

SUMMARY REPORT	
Transformation Board Meeting in Public	19 December 2017
	Item: 04c
Title of report	Revised system governance arrangements
SRO	Tracey Lee, Programme Director, Shaping Our Future
Author(s)	Nick Hayden, SOF Head of PMO
Purpose of report	<p>This report sets out the revised governance arrangements for managing our system priorities in way that:</p> <ul style="list-style-type: none"> - Moves us towards shadow ACS arrangements - Aligns with the new Chief Officer roles and arrangements - Provides an opportunity to streamline regulator assurance processes as seen in other STP footprints
Recommendation	<p>The Transformation Board is asked to:</p> <ul style="list-style-type: none"> • Endorse the new system governance arrangements • Approve the proposal for replacing the SoF Transformation Board with a System Assurance Group
Engagement and Consultation Undertaken to Date	<p>These proposals have been developed in collaboration between the SoF PMO and the Director of Transformation for the ACS, discussed with and informed by discussions with the SoF System Leader and have been approved by the SoF Portfolio Board.</p> <p>Initial discussions have also taken place about opportunities to streamline the regulator assurance processes with NHS England.</p>

Executive Summary

At the Portfolio Board in September 2017, members agreed a set of in year system priorities which would have system oversight by the Portfolio Board as an interim step towards Shadow ACS arrangements (accepting that the most effective way of delivering on our system priorities, streamlining our decision making processes and maximizing the collective resource pool is by moving to ACS arrangements as swiftly as possible).

There are currently a plethora of groups and boards in place to oversee delivery of the strategic and operational imperatives, many with competing agendas and membership. Senior leaders have articulated the need to establish governance arrangements that has both the scope and the authority to make binding decisions, bringing the STP to the 'reality of day-to-day service provision to ensure:

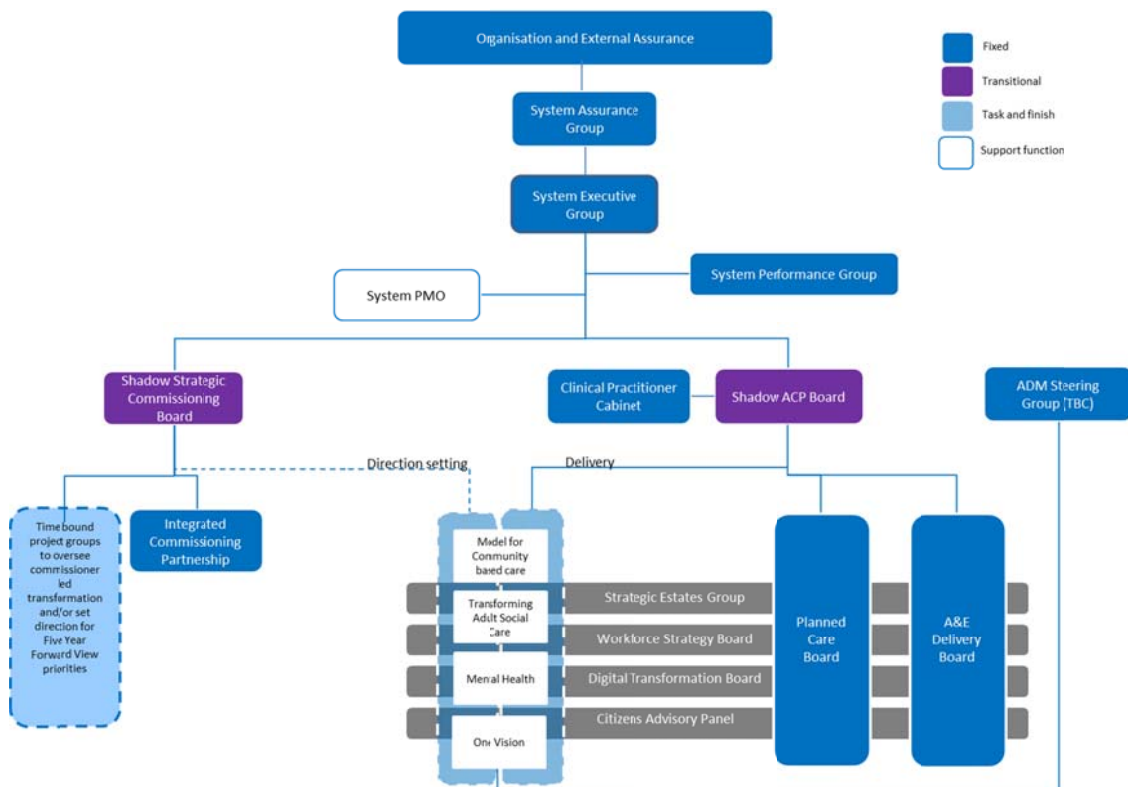
- Resource is deployed on agreed critical system priorities,
- The priorities of SoF are better aligned with crucial provider / commissioner strategic and operational priorities
- ACS developments are aligned and integrated, with a focus on supporting delivery of priorities
- Work streams, system governance processes and reporting, including in relation to SoF, are streamlined

