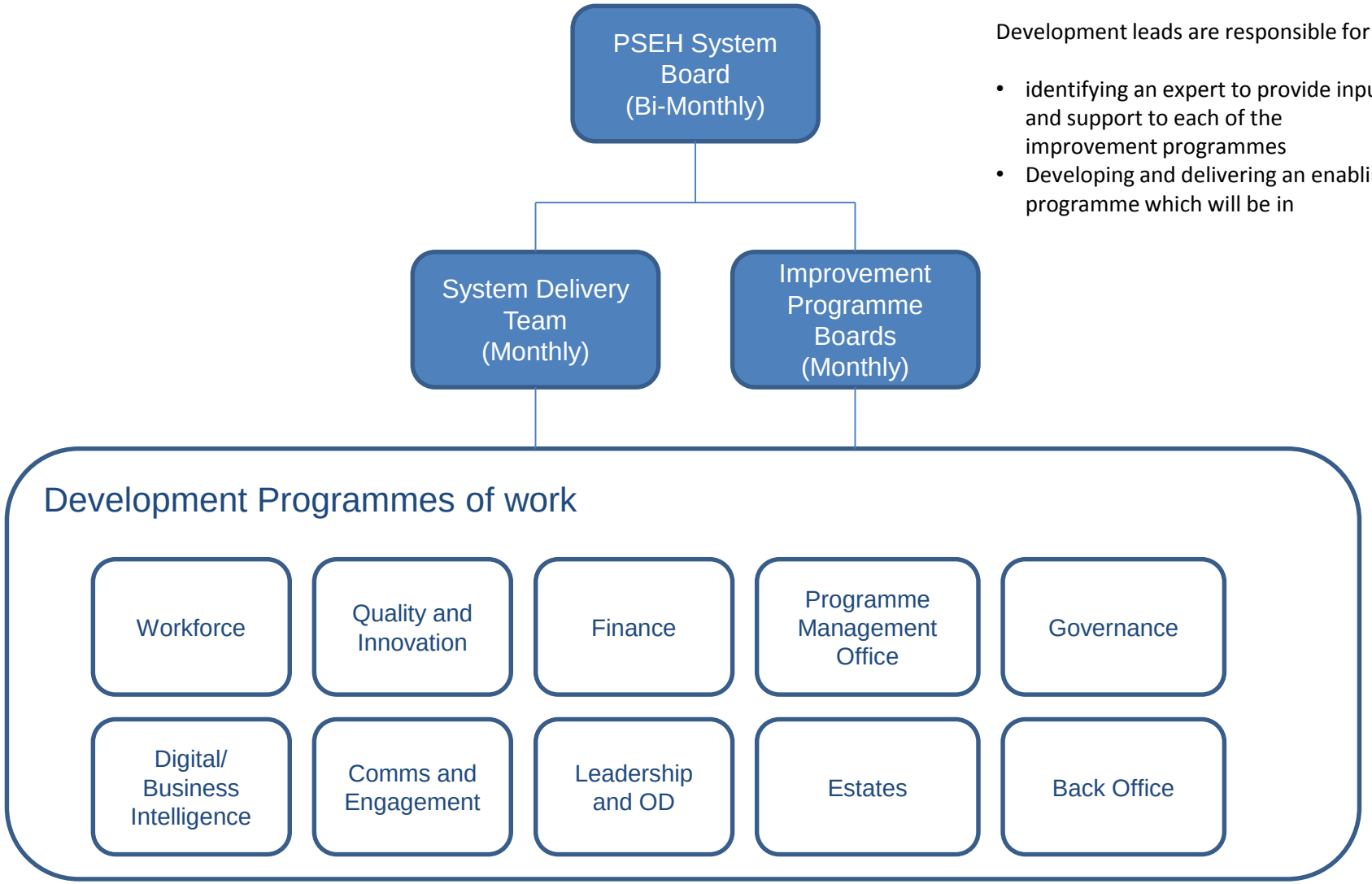
System decisions are made through these groups supported by delegated authority and collective responsibility

