

NHS Cambridgeshire and Peterborough Sustainability and Transformation Programme



Governance Framework – Version 1.9b (3.05.2016)

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Sustainability and Transformation Programme Key Milestones

1. Introduction

- 1.1 This Framework describes arrangements intended to provide a foundation of good corporate governance, enabling the Sustainability and Transformation Programme (the Programme) to implement changes in the way that NHS services will be planned, delivered and experienced in Cambridgeshire and Peterborough. The Framework incorporates the milestones for delivering the Programme for Cambridgeshire and Peterborough over the next five years, linked to the NHS Five Year Forward view.
- 1.2 The Programme is formed from the following NHS and partner organisations across Cambridgeshire and Peterborough:-
- NHS Cambridgeshire and Peterborough Clinical Commissioning Group
Cambridgeshire University Hospital NHS Foundation Trust
Cambridgeshire Community Services NHS Trust
Cambridgeshire and Peterborough NHS Foundation Trust
Hinchingbrooke Health Care NHS Trust
Peterborough and Stamford Hospitals NHS Foundation Trust
Papworth Hospital NHS Foundation Trust
Cambridgeshire County Council
Peterborough City Council
Clinical Lead – Primary Care (recruitment underway at 3.05.2016)
- 1.3 Cambridgeshire County Council and Peterborough City Council participate in the Programme with the intention to align their public health and social care services in an integrated way. The Councils will participate in the Programme through their representatives recognising that their policy and financial decisions are subject to the constitutional arrangements within their respective authorities. The Councils also have a particular requirement to scrutinise proposals for NHS service changes as elected representatives of their communities and must ensure the independence and integrity of those arrangements. The role of the City Council and the district councils exercise a number of relevant housing, planning and other functions, which may also align to this Programme. .
- 1.4 The Sustainability and Transformation Programme is supported by NHS Improvement and NHS England.
- 1.5 This Framework sets out the governance arrangements that the Programme will adhere to in delivering its functions. It describes how the Programme will operate, confirms those matters reserved to individual organisations for decision, describes the various Boards through which the health partners operate and where certain powers of those Boards will be delegated to the Health and Care Executive

1.6 The Health and Care Executive & Public Engagement

The Health and Care Executive (the Executive) is made up of the partner organisations who are jointly responsible for delivery of the Programme. The partner organisations will participate in the decision making processes of the Executive to the extent that they are delegated authority by their respective organisations. The Councils participate as non-voting members of the Executive.

The Executive will receive regular reports from engagement with the public and stakeholders in the development of proposals. The Public Involvement Assemblies play a key role in shaping the Programme alongside stakeholder meetings and wider public engagement.

2. Sustainability and Transformation Programme

2.1 The programme exists to identify and drive delivery of strategic changes to the Cambridgeshire and Peterborough NHS health and care system that will both improve outcomes for local people, support the population to become healthier and ensure that services are financially sustainable. The Programme will also oversee delivery of transformation across the system.

2.2 The Governance Framework applies to the whole lifecycle of the Programme. The key stages are set out in Annex A.

3. Corporate Governance Framework

3.1 This Framework describes the governance arrangements that have been established to ensure that the Programme will operate to deliver its role and functions. It describes how the programme will operate, the decision-making process and how certain powers will be delegated from the programme's national health statutory organisations to the Health and Care Executive and its associated workstreams.

3.2 This Framework will be approved by the Boards Governing Bodies and local authority Committees/Cabinets of all partner organisations, and will be reviewed on a regular basis.

4. Principles for Good Governance

4.1 All members of the Programme will observe the highest standards of probity in relation to the stewardship of public funds, the management of the Programme, and the conduct of its business.

4.2 All members of the Programme will adhere to the seven Nolan principles underpinning public office:

- **selflessness:** holders of public office should take decisions solely in terms of public interest. They should not do so in order to gain financial or other material benefits. In addition, the NHS CB will act as a role model to the clinical commissioning system and the NHS as a whole, in adopting and maintaining excellent standards of propriety for themselves, their family and their associates;
- **integrity:** holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties;
- **objectivity:** in carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards or benefits, holders of public office should make choices on merit;
- **accountability:** holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office;
- **openness:** holders of public office should be as open as possible about all their decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands;
- **honesty:** holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest; AND
- **leadership:** holders of public office should promote and support these principles by leadership and example.

5. Aims

5.1 Through this Governance Framework, the Programme aims to:

- maximise the effectiveness of the Programme;
- *ensure all partner organisations referred to in Section 1.2 meet their statutory obligations;*
- ensure effective stewardship of public funds; and
- be a model of excellence in corporate governance by adopting the highest standards of business conduct.

6. Accountability

- 6.1 The Programme is accountable to the statutory organisations of the Cambridgeshire and Peterborough system described in Section 1.2 above, and to the associated regulatory authorities described in Section 1.4 above.
- 6.2 The Programme is committed to openness and transparency in its work, in support of its accountability to patients and public. To that end, public meetings of the Boards, Governing Bodies and local authority committees/cabinets of each organisation are held regularly, and members of the public are welcome to attend and observe these meetings.

6.2 The Programme will demonstrate its accountability through:

- Adhering to the Corporate Governance Framework
- Publishing the Sustainability and Transformation Plan
- Publishing other relevant documentation
- Working within the Freedom of Information Act Policy

6.4 The Programme is committed to putting patients and the public at the heart of its decision-making, and is actively pursuing a wide range of communications and engagement mechanisms to support this commitment.

7. Roles and Responsibilities

7.1 Individual Organisations

Each individual organisation being a Member of the Programme remains at all times accountable for its own activity and decisions.

