

Help to Live at Home Integrated Programme Key Learning and Recommendations

Background

HTLAH is an integrated programme between Leicestershire County Council (LCC), East Leicestershire & Rutland Clinical Commissioning Group (ELRCCG) and West Leicestershire Clinical Commissioning Group (WLCCG). The programme is an essential component of the five year plan to transform health and care in Leicester, Leicestershire & Rutland (LLR) and is targeted to two specific groups of people:

- Those in need of support at home following a hospital stay
- Those in the community whose needs have changed meaning they need more support to stay at home

Through the commissioning of a new integrated service model for home care the programme aim was to provide a combination of benefits; to individuals in receipt of care, providers delivering the care, commissioners of the services, across both the NHS and Local Government, as well as delivering system wide benefits by supporting more effective care outside of hospital.

It is acknowledged that it has been a challenging programme with complex governance to navigate and deliver across multiple partners and systems, all in the context of very demanding deadlines.

Purpose

This report presents an overview of the key themes that have emerged and makes recommendations to be taken forward by Departments/Teams to ensure learning is embedded in future programmes. The lessons will be of interest to other integration and transformation programmes, although they will need to be adapted to the specific circumstances of each one.

Lessons Learned Approach

Three Lessons Learned workshops have been undertaken over the duration of the HTLAH Programme covering both specific programme stages and general themes that are common to all stages – i.e. Leadership, Governance and Communications. The Phase 1 Lessons Learned workshop was held on 10 May 2016 and covered the Design and Procurement stages; The Phase 2 workshop was held on 17 January 2017 (ten weeks after the go-live date) covering the Back Office Systems, Operational Delivery, Transitions, Mobilisation and Go Live stages. LCC Operational Teams contributions were also captured during a Learning and Recognition Event on 30 January 2017.

The actions identified in this report build on the successes and opportunities from HTLAH and are aimed at driving continuous improvement in programme delivery.

Help to Live at Home Integrated Programme Key Learning and Recommendations

1) Programme Governance

Ref	Key Learning	Recommendations/ Actions	Senior Responsible Owner (SRO) / Team
1.	<ul style="list-style-type: none"> There was an effective programme level Steering Group, maintaining pace and providing leadership for the programme. There was less consistency in oversight across the various workstreams meaning some risks were highlighted later than they might have been. 	<ol style="list-style-type: none"> Replicate programme level structure in future integration programmes of this scale/duration Cascade the same disciplines down to all constituent sub groups / workstreams 	Corporate Transformation Unit / Project Management Office (PMO)
2.	<ul style="list-style-type: none"> The complexity of joint organisational governance arrangements associated with integration programmes slowed decision making. 	<ol style="list-style-type: none"> Explore more streamlined CCG governance to empower joint decision-making and approvals outside of existing arrangements (<i>LCC has an established mechanism for delegated authority</i>) Establish and use Joint Organisational Governance Framework (i.e. Committees in Common) 	LCC & CCG Exec's
3.	<ul style="list-style-type: none"> Robust governance structures were in place with agreed Terms of Reference, but these were not reviewed at every stage of the lifecycle of the Programme. 	<ol style="list-style-type: none"> Tailor programme governance structure to reflect the stage of the programme life-cycle 	Corporate Transformation Unit / PMO
4.	<ul style="list-style-type: none"> Some aspects of the management of the Gateway review and Change Management Processes could have 	<ol style="list-style-type: none"> Adherence to all aspects of the Gateway and 	Corporate

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Help to Live at Home Integrated Programme Key Learning and Recommendations

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	been more effective.	<p>Change Control processes</p> <p>7. Enforcement of joint Gateway sign-offs from both LCC and the CCGs</p> <p>8. Change management process to re-validate plans</p> <p>9. Mandatory Pass/Fail criteria should be established for each Gateway review</p> <p>10. Establish an exit strategy based on risk thresholds, set triggers for business case reviews and escalation to Corporate Programme Board</p>	Transformation Unit / PMO
5.	<ul style="list-style-type: none"> Improve Board Decision Making with regard to the management of Go/No-Go Risks 	11. Review Programme Board challenge and decision making processes; extend Senior Responsible Owner (SRO) training to all deputy and other Board members	Corporate Transformation Unit
6.	<ul style="list-style-type: none"> Legal complexity and joint sign-off process of Provider Framework Agreement (Contract) Section 75 and Homecare Assessment and Reablement Team (HART) Deed of Variation meant that the formal sign off was delayed. 	<p>12. Legal framework for joint working to be agreed and signed-off as part of programme start-up</p> <p>13. Legal sign offs to be a key Gateway criteria for pre-procurement stage</p>	PMO

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7.	<ul style="list-style-type: none"> Risk Management, Ownership and Gateways: risk management is already in place and internal audit assured (LCC) but further improvements for high risk programmes have been identified which should be considered for inclusion in corporate PMO standards 	14. High Impact risks to be assigned an SRO as risk owner 15. Risk process needs to be closely linked to contingency planning work stream; Gateway approvals still carrying high level of risk should result in escalated contingency plans 16. Risk tolerances to be set for each Gateway	Corporate Transformation Unit / PMO