	Functions/ Decisions
Partnership Organisation Board/ Governing Body	• Approval of PSEH system programmes of work and any delegated authorities to be provided to any specific Programme Board or the PSEH System Board • Agreement of level and existence of a delegated budget to be managed by the PSEH System Board • Approval of any system agreement, for example, setting out the return on investment • Agreement of the application of the system financial framework by programme or project • Agreements/ Approvals are subject to the delegated authorities vested in the Executive Members attending the System Board
Portsmouth and South East Hampshire System Board	• Agreement of the overarching System strategy and oversight of transformation plan • Approval of PSEH System agreement • Approval of resource allocation , delegated budget and return on investment within the System to an agreed amount • Make decisions based on risk and return, in line with any delegated limits and/or any agreed financial framework or otherwise make recommendations to organisational Boards where delegations exceed the authority of Executive Officers • Agree recommendations to individual partner Boards re type and level of delegated authorities, including budget and allocations across partners to ensure delivery of the programmes • Representation of each of the partner organisations • Oversight for system plan actions for which each organisation is responsible. • Approve system communications, including promotion of positive action has resulted from a system programme • Take decisions to address any performance management issues of any System programme to ensure resources are being applied appropriately • NB: in reaching decisions, the System Board will have due regard to the Lay Member/Non-Executive Governance Working Group and System Clinical Executive
System Improvement Programmes/ Gateways	• Make recommendations to System Board and make decisions delegated to the programmes • Accountable for delivery of each programme • Oversee planning, delivery of programmes, risks to delivery and mitigation actions • Ensure outputs are defined , appropriate and measurable • Make resource decisions at programme and sub-programme level • Ensure the adequacy of implementation plans with particular reference to clinical engagement and impact on quality • Ensure communications across the programme are delivered to the delivery teams and to the System Board • *Gateway meetings:* undertake assessment of current programme performance and make recommendations to improve programme success. • NB: in reaching any decisions or recommendations, each Programme Board will have due regard to the Lay Member/Non-Executive Governance Working Group and the System Clinical Executive

System decisions are made through these groups supported by delegated authority and collective responsibility

	Functions/ Decisions
PSEH System Clinical Executive	• Provide expert clinical input into system transformation • Make recommendations to the PSEH System Board on clinical strategy • Approve recommendations to the relevant Programme Board re the level and type of clinical resource/intervention required for each project • Provide senior clinical representation and decision making on behalf of partner organisations • Agree recommendations on communications and wider clinical engagement • Decide whether clinical risks have been adequately identified and mitigated and escalate where appropriate to the System Board
PSEH System Lay/ NED Governance Group	• Responsible for lay and NED engagement in the development of system governance and assurance • Review options and make recommendations on system governance to the PSEH System Board • Agree recommendations to the Programme Boards, to PSEH System Board and to the relevant Partner Organisational Board, on the adequacy of the assurance and decision-making processes • Provide advice and guidance to Programme Boards over the governance including communications of each programme and project • Central oversight of governance checkpoints • Oversight and review of key governance risks including mitigation and escalation
PSEH System Delivery Team	• Make recommendations to PSEH System Board • Develop management and business support functions and hold leads to account for delivery • Agree leadership development programmes within the delegated budget • Determine the adequacy of business support functions, including communications for the programmes • Report business risk and proposed mitigations to the PSEH System Board • Agree priorities for escalating to the PSEH System Board (Agenda Setting) • Oversight of single plan including finance and activity, • Responsible for overarching communications and engagement activities • Responsible for system leadership development

Development programmes provide subject expert support in each of the improvement programmes as well as the overarching management of the business and support functions



Development leads are responsible for:

- identifying an expert to provide input and support to each of the improvement programmes
- Developing and delivering an enabling programme which will be in

Appendices

Meeting Functions and Membership

- PSEH System Board
- System Lay/ NED Governance Working Group
- System Improvement Programme Boards and Gateways
- System Clinical Executive
- Finance Partnership Board
- System Delivery Team

System Improvement Programme role outlines

System Meeting Functions and Membership

Portsmouth and South East Hampshire System Board

Chair : Sir Ian Carruthers, Independent Chair

Membership: The System Board is constituted of Chairs, Chief Executive Officers ,Chief Officers and lay members from partner organisations across the Portsmouth and South East Hampshire Health and Social care system, as set out below. Representatives from NHS Improvement/NHS England, the HIOW STP and the Wessex LMC are invited to also attend.

Frequency: 6 meetings per year.