7.2 Officers from Individual Organisations

Members need to ensure that they have all necessary delegated permissions to bind the authority on whose behalf they act when making decisions. They must ensure that they adhere to all internal processes when making those decisions.

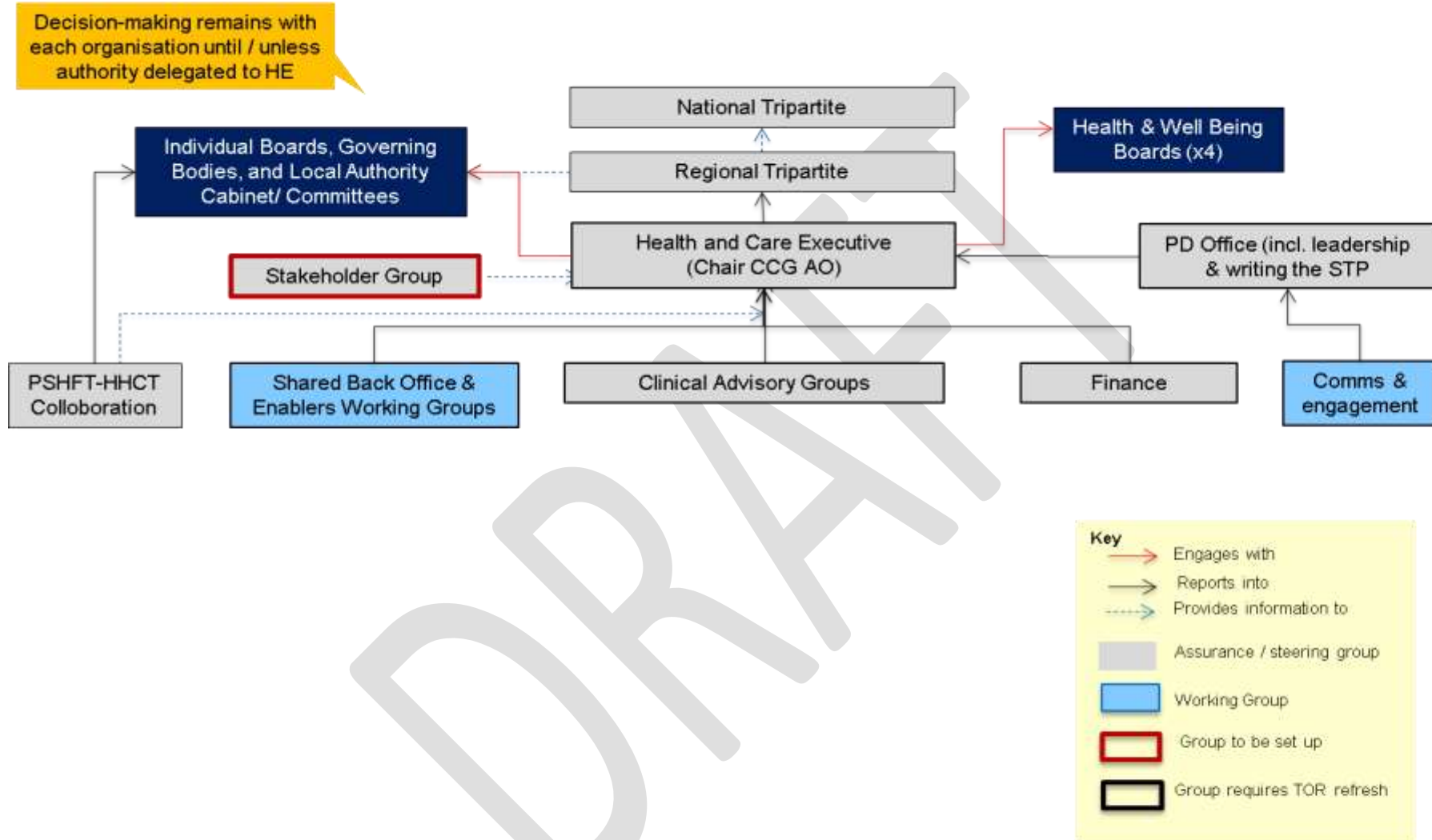
7.3 Programme Office

The Programme Office [comprises officers employed by the Executive] accountable to the Health and Care Executive for delivery of the work programme.

8. Governance Structure

8.1 The overarching governance structure for the Programme is set out in Figure 1 below:-

Governance Structure



A more detailed structure is set out at Appendix A.

8.2 Health and Care Executive functions

The role of the Health and Care Executive is described below:-

- To decide on the main areas of development for NHS system-wide work and to ensure delivery against milestones for these areas of work as agreed with the Regional Tripartite Group. Specifically to agree, as a system:
 - A vision and strategy for transforming the Cambridge & Peterborough health and care system, through 2020, including opportunities to improve services in the short-term, and, where necessary reconfigure services in the medium term, encompassing:
 - Sustainable Primary Care
 - Proactive care & prevention (including long-term conditions, mental health, social care, public health and primary care)
 - Urgent & emergency care (the 'vanguard')
 - Elective care (with additional early focus given to orthopaedics, cardiology, ENT and ophthalmology)
 - Maternity & neonatal care
 - Children's & young people's health care
 - A vision and strategy for collaboration between organisations, to reduce overheads, share best practice and support identified services changes, including:
 - System-wide work on HR (2016/17) and Carter (beyond 2017/18)
 - PSHFT-HCC collaboration (2016/17)
 - CUH – Papworth collaboration (beyond 2017/18 as part of the Papworth move to Addenbrooke's)
- A series of solutions that close the system's financial challenge through 2020, underpinned by
 - common financial assumptions and modelling,
 - a mechanism for transparently and routinely tracking benefits realisation
 - aligned financial incentives
 - a robust case for accessing the sustainability and transformation fund from 2017/18
 - investigation of all opportunities to source additional income to the local health and care economy
- Changes to enablers necessary to deliver the agreed vision, including delivery plans setting out:
 - how the system will utilise innovative digital solutions to support person-centred integrated care and generate efficiencies
 - how the estate can be optimised so as much care is delivered close to people's homes, as economically as possible
 - how the local workforce will need to evolve (in training, culture and skill mix) to be sustainable

