Gateway Review Report

Leicestershire, Leicester and Rutland Integrated Point of Access Programme

Final Version

(Public)

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SECTION 1: Executive Summary

1.1 Introduction

This report has been produced for the Programme Board of the Leicester, Leicestershire and Rutland (LLR) Integrated Points of Access (IPoA) Programme and it summarises the findings of the Gateway Review of the programme. Gateway Reviews are used to examine programmes and projects at key decision points in their lifecycle. The review looks ahead to provide assurance that they can progress successfully to the next stage. The review was carried out through:

- A series of one to one interviews with key individuals associated with the programme;
- A number of focus group interviews;
- Reviewing programme and wider-LLR contextual documentation.

The thematic analysis of results identified four dominant themes, which are discussed in later chapters of this report:

- Foundations;
- Complexity;
- Project governance and management;
- Co-production and engagement.

1.2 General perceptions

The programme is aligned to national and local strategy at a "conceptual level". National policy and LLR strategy includes a recurring central theme of aiming for more joined-up service delivery i.e. greater integration across a wide range of publically funded health and social care services. The local vision for integrated care is supported by an extensive evidence base articulating benefits to service users, commissioners and providers. However, evidence for efficiency savings is weaker. The King's Fund and Nuffield Trust recently published a report into London's STPs[1] which observed that "*delivering more co-ordinated care in the community is the right thing to do. But STPs must be realistic about what can be achieved within the timescales and resources available. Significant investment is needed to support these care models to develop and it is not clear where this investment will come from.*" Although the authors were writing about London, the statement could equally apply to LLR.

Nationally integration, particularly of locality-based community services is in the review teams' experience, a central aim of every health and social care community's strategic plans. The IPoA concept is therefore entirely consistent with these high level plans, although explicit reference to the IPoA programme is missing from many of local organisation's individual strategic plans which might suggest that the IPoA programme is not as high profile as it might be within the LLR system and also hints at a lack of buy-in from some organisations.

The programme is more ambitious in its integration aims than many other English health and social care systems in so far as the programme is aiming to create an integrated point of access across a relatively large population and across multiple organisations spanning health and social care provision. Most other systems are focusing their integration projects on the integration of care

[1] Sustainability and Transformation Plans in London, an Independent Analysis of the October 2016 STPs, The King's Fund and Nuffield Trust, September 2017

provision as opposed to points of contact. This scale of ambition is a good thing and it is notable that the LGA report lists "variation in front-line decision making and pathways" as being the largest single area of potential efficiencies – IPoA could enable a reduction in this aspect of variation.

This scale of local ambition is supported at a conceptual level by focus group and interview participants – a sample of comments are provided below.

In contrast to their support at an abstract level, however, the vast majority of the participants credentialised (where a speaker states, I support X but….) their support with statements of concern and scepticism regarding the practical implementation of a single, integrated point of access across LLR.

Owing to this, the general attitude towards the IPoA project can be described as supportive but sceptical.

In summary, the programme is aligned to national and local strategy, but there is an apparent gap in alignment between IPoA and individual organisational strategies which might suggest a lack of organisational level buy-in to the programme and/ or that the programme lacks prominence across the system. The people we spoke to were almost universally supportive of the concept being pursued, but there is a significant level of scepticism about the LLR system's ability to deliver.

1.3 Foundations

The origins of the IPoA programme go back to the Leicestershire County Better Care Fund (BCF) plan which identified the need to consider options for integrating the various points of access for health and social care services operating across the County Council area. In autumn 2014 LLR developed its Better Care Together (BCT) five year strategy and requested that the IPoA programme be extended beyond the original two organisations to also include points of entry provided by Rutland County Council, Leicester City Council and University Hospitals Leicester (UHL).

The original IPoA business case does not follow the HM Treasury's recommended "Five Case Model" and as such fails to provide a clear narrative behind some of the decisions made and lacks sufficient detail about benefits and associated costs. By not following the five case model the process followed appears to have missed steps which are crucial in:

- Making a clear case for change by describing the problem(s) the proposed change is seeking to address;
- Setting out a clear set of ways the problem can be addressed (a long list of options);
- Robustly and transparently appraising these options through reference to the benefits each will deliver; the risks associated with each; and the costs of each – at this stage "whether the problem is worth solving" is also considered;
- Detailing how the solution (the preferred option) will be procured and implemented.

The business case falls short of the detail we would expect to see – crucially there is no detail of risks, costs or associated savings for each option (the business case presents costs, savings and risks for the preferred option only). The options presented for appraisal also appear to fail to make use of the "options framework" which is an important step in defining the options which exist for solving the problem identified in the case for change. Instead the business case jumps to the conclusion that the scope of the business case should be eight existing points of access which are provided by five different organisations. This is a significant problem:

- Because the expansion of the programme scope from two to five organisations has added significant complexity to the programme, however the business case does not provide any justification for selecting this service scope as opposed to a less ambitious integration;

- Equally, we believe that there may be benefit if the programme scope were extended to include older people's mental health services and it is unclear to us why this has been excluded;
- We have seen no reference to other points of access which whilst excluded from the IPoA proposal, might be impacted by the proposed integration. For example we believe call handlers within the County's social care point of access also manage calls relating to entirely separate services e.g. highways.

Our view is that many of the issues the programme is currently facing such as a lack of consistent buy-in across all services and organisations, and the scepticism about ability to deliver above would have been avoided if a detailed evaluation of "scope options" had been carried out, written up and socialised early on in the business case development process.

It is difficult for a programme to proceed to considering "service solution" options without full consideration of scope. In this case, the option appraisal (of four options) undertaken in developing the business case is essentially an assessment of only "service solution" and "service delivery" options – this does not represent a sufficiently broad consideration of options to provide assurance that the option selected is the most appropriate for LLR. The options framework approach should also be used to determine how the programme should be resourced going forward.

There is a further problem in that there should be three elements to a business case options appraisal (the non-financial benefits appraisal, a risk appraisal and the financial/ economic appraisal), but the 4OC business case presents just the non-financial benefits appraisal and this is described as "high level".

Our review of programme's financial papers and interviews, particularly with the programme's finance lead, highlight two issues:

- Uncertainty over the investment required in information technology (IT);
- Potential confusion between cash releasing and efficiency savings, and avoided costs.

There is an extremely wide range of values attributed to potential IT costs which are hindering the ability of the programme board to take decisions about investment. There appears to have been some over optimism about the availability of technology solutions and the cost of these solutions. This uncertainty needs to be reduced as a matter of urgency as part of the ongoing business case refresh process. A related aspect is the need to understand what IT investment is required solely as a result of the IPoA operating model and how much investment would be incurred anyway as a result of STP IT plans.

The 4OC business case predicted cash releasing savings for all five organisations and efficiencies in terms of avoided future costs. Conceptually this is correct and although circumstances have inevitably changed this framework for the financial assessment remains valid. We do, however believe that, subject to the business case refresh, there may be a need for LLR partners to rethink expectations about the financial impact of IPoA. The programme is likely to:

- Require reasonably significant upfront investment in IT and programme delivery;
- Generate only modest direct savings from staff, management, estate etc costs associated with the existing points of contact (cash releasing savings);
- Create non-cashable efficiencies for professionals using the service across LLR (efficiency savings);
- Make a contribution to closing the STP financial gap by reducing the STP "counterfactual" forecast need to employ more staff to meet rising demand by freeing-up existing professionals to absorb growth (cost avoidance).

In order to estimate downstream potential efficiencies, there is a need to undertake more detailed analysis of data than has been done to date. Another related issue is that the business case was done at a point in time and all organisations have been continuing to make "business as usual" savings and efficiencies in the period since May 2016. For example service redesign is already occurring in at least one of the points of access with the result that some anticipated IPoA staff efficiencies may reduce because the current staff costs are already lower than in 2015/16. We understand that a similar situation has arisen with respect to estate savings available to LPT enabled by the transfer of LPT single point of access staff to County Hall. The IPoA partners need to agree a financial framework that does not prevent savings being taken now, but which also recognises the benefit of savings being made now as a result of the IPoA programme – the focus should be on costs and savings to the taxpayer rather than individual organisations in line with the move to system-wide control totals within the NHS. The financial framework should also set out how programme costs are to be funded across the partner organisations.

A separate review of the IM&T work stream was commissioned part way through the gateway review process from Channel 3 Consulting. The review was commissioned because of concerns that the original business case makes unproven assumptions about the availability of an affordable IT system able to support the new operating model by providing a platform able to integrate points of access. Key observations from the review were that:

- The assumed approach that existing systems would be used within the IPoA initially is likely to create a high level of operational disruption unless a mitigation strategy is implemented that off sets this risk. This approach in isolation is unlikely to support the IPoA in achieving its long term goals if no further IT investment is provided;
- It is likely that pursuing a specific shared care record solution to support the IPoA, over the replacement and consolidation of existing operational systems, (e.g. use of SystmOne across multiple organisation) is more likely to be successful and meet the needs of the clinical community involved in the IPoA programme;
- There are no suitable operational systems in the market which provide the coverage needed to achieve a "one system" approach;
- The predictive costs within the IT work stream Gateway report appear to have been set too low by circa 50%;
- IG is a critical work stream, which should form a core part of any programme with an executive level oversight. IG representation should be included from the early procurement stage;
- A phased approach to the implementation of cloud-based IT services would more likely support the goals of the IPoA over the use of internally managed infrastructure;
- Self-service tools such as patient self-help, access to records, libraries of collateral, and appointment booking should be explored further as an opportunity to improve services and shift demand to alternative channels;
- There are numerous approaches to the shared care record challenge. These include:
  - Fully centralised repositories of data - Hampshire Shared Record
  - The basic integration of solutions - Royal National Orthopaedic Hospital Portal
  - A specific shared digital care record solution - Lincolnshire, Doncaster, Dorset
  - One operational system across multiple organisations - None achieved;
- The chosen solution will depend on a number of factors including budget, ability to implement, information governance and existing infrastructure;
- Presently there is no operational electronic patient record solution, which works across all of the care environments covered by the programme;
- An Integrated Digital Care Record based solution, specifically designed to acquire data and construct a composite patient record from multiple source solutions is likely to be the best approach.