Help to Live at Home Integrated Programme Key Learning and Recommendations

2) Programme Leadership

Ref	Key Learning	Recommendations/ Actions	SRO / Team
8.	<ul style="list-style-type: none"> The HTLAH SRO held an integrated post with joint accountability to NHS and LA partners and was able to provide strong leadership 	17. Use this as a good practice model to be replicated in future key integration programmes. Joint leadership should be considered when an integrated post holder cannot be identified.	Corporate Transformation Unit / PMO
9.	<ul style="list-style-type: none"> Organisational sponsorship of an integrated programme is essential to ensure programme delivery is a priority 	18. Establish escalation route to ensure both LCC and CCG representation at all programme groups and boards	SRO / LCC & CCG Exec's

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4) *Back Office Systems*

Ref	Key Learning	Recommendations/ Actions	SRO / Team
11.	<ul style="list-style-type: none"> The approach to testing and implementation of the IT solution designed to automate the transfer of service user records worked well and was delivered to schedule. 	25. Refer to/adapt HTLAH Back Office Delivery Plan to support future IT implementations	Corporate Transformation Unit / PMO

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5) Strategic Approach

Ref	Key Learning	Recommendations/ Actions	SRO / Team
12.	<ul style="list-style-type: none"> Tender evaluation and award was based on passing quality threshold and then weighted towards efficiency and value for money. More consideration could have been given to operational delivery. 	26. Procurement related Subject Matter Expert (SME) expertise should be sought and applied at the earliest opportunity in order to manage legal risks, foster innovation, maximise any opportunity for savings, and where possible allow for pragmatism within the procurement process itself	Market Development / LCC Commissioning Support Unit (CSU) / Legal
13.	<ul style="list-style-type: none"> The learning from 2011 Framework (commissioner and provider feedback) directed implementation towards a single phase implementation approach.' 	27. Commitment of short-term additional operational resources to mitigate a single stage go-live	Programme Board/SRO
14.	<ul style="list-style-type: none"> The decision to move from the existing homecare zones to the new Lots had unintended effects in transitioning some service users. 	28. Programme Boards need to ensure that they consistently use technical ICT advice.	Programme Board
15.	<ul style="list-style-type: none"> Strategic analysis of the impact of the HTLAH model on market stability needed to be more wide-ranging and include an awareness of issues beyond the home care sector. HTLAH Board was not sighted on the impact that NHS and Logistics recruitment would have on providers being able to mobilise staff. 	29. Strategic analysis needs to be regularly refreshed as part of gateway reviews to inform contingency planning.	Programme Board/ Corporate Transformation Unit

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6) Data

Ref	Key Learning	Recommendations/ Actions	SRO / Team
16.	<ul style="list-style-type: none"> The programme highlighted a range of data quality and data availability issues across all organisations involved 	<p>30. Resource needs to be put in place to cleanse the LCC data</p> <p>31. Consider revision of LCC protocol to ensure staff are clear about their responsibility to ensure that IAS data remains up to date</p> <p>32. CCGs to address data quality and responsiveness from their Commissioning Support Unit</p> <p>33. Quality assurance checks to be undertaken to ensure final dataset is robust</p> <p>34. Sign-off of data used for key decision making by LCC/CCG; ensuring ownership of associated financial risks</p>	<p>IAS Team</p> <p>IAS Team</p> <p>CCGs Business Intelligence / CCG CSU</p> <p>Chief Financial Officer/SRO/ PMO</p>

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7) Direct Payments & Personal Health Budgets

Ref	Key Learning	Recommendations/ Actions	SRO / Team
17.	<ul style="list-style-type: none"> Direct Payment /Personal Health Budget demand was much higher than anticipated and a high level of requests were received close to the Go Live date The setting of a cut-off date caused some concern to people who wanted to make requests for a direct payment 	<p>35. A strategy for the management of Direct Payment requests in future projects needs to anticipate a similar picture and plan appropriately for this</p> <p>36. Set a cut-off date further in advance to preserve data for procurement and transitions phases to reduce risks</p> <p>37. Health to review similar options for Personal Health Budgets</p>	<p>ASC DMT</p> <p>Programme Board</p> <p>CCG Exec Team</p>
18.	<ul style="list-style-type: none"> Directorate and organisational project/programme co-ordination: there were overlaps between the HTLAH Programme and the A&C Direct Payment Project 	<p>38. Improve co-ordination/planning across programmes/projects</p>	<p>Corporate Transformation Unit / PMO</p>

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8) Provider Mobilisation

Ref	Key Learning	Recommendations/ Actions	SRO / Team
19.	<ul style="list-style-type: none"> Improve assurance and risk appraisal of provider mobilisation plans; especially relating to the Transfer of Undertakings of Protection of Employment Regulations 2006 (TUPE) and recruitment. Assumptions were made based on providers' historic TUPE experience which did not prove to be sufficiently accurate 	39. Rigorously test, risk assess and challenge providers' business continuity and mobilisation plans throughout the transition and implementation phase	Business Continuity / Compliance
20.	<ul style="list-style-type: none"> Response/understanding of the levels of escalating risk during mobilisation period 	40. Define management information and indicators needed to monitor provider progress and risk to delivery	Programme Board / PMO
21.	<ul style="list-style-type: none"> Improved delivery assurance of new providers may have highlight some problems earlier 	41. Assign dedicated operational resource to each new provider to support their mobilisation and to provide programme assurance; to develop provider relationships and provide opportunity to highlight risks and issues.	Compliance

