

'You matter, we care'

Trust Board Meeting (Part 1)	Date: 17 December 2014
------------------------------	------------------------

Title:	Bristol Governance and Accountability Arrangements
Item:	BD/14/231

Executive Director lead and presenter	Kristin Dominy, Director of Operations
Report author(s)	Rhona MacDonald (System Leader), Emma Roberts (Company Secretary) and Fiona Bell (Head of the Programme Management Office)

History:	<i>Executive Team – shared with the Chair and Chair of Finance and Planning Committee</i>
----------	---

This report is for:	
Decision	
Discussion	x
To Note	

The following impacts have been identified and assessed in relation to this report:	
Equality	None identified
Quality	None identified
Privacy	None identified

Executive Summary of key issues

This paper responds to a request from the Board to receive a briefing detailing the specific arrangements associated with the governance of Bristol Mental Health service provision in so far as it relates to AWP in service provision and as system leader. The paper further details the accountability arrangements within system leadership and service provision.

The report explains the mechanisms by which the AWP Board can seek assurance that it is delivering the System Leadership function as commissioned by Bristol Clinical Commissioning Group (CCG).

'Bristol Mental Health' is the name given by the CCG to the mental health services which the CCG has commissioned for the people of Bristol. 'Bristol Mental Health' is not an organisation per se, merely a brand to describe a range of organisations working together to deliver mental health services.

As part of this, the CCG has awarded a 'system leader' whose job is to ensure the provision of mental health services by a range of different providers operates harmoniously. There are a range of lot leading organisations providing services for various elements of mental health provision. As well as being system leader, AWP is also providing Lot 1 Community Services, with consortia of other organisations under the name 'Bristol Recovery Partnership'.

The arrangements are formalised via a contract between the CCG and each lot leading organisation. The CCG will monitor and hold each individual lot leading organisation to account.

The role of system leader will be to co-ordinate, influence and work collaboratively to assist the Bristol Mental Health system work as effectively as it can. However, ultimately, the contractual responsibility for each lot leader organisation to deliver its services, remains with the lot leading organisation and the CCG.

The report is necessarily longer than would normally be the case for the board, as it was considered essential to explain the underpinning detail.

The Board is invited to review the report, and detail any further work it requires of any Committee, or to come back to Board.

This report addresses these Strategic Priorities:

We will deliver the best care	x
We will support and develop our staff	x
We will continually improve what we do	x
We will use our resources wisely	x
We will be future focussed	x

1. Introduction

Bristol CCG has commissioned a broad range of mental health services for people in Bristol from 18 organisations which are required to work together to deliver a single, coherent and responsive health system known as “Bristol Mental Health” and illustrated below.

Bristol Mental Health, of itself, is not a legal entity. It is the ‘brand’ or ‘name’ allocated to the health system described above.