Channel 3 were also asked to comment on two specific questions:

- Is there an IT solution system that can write to multiple systems to prevent cut and paste of information by call handlers operating across multiple systems?
- If so, how much do these solutions cost?

Channel 3 advice is that this functionality is theoretically possible but unlikely to be implementable within the reasonable timescales required by this project. The likely cost of this functionality is difficult to assess without a detailed view of the requirements and a market test exercise. However, we suspect that the £1m estimate in the IM&T report is too low.

IT is the workstream with the clearest overlap with the STP. Currently the links between the IPoA programme's IT needs and the STP (and the related LLR local digital roadmap (LDR)) are far too weak despite a commonality of individuals working on both programmes.

In summary, the process followed to develop the business case does not comply with good practice. This has led to the programme proceeding without having set out how crucial decisions were made (the key decision being which points of access are in scope). The business case also fails to provide evidence of anything except a high-level non-financial benefits appraisal of the four shortlisted options. As a result of these omissions our conclusion is that the case for the intended solution has not been proven so we cannot confirm that the programme's strategic vision, benefits and outcomes can be realised within the outlined approach. We strongly suspect that it is this issue which is the root cause of the apparent lack of buy-in from some partners and widespread scepticism about the programme's ability to deliver the desired objectives. The following recommendations are made:

1. The ongoing refresh of the business case is used as an opportunity to "step back" and review the option being pursued – this is a "must do" activity which will need to be completed before the "stop/ go" decision. In particular the refresh should be widened in scope and depth to include:
    - The use of the options framework approach to define a list of options that have the potential to resolve the problems highlighted in the case for change;
    - Options which include explicit consideration of "service scope";
    - An appraisal of risks, costs and financial benefits for all shortlisted options;
    - Determine the scope of IM&T integration required for the IPOA and therefore better understanding of potential IT costs (implementation/ development and ongoing); It is further recommended that the requirement for any level of Integrated Digital Record Solution is included within the LLR Digital Road Map activities ensuring any solution procured and implemented achieves an LLR wide functionality and efficiencies
    - An assessment of financial benefits for all shortlisted options divided between cash releasing savings and efficiencies, and recognition of future of costs avoided;
    - An assessment of the "programme delivery" options to consider the resourcing of the programme going forward.
2. The options appraisal process is used to gain written partner sign-up to the preferred option.
3. The IPoA and STP (LDR) IT workstreams are brought much closer together so that inter-dependencies and common needs are identified.

4. Workstreams are provided with a clear and detailed brief based on the revised business case in order for them to efficiently progress their contribution to the project.

5. Partners agree a financial framework setting out how programme costs and savings are to be shared.

1.4 Complexity

It was acknowledged by the majority of the participants that there are significant organisational differences between the partners involved that need to be accounted for and worked with in order to ensure effective implementation and delivery of the IPoA. Concern was raised that this issue has not been given enough thought regarding the potential impact on issues such as standardisation and contractual decisions.

Differences between the organisation of the NHS and the local authority partners were also acknowledged as potential barriers, in particular: the commissioner/provider split; differing financial reporting requirements; and differences in organisational culture.

Concern was expressed across a number of the participants that a single point of access risks generalising the diversity of service users across LLR and, therefore, risks loses sight of their specific needs. The needs of the service user must be considered when designing the IPOA. For example – is the service accessible for people with learning disabilities, people who do not speak English as their first language, people who do not have easy access to a telephone or the internet, people of very low income, those who cannot read or right? It is, therefore, recommended that:

6. The IPOA is subject to an equalities impact assessment.

1.5 Programme Governance and Management

The IPoA programme is under the auspices of the BCF and pre-dates the introduction of STPs in 2016. With the move towards strategic planning being led through STPs, we heard several calls for the programme to be moved to be under “the umbrella” of the STP. In our opinion this would be a sensible and straight forward move to make.

We heard some concern that links were not being made between the work of the IPoA and other STP or related workstreams despite the IPoA being an enabler for some STP initiatives. The area of most concern is the apparent lack of read across between the IT workstreams of the IPoA and the STP. Bringing the IPoA programme under the STP “umbrella” could facilitate a greater awareness of inter-dependencies and we welcome recent attempts to identify and highlight project and programme dependencies. On a related note it was not apparent to us that there was sufficiently strong links between the programme and the work of the NHS111 redesign/ Reprocurement programme.

We were supplied with a large quantity of project reports, meeting notes, risk registers, issues logs etc by the IPoA programme management office (PMO). Although whilst there were some gaps and it was clear from the paperwork that some workstreams have been meeting more frequently than others, we concluded that from a programme management perspective the tools required for a well-run programme all exist and are being used by the PMO and workstream leads. The tools and the evidence they provide is sufficient to provide the programme board and other stakeholders with the information they require to assure progress. This is to be commended.

Nevertheless, whilst systems and tools are in place, at focus group meetings and in some interviews, some concern was expressed regarding the project governance and management.

The structure of the programme board was questioned by a significant number of the participants. It was generally thought that the programme board does not contain the right mix of decision makers and experts given the complex nature of the programme.

Concern was also raised by each of the focus groups that the work streams are not working as well together as they could. All of the focus groups recognised the interdependency of their work with the other work streams and the need for them to share progress to ensure a joined up approach to the delivery of the IPoA. Implicit within the talk about working in isolation was a concern that a joined-up approach had not been advocated from the top down.

The programme is resourced from two sources – a dedicated PMO and workstream focused input drawn from individuals across the IPoA partners. The PMO is funded centrally and in our experience whilst a small team, is not unusually small. Other input is from people who are expected to contribute to one or more of the four workstreams as part of "their business as usual role". Whilst the ideal would always be to backfill these individuals, again this approach is not untypical and it could be argued that "business as usual" will normally include some involvement in projects. We explored the potential of additional resources being made available if the programme were to become part of the STP, but unfortunately this shift in governance arrangements would not lead to access to a currently untapped programme resource. Specific comments follow.

This lack of dedicated human resource and expertise was highlighted as a major risk by the majority of the participants and has resulted in feelings of frustration and stress. In particular, concern was also expressed about the need for additional resource nearer to the time of implementation and the cost of this.

In summary it is clear that there is considerable concern about the programme being under resourced and this factor was cited as a reason for slow progress within some workstreams. As part of the refresh of the business case, the programme must consider the future resourcing of the project and the risks associated with not getting this right. The business case refresh should use the options framework approach to consider the options of:

- The current structure of a centrally funded PMO plus workstream staff drawn from permanent employs of the partners;
- A centrally funded PMO plus secondees within workstreams;
- A centrally funded PMO plus interim project managers.

In summary, the programme has the tools to succeed, but potentially not the resources. The governance structure reflects the origin of the programme as part of the BCF and the programme board reflects the partners involved. The difficulties facing the programme are reflected in slow progress against the core operations workstream which is delaying other programmes. We believe the problems largely stem from the way the preferred option for the IPoA was selected. In light of the findings above, the following are recommended:

7. That the IPOA programme is formally located within the STP with the programme board reporting into the STP steering group.

8. Review links into the NHS111 programme to ensure they are strong enough.

9. The make-up of the programme board is reviewed to ensure it has the right mix of technical experts and strategic decision makers.

10. That workstream representatives attend the programme board each month to share and report progress and concerns.

11. The flow of information between workstreams is improved by:

    - Holding frequent "show and tell" sessions at which each workstream can feedback to other workstreams;

    - Embedding key individuals across all workstreams with a clear brief to act as the conduit of information between groups.

12. That “back to basics” briefing events are held for the work streams to reiterate programme objectives and the precise role and scope played by each workstream.

13. That the refresh of business case considers whether additional programme resources are needed and are affordable. This should include the options of:

    - The current structure of a centrally funded PMO plus workstream staff drawn from permanent employs of the partners;

    - A centrally funded PMO plus secondees within workstreams;

    - A centrally funded PMO plus interim project managers.

1.6 Communications, Co-creation and Engagement

The programme has put in place a communications plan which was agreed by the programme board in June 2017. The programme was based on the identification of internal and external stakeholders, and it sets out how each category of stakeholders are to be communicated with. Stakeholders have been categorised into groups using a matrix-based approach assessing their likely relative degree of support for the programme versus the respective level of impact the programme will have on them.

The vast majority of the participants were uncertain about the project’s origins and did not feel like they had been included in the conception of the project. This has caused feelings of a lack of ownership and has created the image of a “County dominated” project. Many of the partners struggled to engage with 4OC and felt that their services had been inadequately represented within the final business case. Consequently, some of the partners feel as though they are positioned as marginal partners rather than equal partners.

The IPoA proposal and target operating model as described in the business case and to some extent the latest iterations, risk being based on provider views of what service users (both citizens and professionals) want. Whilst we would expect people working in the services to have a good understanding of these wants, there appears to have been only limited work so far on establishing if “wants” actually translate to “needs”. We understand that the PMO has started work on analysing call data to establish the degree of duplicate calls to different points of access (a key area of potential efficiency). This work is essential to the business case refresh as without it the programme would be in danger of investing in a solution to a problem that might not actually be as widespread as currently believed.

The following are recommended:

14. The programme is reframed in terms of its integration benefits for the service user (both professional and general public) across LLR and role of the IPoA as an enabler of the other integration STP projects to engage partners, and in doing so the that the business case is refreshed to include a more detailed assessment of benefits.

15. That the programme involves service users in phase two to inform the technical design. This engagement should have an emphasis on co-production in order to ensure that IPoA is a

service that can be used easily by all end users regardless of difference such as: cognitive ability, language spoken etc and as such that the requirements of the Equalities Act are met.

