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NHS Improvement

# Cambridgeshire & Peterborough

## Sustainability & Transformation Partnership (STP)



# Revised Governance Framework

## Peterborough City Council Health & Wellbeing Board

*19 March 2018*

NHS Cambridgeshire and Peterborough Clinical Commissioning Group
NHS Cambridgeshire and Peterborough NHS Foundation Trust
NHS Cambridgeshire Community Services NHS Trust
NHS Cambridge University Hospitals NHS Foundation Trust
NHS North West Anglia NHS Foundation Trust
NHS Royal Papworth Hospital NHS Foundation Trust
Cambridgeshire County Council
Peterborough City Council
NHS East of England Ambulance Service NHS Trust

# STP Governance Framework

## *Agreed Refinements*

A number of refinements have been agreed that will improve STP governance and meeting cycles, including:

1. The creation of the STP Board
2. The creation of a System Delivery Board
3. Updated role for Delivery Groups

The Memorandum of Understanding, Governance Framework and Terms of Reference for all STP groups have been refreshed in light of these refinements and have been endorsed by the newly established STP Board.

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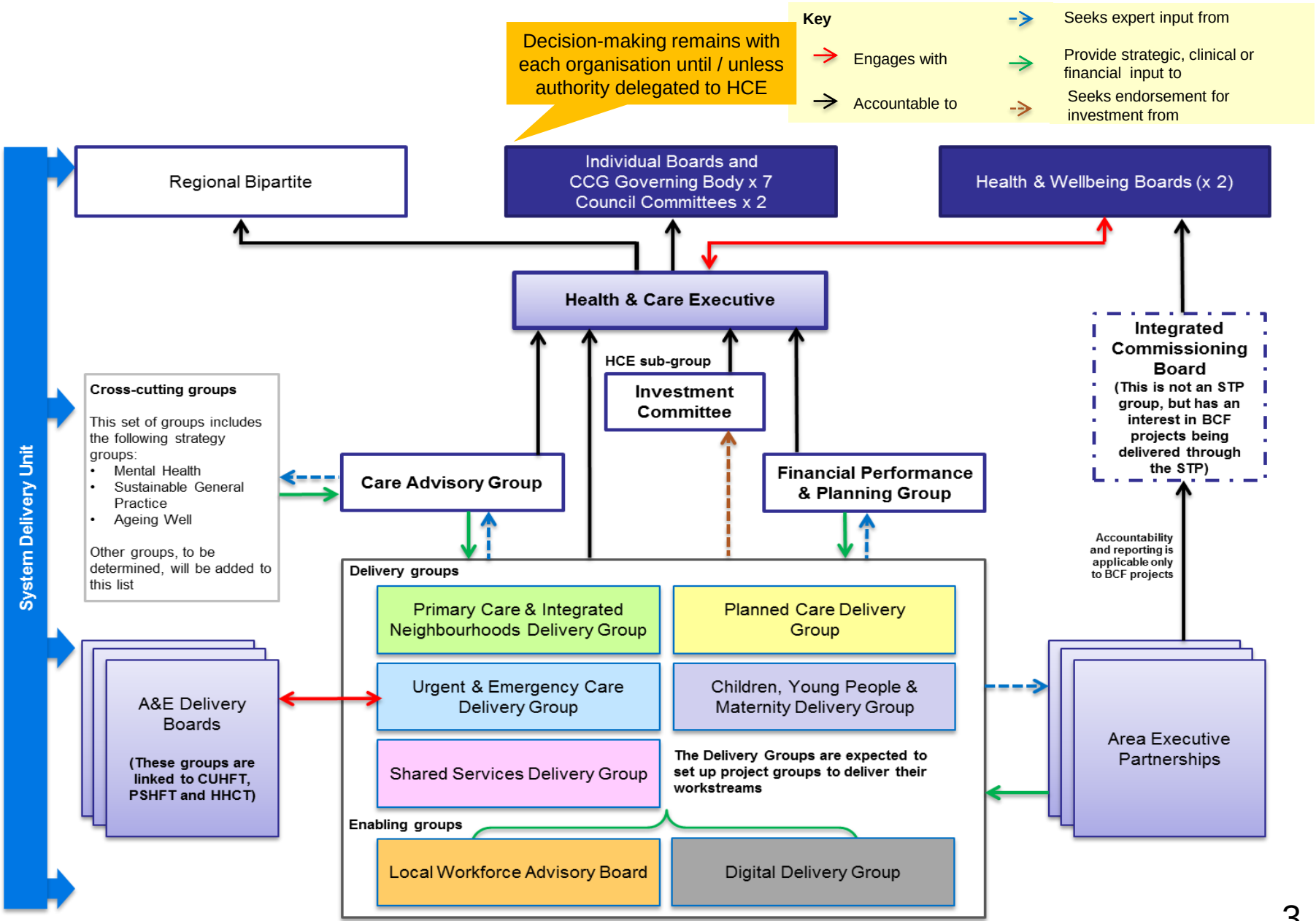
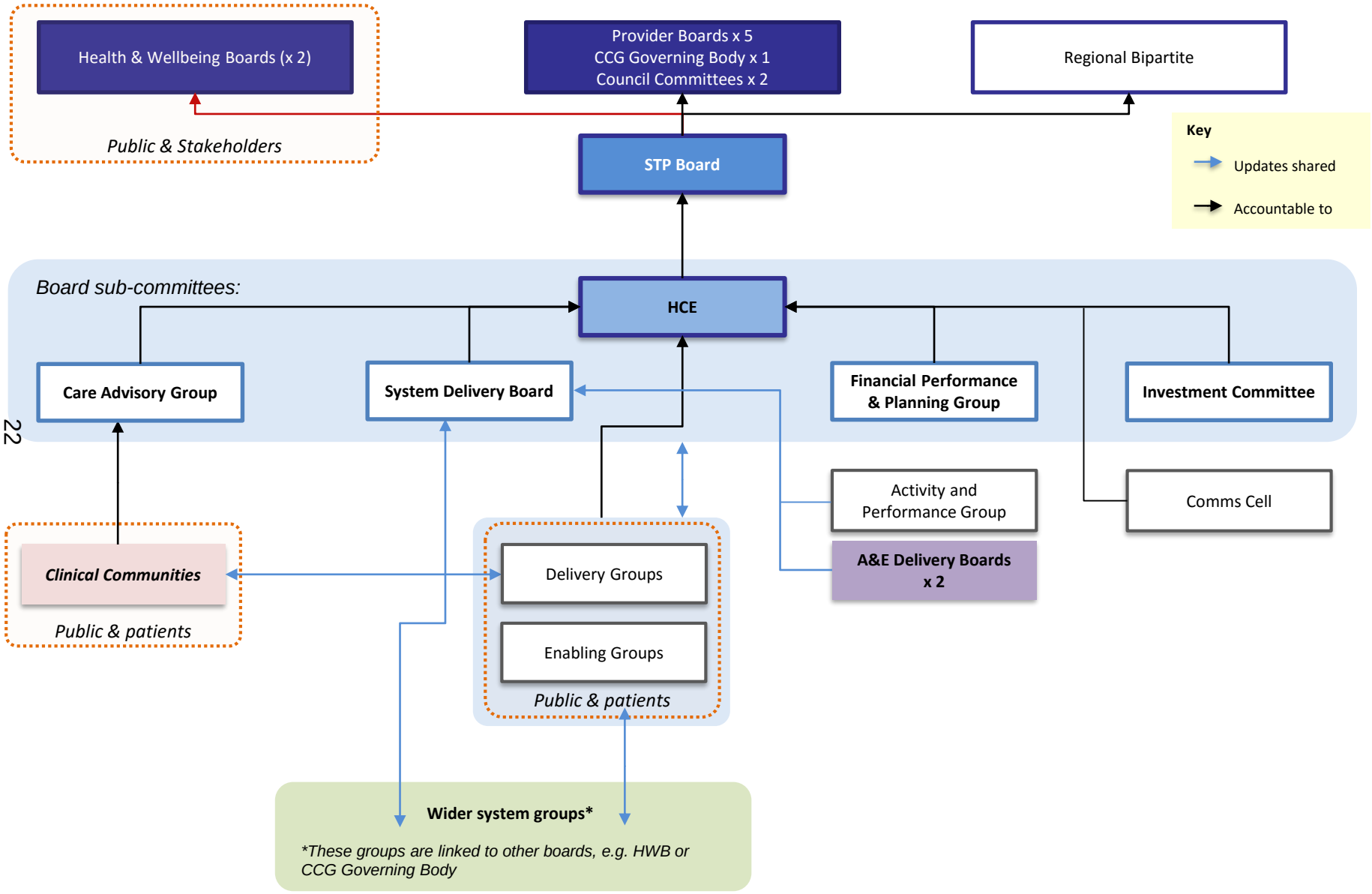
Following endorsement, the Memorandum of Understanding and Governance Framework have been ratified in public at NHS Statutory Boards and the CCG Governing Body.