Vision

Governance

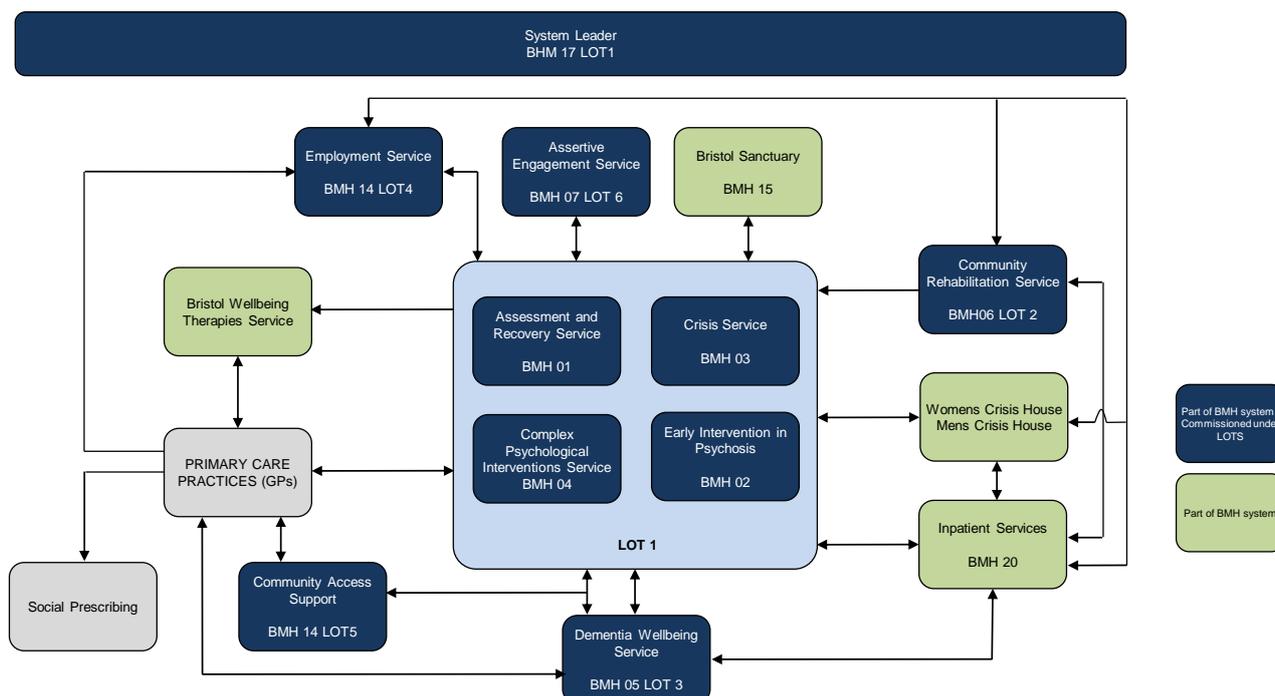
Policies

Performance

Operation

Bristol Mental Health

The services by commissioned lots are outlined in the diagram below. Although the System Leadership function works across all Lots, it has been commissioned as part of Lot 1.



In its design, the CCG identified ‘System Leadership’ as a key component of the mental health system and designated as an element of providing Community Services. This was contained within what was described as Lot 1 Community Services.

The System Leadership function will co-ordinate and oversee the effective operation of the system with a particular focus on achieving:

- User led recovery where **service users and carers are at the heart** of the service ethos
- The delivery of the **highest quality care** and support
- **Integrated service delivery and seamless journey of patients** through the system eliminating bottlenecks, interface difficulties and providing value for money
- Effective **working with other partners and services** including primary care and other secondary care providers, social services and criminal justice as well as the employment, education and housing services

- **Gathering, sharing and using information** from across the system including service user and carer feedback to support evidenced based recommendations, delivery and continuous improvement of the system
- The delivery of a range of **IT solutions** including a single electronic patient record

Alongside its shaping, coordinating and influencing role, System Leadership is also required to provide an IT platform and performance monitoring reporting arrangements across the system to enable the delivery of a single patient record and integrated working.

System Leadership as a separate function is a relatively new approach and is untested within the health system in the South West. The CCG has expressed a willingness to work with AWP to develop and evaluate the model during the term of the contract. It is therefore the case that, in consultation with the CCG, the governance and assurance arrangements will develop and change as the function matures and experience is gained across the system.

This paper focuses on System Leadership arrangements.

However, the Board will wish to be aware of the arrangements for Lot 1 Community Services where a partnership of ten organisations led by AWP is working together to deliver community based mental health services. This consortia has its own contractual agreements, both in the form of sub contracts for delivery of services; and via collaboration for the purposes of joint working and future planning. This consortia is branded 'Bristol Recovery Partnership' as a working name.

2. Governance

Each Lot leader organisation within Bristol Mental health remains accountable for the delivery of its services via a Standard Contract with the CCG. However, through these contractual arrangements has committed to working as an integral part of the wider health system 'Bristol Mental Health', accepting the need for system wide leadership and participating in the mechanisms to support that function.

The proposed governance arrangements for the System Leadership function were outlined in the assurance documents submitted to the CCG as part of the bid process. These have been previously shared with the Board.

