Thames Valley and Surrey LCHR
Programme Board paper

Date of Meeting: 19/5/2020	**Paper No: 3c**

Title of Paper: TVS LHCR Future Partnership Delivery Model Outline

Paper is for:	Discussion	X	Decision		Information	

Purpose and Executive Summary:	**Engagement:**
To outline how we take forward the output from the PA consulting work, namely localisation of the programme. This includes starting the discussion on which partners pick up what areas of responsibility.	TVS partners

Action Required:	**Author: Patrick Reed / Jane Hogg** **Date of paper: 14/5.2020**
Support from Board	**Financial Implications of Paper:** TBD

Conflicts of Interest	
No conflict identified	✓
Conflict noted: conflicted party can participate in discussion and decision	
Conflict noted, conflicted party can participate in discussion but not decision	
Conflict noted, conflicted party can remain but not participate in discussion	
Conflicted party is excluded from discussion	

Publication status – default position is for Board papers to be published on the TVS website. **Note exceptions and reasons below.**	
Tick if Not for publication:	
Reason:	

TVS LHCR Programme Board

Surrey and Buckinghamshire plans for Graphnet

14/05/2020

DRAFT - TVS LHCR Future Partnership Delivery Model Outline (13/05/20)

1. Introduction

1.1 This paper outlines the LHCR's refreshed approach to delivery, management and relationships with partnership members. These changes are designed to support the adoption of a new delivery model for TVS LHCR over the next 12 months.

1.2 The paper covers the following areas – partnership principles; future delivery capabilities; adoption of a new leadership model; and the identification of a number of areas that require nominated partnership leads.

2. Partnership Principles

2.1 The LHCR delivery model and relationship with partnership members will be based on the adoption of a number of new and pre-existing key principles:

- Increased local ownership and sharing of work across constituent members;
- Development and agreement of a defined approach for the apportionment of work/projects;
- Adoption of projects that are sustainable (e.g. manifest in a BAU state with identified owner of that BAU) and deliver tangible impact;
- Implementation of all projects to be collectively agreed and steered;
- All use cases and prioritisation processes to be clinically driven;
- Adoption of a mixed economy delivery model – local and centralised;
- Continued utilisation of NHS expertise and experience to drive the delivery model;
- Development of regional Business Intelligence and Analytics capability to support organisations within the Partnership.

3. Future delivery capabilities

3.1 The future delivery capabilities and use cases of the LHCR in the short and longer will be driven by the clinical and operational groups within the Partnership.

3.2 All use cases will be assigned delivery targets and will be performance managed against them.

3.3 Some areas such as Transformation, Applied Population Health, should be held locally. Other delivery capabilities may also fit within this category.

4. Future leadership model

The future leadership of the LHCR will need to be provided from stakeholders within the region. The leadership team will need to possess a range of soft skills required to lead an organisation with influence but limited authority.

5. Key Delivery Areas

A number of areas have been identified as requiring nominated partnership leads. Some partners have already indicated their desire to lead certain areas.
At present most of these areas are in the initiation / project phase of development, but will need to manifest into BAU processes with appropriate owners.

Programme Area	**Current / proposed**
Programme management and coordination	Andrew Fenton (SCW CSU) / Patrick Reed (Bucks)
Data onboarding SCAS / SECAM MKUH BLMK Others?	The expectation is that each area provides its own project lead to manage their onboarding.
BAU - set up and running the following non-exhaustive set of functions:	These should be split across partners. Connected Care and My Care Record by default and of necessity are doing some of this now – but it is an interim process at the moment.
Contract(s) and Commercial relationship with supplier	Katherine Church (Surrey)
Overall data quality	?
Analytics/population health tools	Bucks / Frimley
Comms	SCW CSU
PHR	?
Apps	?
LHCR to LHCR	LHCR team?
IG co-ordination	Frimley, with locally owned processes
User support	Centralised or local as required?
Use case development (examples) Cancer / TVCA	OUH / John Skinner

HIU MOD Cortisone	OUH / Bryn Wales ?

6. Recommendation:

That the Programme Board supports the principles in this paper, and agrees which areas are clearly opportunities for the partners to support progress on behalf of the whole LHCR partnership. That the Programme Board also agrees the specific offers put forward and supports the SRO/partners to agree further areas with the support of the central programme team.