- A programme of organisational development activities for leaders and staff (executive, financial and clinical) that build trust and create a C&P 'one team' ethos,
- A shared narrative and evidence base, which underpins all co-signed products – including an Evidence for Change, Transformation options, a Pre-Consultation Business Case, a public Consultation, Sustainability & Transformation plan submissions, a mental health strategy, [a primary care strategy], neighbourhood delivery plans,
- A communications and engagement strategy that sets out how best to involve staff, key stakeholders (including local and national politicians, the university, etc.) and the public in the design, selection and implementation of the vision and strategy in a manner that ensures they are fully informed, and feel they've scope to shape the decisions made
- What assurance NHSE and NHSI need at regional and national level to feel that the Programme will deliver the ambition of change necessary to meet the system's challenges
- A common position among the health and care system leadership when one is called for – for example to engage with discussions around devolution, participating in national pilots, etc.
- To understand the risks to the progress of the above areas of work and ensure that these are mitigated appropriately.
- Where appropriate, to approve the commissioning of specific packages of work from within the health and care economy to support delivery of the above aims.

Terms of Reference are set out at Appendix B.

8.3 Clinical Advisory Group functions

The role of the Clinical Advisory Group is described below:-

- Develop a clinical vision and strategy for Cambridgeshire & Peterborough
- Develop a set of design principles and proposed service standards
- Co-ordinate, challenge and consolidate the work of the Clinical Working Groups
- Provide recommendations to the Health and Care Executive on proposed clinical models and pathways, developed by the Clinical Working Groups
- Provide recommendations to the Health and Care Executive on short term opportunities to improve the effectiveness and efficiency of service delivery
- Provide recommendations to the Health and Care Executive on information technology and health analytic developments that would improve care effectiveness and efficiency
- Develop a proposed set of coherent and sustainable medium term options for service reconfiguration for the Health and Care Executive to consider

- Clinically assure the pre-consultation business case, the Cambridgeshire and Peterborough mental health strategy and the five-year Sustainability and Transformation Plan
- Provide other groups involved in the Sustainability and Transformation Programme with advice and information as necessary.

Terms of Reference are set out at Appendix C

8.4 Clinical Working Groups

The Clinical Advisory Group will be supported by the following Clinical Working Groups:-

- Sustainable Primary Care
- Proactive care, primary care and prevention
- Elective Care
- Urgent and Emergency Care
- Maternity and Neonatal Care
- Children and Young People

The role of each Clinical Working Group is:-

- To develop the long-term vision for each workstream), with further detailed specifications on a vision for pathways (including care models, standards and pathways).
- To identify, quantify and deliver a set of short term opportunities to improve the cost-effectiveness of each workstream.
- To propose and evaluate a set of reconfiguration options for care, as well as detailed options for individual pathways.

8.5 Finance Directors Forum

The Finance Directors Forum will include representation from across the national health Programme's partner organisations. The role of the Forum will be:-

- To ensure system proposals are affordable, efficient, and represent value for money
- To ensure investments reduce health inequalities
- To ensure system-wide engagement and buy-in for modelling development and outputs
- To develop a proposal on whether and how to apply a system financial control total

- To align financial incentives around minimising system costs and maximising patient benefit
- To oversee the delivery of CIP and QIPP plans against an agreed trajectory
- To jointly (with the clinical advisory group) oversee the completion of the PCBC

Terms of Reference are set out at Appendix D.

8.6 System Modelling Group

The objectives of the System Modelling Group will be:-

- To refresh and extend the scope of the existing system activity model
- To develop and maintain system activity, capacity and finance models and modelling outputs (for sign-off by the FD's forum) to support decision making on the preferred service model and reconfiguration option(s) for consultation
- To provide analytical support to the clinical working groups as required

8.7 Supporting Workstreams

The Programme will establish the following formal workstreams to support the overall Programme:-

Programme Directors Office - Planning, risk, OD, resourcing, methodology, governance and the management of the overarching Secretariat;

Communications and Engagement – Communications and engagement: telling the story to staff, patients & the public (comms working group, drafting & editorial);

Workforce;

Sustainability and Transformation Planning including writing and benefits realisation;
Support Services and Back office Collaboration;

Oversight and implementation of the 2020 Personalised Healthcare Agenda and the Digital Roadmap

Estates Group which will develop a scope of work for oversight of short term opportunities to access primary care findings from DH and long term strategy.

8.8 Aligned Workstreams

There are a number of aligned workstreams which also support the Programme:-

- Peterborough and Hinchbrook Project Board and associated workstreams.
- Better Care Fund Plan and associated workstreams
- *Joint commissioning of children's health services*
- *Transforming Lives (Cambridgeshire County Council adult social care)*
- *Customer Experience Programme (Peterborough City Council)*
- ** Items in italics are relevant but need further discussion with Council colleagues before inclusion*

9. Decision-Making

9.1 Overview

Decision making remains with each organisation until / unless authority is delegated to the Health and Care Executive. All decision-making across the Programme will therefore be taken under the Scheme of Delegation set out in Tables 1 to 6 below. Urgent Decisions are covered in Section 9.6 below.