1.7 Conclusion

The project is strategic aligned to LLR strategy and conceptually is "the right thing to do" and whilst the case for change has been made, the business case failed to demonstrate whether or not there is an affordable and implementable solution to the problems the programme is seeking to resolve. Crucially the business case also lacks detail about why the solution being pursued is the right one particularly in relation to the number of points of access IPoA is seeking to integrate. This leaves open the questions, "could sufficient benefits be gained by being less ambitious in the range (scope) of services being brought together?" We believe that most of the difficulties currently being experienced stem from the programme not having fully proven the reasons for selecting the options being pursued – our key recommendation is therefore, that the business case refresh process is used to confirm the preferred way forward in terms of programme service scope and solution.

The programme is also based on a critical assumption that there is an affordable IT solution available to integrate the systems currently used by the different points of access. The Channel 3 Consulting report addresses this issue in detail.

Recommendation 1 (the business case refresh) is the key recommendation. We cannot recommend the programme continues to phase 2 without the business case being refreshed. The refresh is not a minor undertaking as it requires detailed work to make the case for the combination of choices made. This should be done using the options framework process centred on an appraisal event at Programme Board (consideration should be given to extending the invitee list beyond Programme Board members). In order for the Programme Board to be able to make a decision detailed work will need to be carried out by the programme management office and SRO in advance of the appraisal event to:

- Agree where choices exist using the options framework process and which choices need to be made now;
- Define the available choices (the options) under each category of choice in sufficient detail that a choice can be made between them;
- Gather evidence as to how each option might "perform" against the appraisal criteria (the appraisal criteria should be the programme objectives);
- Identify the areas of risk that will vary between options and base the risk appraisal on these;
- Work up costs and savings for each option.

SECTION 2: Introduction

2.1 Purpose of the report

This report has been produced for the Programme Board of the Leicester, Leicestershire and Rutland (LLR) Integrated Points of Access (IPoA) Programme. The IPoA programme has completed phase one and before committing to moving to phase two, programme partners commissioned an independent Gateway Review to evaluate progress. This report summarises the findings of the Gateway Review which was carried out between August and September 2017 by a small team of researchers from the University of Leicester and an independent health and social care experienced, business consultant procured from Rubicon Health Consulting. The report makes a series of recommendations in response to the review's findings.

2.2 Purpose of a Gateway Review

Gateway Reviews are used to examine programmes and projects at key decision points in their lifecycle. The review looks ahead to provide assurance that they can progress successfully to the next stage; the process is best practice in central civil government, the health sector, local government and Defence.

The review delivers a "peer review" in which independent practitioners from outside the programme/project use their experience and expertise to examine the progress and likelihood of successful delivery of the programme or project. The review uses a series of interviews, documentation reviews and the teams experience to provide valuable additional perspective on the issues facing the project team, and an external challenge to the robustness of plans and processes.

A Gateway Review does not provide the programme with the answers to issues raised; it is designed to make recommendations for programme and project leads to consider.

2.3 Methodology

The review was carried out through:

- A series of one to one interviews with key individuals associated with the programme;
- A number of focus group interviews;
- Reviewing programme and wider-LLR contextual documentation.

In total 19 interviews and 3 focus groups were conducted with 38 selected staff across the partner organisations throughout August 2017 (see Appendix 1). The staff chosen for interview and focus group contribution were selected by the IPoA programme team and included: key stakeholders from the programme board; staff from the three longest running work streams – estates, IM&T and operations; the project management team; and other staff key to the project's progress such as the leads for communications and finance. The interviews were semi-structured. The interviews and focus groups were all recorded and transcribed – the Gateway team are not able to make the transcripts or recordings available to the client because some interviewees requested that specific comments made remain anonymous.

Thematic analysis was used to analyse the interview and focus group discussions. Thematic analysis is an iterative process that identifies patterns of meaning across the data. The themes that emerge are closely related to the data, allowing an in-depth focus on the transcripts.

The analysis of interviews and focus groups was then supplemented by conclusions draw from the review team's analysis of documentation. The documents reviewed were grouped under the following headings (a complete list can be found in Appendix 2):

- Strategies – local and national strategic planning documents;
- IPoA programme documents – workstream reports, the business case, meeting notes, risk registers etc;
- Related programme documentation – summary documents from programmes and projects such as the Sustainability and Transformation Plan (STP) and NHS111 redesign;

The review team would like to thank interviewees for their time and commitment to the process, and to thank the IPoA programme team for their support in providing background information and with scheduling meetings.

2.4 Structure of this report

The thematic analysis identified four dominant themes:

- Foundations;
- Complexity;
- Project governance and management;
- Co-production and engagement.

Before each of the themes are discussed, an overview of the general perception of the IPOA project noted across the participants' responses, is provided in order to contextualise the discussion of the themes and the extracts used as evidence. This report is structured around the themes which have also been aligned to the areas typically explored by a gateway review i.e:

- **Business objectives and scope** aligns to the theme of "foundations" as well as "general perceptions";
- **Stakeholder commitment** also aligns to foundations and perceptions as well as "complexity" and "co-production and engagement";
- **Risk and opportunities** are a result of objectives, scope and commitment;
- **Planning and scheduling** is covered in "foundations" and "programme management";
- **Organisational capacity, capability and culture** is considered in the sections on "complexity" and "programme governance and management";
- **Finance** is covered as part of the section on "foundations";
- **Governance arrangements** are considered in the section on "programme governance and management".

The table below cross references the original specification for the Gateway Review with this report.

Table 1: Cross reference report to the specification

Requirement	Section reference
Determine how well the programme aligns to the strategic objectives of each organisation, as well as to national and local strategic intentions	Sections 3.2 and 3.3
Appraise current programme management documents and comment on whether these give stakeholders assurance of the programme progress and benefits?	Section 6.3
Evaluate whether the programme strategic vision, benefits and outcomes can be realised within the outlined approach within the business case and programme plan	Sections 4.3 to 4.7
Review current resource plans and comment on resource requirements to deliver the overall benefits outlined within the identified current timescales	Sections 4.5, 6.4 and 6.5
Evaluate current assurance systems and process within overall programme governance including risk assessment and risk management, issue identification and resolution and partner confidence in delivery	Section 6.3
Evaluate and critique the current programme planning and programme delivery up to the end of phase one and provide recommendations on the planned activity to take place in phase two and beyond	Section 6.5
Provide analysis of the business case and programme requirements for further phases of the programme together with an analysis of the potential effectiveness of delivery against organisational, partnership and programme requirements	Sections 4.3 to 4.8
Provide validation of current financial plans within the business case, both for the programme delivery and also for the realisation and attribution of benefits	Section 4.4
Critically analyse whether the overall benefits of the programme have been well articulated, understood and agreed by all partners, and embedded within the integration plans for LLR	Sections 3.2 and 4.3
Analyse whether the deliverables required in phase 1 been achieved and whether these deliverables support the identified benefits for phase 1, together with a critique of the robustness of plans for delivering benefits in future phases (hard and soft benefits for both service user and system wide benefits)?	Section 6.5
Provide analysis of current stakeholder management and communication strategies in relation to internal organisation communications, external information management and strategic fit	Section 7.1
Identify any issues in partners commitment to the ongoing development and delivery of the programme	Sections 4.2, 4.3, 5.2 and 7.1

Each section ends with a series of recommendations responding to the review team's findings.

SECTION 3: General Perceptions

3.1 Introduction

This section on "general perceptions" focuses on the extent to which the IPoA programme is aligned at a strategic level to national policy and local LLR strategy. The section concludes with some comments from interviews and focus groups which touch upon strategic alignment. The section maps back to the strategic alignment area for review in the gateway review specification – the areas covered are developed further in the next section, "Foundations".

3.2 Strategic alignment

There is no doubt that the programme is aligned to national and local strategy at a "conceptual level". National policy and LLR strategy, as set out in the NHS Five Year Forward View, the LLR STP and LLR's Better Care Together strategy, includes a recurring central theme of aiming for more joined-up service delivery i.e. greater integration across a wide range of publically funded health and social care services. "Integration" has been a theme within health and social care strategy in England for at least a decade and it is mirrored in policy elsewhere in the developed world as well as forming the basic structure of service delivery elsewhere in the United Kingdom (UK).

The local vision for integrated care is supported by an extensive evidence base articulating benefits to service users, commissioners and providers. The evidence base for quality benefits is particularly strong – the "I statements" set out by National Voices in 2012[2] clearly set out why improved co-ordination of care is better for citizens (and many of the statements made apply equally to professional referrers such as GPs). The evidence base for efficiency savings is weaker although it was quantified as being £1bn nationally (7-10% of relevant budgets) in a report by the Local Government Association (LGA) published in June 2016[3]. More recently The King's Fund and Nuffield Trust published a report into London's STPs[4] which observed that *"delivering more co-ordinated care in the community is the right thing to do. But STPs must be realistic about what can be achieved within the timescales and resources available. Significant investment is needed to support these care models to develop and it is not clear where this investment will come from."* Although the authors were writing about London, the statement could equally apply to LLR.

Nationally integration, particularly of locality-based community services is in the review teams' experience, a central aim of every health and social care community's strategic plans. This aim has also been a focus in LLR for at least a decade. The IPoA concept is therefore entirely consistent with these high level plans, although explicit reference to the IPoA programme is missing from many of local organisation's individual strategic plans which might suggest that the IPoA programme is not as high profile as it might be within the LLR system (see section 6.1 for discussion about links with the STP) and also hints at a lack of buy-in from some organisations. In summary our assessment is that the programme whilst aligned to the aims of LLR's BCT programme, this alignment is not fully reflected in each individual organisation's strategic plans: to this extent there is a strategic disconnect between LLR-wide strategies and the strategies of individual organisations across the health and care system.

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[2] A Narrative for Person-Centred Co-ordinated Care, National Voices, 2012.

[3] Efficiency Opportunities through Health and Social Care Integration, The Local Government Association, 2016.