At the Portfolio Board in November, members agreed to a range of proposals to revise the system governance arrangements that:

- Moves us towards shadow ACS arrangements
- Aligns with the new Chief Officer roles and arrangements
- Mitigates potential conflicts of interest with future procurements
- Ensure there are no chairs of groups reporting into more 'senior' groups that they also chair to facilitate 'holding to account'
- Provides an opportunity to streamline regulator assurance processes as seen in other STP footprints.

The diagram below illustrates the revised governance arrangements, agreed by the Portfolio Board, that are to be implemented. The Transformation Board is asked to:

- Endorse the new system governance arrangements
- Approve the proposal for replacing the SoF Transformation Board with the System Assurance Group (terms of reference attached)



Summary of new arrangements

A summary of the new governance arrangements including chairs, members and frequency

of meetings are as set out in the table below:

Board/ Group	Purpose	Chair	Members	Frequency
System Assurance Group	Acts as a system-wide forum to hold organisations and the System Lead to account for delivery of the system's strategic priorities	Independent Chair	<ul style="list-style-type: none"> System Leader Chairs of CCG, NHS trusts, Cornwall Council , PHT & ALB representation Healthwatch Primary care rep 	Quarterly
System Executive Group	Provides system leadership and joint responsibility for system performance, quality and financial outturn and delivery of the system transformation priorities as set out under Shaping Our Future.	Kathy Byrne	<ul style="list-style-type: none"> Chief Officers of partner organisations Chair of Clinical Practitioner Cabinet/SoF Clinical Director System DoF Directors of Adult Social Care and Children's Services Primary care rep 	Monthly
Clinical Practitioner Cabinet	Sets the clinical direction ensuring there is a robust clinical/ practitioner engagement at all stages of development and provides visible and active clinical/ practitioner leadership for change across the ACP footprint.	Iain Chorlton	Medical and Nursing Directors for each partner organisation & Senior Social Care Practitioner, Cornwall Council Clinical representatives for other disciplines	Monthly
System Performance Group	Provide assurance to System Executive Group and joint regulators about key NHS constitution targets and safety and quality issues associated with targets	TBC	<ul style="list-style-type: none"> Officers nominated by chief officers for RCHT, CFT, NHSK, CC, Kernow CIC Regulator representation 	Monthly
ACP Shadow Board	Oversee prioritisation and implementation of whole system plan to ensure coordinated approach to developing place based delivery of care, holding partners to account to manage and mitigate risks and underperformance	Kathy Byrne	<ul style="list-style-type: none"> Chief Officer Lead(CIOS wide services) Chief Officer Lead (community based services) Director of Adult Social Care and Integration Derriford Hospital representative Locality Leads GP provider representative Public health provider lead 	Monthly
Strategic Commissioning Shadow Board	Responsibility for the development and implementation of an integrated strategic commissioning function, place based strategy and outcomes framework	Kate Kennally	<ul style="list-style-type: none"> Director of Public Health Chair of NHSK Chief Operating Officer, NHSK Finance Leads, NHSK & CC Director of 	Monthly