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9) Resources/Tools/Processes

Ref	Key Learning	Recommendations/ Actions	SRO / Team
22.	<ul style="list-style-type: none"> LCC developed, led and resourced a strong Programme Management Office (PMO), this would be further enhanced by identifying and securing required resources earlier in the programme lifecycle and from embedding health resources 	42. Recruit / appoint full PMO structure at initiation and review as programme expands 43. Assign dedicated Project Managers/Business Analysts from a health environment	Programme Board/ SRO
23.	<ul style="list-style-type: none"> Greater operational SME involvement from social care and health essential at each programme stage 	44. Programme stakeholder /engagement analysis to ensure wider operational involvement	PMO / Programme Board
24.	<ul style="list-style-type: none"> Availability and commitment of key working group resources 	45. Prioritise involvement in staff work plans	LCC / CCG
25.	<ul style="list-style-type: none"> CCG provider trusts (University Hospitals Leicester and Leicestershire Partnership Trust) needed to be included in key programme meetings at an earlier stage 	46. Joint communications workstream to include representation from all partner organisations in addition to commissioner leads	PMO / CCG
26.	<ul style="list-style-type: none"> Commissioner understanding of awareness and training requirements for front line staff in partner organisations could have been greater 	47. Develop robust joint training plan covering all partner organisations. Appoint dedicated leads responsible for roll out to respective organisations	Programme Board /PMO
27.	<ul style="list-style-type: none"> Resource capacity for existing provider management the programme experienced episodes of non-compliance which required additional management 	48. Increase / scale up operational involvement in workstreams based on level of risk	ASC DMT/CCGs

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28.	<ul style="list-style-type: none"> • A higher than anticipated level of resource was required for the Stabilisation period 	49. Continuation of workstreams during the stabilisation period	Programme Board/PMO

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10) Communications/Engagement

Ref	Key Learning	Recommendations/ Actions	SRO / Team
29.	<ul style="list-style-type: none"> Good internal programme communications i.e. stakeholder briefings 	50. Replicate approach for other programmes	PMO
30.	<ul style="list-style-type: none"> Service user engagement /communication and engagement plan 	51. Co-production of communication and engagement plan with partners 52. Use reading panel for service user communications	LCC / CCG / CCG CSU comms teams Healthwatch
31.	<ul style="list-style-type: none"> HTLAH service user help desk was run by the PMO and was separate from the Customer Service Centre (CSC), meaning that there was no single point of contact 	53. Locate service user help desk in the Customer Service Centre	PMO / CSC
32.	<ul style="list-style-type: none"> A more effective Contingency communications plan was needed 	54. Ensure contingency communications plan is developed as part of contingency workstream	Contingency workstream /PMO

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11) Procurement

Ref	Key Learning	Recommendations/ Actions	SRO / Team
33.	<ul style="list-style-type: none"> Positive market engagement took place 	55. Share market engagement approach	Market Development / PMO
34.	<ul style="list-style-type: none"> The Scrutiny review panel informed the model for procurement; good dialogue and insights from the scrutiny panel were reflected in programme's work 	56. Share learning and benefits of working with a scrutiny review panel	Programme Board
35.	<ul style="list-style-type: none"> Level of understanding of changes to operational processes and systems needed to be more widely shared prior to procurement 	57. Inclusion of operational SMEs in workstreams and completion of feasibility testing of new processes to inform published procurement documentation	PMO

Next Steps

- 9 May 2017** - Present the report to the HTLAH Stabilisation Board for approval
- 24 May 2017** - Report presented to the Departmental Transformation Delivery Board for approval
- 1 June 2017** Report presented to the Transformation Delivery Board for approval and to agree that the final report will be signed off by the Director of Adults and Communities

Help to Live at Home Integrated Programme Key Learning and Recommendations

4. **12 June 2017** – Feedback on the report to the CCG Executive Teams (UHL & LPT) for information
5. **20 June 2017** - Present the report to LCC Adults and Scrutiny Committee for information
6. **July 2017** – Present the report to the CCG Boards for information (*CCG Strategic Leads to confirm*)

RECOMMENDATIONS:

The HTLAH Stabilisation Board is requested to:

RECEIVE	The key learning and recommendations report for comment
APPROVE	The report findings and agree to the onward circulation of the report as set out under next steps
APPROVE	The proposal from the HTLAH Programme Manager to develop a joint action plan from the report recommendations with target dates for completion (<i>reference should be made to the detailed lessons learned reports and operational teams feedback to inform the action plan</i>)
APPROVE	The proposal from the HTLAH Programme Manager to plan a review of the action plan as part of the Post Implementation Review (or earlier)