The assurance mechanisms have been refined in recent months in the light of experience and with further discussion with other Lot leader organisations and the CCG as alluded to above. The board can therefore be assured that the arrangements described below are consistent with the requirements of System Leadership set out in the specification included in the contract.

2.1. System leadership contractual governance

Although the award of system leadership responsibilities has been included with the Lot 1 Standard Contract for Lot 1 Community Services; System Leadership is a separate service and has different management and governance arrangements from the operational services in Lot 1 Community Services and all other operational services provided by the Bristol Locality Delivery Unit of AWP.

To this end, the CCG will monitor each of the Standard contracts awarded to Lot lead organisations within Bristol Mental Health separately. They will monitor the provision of Lot 1 Community Services and System Leadership separately.

2.1. Interface with the CCG

As described previously, the interface with the CCG is via contractual performance monitoring and management. The CCG will manage their contracts and relationship with all lot leading organisations within Bristol Mental Health by:

- Maintaining formal regular contract review arrangements with each of the Lot Leading organisations including, for AWP, the provision of System Leadership.
- Regular knowledge exchange meeting between the System Leader and the CCG commissioners.
- Participation in work streams as appropriate and on-going informal contact.

2.1. Representation, Decision Making and Escalation

All Lot leading organisations within Bristol Mental Health need to be represented within the governance structures referred to above either through direct representation or by agreement with other organisations with which they are working.

It is anticipated that decisions will generally be made by through discussion and negotiation leading to consensus. If consensus cannot be reached or disputes occur the Standard Contract with the CCG provides for the Operational Forum, the Clinical Leadership Team and the Service User and Carer Board can refer the matter to the System Leader. The System Leader will take responsibility for resolution.

In exceptional circumstances an organisation may wish to escalate an issue to the AWP CEO if it feels that the System Leader has been unable to provide resolution. The ultimate escalation is to the CCG.

2.2. Accountability

To deliver the function of system leader, AWP has made an appointment of an individual who's job will be 'system leader'. This post is currently filled on an interim basis, as a second round of interviews is progressed. The post is a senior one in Bristol, and is accountable to the Chief Executive Officer of AWP and the CCG. Through the CEO, the system leader reports to the AWP Trust Board. The Trust Board will ensure the system leader fulfills his or her responsibilities in the same way it does any function of the Trust.

To assist the system leader, a Strategic Partnership Board has been designed which will comprise a representative of each lot leading organisation providing services within Bristol Mental Health. Under the strategic partnership board sits the Operational Forum, the Clinical Leadership Team and the Service User and Carer Board (as currently described).

Through ongoing consultation, it has been determined that there is not a need for a strategic partnership agreement between the lot leading partners to facilitate the requirement to participate in the strategic partnership board. The Standard Contract which each lot leading organisation has with the CCG requires each lot leading organisation to work with the system leader, and therefore it has been determined that a separate contract is not required.

However, in order to ensure clarity of purpose and function a System Leadership Handbook (SLH) has been produced and will be maintained by the System Leader. It aims to capture all the key aspects of system leadership, including governance and make these easily accessible to partners and stakeholders. Copies of the current version will be available at the meeting.

It is important to note that whilst the governance structure beneath the strategic partnership board is advisory, terms of reference for the groups are included in the

System Leadership Handbook and details of the functions of the key forums/posts are provided at Annex 2. This provides additional clarity for all organisations.

2.3. Board Monitoring and Assurance

System Leadership as a function has been specified by the CCG as described above. Its effectiveness in improving mental health services in the long term will be difficult to evaluate, given the range of factors including the novel and relatively untested approach.

Therefore, the CCG has built the need for evaluation into its specification and further work will be required on the part of the system leader to continue to develop the mechanism for evaluation with the CCG.

However in the short to medium term the Board has to assure itself that it is delivering the service as commissioned and is doing so in a manner consistent with the organisations standards and values.