			Assurance, NHSE	
Integrated Commissioning Partnership	Provide oversight and monitoring for services and projects that are jointly commissioned by the Council & NHSK	Jon Price/ Helen Childs	<ul style="list-style-type: none"> • Director of Integrated Commissioning NHSK, • Deputy Director of Finance (NHSK) & Head of Finance (CC) • Heads of Commissioning NHSK/ CC 	Monthly
Planned Care Board	Provide strategic oversight and co-ordination of the commissioning and provision of Elective Care services to ensure they are of high quality and affordable whilst meeting the prioritised needs of the population of Cornwall and IoS.	Phil Confue	<ul style="list-style-type: none"> • Elective Care Clinical Lead & GP – NHSK • Clinical Director for Medicine – RCHT • Clinical Director for Head and Neck – RCHT • Chief Operating Officer – RCHT • Transformation Director – PHT • Director of Integrated Care – NHSK • DoF – RCHT/CFT/ NHSK • Right Care Partner – NHSE • Head of Assurance – NHSE • Head of Improvement & Performance - NHSI 	Monthly
A&E Delivery Board	Provide leadership for a system-wide approach to safe, effective and efficient delivery of urgent and emergency care in Cornwall.	TBC	<ul style="list-style-type: none"> • Chief Officers from CCG, NHS Trusts & Cornwall Council • Executive Lead for Urgent Care • Chief Operating Officer for RCHT • Medical Director RCHT 	
Time bound Task and finish projects focussed on agreed system priorities	<ul style="list-style-type: none"> • Community based model of care • Mental Health • Adult Social Care Transformation • One Vision 	J. Pendleton TBC R Rotchell J Cordery/ G Frame	See individual terms of reference	
Strategic Estates Group	Act as a programme board to manage and govern all estates related activities and projects within the scope of the SOF identifying the estates	Jackie Pendleton	<ul style="list-style-type: none"> • Estates leads from CFT, RCHT, CC, NHSK, Kernow CIC • NHS Property Services 	Monthly

	implications of the SoF and enabling delivery of estates solutions which facilitate implementation of the SoF and the new models of care.		<ul style="list-style-type: none"> Community Health Partnerships NHS England SoF DoF 	
Workforce Strategy Board	<ul style="list-style-type: none"> bring together health and care organisations and key stakeholders across a broad range of workforce issues, current and future so that the people elements of the service strategy can be identified and delivered. provide direction to the Workforce Delivery Group in developing solutions and agreeing workforce programmes to support SoF. 	Phil Confue/Clare Chivers, HEE	<ul style="list-style-type: none"> HRDs from CFT, RCHT, CC, NHSK, PHT SoF DoF SWAST Workforce Lead TU representation NHSLA Director CCG Chair, COO & Chief Nursing Officer 	Monthly
Digital Transformation Board	strategic digital programme board which would provide oversight of budgets, resource allocation and ownership of the strategic direction and prioritisation	Kate Kennally	<ul style="list-style-type: none"> SoF Strategic Digital Lead Digital Leads from CFT, RCHT, CC, NHSK SoF DoF 	Monthly
Citizens Advisory Panel	provides an independent view and critical friendship on matters relating to SoF	Jackie Pendleton	<ul style="list-style-type: none"> citizen representatives A Representative of Healthwatch The Chief Officer of NHS Kernow 	Monthly

Terms of Reference for the following new boards and groups are attached:

- System Assurance Group
- System Executive Group
- Shadow Strategic Commissioning Board
- Shadow Accountable Care Partnership (ACP) Board

Interdependencies with other work streams (where relevant)	The proposed governance arrangements cover all SoF programmes.
Financial implications	The proposed arrangements provide for system oversight of financial performance, and should streamline regulator assurance processes
Key Risks	Work will be undertaken to ensure all system risks are assigned to Boards/Groups within the new transitional governance structure.
Sources of evidence in support of proposals	In addition to discussions with NHS England we have taken learnings from other STP footprints including Devon and Somerset.
Equality and Diversity Statement	NA
Communications requirements	Revised governance arrangements will need to be communicated to all key stakeholders.

CORNWALL AND IOS System Assurance Group

TERMS OF REFERENCE Version 0.1

1. PURPOSE

The System Assurance Group (SAG) receives assurance regarding system performance, quality, financial outturn and delivery of the system transformation priorities as set out under Shaping Our Future. It acts as a system-wide forum to hold organisations and the System Lead to account for delivery of the system's strategic priorities.

This meeting will be held in public.

