

Summary report

Name of meeting	Transformation Board
Meeting date	12 March 2020
Agenda item	System Governance arrangements / Transformation Board new terms of reference
Presented by	John Govett, STP Independent Chair
Purpose of report	<p>To acknowledge recent work completed by the Cornwall and Isles of Scilly (CIOS) health and care partnership chairs and chief officers to revise system transformation, governance, assurance and oversight mechanisms, strengthening shared accountability in line with NHS England and NHS Improvement Integrated Care System (ICS) guidance.</p> <p>The Transformation Board is an integral part of this and its terms of reference have been reviewed accordingly. The proposed version, which includes a name change to CIOS Health and Care Partnership Senate, are attached at Appendix 1 for consideration and approval.</p> <p>In addition, Transformation Board members are asked to confirm agreement to the establishment of two joint working committees covering quality and finance with effect from 1 April 2020. These meetings are expected to include non-executive director involvement. It is envisaged the first meetings of the joint committees shall take place before June 2020.</p>
Recommendations	<p>Members are asked to:</p> <ol style="list-style-type: none"> i. Consider and approve the proposed terms of reference for the CIOS Health and Care Partnership Senate, suggesting any amendments necessary. ii. Confirm approval to the establishment of two joint working committees covering quality, performance and finance.
Engagement and consultation	Discussions have taken place at the System Leaders Board which includes the chairs and chief officers from numerous CIOS health and care organisations.
Date of next meeting	Quarterly public meetings with the next date organised for 10.30 till 12.30 on 18 June 2020 at the Sedgemoor Centre in St Austell.

Terms of Reference

CloS Health and Care Partnership Senate

Care, when and where it's best for you

Whoever you are, wherever you are in Cornwall and the Isles of Scilly - you matter! We'll help you and your loved ones keep yourselves healthy and happy and we'll look after you when you need it, and we'll help build healthy local communities as a result.

By working together as health and care partners we'll encourage people to take responsibility for their own health, support others to stay well or give direct support when appropriate. We look to be able to make sure that when individual care is needed it is available as close to your communities, or own homes, as possible.

Our focus will be on the individual and we will also work at a local neighbourhood and community level (Primary Care Networks - 14 across Cornwall & Isles of Scilly) and within three Integrated Care areas (North/East – Central – West / Isles of Scilly).

Our integrated Health and Care Partnership Senate will have shared accountability for agreed outcomes/impacts and performance managing the Cornwall and the Isles of Scilly integrated health and care System to achieve our agreed goals and plans.

Conduct and behaviours

Members of our partnership Senate commit to behaving consistently as system leaders and towards colleagues in ways which model and promote our shared values:

- When working with the Senate, each leader has the interests of the individual person at their heart, rather than the interests of their own organisation.
- We are leaders of our shared organisations, our place, our neighbourhoods and of Cornwall and Isles of Scilly.
- We will support each other and work collaboratively across our health and care system.
- We will ensure we put the right capacity / competencies in place to ensure success.
- We will act with honesty and integrity, and trust each other to do the same.
- We will challenge constructively and positively when we need to.
- We will implement our shared priorities and decisions, holding each other mutually accountable for delivery to the Senate of agreed goals and plans.

Purpose

Two core purposes:

- The Health and Care Partnership Senate will set out our shared health and care system-wide transformation objectives /outcomes and priorities in the interests of those people and communities we serve - by planning, scrutiny/assurance and coordinating our system transformation at system, place and neighbourhood level.
- Through strategic oversight and management of system performance it will ensure that our Health and Care Partnership is delivering effectively, to plan, and for the life of the plan via the management of system performance which includes health outcomes, quality of care, operational and financial performance.

The role and functions of the ICS

- Two core roles of **system transformation** and **management of system performance**.
- Systems will have a **range of supporting functions** that fulfil these two roles.

Working together at place

- Where majority of service change and transformation happens.
- Providers will **work take on some traditional 'commissioning' tasks**, e.g. pathway re-design.
- CCGs and local authorities will look to **align or integrate commissioning** of services

Collective accountability of system partners

- Systems will operate a **collective model of accountability** where the NHSE/I region holds the collective system partners to account for system performance.
- This will require changes to the way that NHSE/I operate as well.

Leadership and governance

- **Systems will need to put** in place governance arrangements which cover (i) engaging different sectors, (ii) overseeing transformation and performance, and (iii) assurance of decision making.

Leadership and governance:

Our partnership arrangements will have governance arrangements covering:

- (i) engaging different sectors
- (ii) overseeing transformation, and,
- (iii) assurance of decision making

Our partnership will operate a collective model of shared accountability, where the system partners will be held collectively accountable for system performance.

The Senate is not a formal decision-making board, as this will be retained by the separate sovereign organisations and their respective individual accountabilities. However the Senate can make collective decisions even if some of those need to be ratified by single boards/organisations.

NHS Kernow CCG and Local Authorities intend to align commissioning of services. From 1 April 2020 the system will have in place a joint commissioning Chief Officer role.