Functions:

- Maintain a focus on the improvement of quality and experience for local people and set the foundation upon which the local system can implement the medium and long term goals of the Hampshire and Isle of Wight Sustainability and Transformation Plan.
- Develop the mechanisms and outcomes to jointly take accountability for population health .
- Support the turnaround and transformation of the local system through delivery of the single system improvement plan and priorities.
- Provide representation of each of the partner organisations and commit to deliver the actions and initiatives for which each are responsible.
- Create the leadership environment and effective relationships to enable transformational change
- Operate as the single decision making body aligning incentives to reduce fragmentation and improve outcomes

System Board Membership

- Sir Ian Carruthers - **Chair,** Special Adviser to the PSEH System
- Sue Harriman - **PSEH System Convener,** and Chief Executive, Solent NHS Trust
- Nick Broughton - Chief Executive, Southern Health NHS Foundation Trust
- Dr David Chilvers - Clinical Chair, Fareham & Gosport CCG
- Dr Linda Collie -Chief Clinical Officer & Clinical Leader, Portsmouth CCG
- John Coughlan - Chief Executive, Hampshire County Council
- Mark Cubbon - Chief Executive, Portsmouth Hospitals Trust
- Councillor Liz Fairhurst - Cabinet Member for Health Hampshire County Council
- Dr Elizabeth Fellows - Clinical Chair, Portsmouth CCG
- Margaret Geary – Lay member, Portsmouth CCG
- Will Hancock - Chief Executive, South Central Ambulance Service
- Susanne Hassleman - CCG Lay Member Hampshire Partnership CCGs
- Lynne Hunt - Chair Southern Health NHS Foundation Trust
- Maggie MacIsaac - Chief Executive, Hampshire Clinical Commissioning Group Partnership
- Melloney Poole - Chair, Portsmouth Hospital NHS Trust
- Dr Barbara Rushton – Clinical Chair, South East Hampshire CCG
- Lena Samuels - Chair, South Central Ambulance Service
- Dr Alistair Stokes - Chair, Solent NHS Trust
- Councillor Luke Stubbs - Cabinet Member for Health Portsmouth City Council
- David Williams Chief Executive, Portsmouth City Council

System Meeting Functions and Membership

Lay/ NED Governance Group

Chair : Suzanne Hasselman, lLay Member, South East Hampshire CCG/ Mick Tutt, Non Executive Director, Solent NHS Trust

Membership: A Governance representative and a NED/Lay Member representative from each partner organisation from health and social care

Frequency: As business needs indicates but no less than four meetings per year

Functions:

- Ensure Lay Member and NED representation and engagement in the development of emerging governance concerning the System working arrangements
- Seek support and representation from each of the partner organisations Board/ Governing Body
- Ensure governance processes enable timely decision making by sovereign organisations' respective boards/ governing bodies
- Seek independent advice and national intelligence to inform thinking
- Central oversight of governance checkpoints
- Oversight and review of key governance risks including mitigation and escalation

Initial work programme

- Develop an evolving scheme of delegation
- Establish Lay Member/ NED engagement network
- Review of Compact
- Communication back to organisations on governance, risks and progress

Improvement Programme Boards and Gateways

Chair: Executive Sponsor

Frequency: Monthly Programme Board meeting, Quarterly Gateway meeting

Membership: SRO, Clinical Lead, programme delivery team

Functions:

- Make recommendations to System Board and make decisions delegated by the System Board to the programme
- Accountable for delivery of the programme
- Oversee planning, delivery of programmes, risks to delivery and mitigation actions
- Make resource decisions at programme and sub-programme level
- *Gateway meetings:* undertake assessment of current programme performance and make recommendations to improve programme success.

Initial work programme:

- Review current clinical groups in system and develop a plan to align, focus and reduce duplication
- Develop the System Clinical model
- Provide focused clinical leadership on priority improvement programmes
- Lead wider clinical engagement across the system

System Meeting Functions and Membership

System Clinical Executive (Monthly)

Chair: Dr Elizabeth Fellows, Clinical Chair, NHS Portsmouth CCG

Frequency: Usually Monthly

Membership: Clinical Leads for improvement and enabling programmes , Partner organisation Clinical leads, to bring together system, organisational and locality leadership

Functions:

- Lead system transformational change providing expert clinical input into redesign
- Decision making forum for system clinical strategy, making recommendations to the System Board
- Responsible for creating shared and distributed leadership to ensure joint ownership
- Identify priority work programmes to deliver system benefits
- Provide senior clinical representation and decision making on behalf of partner organisations
- Facilitate clinical engagement across the system

Initial work programme:

- Review current clinical groups in system and develop a plan to align, focus and reduce duplication
- Develop the System Clinical model
- Provide focused clinical leadership on priority improvement programmes
- Lead wider clinical engagement across the system