[4] Sustainability and Transformation Plans in London, an Independent Analysis of the October 2016 STPs, The King's Fund and Nuffield Trust, September 2017.

The IPoA programme is more ambitious in its integration aims than many other English (but not necessarily UK) health and social care systems in so far as the programme is aiming to create an integrated point of access across a relatively large population and across multiple organisations spanning health and social care provision. Most other systems are focusing their integration projects on the integration of care provision as opposed to points of contact – for example LLR's integrated locality team (ILT) plans are conceptually very similar to plans in all 44 STPs; what is different is that elsewhere plans to integrate points of contact are typically focused on creating a single access point for individual organisations. This means LLR is being more ambitious than most (although we are aware of similar developments on the Isle of Wight, potentially Dorset and the integrated nature of provision in Scotland and Northern Ireland). This scale of ambition is a good thing and it is notable that the LGA report lists "variation in front-line decision making and pathways" as being the largest single area of potential efficiencies – IPoA could enable a reduction in this aspect of variation.

3.3 Local support

This scale of local ambition is supported at a conceptual level by focus group and interview participants – a sample of comments are provided below.

In contrast to their support at an abstract level, however, the vast majority of the participants credentialised (where a speaker states, I support X but….) their support with statements of concern and scepticism regarding the practical implementation of a single, integrated point of access across LLR.

Owing to this, the general attitude towards the IPoA project can be described as supportive but sceptical.

3.4 Conclusion

The IPoA programme is aligned to national and local strategy (as set out in the BCT strategy). There is an apparent gap in alignment between IPoA and individual organisational strategies which might suggest a lack of organisational level buy-in to the programme and/ or that the programme lacks prominence across the system.

The people we spoke to were almost universally supportive of the concept being pursued, but there is a significant level of scepticism about the LLR system's ability to deliver.

SECTION 4: Foundations

4.1 Introduction

This section on "foundations" focuses on the development of the business case for the IPoA programme. The section maps back to the "investment and outcomes" area for review in the gateway review specification as well as linking across the areas covering partner confidence and engagement.

4.2 The origins of the programme

The origins of the IPoA programme go back to the Leicestershire County Better Care Fund (BCF) plan submitted in September 2014 which identified the need to consider options for integrating the various points of access for health and social care services operating across the County Council area (not the city) – in effect the focus was on looking at ways services provided by Leicestershire Partnership Trust (LPT) and Leicestershire County Council ("County") could be better joined-up.

In autumn 2014 LLR developed its Better Care Together (BCT) five year strategy which highlighted the need to consider how points of access across the whole of LLR could be simplified and reconfigured in support of demand management and the "left shift" so that professionals and service users make the best use of the most appropriate service in the most appropriate setting of care, and that the information and signposting provided is responsive and consistent with local pathways. The proposal formed part of the urgent care workstream where partners committed to "improving system navigation by boosting NHS111, out of hour's medical cover, ***local single point of access (SPA) triage***".

The BCT set out an ambitious timeline for the SPA intervention stating that "a model for system navigation including 111, out of hour's medical cover and SPA triage" would be agreed by the end of March 2015. BCT initiated a workshop at which broad support was given for working collaboratively, improving performance and coverage collectively, sharing skills and knowledge, and where possible pursuing an LLR-wide approach. In parallel other related work was beginning across LLR - the nationally mandated reprocurement of NHS111 (the relevant NHS111 contract operates over the whole of the East Midlands) and the development of an LLR-wide adult social care strategy.

As a result of these wider LLR developments, the BCT programme requested that the IPoA programme be extended beyond the original two organisations (LPT and County) to also include points of entry provided by Rutland County Council, Leicester City Council and University Hospitals Leicester (UHL). The decision about which points of access operated by the five organisations would be "in scope" was to be worked through as part of the new IPoA programme.

4.3 The business case – the process followed

In late 2015 4OC were appointed to assist with developing a "full business case" for integrating LLR points of access i.e. what became the IPoA programme. The business case was published in May 2016. The business case does not follow the HM Treasury's recommended "Five Case Model" which represents good practice across the public sector and as such fails to provide a clear narrative behind some of the decisions made and lacks sufficient detail about benefits and associated costs. The Five Case Model takes the reader through a structured approach as follows:

- The **strategic case** sets out the strategic context and the case for change together with the supporting investment objectives for the scheme;
- The **economic case** demonstrates that the Trust has selected the option which best meets the existing and future demands of the service and optimises value for money;

- The **commercial case** outlines procurement and contractual issues associated with the development;
- The **financial case** confirms the funding arrangements and affordability, and summarises the impact on the balance sheet;
- The **management case** demonstrates that the scheme is achievable and can be delivered successfully to time, cost and quality.

The "cases" are developed over time as the programme moves from "concept" to "delivery" (strategic outline case, outline business case and full business case) as illustrated in the diagram below.

Figure 1: The business case process

The Business Case Process

FBC	Review any minor changes & implications	Confirm Value for Money	KEY STEP 8: Procuring the solution KEY STEP 9: Contracting for the deal	Confirm financial implications and financing	KEY STEP 10: Ensuring successful delivery (i.e. Comprehensive Delivery plan)
OBC	Review any significant changes and implications	KEY STEP 4: Develop shortlisted options; appraise to determine best VFM	KEY STEP 5: Prepare for the potential deal	KEY STEP 6: Confirm Funding and Affordability	KEY STEP 7: Plan for Successful Delivery
SOC	KEY STEP 1: Ascertain the Strategic fit KEY STEP 2: Make the Case for Change	KEY STEP 3: Develop a long list of options and agree a short list	Outline the procurement strategy	Estimate costs (revenue and capital) for short listed options	Proposed management arrangements
The Five Cases	Strategic	Economic	Commercial	Financial	Management

By not following this approach and producing one "full business case" which is not a five case model compliant business case, the process followed appears to have missed steps which are crucial in:

- Making a clear case for change by describing the problem(s) the proposed change is seeking to address;
- Setting out a clear set of ways the problem can be addressed (a long list of options);
- Robustly and transparently appraising these options through reference to the benefits each will deliver; the risks associated with each; and the costs of each – at this stage "whether the problem is worth solving" is also considered;
- Detailing how the solution (the preferred option) will be procured and implemented.

"Key steps" three and four in the diagram above are vital and our review suggests these have not been carried out in sufficient depth. The business case incorporates an appendix (the high level options appraisal) which sets out the benefits, advantages and disadvantages associated with four options, but as presented this analysis falls short of the detail we would expect to see – crucially there is no detail of risks, costs or associated savings for each alternative option (the business case presents costs, savings and risks for the preferred option only).

The options presented for appraisal also appear to fail to make use of the "options framework" which is an important step in defining the options which exist for solving the problem identified in the case for change. The options framework considers the various dimensions where there is a "choice". The diagram below sets out potential areas where there is typically a choice.

Figure 2: Areas of choice

Category of Choice	Brief Description
Scoping options	In relation to the proposed scheme, 'the what in terms of coverage' (for example, levels of functionality; geographic coverage; population/user base; organisation etc).
Service solution options	In relation to the preferred scoping option, 'the what in terms of the how' (for example, potential solutions and answers, use of technologies etc).
Service delivery options	In relation to the preferred service solution, 'the what in terms of the who' for service delivery (for example, in-house; outsource; PPP etc).
Implementation options	In relation to the preferred method of service delivery, 'the what in terms of the when' for the rollout and delivery of the scheme (for example, big bang, phased, modular delivery etc).
Funding options	In relation to the preferred method of implementation, 'the what in terms of the funding'. For example, the use of capital v revenue; private v public finance (see action10, the use of PPPs/PFI); national v local funding etc.

The existing business case does not use this approach with the result that it immediately jumps to conclusion that the scope of the business case should be eight existing points of access which are provided by five different organisations. This is a significant problem:

- Because the expansion of the programme scope from two to five organisations and from four to eight points of access has added significant complexity to the programme (see section 4), however the business case does not provide any justification for selecting this service scope as opposed to a less ambitious integration;
- Equally, we believe that there may be benefit if the programme scope were extended to include older people's mental health services and it is unclear to us why this has been excluded;
- We have seen no reference to other points of access which whilst excluded from the IPoA proposal, might be impacted by the proposed integration. For example we believe call handlers within the County's social care point of access also manage calls relating to entirely separate services e.g. highways.

Our view is that many of the issues the programme is currently facing (described in sections 4 to 6 below) such as a lack of consistent buy-in across all services and organisations, and the scepticism about ability to deliver described in section 3.3 above would have been avoided if a detailed evaluation of "scope options" had been carried out, written up and socialised early on in the business case development process.

It is difficult for a programme to proceed to considering "service solution" options without full consideration of scope. In this case, the option appraisal (of four options) undertaken in developing the business case is essentially an assessment of only "service solution" and "service delivery" options – this does not represent a sufficiently broad consideration of options to provide assurance that the option selected is the most appropriate for LLR.

The options framework approach should also be used to determine how the programme should be resourced going forward (see section 6.4).

There is a further problem in that there should be three elements to a business case options appraisal (the non-financial benefits appraisal, a risk appraisal and the financial/ economic appraisal), but the 4OC business case presents just the non-financial benefits appraisal and this is described as "high level". The business case does not present any assessment of relative risks between options or the relative costs. Instead the business case only details risks and financials for the preferred option. If this means no comparison of costs, savings and risks was undertaken on the three rejected options (and we have seen no evidence that this work was done), this means the preferred option was selected on the basis of a non-financial appraisal only. If correct, the process followed was not compliant with good practice and there is a substantial risk that the programme is proceeding with an option that does not represent the best overall value for money.

4.4 The business case financials

Our review of programme papers and interviews, particularly with the programme's finance lead, highlight two issues:

- Uncertainty over the investment required in information technology (IT);
- Potential confusion between cash releasing and efficiency savings, and avoided costs.