Senate duties

- To positively express the vision and the purpose of our Cornwall and Isles of Scilly Health and Care Partnership to stakeholders and the public and have shared responsibility for outcomes and system performance.
- To provide assurance and scrutiny that the Health and Care Partnership's programme objectives are delivered.
- To ensure there is governance in place for collaboration and the necessary range of supporting functions to deliver the programmes of work for the benefit of local people.
- To provide check and challenge on the Health and Care Partnership programme as a whole system.
- To ensure that the individual organisations and the public are kept abreast of the Health and Care Partnership delivery, outcomes and progress.
- To ensure alignment of system and organisational priorities and pooled budgets where appropriate.
- To provide assurance that our Health and Care Partnership is appropriately linked with other strategic initiatives in respect of Cornwall, the Isles of Scilly and across Cornwall's border with Devon (and the SW region and national priorities).
- To identify, make recommendations and to escalate within the relevant organisation issues that may impact on the success of the implementation programme.
- To achieve the person-centred outcomes by the end of the five year long term plan and focus on collaborative end to end pathways for enhanced prevention, self-care that are clinically and professionally planned and delivered in partnership with people when they need our services.
- To ensure that there is a strong service user and carer voice around the table through Healthwatch and other people based challenge (and measurement/feedback tools).
- To ensure that system leadership is living the agreed shared principles and behaviours for world class collaborative working.

Senate membership

Voting members of the Senate include:

- Independent Chair: Health and Care Partnership CloS (and Chair of the Senate)
- Joint commissioning Chief Officer (NHS Kernow and Cornwall Council)
- Chief Executive, Cornwall Council
- Chief Executive, Royal Cornwall Hospitals NHS Trust
- Chief Executive, Cornwall Partnership NHS Foundation Trust
- Chief Executive, Council of the Isles of Scilly
- Chair, Cornwall Partnership NHS Foundation Trust

- Chair, NHS Kernow Clinical Commissioning Group
- Chair, Royal Cornwall Hospitals NHS Trust
- Lead Councillor Cornwall Council
- Lead Councillor Council of the Isles of Scilly
- Portfolio Holder, Adult Social Care, Cornwall Council
- Portfolio Holder, Children’s Services, Cornwall Council
- Chairs of the two Health Wellbeing Boards (Councils)
- Chair of Kernow Health CIC
- Chief Executive of Kernow Health CIC
- Chair of Clinical Practitioner Cabinet
- Chair, Local Medical Committee
- Public Health Director Cornwall Council and Isles of Scilly
- Director of Adult Social Care and Health - Cornwall Council
- Adult and Children’s Director – Council of the Isles of Scilly
- Strategic Director of Children, Schools and Families - Cornwall Council
- System Transformation Programme Director
- System Chief Finance Officer
- System Programme Board “Leads” – who are not already invited as CEOs
- Leads for NHS England and Improvement
- Representative for University Hospitals Plymouth NHS Trust
- Representative for South Western Ambulance Services NHS Foundation Trust
- Representative for the two Healthwatch organisations
- Representative for Voluntary Sector Forum
- Representatives from the carer community
- Citizens Advisory Panel representative
- GP or nominated representative – from each of the three integrated care areas (ICAs)
- Non-Executive Chairs of System Joint Working Committee’s (Finance & Quality)

At the discretion of the Chair, additional representatives may be invited to attend meetings from time to time to participate in discussions or report on particular issues. Such additional representatives will not count towards quoracy and may include, for example:

- a. Housing
- b. Police
- c. Education
- d. LEP (Local Economic Partnership – Business led)
- e. Health Education England