The CCG has set the following Key Performance Indicators for System Leadership and these are set out as a schedule to the Standard Contract. Many of the KPIs are high level and long term. One of the requirements is the development of a performance management framework. This will be one of the key tasks from January 2015 and monitoring and assurance arrangements will be reviewed in its completion.

Given the difficulty in making any early assessment of the outcomes of System Leadership through KPIs it is proposed that the Board determines its own measures through:

- Agreeing and monitoring the delivery of the System Leadership Business Plan and selected KPIs as part of Trust wide business planning process.
- Receiving feedback from the CCG via contract monitoring meetings as a part of the Board Quality and Performance Report.
- Receiving feedback from the CEO on issues escalated to him and soft feedback from system partners as part of the Board Chief Executives Report.

2.4. The Interim System Leader Business Plan

The System Leader handbook describes the work done to align the aims, objectives and detailed CCG requirements in an accessible form. This summary is driving the development of the System Leadership Business Plan to March 2016. The plan is being developed around a number of priority areas including:

- Governance
- Performance and Improvement
- Service User and Carer Engagement
- Driving a positive culture
- Operational services e.g. Information Technology and Management

The plan is intended to:

- Provide a single work programme for the System Leader and cross system working.
- Define the objectives of each piece of work, key tasks, timescales, reporting arrangements.
- Identify individuals who will lead pieces of work and any groups which need to be involved.
- Take account of available capacity, relative priorities and be realistic in scope.

It is anticipated the plan will include completion of existing pieces of work or work streams that have already been identified through:

- Commissioner requirements
- Strategic Partnership Board discussions
- Various system groups e.g. equalities, culture change, communications

Critical to delivering the plan is a commitment to collaborating, sharing and working in partnership across Bristol Mental Health. The plan needs to be owned across the system and deliverable in the context of resources available across the system for its delivery. As part of the work developing the plan some of the fundamental principles of system wide working will be tested i.e.

- The extent to which system wide approaches are required or indeed beneficial and the extent to which individual service areas or 'Lots' are able to design their own approaches e.g. 'local' versus system wide culture programmes.
- The potential tension within organisations about whether it is acceptable to have different policies for different parts of the organisation to accommodate a Bristol Mental Health System e.g. Service User and Carer policies.
- The need for System Leadership to be regarded as an honest broker across the system and the consequent need for a clear separation of the System Leadership function from other aspects of AWP provision.
- How AWP Corporate Services functions will work together (e.g. Human Resources, Information Technology, Communications) to support and facilitate system wide working.

The business plan will be developed, agreed and monitored through AWP's existing business planning process, with appropriate wider consultation with external providers at the formative stages.

The Finance and Planning Committee will be the Board Committee to review and scrutinise this work, as it does other business plans and strategic approaches; with appropriate cross review by other Committee, for specific aspects.

3. Conclusion and Recommendation

System Leadership is in the relatively early stages of development and there remains work to do to establish the team, build relationships, and develop a common understanding of roles and responsibilities, as described above.

This will happen alongside the implementation of systems and programmes which will effect real changes in ways of working and ultimately improve services. The Business Plan is intended to capture all of this work and, through the mechanisms described above, its monitoring is expected to be central plank of Board assurance.

The Board is invited to:

- Take assurance from the governance arrangements set out in this document.
- Approve the proposal to agree and monitor System Leadership performance by incorporating its business plan and key performance indicators (KPIs) in regular trust wide planning and reporting mechanisms.