There is an extremely wide range of values attributed to potential IT costs which are hindering the ability of the programme board to take decisions about investment. There appears to have been some over optimism about the availability of technology solutions and the cost of these solutions (see Appendix 3). This uncertainty needs to be reduced as a matter of urgency as part of the ongoing business case refresh process. Section 4.5 below provides a brief summary of a review of IT solutions which was undertaken by Channel 3 Consulting in connection with this gateway review and which included consideration of likely IT costs.

A related aspect is the need to understand what IT investment is required solely as a result of the IPoA operating model and how much investment would be incurred anyway as a result of STP IT plans – the IPoA business case financial appraisal should only reflect the additional IPoA related cost, whilst noting that this investment would be dependent upon wider STP investments going ahead.

The 4OC business case predicted cash releasing savings for all five organisations and efficiencies in terms of avoided future costs. Conceptually this is correct and although circumstances have inevitably changed this framework for the financial assessment remains valid. We do, however believe that, subject to the business case refresh, there may be a need for LLR partners to rethink expectations about the financial impact of IPoA. The programme is likely to:

- Require reasonably significant upfront investment in IT and programme delivery;

- Generate only modest direct savings from staff, management, estate etc costs associated with the existing points of contact (cash releasing savings);
- Create non-cashable efficiencies for professionals using the service across LLR (e.g. GPs, other referrers etc) and in relation to the costs of assessment activities across health and social care (efficiency savings). For example savings in professionals' time spent contacting more than one contact centre (these savings may be a matter of minutes only, but are linked to the next category);
- Make a contribution to closing the STP financial gap by reducing the STP "counterfactual" forecast need to employ more staff to meet rising demand by freeing-up existing professionals to absorb growth (cost avoidance) i.e. reducing the time existing professionals spend contacting points of access will free-up time for these professionals to see more patients.

Our understanding is that some partners' focus is only on cashable savings and the short-term. Whilst the constraints of the NHS finance regime in this regard are appreciated, we believe this is a mistake because the IPoA's cost avoidance opportunities and contribution towards closing the STP financial gap, should be better recognised. The 2016 LGA report into potential efficiencies from integration supports this conclusion in its discussion of efficiencies being available from reducing variation in front line decision making about pathways. The report states that "*up to 45% of pathway decisions could be improved*" and lists three barriers to this happening:

- How the system responds to risk i.e. it is "risk averse";
- How decisions are made at key decision points – decisions lead to inefficiency due to factors such as professionals being unaware of the full range of available services and decisions not being made by the most appropriate decision maker;
- There often being an over complicated, sometimes overlapping "menu of services" available which makes navigation challenging.

We believe IPoA can contribute towards resolving these barriers thereby enabling pathway efficiencies, but IPoA itself will not make significant cashable savings – it can in effect be regarded as "invest to save" programme in so far as the main financial benefit is likely to be in the form of time savings to the professionals using the service and that these time efficiencies will mitigate the need to increase the number of professionals employed across LLR as demand rises (i.e. the programme will mitigate some of the increase in staff predicted under the STP "counterfactual").

In order to estimate downstream potential efficiencies, there is a need to undertake more detailed analysis of data than has been done to date. We understand that work has started on combining call data sets to quantify the volume of duplicate calls: this is welcome as eliminating duplicate calls is a major contributor towards efficiencies. But, this work must be done as part of the evaluation of service scope options (see above) and not solely on the preferred option because the assessment will form a key element in assessing the potential benefits of a wider rather than narrow service scope.

We understand that some of the existing contact points are considered to be understaffed and that this initial understaffing has led to cashable savings associated with IPoA being scaled back. We are not able to and have not been asked, to verify these claims, but they add weight to the need to refresh the business case financials.

Another related issue is that the business case was done at a point in time and all organisations have been continuing to make "business as usual" savings and efficiencies in the period since May 2016. For example service redesign is already occurring in at least one of the points of access with the result that some anticipated IPoA staff efficiencies may reduce because the current staff costs are already lower than in 2015/16. We understand that a similar situation has arisen with respect to

estate savings available to LPT enabled by the transfer of LPT single point of access staff to County Hall. The IPoA partners need to agree a financial framework that does not prevent savings being taken now, but which also recognises the benefit of savings being made now as a result of the IPoA programme – the focus should be on costs and savings to the taxpayer rather than individual organisations in line with the move to system-wide control totals within the NHS.

The financial framework should also set out how programme costs are to be funded across the partner organisations - section 6.4 discusses programme resourcing within the context of programme governance.

4.5 The business case – IM&T solution

A separate review of the IM&T work stream was commissioned part way through the gateway review process from Channel 3 Consulting who are a strategic partner of Rubicon Health Consulting. The review was commissioned because of concerns that the original business case makes unproven assumptions about the availability of an affordable IT system able to support the new operating model by providing a platform able to integrate points of access. The full Channel 3 report is available in Appendix 3. This section summarises Channel 3's key observations.

4.5.1 Strategic Approach and General Observations

- To be successful, the IPoA programme should be led by senior clinical/ professional and business leaders, along with close engagement of all other stakeholder areas. The IM&T functions are of course important, but their purpose should be to focus on the commissioning and delivery of solutions. It is vital that the business requirements of the clinical/professional community are understood and then reflected within the IT system requirements. Scope creep may sometimes occur when clinical/professional stakeholders drive the worklist. This can be managed through a well-structured engagement programme to catalogue the mandatory, nice-to-have and blue sky ideas and form a roadmap for the solution. This will enable the services involved to start delivering the overall aims of the Integrating LLR Points of Access programme which have been outlined in the Business Case and plan to meet future needs and support innovation;
- The assumed approach that existing systems would be used within the IPoA initially is likely to create a high level of operational disruption without a suitable mitigation plan and in the long run is unlikely to support the IPoA in achieving its goals. The impact of training staff to use multiple systems will create a high overhead during the training period and operational performance is likely to be affected. When using multiple systems, call centre workers are unlikely to be able to handle as high a volume of call's as they would with an integrated system. Input errors are also more likely;
- It is likely that pursuing a specific shared care record solution (an Integrated Digital Care Record (IDCR) that uplifts predetermined information from multiple electronic records and presents it in a single viewer) to support the IPoA, over the replacement and consolidation of existing operational systems, (e.g. use of SystmOne across multiple organisation) is more likely to be successful and meet the needs of the clinical/professional community involved in the IPoA programme. This approach will:
  - Reduce negative impact on the partner operations which fall outside of the IPoA
  - Have less of an impact on the operational systems currently in place
  - Be more agreeable to the partner providers involved
  - Be more cost effective than adopting a "one system" approach;
  - Likely result in a more successful procurement and deployment;
- There are no suitable operational systems in the market which provide the coverage needed to achieve a "one system" approach. Additionally, securing buy-in, undertaking procurement

and deploying is likely to be a near impossible task. Many other devolved healthcare systems and programmes have explored this option and have deemed it to be unfeasible;

- The IDCR based solution should however, not be seen as a panacea. These solutions are also complicated to procure and deploy and require a reasonable amount of knowledge and planning. Scope creep may also be an issue which will require management, as the IPoA will only require the basic functionality to view a composite record and book referrals. If this approach is considered, it should be managed as a project in isolation from the IPOA and across LLR as a whole to ensure system wide functionality and benefits are achieved;
- Channel 3 provided a table with our high level view of the options under consideration below:

Option / Phase	Estimated Capital	Estimated Revenue	Business Impact	Project Resource	Fit to Requirements
Option One: No Technical Integration	£50k	£85k p.a.	**HIGH (Negative)**	**LOW**	**POOR**
Option Two: Light Technical Integration	£500k	£250k p.a.	**MEDIUM**	**MEDIUM**	**POOR-BASIC**
Option Three: Heavy Technical Integration	£1500k +	£500k p.a.+	**MEDIUM-LOW**	**MEDIUM**	**GOOD**

Channel 3 concluded the following review of the programme IM&T phase 1 close out report:

- The costs in the report appear to have been set too low by circa 50%;
- Some internal costs should be uplifted where they have been assumed to be low (particularly process costs such as procurement, IG and legal support);
- The report contains some unknown or un-costed items. These need further qualification in order to reduce the risk exposure to the programme;
- The role and value of procurement processes seem to be underplayed in the report. This is perhaps due to the types of technologies and approach that are favoured in the report. An OJEU-compliant procurement programme run on a strategic, outcomes based approach will secure the best partner, solution, and risk-transfer to a strategic supplier;
- IG is a critical work stream, which should form a core part of any programme with an executive level oversight. IG representation should be included from the early procurement stage;
- The consent model for these solutions can be fairly simple to design (normally implied consent to share, explicit consent to view) but the cross-organisational policies and processes are often difficult to set up and implement;
- The IT report's recommendation to engage with the STP is correct. It may be that the STP has a solution or funding available to support the project to delivery something that is aligned with the overall strategy for the region. However, it may be necessary for the programme to go in their own direction should this not be forthcoming.

4.5.2 Technology Observations

- A phased approach to the implementation of cloud-based IT services would more likely support the goals of the IPoA over the use of internally managed infrastructure. This would support flexibility and may reduce costs and dependencies on limited resources;
- Unified Comms solutions should almost certainly be explored as part of the project and could support alternative channels or shift. These solutions are often cloud-based and easy to implement. They support multi-channel communication between users of the IPoA and

service users including email, SMS, web-channel and chat. These solutions can be fully integrated with the information system used by the IPoA;

- A Unified Comms solution is also likely to support the use of flexible working practices such as virtual workers, teams and home working;
- Computer telephony integration - which links the telephone system with the information of the person calling is also likely to be a requirement. This is going to be difficult to achieve with a healthcare based system and is more likely to require the use of a CRM;
- Self-service tools such as patient self-help, access to records, libraries of collateral, and appointment booking should be explored further as an opportunity to improve services and shift demand to alternative channels.