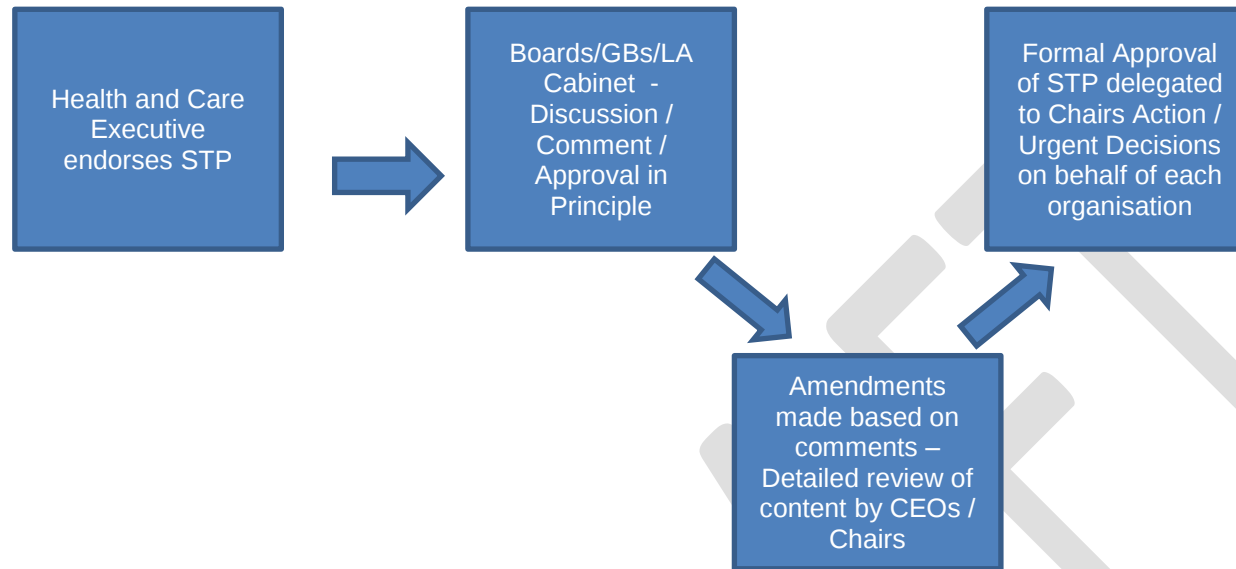
In the context of the decision making process, the following applies:-

Endorse – to support decisions that have been made across the Programme

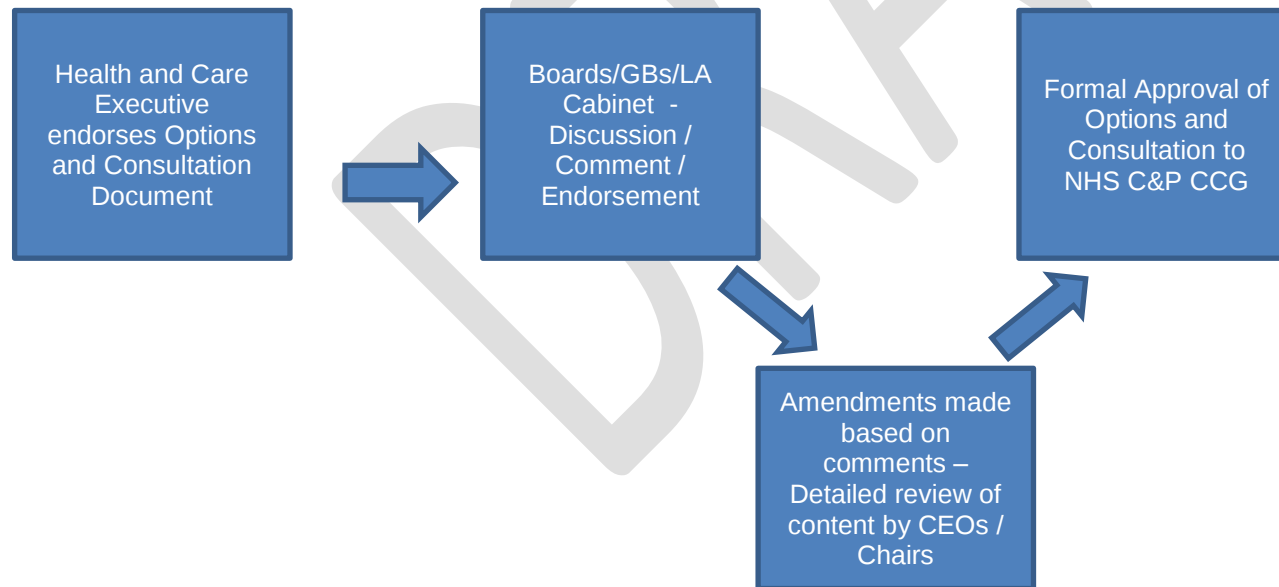
Approve – to approve decisions / documentation (in line with Statutory Duties and Functions of all Organisations across the Programme)

The diagram below sets out the decision-making process for the two key steps in the Programme:-

9.1.1 STP Approval



9.1.2 Options and Consultation Document



9.2 Matters Reserved to the Boards, Governing Bodies and Local Authority Committees/Cabinet of Statutory Organisations across the lifecycle of the Programme

Table 1 below summarises the decisions reserved to the CCG Governing Body.

Table 1 – Schedule of Matters reserved to CCG Governing Body
To approve the overarching Options and Consultation Document

Table 2 below summarises those matters which have been reserved to the Boards of NHS Organisations.

Table 2 – Schedule of Matters reserved to the Boards, Governing Bodies of Statutory NHS Organisations
To approve system-wide planning intentions on an annual basis.
To approve options for future organisational form
To approve individual QIPP and CIP plans over the lifecycle of the Programme
To approve in principle the Sustainability and Transformation Five Year Plan and agree delegated Chair's Action / Urgent Decisions (for CCG Governing Body)
To formally endorse sustainable medium term options for service reconfiguration
To approve the over-arching Governance Framework
To endorse the overarching Options and Consultation Document

Table 3 below summarises those matters which are reserved to the Local Authority Committees / Cabinet.