2. RESPONSIBILITY

The System Assurance Group has the following responsibilities:

- Receive assurance that national performance standards and the system savings plan is being delivered.
- Receive assurance and scrutinise that the SOF transformation objectives are delivered.
- Receive assurance that SoF is appropriately linked with other strategic initiatives in respect of Cornwall, the Isles of Scilly and across Cornwall's border with Devon and Plymouth.
- Generate effective partnership working and a sense of common purpose between system partners.
- Receive escalated issues from the System Executive Group for resolution.
- Seek assurance that system leadership are living the agreed shared principles.
- Positively express the vision and the purpose of SoF to stakeholders.
- In collaboration with the Independent Chair and system partners design and keep under review the overall governance structures for the management of system priorities.
- Hold the System Chief Executive to account for system-wide leadership.

3. ACCOUNTABILITY

The System Assurance Group is accountable to the statutory boards of the partner organisations and the regulators of Cornwall's health & social care system.

4. MEMBERSHIP

The core membership of the Cornwall and IoS System Assurance Group will consist:

- Independent chair – TBC
- ACS System Lead
- Chair, Cornwall Partnership NHS Foundation Trust
- Chair, NHS Kernow Clinical Commissioning Group
- Chair of Clinical Practitioner Cabinet
- Chair, Royal Cornwall Hospitals NHS Trust
- Chair, Kernow Health CIC
- Portfolio Holder, Adult Social Care, Cornwall Council
- Portfolio Holder, Children and Family, Cornwall Council
- Nominated councillor, Council of the Isles of Scilly
- Leads for NHS England and Improvement
- Primary care representation
- Representative for Plymouth Hospital Trust
- Representative for South West Ambulance Trust
- Representative for Healthwatch

Additional attendees:

- Chief Executive, Cornwall Council and System Lead for Strategic Commissioning
- Chief Executive, System Lead for Cornwall Wide Services
- Chief Officer, System Lead for Integrated Services
- Chief Executive, Council of the Isles of Scilly
- SoF Programme Director
- SoF Finance Director
- Chair of System Performance Group

At the discretion of the Chair, other individuals may be invited to attend the System Assurance Group where they have the relevant skills or expertise as necessary to deal with the business on the agenda or to carry out specific activities.

5. QUORUM

The group is quorate with a minimum of one member or suitable substitute from each partner and the independent chair.

Where a regular member is unable to attend, they may nominate a deputy to attend in their place provided this is agreed in advance with the Chair. In the exceptional circumstance of the independent chair not being available, the representative from either NHSI or NHSK will be asked to chair.

6. FREQUENCY AND MANAGEMENT OF MEETINGS

The System Assurance Group will meet on a quarterly basis in accordance with a timetable to be published annually.

The agenda will be distributed no less than five working days in advance of a meeting. If separate papers require circulation, these should, wherever possible, be issued with the agenda along with the notes recorded of the last meeting. This is intended to give members the opportunity to read information in advance of the meeting.

If an item needs to be raised on the day, this will be covered under Any Other Business, subject to there being available time. Items of significance and which could have been raised as an agenda item should not be raised under Any Other Business.

7. HOLDING SYSTEM ASSURANCE GROUP MEETINGS IN PUBLIC

Appendix 1 sets out a Protocol to support the holding of System Assurance Group meetings in public.

8. PROBITY AND DECLARATIONS OF INTEREST

Members are expected to declare any interests and any contractual or pecuniary interest in respect of any matter discussed or proposed by the Board and to refrain from voting on any such matter where such an interest exists.

9. REVIEW

The terms of reference will be reviewed annually or when changes occur that will impact on the role and function of this Group.

System Assurance Group Meetings in Public Protocol

1. Meetings in Public

The System Assurance Group is committed to openness and transparency, and will conduct as much of its business as possible in a session that members of the public are welcome to attend and observe, subject to available space.

We will hold meetings in public so that local communities and stakeholders can come and listen to the discussions and have a greater insight and understanding about how we work and make decisions about the transformation of local health and social care. The System Assurance Group meets quarterly.

System Assurance Group meetings, whilst held in public, are not public meetings and this means that the public are very welcome to attend but cannot take part in discussions. Only System Assurance Group members and those invited to attend, participate in discussions at the meeting. There are however opportunities for the public to submit any questions they have in advance of the meeting.