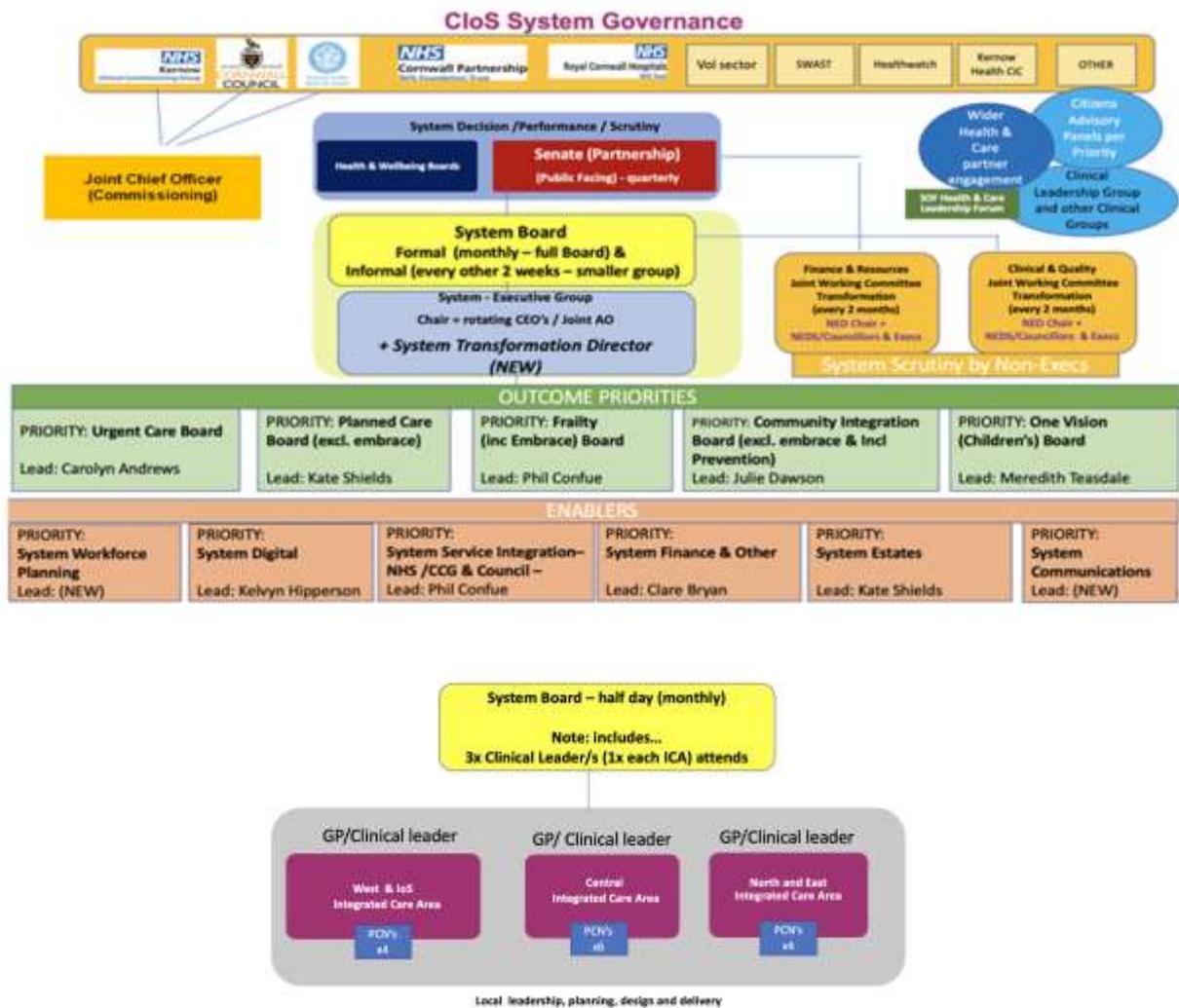
Quoracy and voting

The Senate will be quorate when at least six different organisations are present and includes at least one primary care representative and one public/voluntary sector representative.

NOTE: Senate decisions require majority support of Members attending and, where necessary, will make recommendations subject to the formal approval of the organisations affected with statutory or formal decision-making powers.

Accountability and reporting arrangements

The reporting and governance arrangements for the Health and Care Partnership Senate are shown in the charts below:



Sub-committee arrangements

Our system assurance framework will develop to provide assurance across:

- Performance – national and local delivery targets and outcome measures
- Quality – safety, clinical effectiveness and experience
- Compliance information – regulatory and reporting requirements
- Finance – delivery of plans and key metrics, and the system control total.

System joint working committees (system assurance and scrutiny)

- The system partnership is to have shared accountability for outcomes and performance.
- The proposed system assurance framework acknowledges each sovereign

board/council retains its statutory assurance and oversight committees, providing assurance to their own boards.

- Two new joint working committees will be set up with a system focus:
 - i. Finance joint working committee
 - ii. Quality joint working committee
- These joint working committees will each be chaired by a Non-Executive Director from one of the NHS organisations and will have other Non-Executives and Councillors to help the committees' assurance processes, offering support and challenge to the executives.

Conduct, operation and review

The Senate will meet in public, at least four times each year. A rolling annual schedule of meetings will be published by the secretariat.

Extraordinary meetings may be called for a specific purpose at the discretion of the Chair. A minimum of seven working days' notice will be given when calling an extraordinary meeting.

The agenda and supporting papers will be sent to members and attendees and made available to the public no less than four working days before the meeting. Urgent papers will be permitted in exceptional circumstances at the discretion of the Chair.

Draft minutes will be issued within 10 working days of each meeting.

Each member must abide by all policies of the organisation it represents in relation to conflicts of interest and the secretariat will keep a log for public scrutiny.

Where any Senate member has an actual or potential conflict of interest in relation to any matter under consideration at any meeting, the Chair (in their discretion) shall decide, having regard to the nature of the potential or actual conflict of interest, whether or not that member may participate and/or vote in meetings (or parts of meetings) in which the relevant matter is discussed.

Where the Chair decides to exclude a member, the relevant organisation represented by that member may send a deputy to take the place of the conflicted member in relation to that matter.

Review:

These terms of reference and the membership of the Senate will be reviewed at least annually. Further reviews will be undertaken in response to any material developments or changes in the wider governance arrangements as needed.

Last approval

NB: Approval being sought from Transformation Board on 12 March 2020.

Date for review