Table 3 – Schedule of Matters reserved to Local Authority Committees/Cabinet
To approve social care and public health service aspects of system-wide planning intentions on an annual basis.
To formally approve the social care and public health service aspects of a Sustainability and Transformation Five Year Plan
To approve the over-arching Governance Framework

9.3 Matters Delegated to the Health and Care Executive

Table 4 below summarises those matters have been delegated to the Health and Care Executive by the relevant Statutory Bodies

Table 4 – Schedule of Matters Delegated to the Health and Care Executive and its Members*	
Matters Delegated	Delegated to
To agree to endorse the Sustainability and Transformation Five Year Plan for discussion at each Board, CCG Governing Body/ Local Authority Committee/Cabinet meetings	HCE Meeting
To endorse the over-arching Options and Consultation Document	HCE Meeting
To approve the commissioning of specific packages of work within the health and care economy to support delivery of the above aims	HCE Meeting
To validate the quantum of available financial efficiencies that can be driven through CIP and QIPP plans	HCE Meeting
To formulate system-wide planning intentions on an annual basis	HCE Meeting
To approve sustainable medium term options for service reconfiguration based on recommendations from the Clinical Advisory Group	HCE Meeting
To approve information technology and health analytic developments that would improve care effectiveness and efficiency	HCE Meeting
To approve short term opportunities to improve the effectiveness and efficiency of service delivery	HCE Meeting
To agree recommendations from the Clinical Advisory Group on proposed clinical models and pathways	HCE Meeting
To decide on the scope and timetable of the work programme	HCE Meeting
To allocate appropriate resources (financial, staff and equipment) to support the work programme	HCE Meeting
To engage with individual Boards, Governing Bodies and Local Authority Cabinet / Committees on the development and implementation of the STP	HCE Chair / HCE Members
To engage with Health and Wellbeing Boards on the development and implementation of the STP.	HCE Chair / HCE Members
To provide written notice of dates, times and locations of meetings of the HCE	Secretariat
To determine the nature of a formal vote	Chair
To approve HCE minutes	HCE Meeting
To approve Business Cases to support delivery of the STP	HCE Meeting
To manage the risks associated with overall delivery of the STP	HCE Meeting
To determine the need for Urgent Decisions in discussion with the Chair and Programme Director	Chair

* Representation by local authority officers on the Health Executive will be limited to relevant social care and public health services within the remit of their delegated authority from their respective Council. Any key decisions will be subject to the constitutional process which applies to the Committee Chair/Vice Chair or Cabinet Portfolio Holder responsible for that function.

9.4 Matters Reserved to the Clinical Advisory Group

Table 5 below summarises those matters have been delegated to the Clinical Advisory Group by the Health and Care Executive.

Table 5 – Schedule of Matters Delegated to the Clinical Advisory Group and its Members	
Matters Delegated	Delegated to
To develop a clinical vision and strategy for Cambridgeshire & Peterborough	Clinical Advisory Group
To develop recommendations to the Health and Care Executive on short term opportunities to improve the effectiveness and efficiency of service delivery	Clinical Advisory Group
To provide recommendations to the Health and Care Executive on information technology and health analytic developments that would improve care effectiveness and efficiency	Clinical Advisory Group
To determine the nature of a formal vote	Chair
To approve CAG minutes	Clinical Advisory Group
To provide written notice of dates, times and locations of meetings of the CAG	Secretariat

9.5 Matters Reserved to the Clinical Working Groups

Table 6 below summarises those matters that have been delegated to the Clinical Working Group and its Members

Table 6 – Schedule of Matters Delegated to the Clinical Working Group and its Members	
Matters Delegated	Delegated to
To determine the nature of a formal vote	Chair
To approve CWG minutes	Clinical Working Group
To provide written notice of dates, times and locations of meetings of the CAG	Secretariat

9.6 Urgent Decisions

Due to the nature of the business cycle of individual organisations, there may be a requirement for Urgent Decisions to be taken. In these circumstances, Urgent Decisions should be discussed by the Health and Care Executive and taken by the Chair of the Health and Care Executive, in consultation with the Chair, Chief Executive and Director of Finance (or their equivalent roles) in each partner organisation. Urgent decisions should be recorded appropriately and reported to the partner organisations for formal ratification at the next available meeting.

Urgent Decisions required to be taken by the Councils as a result of any decision exercised by the Executive are subject to the individual council's constitutional arrangements.

9.7 Conflicts of Interests

- 9.7.1 The Programme will ensure that all Conflicts of Interests are managed in line with NHS Statutory Guidance. A register of personal, professional and organisational conflicts of interest will be maintained for all members of the Programme by the Programme's Secretariat.
- 9.7.2 Those in attendance will be asked to declare their personal, professional and organisational conflicts of interest.
- 9.7.3 Where a members of the Programme have a material interest, they should either be excluded from relevant parts of meetings, or join in the discussion but not participate in the decision making itself (i.e., not have a vote).
- 9.7.4 The Chair of the relevant meeting has responsibility for deciding whether there is a conflict of interest and the appropriate course of corresponding action. In making such decisions, the chair may wish to consult a member of a Governing Body or Board in the system who has responsibility for issues relating to conflicts of interest.
- 9.7.5 All decisions, and details of how any conflict of interest issue has been managed, should be recorded in the minutes of the meeting.

9.8 Dispute and Conflict Resolution

Any issues that cannot be resolved locally will be referred to the regional Tripartite.