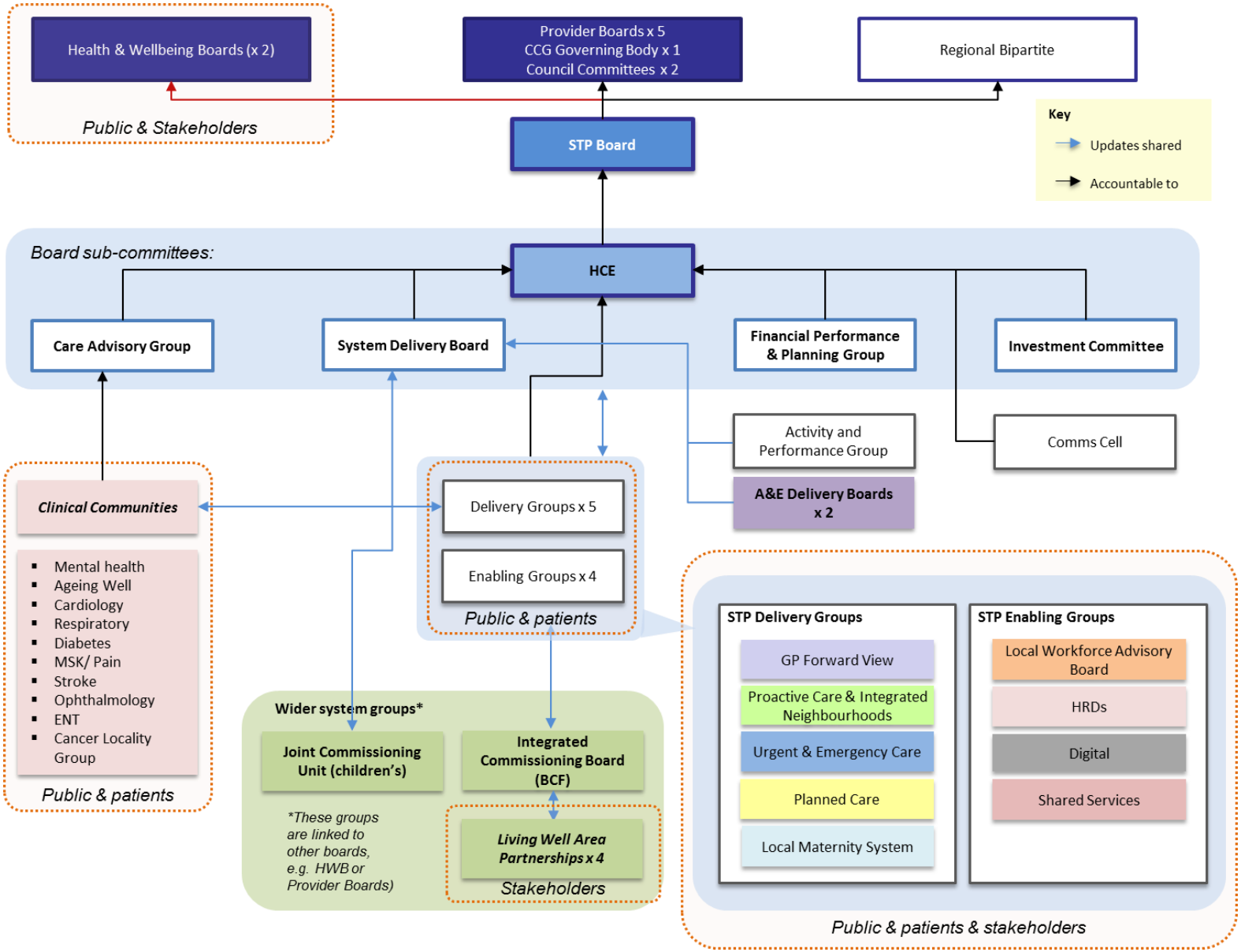
# Previous STP Governance Structure



# Revised STP Governance Structure

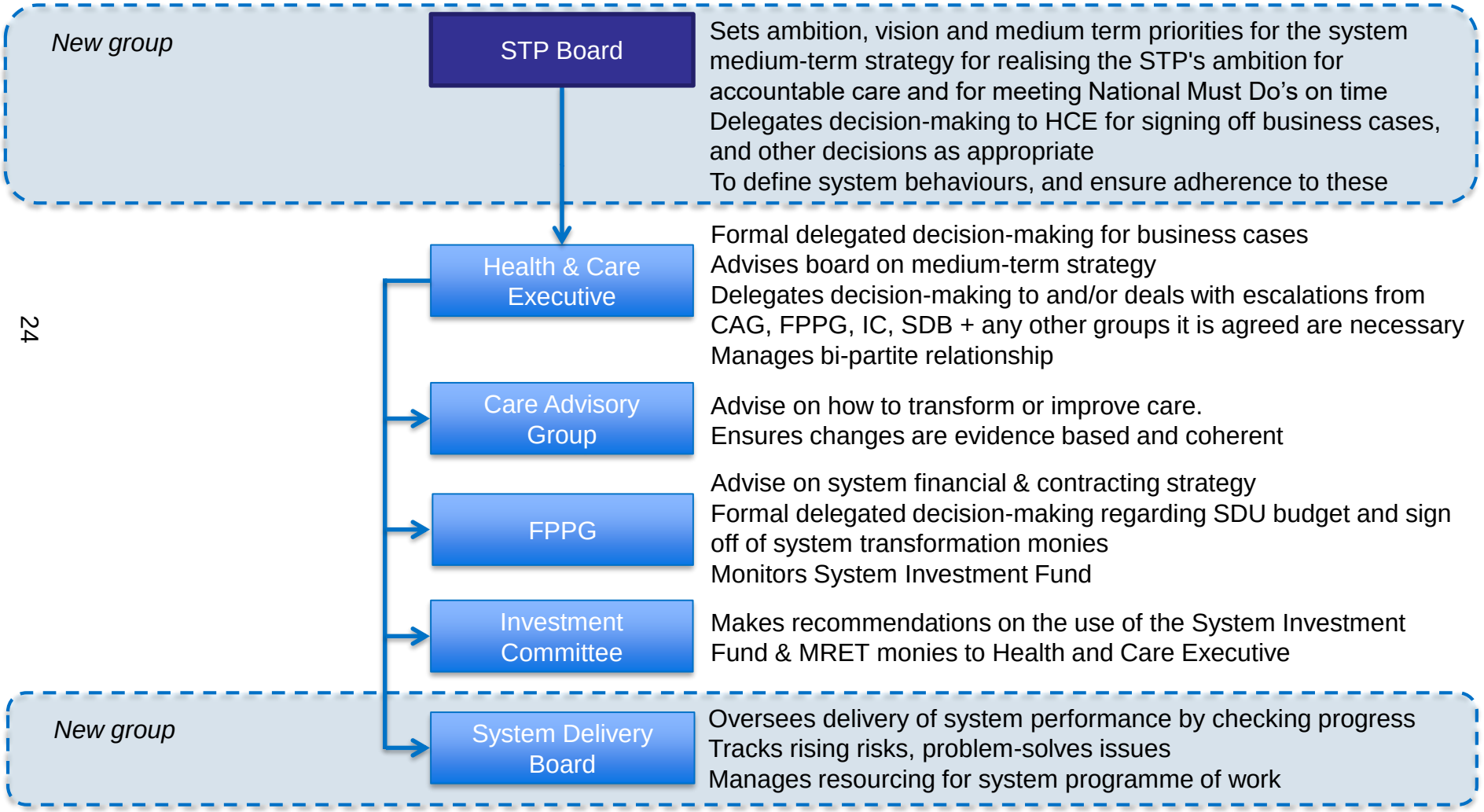


# Revised STP Governance Structure - Detailed



# Context: STP Board and sub-committees

With the establishment of the STP Board, we have refreshed the Governance Framework and Memorandum of Understanding ensuring there are clear roles and Terms of Reference. The following groups are sub-committees of the STP Board.



# Context: Other STP groups and wider system groups

There are also a number of changes within the governance structure and establishment of new groups which sit under the STP Board and sub-committees.

*New group*

**Activity and Performance Group**

The group discusses activity and performance across the system in a non–contractual environment. To identify trends in demand and impacts of strategic change.

*New groups*

**Clinical Communities**

Brings together patients, carers and public with clinicians & key stakeholders to review, and make recommendations, based on the priorities set out by CAG, FPPG & HCE.
Focus on specific pathways or population groups in the 'design' and 'develop' stage.

**Delivery/Enabling Groups**

Recommends priority projects to CAG, FPPG and HCE
Ensures projects have an SRO and resources to ensure ideas progress from design through to delivery at pace and with impact