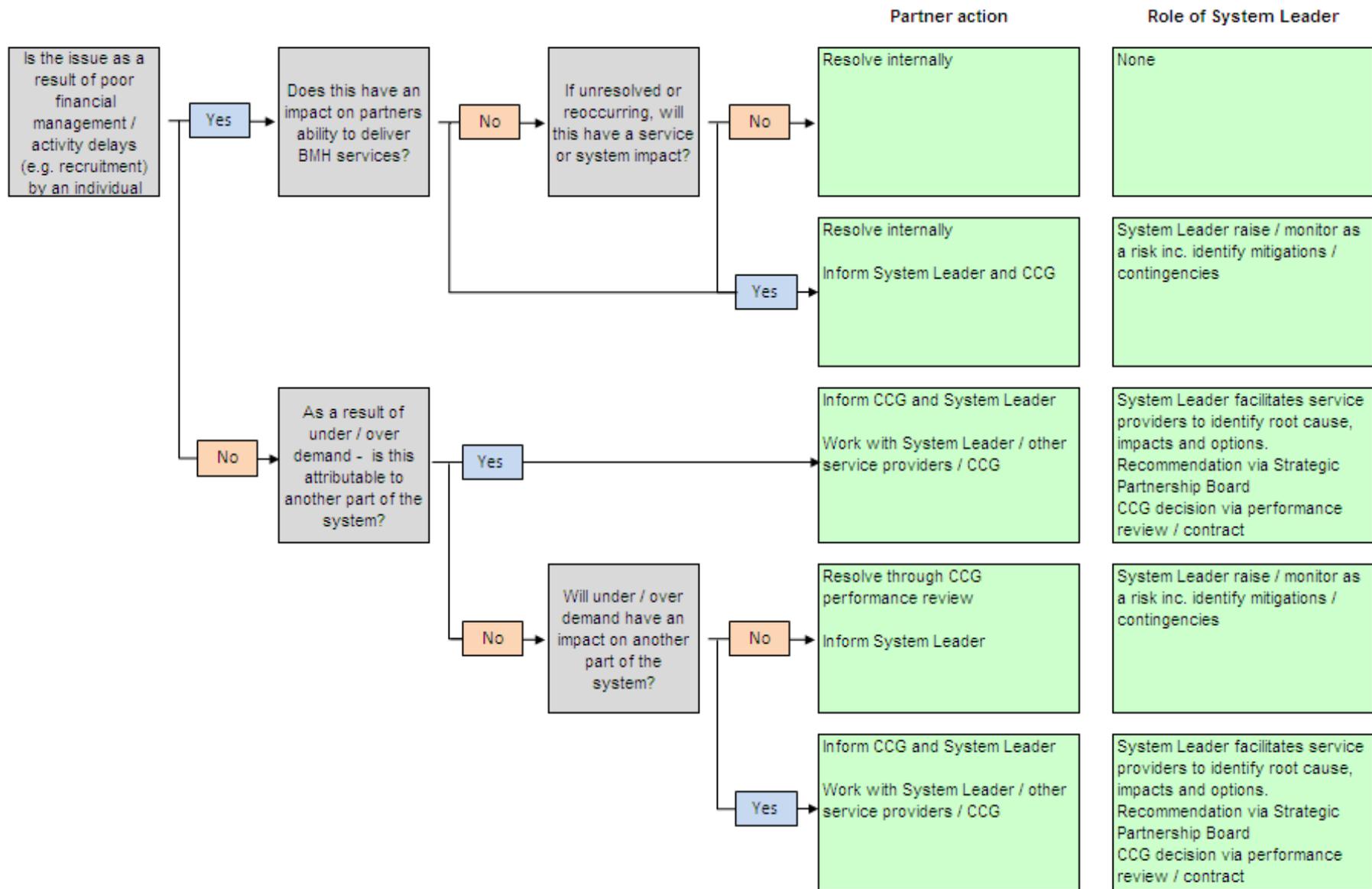
Scenarios to support paper for AWP Board: System Leadership - Governance and Assurance

Example 1 - Finance – one partner within Lot 1 has a financial issue

Key principles:

- Financial management is the responsibility of individual organisations
- Financial performance will be managed through individual service performance reviews with CCG
- Lot Leader may decide to intervene / support especially if it impacts on the Lot Leader e.g. through penalties
- The System Leader will require information on individual service financial performance (to be agreed) to ensure it is aware of any potential / actual issues
- The System Leader will be required to act where the issue has or is likely to impact on other service providers ability to deliver
- The System Leader will aim to minimise any impact across the system regardless of the interests of individual organisations
- The aim will be to achieve consensus for any proposed changes through the Strategic Partnership Board with the escalation route outlined in the governance section of the handbook applying.