10. Risk Management

The Programme will prepare an over-arching Risk Register which will be overseen by the Health and Care Executive and shared with the individual partner organisations.

11. Cycle of Business

The Programme will develop a cycle of business which will align with the individual organisation's business cycles / decision-making processes. Consideration to a monthly cycle of formal business for statutory boards and governing bodies should be considered as part of the process.

12. Reporting Arrangements

The Programme Management Office will prepare an Overview Report of the activities of the Programme which will be prepared for each individual Board or Governing Body.

Sharon Fox
CCG Secretary & Deputy Director of Corporate Affairs
3 May 2016

Appendices (TO BE ATTACHED)

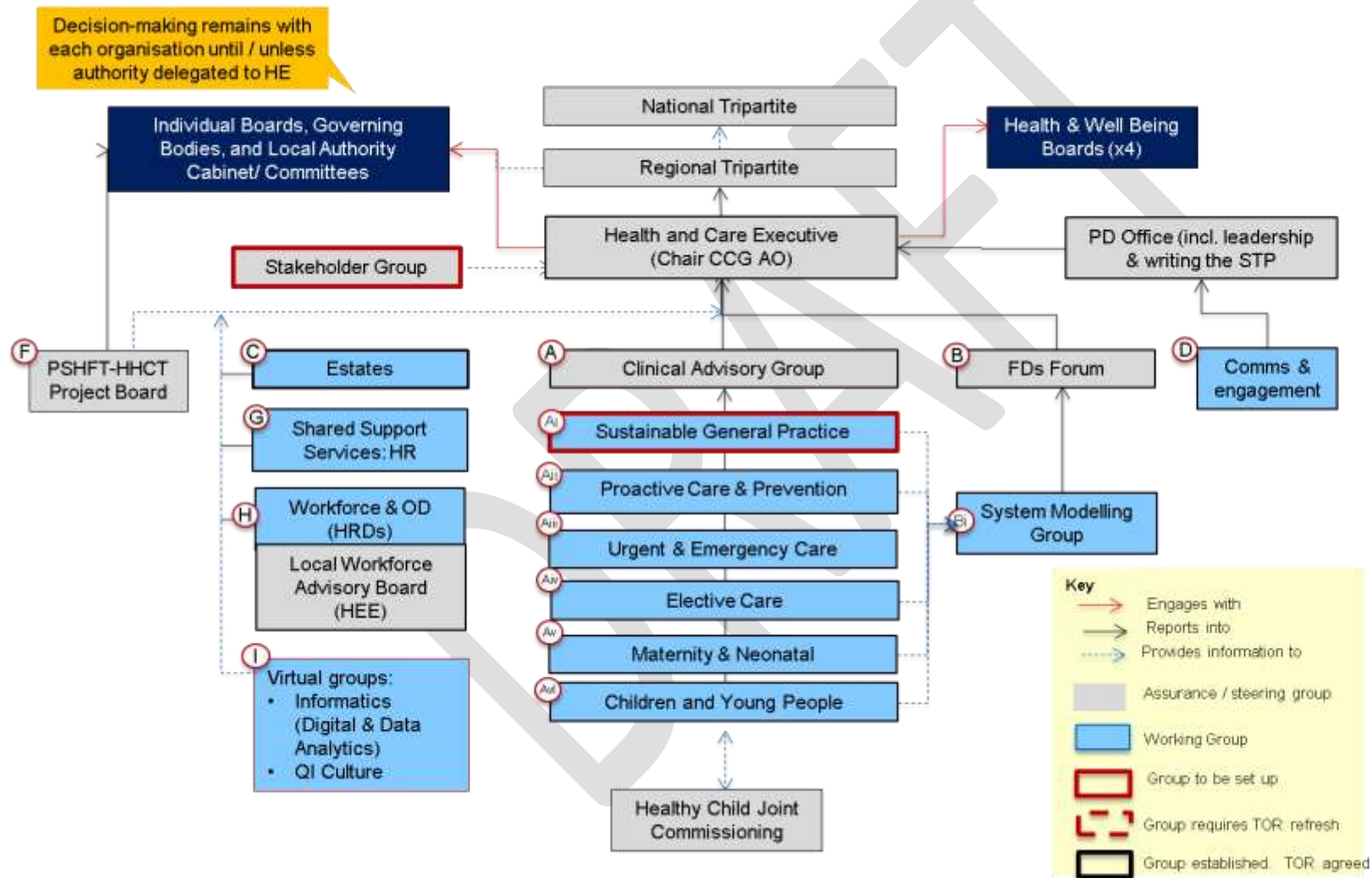
Appendix A Sustainability & Transformation Programme Governance Structure

Appendix B Terms of Reference – Health and Care Executive

Appendix C Terms of Reference – Clinical Advisory Group

Appendix D Finance Directors Forum

References: NHS Commissioning Board (NHSE) Governance Framework
The Nolan Principles
CCG Governance Framework
NHSE Conflicts of Interest Mandatory Guidance



Appendix B Terms of Reference – Health and Care Executive

Cambridgeshire and Peterborough Health and Care Executive

Terms of Reference

Programme Purpose and Outcomes

The Cambridgeshire and Peterborough health and care system transformation programme (“the programme”) exists to identify and drive delivery of strategic changes to the Cambridgeshire and Peterborough NHS health and care system that will both improve outcomes for local people, **support the population to become healthier** and ensure that services are financially sustainable. **The programme will also oversee delivery of transformation across the system**

Title: Health and Care Executive

Date approved:

Initially approved: 16th October, 2015

Updated: 4th May, 2016

Updates approved by:

Roland Sinker	Chief Executive, Cambridge University Hospital NHS Foundation Trust
Aidan Thomas	Chief Executive, Cambridgeshire and Peterborough NHS Foundation Trust
Matthew Winn	Deputising for Chief Executive of Cambridgeshire Community Services NHS Trust
Lance McCarthy	Chief Executive, Hinchingsbrooke Health Care Trust
Claire Tripp	Chief Executive, Papworth Hospital NHS Foundation Trust
Stephen Graves	Chief Executive of Peterborough and Stamford Hospitals NHS Foundation Trust
Tracy Dowling	Chief Officer, Cambridgeshire and Peterborough Clinical

	Commissioning Group
Liz Robin	Director of Public Health for Cambridgeshire County Council and Peterborough City Council
Gillian Beasley	Chief Executive, Cambridgeshire County Council and Peterborough City Council
Alex Gimson	Chair, Clinical Advisory Group

Regularity of Terms of Reference review and by whom:

By the Health and Care Executive, **biannually**.