Oversees relevant National Must Do's

**A&E Delivery Boards**

Deliver nationally mandated improvement initiatives and core responsibilities to lead to A&E recovery.
Focuses entirely on Urgent & Emergency Care and recovering the 4-hour target.

**Wider System Groups**

Wider system groups include:

- Joint Commissioning Unit
- Integrated Commissioning Board
- Living Well Area Partnerships (replacing AEPs)

# Focus on: STP Board

The STP Board is held bi-monthly and is chaired by the Independent Chair. The Board sets ambition, vision and medium term priorities for the system medium-term strategy for realising the STP's ambition for accountable care and for meeting National Must Do's on time.

| Area | Responsibilities |
|---|---|
| **Strategic decision making** | • Responsible for the vision of the STP plan and the medium and long term STP strategy. |
| **Operational delivery** | • Receives brief update from the HCE and holds to account HCE for delivering the STP plan, ensuring accountability and reporting arrangements are in place. |
| **Governance** | • Ensures adherence to collective governance arrangements. |
| **Risk management** | • Reviews/ addresses strategic programme risks. |
| **Engagement** | • Ensures there are processes in place to engage with service users, general public and key stakeholders.<br>• Lead on system wide communication. |
| **Accountability** | • STP Board is accountable to service users, general public and key stakeholders. Also through the Boards and Governing Bodies of the constituent organisations and the associated regulatory authorities (NHSI and NHSE) through the Regional Bipartite Group. |

**Membership**

- Chair: Independent Chair
- Clinical Chair and Chief Officer - CCG
- Chair and CEO – CUHFT
- Chair and CEO – NWAngliaFT
- Chair and CEO – Papworth
- Chair and CEO – CPFT
- Chair and CEO – CCS
- Director of Public Health for Cambridgeshire and Peterborough
- Executive Director for People and Communities for Peterborough and Cambridgeshire
- CAG Chair
- FPPG Chair
- Executive Programme Director
- CCC elected representative
- PCC elected representative
- EEAST representation

**Future membership - TBA**

- Combined Authority representation
- GP provider representation

- The STP Board has a number of sub-committees which certain matters are delegated to; these sub-committees are the Health and Care Executive, Care Advisory Group, Financial Performance and Planning Group, System Delivery Board and the Investment Committee.

- Although not a statutory body, the STP Board will nevertheless conduct it's meetings in a manner similar to Statutory NHS body Boards in order to ensure openness and accountability. This will include holding it's meetings in two parts i.e. a part 1 meeting in public and part 2 meeting in private.