On occasion, it may be necessary for the Group to consider agenda items which are confidential and cannot be discussed in public. If this is the case, a private session will be held at the meeting, from which the public will be excluded.

2. Agenda Papers

A copy of the System Assurance Group agenda and papers for the meeting is published on the Shaping Our Future website (www.shapingourfuture.info) at least three working days before the meeting.

A small supply of paper copies will be available at the meeting, however if more members of the public attend you may be asked to share papers.

3. Attendance at the System Assurance Group Meeting

If you wish to attend, please contact the Shaping Our Future Communications Team on 01752 315014 or shaping.ourfuture2@nhs.net at least 24 hours in advance of the meeting. If you have any particular needs with regards to access or assistance, please contact the Shaping Our Future Communications Team and we will do our best to assist you.

Please be aware that you will need to sign-in at reception upon arrival, for fire safety and security reasons.

4. Process for Submitting Questions

We welcome relevant, written questions on any agenda item from our staff or members of the public. To ensure that we can give a considered response, written questions should be submitted in advance of the meeting. Please forward questions to the Shaping Our Future

email address (shaping.ourfuture2@nhs.net) no later than 24 hours prior to the date of the System Assurance Group meeting.

Questions must show the name of the person submitting the question and, if submitted on behalf of an organisation, the organisation's name and address must also be stated.

No more than one question may be submitted by any person at any meeting to allow us to deal with a fair cross-section of questions. We will also prioritise answering those questions answered at meetings from those who have not raised a question in the previous six months.

5. Procedure at the System Assurance Group Meeting in Public

Where possible a response will be given to questions at the meeting. If the person who has submitted the question is present, they will be invited to read out their question at the start of the relevant agenda item, with the Chair then reading out a written response. If the questioner is not present, the Chair may choose to read out the question before giving the answer.

If the matter is complex or requires the consideration of further information, a written response to questions will be provided within 10 working days. The Chair may also occasionally ask for the query to be submitted as a Freedom of Information request.

6. Subject Matter for Questions

Anyone may submit a written question on any matter within the powers and the duties of the System Assurance Group. The Chair reserves the right to refuse any written question that:

- is not within the powers and duties of the System Assurance Group to answer;
- is defamatory or offensive, or related to individual members of staff;
- would require the disclosure of confidential or exempt information, for example a named individual such as a patient, member of staff, or where the matter would compromise commercial or legal confidentiality;
- is deemed to be overtly political;
- is substantially the same as a question that has been answered before.

7. Public Order

The Chair may at any time require the public or individual members of the public or media to leave the meeting or may adjourn the meeting to a private location if they consider that those present are disrupting the proper conduct of the meeting or the business of the System Assurance Group.

The introduction by the public or press representatives of recording, transmitting, video or similar apparatus into meetings is not permitted.

CORNWALL AND IOS System Executive Group

TERMS OF REFERENCE

Version 0.1

1. PURPOSE

The System Executive Group (SEG) provides system leadership and joint responsibility for system performance, quality and financial outturn and delivery of the system transformation priorities as set out under Shaping Our Future.

This is a decision-making forum in line with the delegated authorities of the Chief Officers. Significant decisions impacting on individual organisations will need to be taken back through respective organisational governance arrangements

2. Responsibility

The System Executive Group has the following responsibilities:

- Oversee the development of a system plan comprising agreed system priorities and delivery mechanisms, and monitor delivery.
- Provide the system leadership and co-ordination for programmes requiring a system response.
- Ensure capacity is sufficiently aligned with system priorities.
- Ensure alignment of system and organisational priorities.
- Be accountable for the national performance standards and delivery of the system savings plan.
- Be accountable for the delivery of the overall SoF transformation objectives.
- Address / resolve escalated system-level risks and issues.
- Receive and consider impact assessments and business cases in furtherance of system priorities.
- Collectively understand the need for and implications arising from strategic procurement decisions of health and care commissioners.
- Oversee the effective establishment of a shadow ACS to underpin delivery of agreed system priorities.

3. ACCOUNTABILITY

Whilst each Chief Officer has legal responsibilities to their individual organisations their role on this group will be to find ways of addressing what is in the best interest of the system and holding each other to account to deliver this. A key part of their role at this meeting will be to find ways of reconciling tensions between organisation and system interests.