The underlying reason for the financial issue and its impact determines the role of the System Leader. A decision making tree illustrating the process is provide on the following page.



Example 2 – Safeguarding and the role of the System Leader

There is an expectation that the System Leadership and the service providers working together in an integrated system will ensure effective safeguarding. A key role of the Clinical Leadership Team is to understand inter-organisation safeguarding issues, develop learning opportunities and make improvements to the system.

The Clinical Leadership Team meet fortnightly and safeguarding (and serious incidents) is one of four items on a rotational agenda.

The following information is taken from *System Leadership common approaches and protocols: Safeguarding protocol v0.4* which has been developed and agreed with the Clinical Leadership Team and safeguarding leads:

Approach and accountabilities

- Individual organisations remain accountable for safeguarding, training, representation at Safeguarding Boards and attending case conferences, reviews, MARAC, MAPPA, etc. relating to people using their services.
- Existing legislation, statutory guidance and local arrangements clearly set out what is required of service providers for safeguarding.
- All service providers have to adhere to the Bristol CCG's standards for safeguarding children and adults. It is the provider's responsibility to evidence that they meet the standards and submit this evidence to the CCG.
- On this basis, no further policy requirements need to be specified by the System Leader. A protocol is necessary though to enable joint working between partners. This sets out how service providers will work together under individual policies to ensure effective arrangements are in place.

Protocol

In the protocol, four key areas are identified:

1. Sharing information across the system to identify and communicate safeguarding issues

The single Electronic patient record (Rio) and Information sharing agreements will enable sharing of individual information across different services in the BMH system.

The Bristol Safeguarding Children Board's Protocol for Joint Working across Adult Mental Health and Children's Services (April 2008) also enables close collaboration and liaison, including sharing information to safeguard and promote the welfare of children or to protect a child from significant harm.

The Clinical Leadership Team / Safeguarding Leads key role will be to ensure that safeguarding issues are consistently and effectively shared and reported with appropriate communication between service providers and key stakeholders.

Further work in this area is reflected in the System leadership business plan including:

- Mar 15: Confirm and implement required arrangements for Safeguarding & clinical governance reporting
- Jul 15: Review safeguarding & clinical governance arrangements

The potential also exists to improve the current Rio safeguarding recording through:

- Agreed standards for recording across the system
- Include safeguarding improvements to Rio when it is enhanced during 2015

2. Supporting continuous improvement of the system

Continuous improvement of the system will be supported by identifying and applying lessons collaboratively from Case file audits, Case reviews, Serious Case Reviews, Safeguarding reviews and Serious Incidents.

3. Safeguarding lead network

A safeguarding leads network has already been established whose role includes:

- Providing assurance of relevant system policies and procedures including mandatory training
- Enhancing the profile and promote the importance of safeguarding within respective service providers the BMH system
- Communication and connecting with a broader network of safeguarding leads in the city
- Identifying opportunities to harmonise and coordinate training

4. Arrangements for Serious Case Reviews

Serious Case Review notifications for both the BSCB and BSAB will be received centrally on behalf of the Bristol Mental Health system by the AWP Head of Risk and Compliance and passed on to the relevant organisational Safeguarding Leads within BMH.

Example 3 – Serious incident scenario

There has been a serious incident following the discharge from AWP to the Dementia Partnership. Where would accountability lie for the incident investigation and response to the incident?

AWP already has a series of joint protocols in place with organisations e.g. Bristol City Council for dealing with incidents concerning service users that are under the care of both organisations.

The same approach is being adopted across BMH through a system wide protocol:

- Accountability for incident investigation and reporting would rest with the organisation that at the time of the incident had responsibility for the service users care. This is defined as the organisation that is undertaking the care co-ordination role.
- If a service user had been discharged from one service to another service in the BMH system but there had been virtually no contact, then responsibility would revert to the service with whom the last meaningful contact had occurred.