Purpose of the Health and Care Executive:

- To decide on the main areas of development for NHS system-wide work and to ensure delivery against milestones for these areas of work as agreed with the Regional Tripartite Group. Specifically to agree, as a system:
 - A vision and strategy for transforming the Cambridge & Peterborough health and care system, through 2020, including opportunities to improve services in the short-term, and, where necessary reconfigure services in the medium term, encompassing:
 - Sustainable Primary Care
 - Proactive care & prevention (including long-term conditions, mental health, social care, public health and primary care)
 - Urgent & emergency care (the 'vanguard')
 - Elective care (with additional early focus given to orthopaedics, cardiology, ENT and ophthalmology)
 - Maternity & neonatal care
 - Children's & young people's health care
 - A vision and strategy for collaboration between organisations, to reduce overheads, share best practice and support identified services changes, including:
 - System-wide work on HR (2016/17) and Carter (beyond 2017/18)
 - PSHFT-HCC collaboration (2016/17)
 - CUH – Papworth collaboration (beyond 2017/18 as part of the Papworth move to Addenbrooke's)
 - A series of solutions that close the system's financial challenge through 2020, underpinned by
 - common financial assumptions and modelling,
 - a mechanism for transparently and routinely tracking benefits realisation
 - aligned financial incentives

- a robust case for accessing the sustainability and transformation fund from 2017/18
- investigation of all opportunities to source additional income to the local health and care economy
- Changes to enablers necessary to deliver the agreed vision, including delivery plans setting out:
 - how the system will utilise innovative digital solutions to support person-centred integrated care and generate efficiencies
 - how the estate can be optimised so as much care is delivered close to people's homes, as economically as possible
 - how the local workforce will need to evolve (in training, culture and skill mix) to be sustainable
- A programme of organisational development activities for leaders and staff (executive, financial and clinical) that build trust and create a C&P 'one team' ethos,
- A shared narrative and evidence base, which underpins all co-signed products – including an Evidence for Change, Transformation options, a Pre-Consultation Business Case, a public Consultation, Sustainability & Transformation plan submissions, a mental health strategy, [a primary care strategy], neighbourhood delivery plans,
- A communications and engagement strategy that sets out how best to involve staff, key stakeholders (including local and national politicians, the university, etc.) and the public in the design, selection and implementation of the vision and strategy in a manner that ensures they are fully informed, and feel they've scope to shape the decisions made
- What assurance NHSE and NHSI need at regional and national level to feel that the Programme will deliver the ambition of change necessary to meet the system's challenges
- A common position among the health and care system leadership when one is called for – for example to engage with discussions around devolution, participating in national pilots, etc.
- To understand the risks to the progress of the above areas of work and ensure that these are mitigated appropriately.
- Where appropriate, to approve the commissioning of specific packages of work from within the health and care economy to support delivery of the above aims.

Membership of the Health and Care Executive:

- Chief Executive, Cambridgeshire University Hospital NHS Foundation Trust
- Chief Executive, Cambridgeshire Community Services
- Chief Executive, Cambridgeshire and Peterborough NHS Foundation Trust
- Chief Executive, Hinchingsbrooke Health Care Trust
- Chief Executive, Peterborough and Stamford Hospitals NHS Foundation Trust
- Chief Executive, Papworth Hospital NHS Foundation Trust
- Director of Public Health for Cambridgeshire County Council and Peterborough City Council
- Chief Executive, Cambridgeshire County Council and Peterborough City Council

- Accountable Officer, Cambridgeshire and Peterborough Clinical Commissioning Group
- Chief Financial Officer, Cambridgeshire and Peterborough Clinical Commissioning Group
- Clinical Lead – Programme (CAG Chair)
- Clinical lead – Primary care (recruitment in progress)

Meetings will also include non-voting representation from:

- NHS England
- NHS Improvement

Deputies:

Members of the Health and Care Executive may appoint deputies to represent them at Health and Care Executive meetings. In the event a deputy is provided, the individual(s) must be fully briefed prior to the meeting and would be expected to have the same delegated authority to commit resources on behalf of their organisation as the named committee member would.

Chair:

Accountable Officer, Cambridgeshire and Peterborough Clinical Commissioning Group

Vice Chair:

Chair, Clinical Advisory Group

Quorum:

Commissioner representation, local authority representation and 50% of providers

Voting:

Any question to be determined by the Health and Care Executive in accordance with its purpose shall be decided by a show of hands on a simple majority basis with each Member of the Health and Care Executive (or a deputy nominated in their place) having one vote.

Any member may, immediately after any vote is taken, require a record to be made in the minutes of whether s/he voted for or against or abstained.

If there are equal numbers of votes for and against, the Chair of the Health Care Executive will have a second or casting vote.

Frequency of Meetings:

Face to face meeting every 4 weeks

Teleconference every 4 weeks (alternative)

Away days & leadership development sessions as required

Accountability

To the associated regulatory authorities (NHSI & NHSE)

To the Boards and Governing Bodies of the constituent organisations.