Individuals sitting on the group will have responsibility for ensuring that plans are endorsed appropriately within the governance structures of their constituent organisations.

4. MEMBERSHIP

The core membership of the Cornwall and IoS System Executive Group will consist of:

- Chief Executive, Royal Cornwall Hospitals NHS Trust & ACS System Lead (Chair)
- Chief Executive, Cornwall Council and System Lead for Strategic Commissioning
- Chief Executive, Cornwall Partnership NHS Foundation Trust & System Lead for Cornwall Wide Services
- Chief Officer, NHS Kernow Clinical Commissioning Group & System Lead for Integrated Services
- Chief Executive, Council of the Isles of Scilly
- Director of Adult Social Care, Cornwall Council
- Director for Children Services, Cornwall Council
- Primary care representative (TBC)
- Senior Leads for NHS England and Improvement
- SoF Finance Director
- Chair of System Performance Group
- Chair of Clinical Practitioner Cabinet/SoF Clinical Director

At the discretion of the Chair, other individuals may be invited to attend the Executive Group where they have the relevant skills or expertise as necessary to deal with the business on the agenda or to carry out specific activities.

5. QUORUM

The group is quorate with a minimum of one member or suitable substitute from each partner organisation.

Where a regular member is unable to attend, they may nominate a deputy to attend in their place provided this is agreed in advance with the Chair. The Chair can also nominate a deputy (up to three times in each calendar year).

6. FREQUENCY AND MANAGEMENT OF MEETINGS

The System Executive Group will meet on a monthly basis in accordance with a timetable to be published annually and will be reviewed quarterly.

The agenda will be distributed no less than five days in advance of a meeting. If separate papers require circulation, these should, wherever possible, be issued with the agenda along with the notes recorded of the last meeting. This is intended to give members the opportunity to read information in advance of the meeting.

If an item needs to be raised on the day, this will be covered under Any Other Business, subject to there being available time. Items of significance and which could have been raised as an agenda item should not be raised under Any Other Business.

7. PROBITY AND DECLARATIONS OF INTEREST

Members are expected to declare any interests and any contractual or pecuniary interest in respect of any matter discussed or proposed by the Board and to refrain from voting on any such matter where such an interest exists.

8. RIGHT OF APPEAL

Where a decision is taken which is in the best interest of the system but has a direct and adverse impact upon an individual organisation which they do not consider is proportionate or reasonable, members can ask for decisions to be reviewed. The request should set out in writing their reasons for wishing to appeal the decision.

9. REVIEW

The terms of reference will be reviewed annually or when changes occur that will impact on the role and function of this group, for example the establishment of the Shadow ACS.

DRAFT

Cornwall and Isles of Scilly Shadow Accountable Care Partnership Board

TERMS OF REFERENCE

Version 0.1

1. CONTEXT

Through the development of Shaping Our Future, the health and social care leaders in Cornwall and the Isles of Scilly (CIOS) have agreed to develop one Accountable Care System (ACS) for the county by 2019, comprising an integrated strategic commissioner for health and social care and an Accountable Care Partnership, a network of providers with a single leadership team.

The proposal is to use 2018/19 as a shadow year, operating within the existing statutory framework but with provider organisations working as if they were a single network of provider. Testing, reviewing and refining the model prior to contracting for, or formally altering, organisational for and / or accountabilities.

This shadow board will initially act as the project steering group to oversee the development of the shadow form working for the provider network and transition into the system group with responsibility for service provision, providing advice, assurance and making recommendations to the relevant decision-making bodies.

This arrangement reflects the fact that while during 2018/19 the system will act 'as if' there is a single accountable care partnership, there will be no change to the statutory organisational accountabilities or governance arrangements. Mechanisms will need to be established to ensure that commissioning decisions have clinical leadership and that each organisation is fully compliant with regards their statutory responsibilities.

2. PURPOSE

Accountable to the statutory provider organisations and reporting to the System Assurance Group, the purpose of the Shadow Board is to:

- Provide overall direction and leadership to the development and implementation of the shadow Accountable Care Partnership function, ensuring its timely delivery and realisation of intended benefits
- Oversee implementation of agreed plans providing advice, assurance and recommendations to be approved through the relevant decision-making bodies for:
 - Prioritisation and implementation of whole system plan to ensure co-ordinated approach to developing place based delivery of care.
 - Development of care and business models for service provision across CIOS to meet commissioner.