# Focus on: Clinical Communities

Clinical Communities will lead the 'design' phase of all STP Improvement Areas. They will have a clinical chair and include members from the relevant Delivery Group and be responsible for drafting the proposals to 'Gateway One' stage within the STP Governance Framework.

| Area | Responsibilities |
|---|---|
| **Strategic decision making** | • Responsible for designing clinical strategies and required service changes. |
| **Operational delivery** | • Present clinical strategies and recommended service changes to CAG for endorsement. |
| **Governance** | • Ensures adherence to collective governance arrangements. |
| **Engagement** | • Bring together patients, carers and the public with clinicians and key stakeholders to review, and make recommendations to improve the quality and outcomes of health services. |
| **Risk management** | • Adhere to the STP's Assurance Framework. |
| **Accountability** | • Clinical Communities are accountable to CAG. |

**Membership**

- Chair: STP Speciality Clinical Lead

**Clinical & Management representatives:**

- Acute trust clinical leads
- Community clinical leads
- Primary Care clinical leads
- Mental Health clinical leads

**Nursing, AHP & Clinical Scientist representatives:**

- Acute trust leads
- Community leads
- Primary Care leads
- Mental Health leads

**Other representatives**

- Pharmacist/Medicines Management
- Local Authority and Social Care
- Public Health
- Patient, public and carer
- Relevant voluntary services
- Relevant other services (e.g. ambulance service)

The process of setting up Clinical Communities has started, with those areas which already have something similar in place being refreshed to meet the system Clinical Communities requirements, these include:

- Ageing Well, Cancer, Cardiology, Diabetes, ENT, MSK/Pain, Ophthalmology, Respiratory, and Stroke

Work has commenced on establishing the following Clinical Communities:

- Urgent Care, Mental Health, and Clinical Digital.

# Focus on: System Delivery Board

The STP Delivery Board (STP DB) is chaired by the Executive Programme Director and is focused on ensuring delivery, enabling and wider STP programme groups remain on track to, including in the delivery of the national 'Must Dos'.

| Area | Responsibilities |
|---|---|
| **Strategic decision making** | • Responsible for programme/ operational governance<br>• To deliver the short term strategy (in-year) |
| **Operational delivery** | • Offers support, trouble-shooting and challenge to Delivery Groups (including design sub-groups), Enabling Groups and wider system groups for delivery of the STP |
| **Governance** | • Adheres to the collective governance arrangements |
| **Risk management** | • Reviews/ addresses risks to STP delivery escalated by Delivery/Enabling Groups |
| **Accountability** | • Chair attends and provides updates to the HCE, STP Board and to the Bipartite |

**Proposed Membership**

- Chair: Executive Programme Director
- Deputy Chair: Strategy and Delivery Director, SDU

**Delivery/Enabling representatives**

- Chair and/or Deputy Chair for PCIN
- Chair and/or Deputy Chair for UEC
- Chair and/or Deputy Chair for Planned Care
- Chair and/or Deputy Chair for Shared Services
- Chair and/or Deputy Chair for GPFV
- Chair and/or Deputy Chair for HRDs
- Chair and/or Deputy Chair for Digital

**Other system representatives**

- COOs for NWAngliaFT, CPFT and CUH
- Social Care – joint Director for Adult Services or joint Director for Commissioning
- Sector Head of Service Delivery, EEAST

SROs, Clinical Communities Chairs by exception.
JCU or Local Maternity Services representatives by exception.
Chair of Activity and Performance Meeting by exception.

- On behalf of the HCE, to take decisions that address blocks to progress raised by the Delivery/Enabling Groups and wider STP groups to ensure they remain on track to deliver (1) An agreed programme of system improvements or transformations, (2) The national 'must dos' held by the STP
- It will not approve the content of OBCs or FBCs, merely track and trouble-shoot progress against anticipated milestones.
- Quoracy will be determined by the nature of the discussion required. If a decision is required about the realignment of system resources, then all impacted organisations need to be represented, and by a person with delegated authority.