4.5.3 Shared Care Record Observations

- There are numerous approaches to the shared care record challenge. These include:
  - Fully centralised repositories of data - **Hampshire Shared Record**
  - The basic integration of solutions - **Royal National Orthopaedic Hospital Portal**
  - A specific shared digital care record solution - **Lincolnshire, Doncaster, Dorset**
  - One operational system across multiple organisations - **None achieved**;
- The chosen solution will depend on a number of factors including budget, ability to implement, information governance and existing infrastructure;
- Presently there is no operational electronic patient record solution, which works across all of the care environments covered by the programme;
- There are some suppliers that claim to be developing such a system but the procurement and implementation of a single solution across these multiple care environments would represent the costliest option and present the highest risk. Some areas of the country such as Manchester and Liverpool have begun to explore this option but have not made any real progress;
- An Integrated Digital Care Record based solution, specifically designed to acquire data and construct a composite patient record from multiple source solutions is likely to be the best approach. These solutions are high cost, but compared to a single operational system implementation is a more viable option;
- A CRM system is highlighted to be a requirement to support call centre activity. Implementation of these in a healthcare environment is particularly challenging because these solutions are not readily used in health informatics environments nor do they fit well in an integrated architecture. A detailed assessment of requirements and feasibility should be undertaken. It is unlikely that any of the incumbent solution providers will be capable or willing to develop this functionality. It may be possible for an IDCR solution to provide the functionality that would be expected of a CRM;
- Any areas where incumbent system providers are expected to develop functionality which is specifically required by the programme should be treated as high risk. These providers are normally operating on limited resources and are focussed on the delivery of a product roadmap that is whole market focussed. They are therefore often reluctant to undertake specific customer developments;
- All suppliers in this market space are generally highly subscribed and once a procurement has been undertaken and supplier selected, a commercial agreement with appropriate leverage and payment milestones in favour of the contracting Authority is essential to drive performance.

4.5.4 Integration Challenges

- Full architectural design is going to be necessary before any procurement and as part of the implementation. We would suggest this being initiated as part of a strategy development and options assessment exercise which is likely to take around 8 weeks;
- The solution chosen will require a specific element, which manages multiple patient identifiers, known as a Master Patient Index. The MPI takes demographic feeds from multiple organisations within the region and uses an algorithm to identify a single patient from these sources. Any clinical patient record relevant to that patient is then correctly attached for viewing as a shared record;
- It is strongly recommended that the Authority and its regional partners avoid internal development of interfaces or interface components. The onus of designing, developing and deploying interfacing should be transferred onto the supplier of the solution through a robust outcomes-based procurement process. Suppliers in this space are familiar with this concept and will assume the risk of working with incumbent system suppliers, selecting and deploying the right integration solution.

4.5.5 Further points

Channel 3 were also asked to comment on two specific questions:

- Is there an IT solution system that can write to multiple systems to prevent cut and paste of information by call handlers operating across multiple systems?
- If so, how much do these solutions cost?

Channel 3 advice is that this functionality is theoretically possible but unlikely to be implementable within the reasonable timescales required by this project. The Integrated Digital Care Record (IDCR) based solutions are essentially a web portal which sits over a set of integration technologies. They will pull relevant data from the systems across a Trust or region and present a composite patient record comprised of records from different care settings, for use at the point of care. IDCR solutions do not replace the operational systems in use at each provider organisation, but rather overlay them to present an integrated record to a delivery team. IDCR solutions are generally designed around messaging and integration standards that would allow the "upward flow" of new or updated information to the source systems owned by the providers. However, they are generally implemented as a read-only viewer with some basic clinical workflow embedded (such as order comms, prescribing, appointment booking). The "write" based approach requires significant effort and investment around design, technology and change management which may be cost and resource prohibitive. Also, there are certain systems in the provider IT estate which are unlikely to support this level of integration (e.g. SystmOne). Should the IDCR type approach be favoured, our recommendation would be to follow a three stage process:

- Phase 1: Begin with a read-only based solution where a composite record is presented to users within the IPoA. Incumbent systems may be needed to undertake certain actions. It may be possible to implement desktop-level integration (where a user can launch an operational system with one click within the shared record portal) to improve user workflow and information transfer;
- Phase 2: Implement clinical workflows and information collation on an incremental basis. These may include, for example referrals and assessments;
- Phase 3: In the longer term it may be possible to then work towards a tightly integrated bi-directional solution where information flows to and from all solutions within the regions' estate.

The likely cost of this functionality is difficult to assess without a detailed view of the requirements and a market test exercise. However, we suspect that the £1m estimate in the IM&T report is too low (for example, the report refers to the anticipated Dorset solution investment figure of £7.8m over 5 years, with an estimated total 10 year cost of £20m across all parties, and gives an indication of what other organisations are finding). It should be noted that the upfront costs of these type of project are always very high as a result of the integration overheads, which are completed in the first phase of the project. Incremental changes to the solution (such as workflow changes or UI changes) should be lower. A good commercial deal, which secures the best partner, price, solution and risk transfer can be secured through a robust outcomes-based procurement exercise.

With such a degree of uncertainty remaining about likely IT costs, it is not possible to comment on the investment required to deliver the overall benefits outlined in the business case.

IT is the workstream with the clearest overlap with the STP. Currently the links between the IPoA programme's IT needs and the STP (and the related LLR local digital roadmap (LDR)) are far too weak despite a commonality of individuals working on both the programme and membership of the STP IM&T delivery group. This risks solutions being introduced which are inconsistent and misses opportunities for joint funding of IT investments.

4.5.6 Conclusion

The IM&T component of the programme is doubtless complex and to date has suffered from competing requirements by the clinical/professional and the work stream tasked with delivering the solutions. As part of the business case refresh process the programme must determine the scope of IM&T integration required for the IPOA. It is further recommended that the requirement for any level of Integrated Digital Record Solution is included within the LLR Digital Road Map activities ensuring any solution procured and implemented achieves an LLR wide functionality and efficiencies.

4.6 Views of interviewees about the business case

Three main issues emerged in relation to the business case:

- The "quality" of the business case;
- Partner commitment to the business;
- A lack of clarity around what the programme was trying to achieve.

A lack of confidence in the business case was expressed by the majority of the participants. The 4OC business case was considered to be too simplistic. Many practical, financial, operational, IT and estate risks were felt to have been neglected thereby creating a false image of a project that will efficiently deliver significant cost savings, require little resource and be achievable within a relatively short period of time. Specific detail of the risks and challenges outlined in the interviews and focus groups are too many and too detailed to fully discuss here, however, the specific work stream gateway reports detail these issues comprehensively. Set out below are some examples of the general concerns expressed regarding the business case.

Consequently, the majority of the participants lacked confidence in the business case which in turn affected their commitment and belief in the actualisation of the project. Those working to implement the business plan have felt frustrated by its simplicity and expressed concerns that its content is unachievable. It was generally felt that because the business case had been commissioned to be provided by external consultants that the programme board were overly committed to its claims, resulting in feelings of pressure and stress on the part of those asked to deliver its claims.

Participants from all three work stream focus groups expressed a concern that they have not been provided with the necessary background information about the IPoA to enable them to fully understand and carry out their contribution to the implementation.

4.7 Conclusion

The process followed to develop the business case does not comply with good practice. This has led to the programme proceeding without having set out how crucial decisions were made (the key decision being which points of access are in scope). The business case also fails to provide evidence of anything except a high-level non-financial benefits appraisal of the four shortlisted options. As a result of these omissions our conclusion is that the case for the intended solution has not been proven so we cannot confirm that the programme's strategic vision, benefits and outcomes can be realised within the outlined approach. We strongly suspect that it is this issue which is the root cause of the apparent lack of buy-in from some partners and widespread scepticism about the programme's ability to deliver the desired objectives.

4.8 Recommendations

The following recommendations are made:

1. The ongoing refresh of the business case is used as an opportunity to "step back" and review the option being pursued – this is a "must do" activity which will need to be completed before the "stop/ go" decision. In particular the refresh should be widened in scope and depth to include:

    a. The use of the options framework approach to define a list of options that have the potential to resolve the problems highlighted in the case for change;

    b. Options which include explicit consideration of "service scope";

    c. An appraisal of risks, costs and financial benefits for all shortlisted options;

    d. Determine the scope of IM&T integration required for the IPOA and therefore better understanding of potential IT costs (implementation/ development and ongoing); It is further recommended that the requirement for any level of Integrated Digital Record Solution is included within the LLR Digital Road Map activities ensuring any solution procured and implemented is achieved as a programme in its own right and achieves an LLR wide functionality and efficiencies

    e. An assessment of financial benefits for all shortlisted options divided between cash releasing savings and efficiencies, and recognition of future of costs avoided;

    f. An assessment of the "programme delivery" options to consider the resourcing of the programme going forward.

2. The options appraisal process is used to gain written partner sign-up to the preferred option.

3. The IPoA and STP (LDR) IT work streams are brought much closer together so that inter-dependencies and common needs are identified.

4. Work streams are provided with a clear and detailed brief based on the revised business case in order for them to efficiently progress their contribution to the project.

5. Partners agree a financial framework setting out how programme costs and savings are to be shared.

Recommendations 1, 3 and 5 should be considered **"Do Now"**. Recommendations 2 and 4 should be undertaken once the business case has been refreshed.

SECTION 5: Complexity

5.1 Introduction

Complexity was discussed at length by all of the participants, including; the complexity of the project and the detail required to fully integrate; the complexity of the individual partners; and the complexity of the demographics and health and social care needs of the service users. The complex nature of the implementation of the IPOA project was expressed by all participants as a major concern regarding the deliverability of the programme.

5.2 Complex partners

It was acknowledged by the majority of the participants that there are significant organisational differences between the partners involved that need to be accounted for and worked with in order to ensure effective implementation and delivery of the IPoA. It was noted across the interviews and focus groups that the three local authorities are subject to their members. The differing political leadership of the local authorities was acknowledged as a potential barrier to a standardised and consistent approach within a single point of access across LLR that was not considered within the 4OC business case. Concern was raised that this issue has not been given enough thought regarding the potential impact on issues such as standardisation and contractual decisions.