Rules as to Meetings & Proceedings:

The Programme Office [comprises officers employed by the Executive] is accountable to the Health and Care Executive for delivery of the work programme. Actions include:

- Agree the agenda and circulate to members, along with any necessary advanced material.
- Ensure minutes are taken and circulated with a record of decisions made
- Maintain an action log

Attendance at meetings:

Attendance at meetings is mandatory. Members who cannot attend will be expected to send deputies.

Duties of the Health and Care Executive:

1. Decision making:

Decision making remains with each organisation until / unless authority is delegated to the Health and Care Executive. All decision-making across the Programme will therefore be taken under the Scheme of Delegation set out in section 9 of the S&TP Governance Framework (Tables 1 to 6).

2. Advisory:

Provision of information, advice and recommendations.

3. Monitoring: To monitor progress against key programme milestones, commitments and commissioning intentions.

Responsibilities of Members:

- Each individual organisation being a Member on the Health and Care Executive remains at all times accountable for its own activity and decisions.
- Members need to ensure that they have the necessary delegated permissions and processes are in place for them to act on behalf of the organisations which they represent.

Standing Agenda Items

Every meeting:

- Apologies and minutes of the Last Meeting
- Register of Actions and matters arising not on the register
- Programme Risk Register
- Agenda for the next meeting

Accountability and Reporting:

Jointly to the boards or governing body (or equivalent) of the individual organisations represented, in addition to the accountability to the Regional Tripartite Group and others as set out above.

Self-Assessment:

The Health and Care Executive will review its performance **biannually** against these Terms of Reference

Duration:

The Health and Care Executive will meet until **September 2016**, by which point a full review of progress will be made and proposals for future governance developed **to oversee implementation**.

DRAFT

Appendix C Terms of Reference – Clinical Advisory Group

Cambridgeshire & Peterborough Health and Care System

Transformation Programme

Clinical Advisory Group

Terms of Reference

Purpose

The Clinical Advisory Group is the key clinical forum for the development of the Cambridgeshire and Peterborough Sustainability and Transformation Plan. It will:

- Develop a clinical vision and strategy for Cambridgeshire & Peterborough
- Develop a set of design principles and proposed service standards
- Co-ordinate, challenge and consolidate the work of the Clinical Working Groups
- Provide recommendations to the Health and Care Executive on proposed clinical models and pathways, developed by the Clinical Working Groups
- Provide recommendations to the Health and Care Executive on short term opportunities to improve the effectiveness and efficiency of service delivery
- Provide recommendations to the Health and Care Executive on information technology and health analytic developments that would improve care effectiveness and efficiency
- Develop a proposed set of coherent and sustainable medium term options for service reconfiguration for the Health and Care Executive to consider
- Clinically assure the pre-consultation business case, the Cambridgeshire and Peterborough mental health strategy and the five–year Sustainability and Transformation Plan
- Provide other groups involved in the Sustainability and Transformation Programme with advice and information as necessary.

Scope of Work

- The health and care services, including primary care and specialised services, delivered in Cambridgeshire and Peterborough and covered by the Clinical Working Groups (for short term opportunities to improve the effectiveness of service delivery and medium term options for service configuration)
- All health and care services delivered in Cambridgeshire and Peterborough including local authority commissioned services such as social care, public health and health visiting (for the Sustainability and Transformation Plan)
- Delivery of national clinical priorities, including 7 day services, parity of esteem and reduced unwarranted variation

Title: Cambridgeshire & Peterborough Clinical Advisory Group

Date approved: Initially approved XXX

Approved by: Cambridgeshire and Peterborough Health and Care Executive

Membership of the Group:

- Chair (Acute hospital clinician or GP)
- Vice Chair (GP or Acute hospital clinician)
- Representative from Medical Directors group
- Representative from Nurse Directors group
- A Director of Adult Social Care
- A Director of Children's Services
- A GP (provider)
- Public Health Consultant
- Clinical Representative from Ambulance Trust

- Mental health lead
- Patient representatives
- Clinical Working Group Chair Urgent and Emergency Care
- Clinical Working Group Chair Elective Care
- Clinical Working Group Chair Proactive Care and Prevention
- Clinical Working Group Chair Children and Young People
- Clinical Working Group Chair Maternity and Neo-natal

Alternates: Members of the Group may appoint alternates to represent them at a meeting. In the event an alternate attends, the individual(s) must be fully briefed prior to the meeting.

Chair: XXXX

Vice Chair: XXXX

Ways of Working: The Group should aim to reach a consensus on all proposals to be submitted to the Health Executive. In the event it is not possible to reach a consensus, the relative merits of alternative proposals should be clearly articulated. The Group may invite other attendees, including external experts, and form task and finish groups as necessary to conduct its business.

Duties of the Group: The Group's main function is to provide information, advice and recommendations. The Group does not have a decision making function as such and does not have any delegated authority other than that of making recommendations.

Responsibilities of Members: Each member on the Group is there in an individual capacity, acting for the benefit of the system as a whole and not for any organisation that they may also be employed by.

Accountability and Reporting: To the Cambridgeshire and Peterborough Health Executive

Frequency of Meetings: Monthly or as may be determined by the Chair in order to fulfil its duties in line with the agreed timeline

Administration: The Group will be supported by administration support who will:

- Agree the Agenda and circulate to members, along with any necessary advanced material
- Ensure minutes are taken and circulated with a record of issues to be taken forward
- Maintain an action log.

Regularity of Terms of Reference review and by whom: By the Programme Director acting on behalf of the Health Executive, six monthly

Duration: The Group will meet until December 2016, at which point a full review of progress will be made and proposals for future work developed.