Finance Partnership Board (Monthly)

Chair: Andy Woods, Chief Finance Officer, Fareham and Gosport CCG and South Eastern Hampshire CCG

Frequency: Monthly meeting

Membership: Finance Directors for each Partner Organisation

Functions:

- Development of immediate recovery plans, and delivery of the system financial plan
- System budget setting, management and monitoring
- Creation of sustainable financial model and supporting business rules/ governance arrangements

Initial work programme:

- Identification of PSEH system resource requirements and risk share arrangements
- Financial framework and principles
- Resource mapping programme

System Meeting Functions and Membership

System Delivery Team

Chair – Programme Director

Membership: System Convenor, Leads for Delivery, Quality and Innovation, Transparency, Governance, Workforce and OD, Communications and Engagement, Finance , PMO, Clinical Executive Chair, Programme Director, Organisation Partner Leads

Frequency: Delivery team will usually meet monthly, wider Leadership Team usuallyQuarterly

Functions

- Ensure alignment of STP and PSEH System programme plans, taking responsibility to meet the appropriate performance and assurance required by the STP
- Oversee the development and delivery of a single PSEH System plan and alignment of individual organisational plans
- Design of implementation strategies and infrastructure planning
- Develop the management and business support functions of the system and hold subject leads to account for delivery
- Provide oversight of the development and delivery of the overarching enabling programmes
- Ensure business support resources are appropriately allocated for each Improvement Programme, ensuring alignment of Improvement and development/ enabling programmes
- In relation to all business support services, identify and ensure risks and issues are appropriately mitigated and managed
- Develop the mechanisms and outcomes for the system to jointly take accountability for population health
- Ensure effective reporting processes are in place to enable oversight of delivery of the system Improvement plan and associated benefits realisation at the PSEH System Board
- Agree leadership development programmes within the delegated budget
- Agree priorities for escalating to the PSEH System Board (Agenda Setting)
- Support the PSEH System Board in delivery of its TORs and functions.

Initial work programme

- Development and Implementation of the overarching System Improvement Delivery Plan
- Development and implementation of the overarching communications and engagement plan for the system
- Development of business model and the PMO function
- Clarity on and inclusion of STP priorities in local plans and local plans into STP priorities
- Support development of leadership programmes

PSEH System Improvement Programmes: Roles and Teams

Each Improvement programme has been prioritised by the PSEH System to deliver step change in collective performance, patient safety and quality and deliver system efficiencies over and above schemes in place within individual organisations. This requires focused and accountable leadership with dedicated support from those already involved in the priority areas plus technical experts. An overarching design principle of system delivery is to focus and consolidate attention and resource on improvement areas.

Whilst the SRO roles to date have been paying attention to issues 'at the top of the triangle' they risk dislocation from current efforts and BAU performance assurance. This proposal suggests bringing all current provider and commissioner efforts together into single programmes.

SRO

- Accountable for delivery of the programme
- Recognised as the leader of the change
- Holds programme lead to account for delivery of all projects
- Ensure the outcomes of change are fully exploited
- Makes certain that any recommendations or concerns from Gateway reviews are met or addressed before progressing to the next stage
- Ensures strategic fit and benefits realisation

Programme Director/ Lead

- Accountable for delivery of each of the projects
- Manage the change programme
- Responsible for reporting progress of the programme to the PMO and Gateway process
- Holds project managers to account for delivery of their projects
- Supports project managers to manage risks and dependencies ,
- Ensures benefits realisation
- To ensure BAU is delivered including regulatory reporting
- To create a team of individuals who account for 100% of the above effort (nothing outside the box)

Executive Sponsor

- Provide guidance, support and act as point of contact for the SRO
- Point of escalation to the convenor
- Hold selves and other CEOs to account for delivery

Clinical Lead

- Develop the clinical vision for the change and provide guidance on priorities for redesign
- Work collaboratively and engage with other clinical and professional groups to ensure sign up and commitment
- Promote and support an evidence based approach to programmes of work
- Ensure the models of care implemented are robust, patient focused and deliver real benefits
- Lead clinical team in support of the priorities

Project Managers/ Project Team

- Commit to delivering a system improvement over an above organisational requirements
- Work collaboratively with others to deliver a set of agreed benefits
- Provide specific technical or operational expertise
- Provide information and performance analysis
- Undertake BAU activities including regulatory reporting