Differences between the organisation of the NHS and the local authority partners were also acknowledged as potential barriers, in particular: the commissioner/provider split; differing financial reporting requirements; and differences in organisational culture.

5.3 Complex service users

Concern was expressed across a number of the participants that a single point of access risks generalising the diversity of service users across LLR and, therefore, risks loses sight of their specific needs. There was also concern that the potential loss of face to face contact may further disadvantage the most vulnerable service users whose needs require the presence of a walk in centre (it was subsequently clarified to the review team that the IPoA will not replace any walk-in contact centres).

5.4 Recommendations

The needs of the service user must be considered when designing the IPOA. For example – is the service accessible for people with learning disabilities, people who do not speak English as their first language, people who do not have easy access to a telephone or the internet, people of very low income, those who cannot read or right? It is, therefore, recommended that:

6. The IPOA is subject to an equalities impact assessment.

This recommendation is a **"do later"** recommendation.

SECTION 6: Programme Governance and Management

6.1 Introduction

This section of the report considers links into other programmes happening across the system as well as the governance and programme management of the IPoA programme itself.

6.2 Links to the STP and other programmes

The IPoA programme is under the auspices of the BCF and pre-dates the introduction of STPs in 2016. With the move towards strategic planning being led through STPs, we heard several calls for the programme to be moved to be under "the umbrella" of the STP. In our opinion this would be a sensible and straight forward move to make which would bring the following benefits:

- Giving the programme greater visibility with key leaders which should also raise the profile of the programme across LLR;
- Greater visibility should contribute to the programme being seen to have the clear support of senior LLR leaders
- Facilitating "joining of the dots" between projects and programmes including helping to make sure the programme is fully reflected in individual organisational strategies and operational plans.

Raising the profile of the programme would be beneficial because we suspect that some of the apparent lack of buy-in to the work (which can lead to a lack of attendance at workstream meetings), could be linked to a lack of prominence due to the new focus on STPs.

We heard some concern that links were not being made between the work of the IPoA and other STP or related workstreams despite the IPoA being an enabler for some STP initiatives. The area of most concern is the apparent lack of read across between the IT workstreams of the IPoA and the STP - as referenced in section 4.4 IPoA investment in IT solutions is closely related to wider STP IT investment and the associated development of the LLR Local Digital Roadmap. Bringing the IPoA programme under the STP "umbrella" could facilitate a greater awareness of inter-dependencies and we welcome recent attempts to identify and highlight project and programme dependencies.

Interviewees made the following comments in relation to the link, or lack of, to the STP.

On a related note it was not apparent to us that there was sufficiently strong links between the programme and the work of the NHS111 redesign/ Reprocurement programme which we understand to be out with the STP (due to its East Midlands-wide coverage). The same need to firm up links through programme governance and reporting arrangements, arises.

6.3 Programme governance and management

We were supplied with a large quantity of project reports, meeting notes, risk registers, issues logs etc by the IPoA programme management office (PMO). Although there were some gaps and it was clear from the paperwork that some workstreams have been meeting more frequently than others, we concluded that from a programme management perspective the tools required for a well-run programme all exist and are being used by the PMO and workstream leads. The tools and the evidence they provide is sufficient to provide the programme board and other stakeholders with the information they require to assure progress. This is to be commended.

Nevertheless, whilst systems and tools are in place, at focus group meetings and in some interviews, some concern was expressed regarding the programme governance and management.

The structure of the programme board was questioned by a significant number of the participants. It was generally thought that the programme board does not contain the right mix of decision makers and experts given the complex nature of the programme. Frustrations were raised concerning the programme board's lack of understanding of some of the specialist requirements within the proposed IPoA and also its sometimes slow or superficial decision making. These concerns are consistent with the views discussed earlier that whilst high level sign-up was in place, there is a lack of appreciation of the complexity involved.

Concern was also raised by each of the focus groups that the work streams are not working as well together as they could. All of the focus groups recognised the interdependency of their work with the other work streams and the need for them to share progress to ensure a joined up approach to the delivery of the IPoA. Implicit within the talk about working in isolation was a concern that a joined-up approach had not been advocated from the top down. This was compounded by work stream leads not always attending the programme board (we understand that since May, the estates and IT work stream leads have been mandated to attend all programme board meetings) – it might also be helpful to consider:

- Holding frequent "show and tell" sessions at which work streams can feedback to other work streams;
- Embedding key individuals across all work streams with a clear brief to act as the conduit of information between groups.

We understand that attempts have been made recently to identify inter-dependencies more clearly both within the IPoA programme and with STP work streams. Comments made are shown below.

6.4 Programme resourcing

The programme is resourced from two sources – a dedicated PMO and work stream focused input drawn from individuals across the IPoA partners. The PMO is funded centrally and in our experience whilst a small team, is not unusually small. Other input is from people who are expected to contribute to one or more of the four work streams as part of "their business as usual role". Whilst the ideal would always be to backfill these individuals, again this approach is not untypical and it could be argued that "business as usual" will normally include some involvement in projects.

We explored the potential of additional resources being made available if the programme were to become part of the STP, but unfortunately this shift in governance arrangements would not lead to access to a currently untapped programme resource – in other words the STP programme is operating in an equally resource constrained environment.

It should be recognised that all of the interview and focus group participants expressed concern regarding the lack of dedicated human resource allocated to this project. It was felt that the project management team, while hard working, were understaffed and lacking in some of the specific expertise needed (although the recent appointment of a subject matter expert should improve this situation). Added to this, those working on the implementation of the project specifics, and also at a programme board level, were struggling to commit to their role in the project alongside their day to day work. Specific comments follow.

This lack of dedicated human resource and expertise was highlighted as a major risk by the majority of the participants and has resulted in feelings of frustration and stress.

In particular, concern was also expressed about the need for additional resource nearer to the time of implementation and the cost of this. Participants who expressed this concern were unsure if this has been considered in the project planning at programme board level or in the 4OC business case.

In summary it is clear that there is considerable concern about the programme being under resourced and this factor was cited as a reason for slow progress within some work streams. As part of the refresh of the business case, the programme must consider the future resourcing of the project and the risks associated with not getting this right. There are a number of alternatives available, all of which bring risks and benefits: it is not the place of the Gateway Review to recommend which is followed, but the business case refresh should use the options framework approach to consider the options of:

- The current structure of a centrally funded PMO plus work stream staff drawn from permanent employs of the partners;
- A centrally funded PMO plus secondees within work streams;
- A centrally funded PMO plus interim project managers.

The business case refresh will also need to reforecast implementation costs relating to phase three of the programme.

6.5 Work stream progress

We reviewed work stream papers for the operations, IT, estates and finance work streams (the human resources work stream has not yet started). There are inter-dependencies between work streams (see discussion above) which broadly mean that the IT and estates work streams need to respond to the operating model set out and that the finance work stream follows behind the rest. However, this does not mean that the IT, estates and finance work streams can "do nothing" until the work of the operations group is complete – there will be many areas where the three work streams can make progress based on what is known and prudent assumptions as long as there is a clear and timetabled feedback loop built into the programme plan allowing time for work to be amended to take account of changes in other work streams. We heard some concern that work streams were "straying" outside of their core brief with the result that progress was slower than necessary. The review team were unable to test whether this was/ is the case of not, but the Programme Board should consider whether the start of phase two might be an opportune time to reiterate the scope of each work stream in conjunction with strengthening cross work stream working and communications.

The operations work stream has experienced a number of problems which have stalled process in phase one[5], as a result progress has been rated as "red". The work stream's phase one close out report makes recommendations to address issues including increasing resources by allowing each work stream member to be *"resourced beyond their normal day job to carry out the required activities without distraction or disruption"*. Whilst not disagreeing with this recommendation, we believe there needs to be a "plan B" about how to proceed without additional resources given the resource constrained environment across all partners (see discussion above about programme resourcing).

The other three recommendations made in the close out report are linked to what can be described as cultural and empowerment issues linked to delivery: we believe these flow from the fundamental weakness within the problem i.e. a lack of depth and transparency in selecting the preferred solution which has led to a lack of buy-in to the programme.

[5] IPoA, Operations Group Phase One Close Out Report Summary, July 2017.

The estate work stream has made better progress. The phase one close out report[6] confirms good progress has been made and crucially that a single location for the IPoA has been identified. The report also sets out issues to be resolved and future costs.

The IT work stream phase one close out report[7] was reviewed by Channel 3 Consulting (see section 4.5). A key recommendation is that "*there needs to be a clear understanding of ways of working. An early decision is needed on the operating model and processes that are to be aligned. An example would be a decision on call handling and on-going workflows as currently each SPA has distinct operational models*". Without clarity from the operations work stream, further progress against this work stream will stall and programme deadlines risk being missed.

6.6 Conclusion

The programme has the tools to succeed, but potentially not the resources (resourcing needs to be reviewed as part of the refresh of the business case). The governance structure reflects the origin of the programme as part of the BCF and the programme board reflects the partners involved. Programme work streams are those we would expect to see.

The difficulties facing the programme are reflected in slow progress against the core operations work stream which is delaying other programmes. We believe the problems largely stem from the way the preferred option for the IPoA was selected (see section 4.3).

6.7 Recommendations

In light of the findings above, the following are recommended:

7. That the IPOA programme is formally located within the STP with the programme board reporting into the STP steering group.

8. Review links into the NHS111 programme to ensure they are strong enough.

9. The make-up of the programme board is reviewed to ensure it has the right mix of technical experts and strategic decision makers.

10. That work stream representatives attend the programme board each month to share and report progress and concerns.

11. The flow of information between work streams is improved by:

    - Holding frequent "show and tell" sessions at which each work stream can feedback to other work streams;

    - Embedding key individuals across all work streams with a clear brief to act as the conduit of information between groups.

12. That "back to basics" briefing events are held for the work streams to reiterate programme objectives and the precise role and scope played by each work stream.

13. That the refresh of business case considers whether additional programme resources are needed and are affordable. This should include the options of:

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6 IPoA, Estates Work stream, Gateway Review Submission, August 2017.
7 IPoA, I&T Work stream, Gateway Review Submission, August 2017.

- The current structure of a centrally funded PMO plus work stream staff drawn from permanent employs of the partners;
- A centrally funded PMO plus secondees within work streams;
- A centrally funded PMO plus interim project managers.

Recommendations 7, 8, 9, 10, 11 and 13 should be considered **"Do Now"**.

SECTION 7: Communication, Co-production and Engagement

7.1 Communications

The programme has put in place a communications plan which was agreed by the programme board in June 2017. The programme was based on the identification of internal and external stakeholders, and it sets out how each category of stakeholders are to be communicated with. Stakeholders have been categorised into groups using a matrix-based approach assessing their likely relative degree of support for the programme versus the respective level of impact the programme will have on them. As an example the stakeholders most impacted and most supportive are the related STP programmes – urgent care, ILT and HomeFirst. By contrast those most affected, but least supportive are expected to be existing points of access staff, patients/ citizens and referrers. The categorisation of existing points of access staff and the two potential service users (referrers and patients/ citizens) as being least supportive is a very clear indication of the challenges faced by the programme.

The communications plans was relatively recently agreed so it is difficult to comment more fully on the stakeholder management and communications strategy put in place, except to say that best practice has been followed in identifying and categorising stakeholders. The plan now needs to be enacted.

7.2 Partner engagement

The vast majority of the participants were uncertain about the project's origins and did not feel like they had been included in the conception of the project. This has caused feelings of a lack of ownership and has created the image of a "County dominated" project. Many of the partners struggled to engage with 4OC and felt that their services had been inadequately represented within the final business case. Consequently, some of the partners feel as though they are positioned as marginal partners rather than equal partners.

7.3 End user inclusion

There was much uncertainty regarding the involvement of end users in the planning stage of the IPoA programme. Some participants thought that perhaps end users had been involved while others were sure that they had not. Consequently, participants made guesses and assumptions that an IPoA is a service that is wanted by the end user but they lacked evidence to draw on to support these claims. There is also a risk that these assumptions, whilst likely to be correct, are based on anecdote and not hard facts – the business case refresh is an opportunity to better involve service users in design and must include analysis of data to test some of the assumptions being made.

We do however, understand that there was substantial engagement with service users during the development of the BCT strategic plans and that the desire to have one "single point of contact" rather than multiple contact points, was frequently stated.

What was consistent across the majority of the participants was the belief that co-production is a beneficial process when designing customer facing processes and that it helps to centre the project's focus on the customer/patient.

The IPoA proposal and target operating model as described in the business case and to some extent the latest iterations, risk being based on provider views of what service users (both citizens and professionals) want. Whilst we would expect people working in the services to have a good understanding of these wants, there appears to have been only limited work so far on establishing if "wants" actually translate to "needs". We understand that the PMO has started work on analysing

call data to establish the degree of duplicate calls to different points of access (a key area of potential efficiency). This work is essential to the business case refresh as without it the programme would be in danger of investing in a solution to a problem that might not actually be as widespread as currently believed.

7.4 Recommendations

The following are recommended:

14. The programme is reframed in terms of its integration benefits for the service user (both professional and general public) across LLR and role of the IPoA as an enabler of the other integration STP projects to engage partners, and in doing so the that the business case is refreshed to include a more detailed assessment of benefits.

15. That the programme involves service users in phase two to inform the technical design. This engagement should have an emphasis on co-production in order to ensure that IPoA is a service that can be used easily by all end users regardless of difference such as: cognitive ability, language spoken etc and as such that the requirements of the Equalities Act are met.

Recommendation 14 should be considered **"Do Now"**. Recommendation 15 should form part of phase two.

SECTION 8: Conclusion

The project is strategic aligned to LLR strategy and conceptually is "the right thing to do" and whilst the case for change has been made, the business case failed to demonstrate whether or not there is an affordable and implementable solution to the problems the programme is seeking to resolve. Crucially the business case also lacks detail about why the solution being pursued is the right one particularly in relation to the number of points of access IPoA is seeking to integrate. This leaves open the questions, "could sufficient benefits be gained by being less ambitious in the range (scope) of services being brought together?" We believe that most of the difficulties currently being experienced stem from the programme not having fully proven the reasons for selecting the options being pursued – our key recommendation is therefore, that the business case refresh process is used to confirm the preferred way forward in terms of programme service scope and solution.

The programme is also based on a critical assumption that there is an affordable IT solution available to integrate the systems currently used by the different points of access. The Channel 3 Consulting report addresses this issue in detail.

We are therefore making the following recommendations:

1. The ongoing refresh of the business case is used as an opportunity to "step back" and review the option being pursued – this is a "must do" activity which will need to be completed before the "stop/ go" decision. In particular the refresh should be widened in scope and depth to include:

    - The use of the options framework approach to define a list of options that have the potential to resolve the problems highlighted in the case for change;
    - Options which include explicit consideration of "service scope";
    - An appraisal of risks, costs and financial benefits for all shortlisted options;
    - Determine the scope of IM&T integration required for the IPOA and therefore better understanding of potential IT costs (implementation/ development and ongoing); It is further recommended that the requirement for any level of Integrated Digital Record Solution is included within the LLR Digital Road Map activities ensuring any solution procured and implemented achieves an LLR wide functionality and efficiencies and is managed as a project in its own right;
    - An assessment of financial benefits for all shortlisted options divided between cash releasing savings and efficiencies, and recognition of future of costs avoided;
    - An assessment of the "programme delivery" options to consider the resourcing of the programme going forward.

2. The options appraisal process is used to gain written partner sign-up to the preferred option.
3. The IPoA and STP (LDR) IT work streams are brought much closer together so that inter-dependencies and common needs are identified.
4. Work streams are provided with a clear and detailed brief based on the revised business case in order for them to efficiently progress their contribution to the project.
5. Partners agree a financial framework setting out how programme costs and savings are to be shared.

6. The IPOA is subject to an equalities impact assessment.

7. That the IPOA programme is formally located within the STP with the programme board reporting into the STP steering group.

8. Review links into the NHS111 programme to ensure they are strong enough.

9. The make-up of the programme board is reviewed to ensure it has the right mix of technical experts and strategic decision makers.

10. That work stream representatives attend the programme board each month to share and report progress and concerns.

11. The flow of information between work streams is improved by:

    - Holding frequent "show and tell" sessions at which each work stream can feedback to other work streams;

    - Embedding key individuals across all work streams with a clear brief to act as the conduit of information between groups.

12. That “back to basics” briefing events are held for the work streams to reiterate programme objectives and the precise role and scope played by each work stream.

13. That the refresh of business case considers whether additional programme resources are needed and are affordable. This should include the options of:

    - The current structure of a centrally funded PMO plus work stream staff drawn from permanent employs of the partners;
    - A centrally funded PMO plus secondees within work streams;
    - A centrally funded PMO plus interim project managers.

14. The programme is reframed in terms of its integration benefits for the service user (both professional and general public) across LLR and role of the IPoA as an enabler of the other integration STP projects to engage partners, and in doing so the that the business case is refreshed to include a more detailed assessment of benefits.

15. That the programme involves service users in phase two to inform the technical design. This engagement should have an emphasis on co-production in order to ensure that IPoA is a service that can be used easily by all end users regardless of difference such as: cognitive ability, language spoken etc and as such that the requirements of the Equalities Act are met.

Recommendation 1 is the key recommendation. We cannot recommend the programme continues to phase 2 without the business case being refreshed. The refresh is not a minor undertaking as it requires detailed work to make the case for the combination of choices made. This should be done using the options framework process centred on an appraisal event at Programme Board (consideration should be given to extending the invitee list beyond Programme Board members). In order for the Programme Board to be able to make a decision detailed work will need to be carried out by the programme management office and SRO in advance of the appraisal event to:

- Agree where choices exist using the options framework process and which choices need to be made now;
- Define the available choices (the options) under each category of choice in sufficient detail that a choice can be made between them;

- Gather evidence as to how each option might “perform” against the appraisal criteria (the appraisal criteria should be the programme objectives);
- Identify the areas of risk that will vary between options and base the risk appraisal on these;
- Work up costs and savings for each option.

Appendix 1 – list of interviewees and focus groups

List of interviewees

Partner Organisation	POA	Role
Leicestershire County	County Adult Social care	1. Director of Adults & Communities 2. Director of Health & Care Integration 3. Assistant Director - Commercial & Customer Services
	Corporate Resources and Transformation	Director of corporate resources
	City Adult Social Care including C&R and ICRS	Director, Adult Social Care and Safeguarding
	Programme Comms	Leicestershire County Council – Comms. Rep
	Programme Finance	Finance Lead
	None: Programme Team	1.Programme Manager 2.Change Manager 3. Subject Matter Expert 4. Project Officer
East CCG & LPT	None : Commissioners	East CCG and LPT contracting lead commissioner
LPT	Community Health SPA (community nursing and therapists) and Adult mental health	1. Head of Business Development and Transformation (CHS) 2. Director Community Health Services 3. CHS SPA Operations Manager
West CCG	None : Commissioners	1. Service Improvement Manager West CCG Lead 2. LLR Urgent Care Programme Delivery Lead 3. Clinical Navigation Lead 4. Chair of STP
Rutland Council	Rutland Adult Social Care	Deputy Director for People, Rutland County Council
Public Health	First Contact Plus	Head of Business Services – Public Health
Leicester City CCG	None : Commissioners	City Commissioning Group Lead
UHL	Bed Bureau	UHL Rep
Leicester City Council		

Focus Groups:

1. Operations Board
2. IM&T Work stream
3. Estates Work stream

Appendix 2 – documents reviewed

Documents requested & receive

Appendix 3 – Channel 3 Consulting report

IPoA IMT Work Stream Document - I