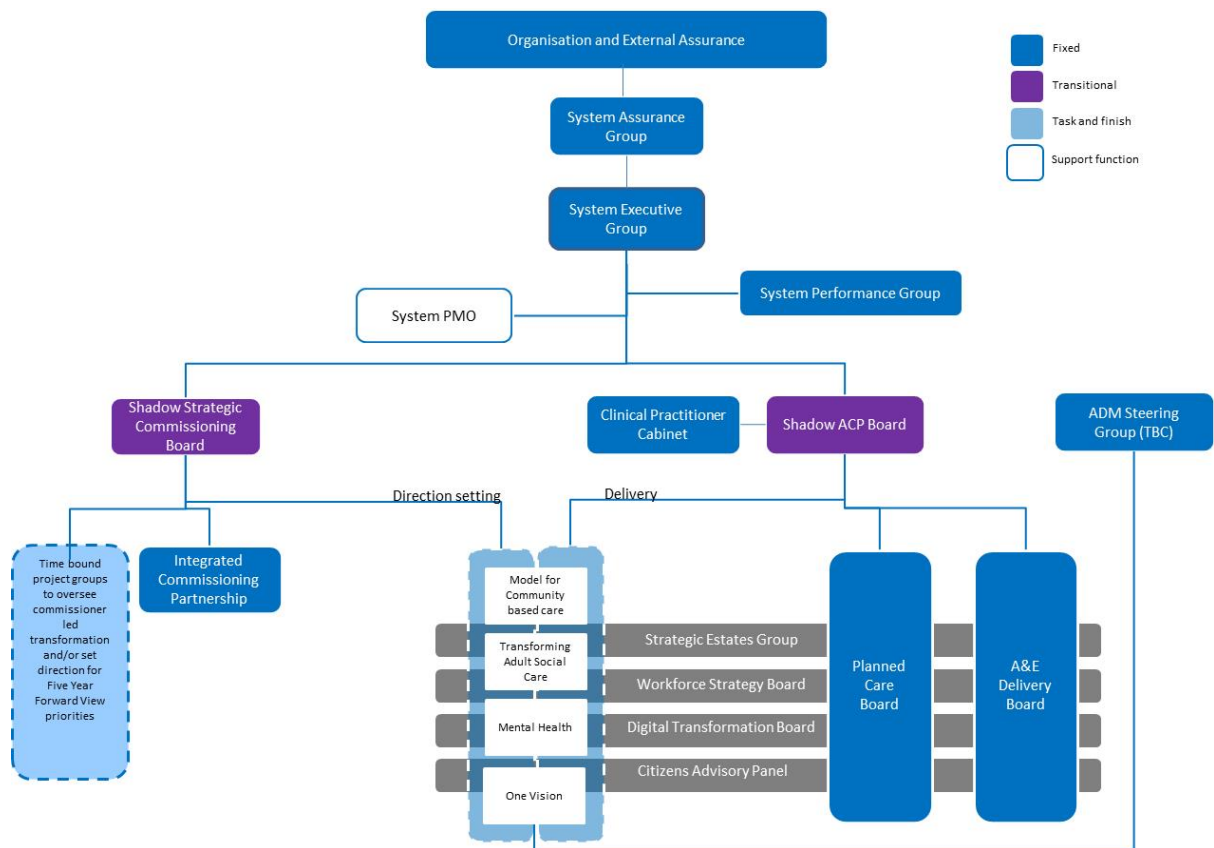
- Monitor, manage and provide assurance to strategic commissioners and regulators re. whole provider system performance and plans – activity, quality and finances.
 - Realise the benefits of economies of scale through shared corporate services.
 - Partner co-ordination including holding them to account to manage and mitigate risks and underperformance.
- Provide direction to, and oversight of, the work of the Planned Care Board and A&E Delivery Boards.
 - Set the scope and mandate for time bound projects groups to oversee delivery of commissioner set priorities and / or manage operational or performance issues.

3. RESPONSIBILITY

2017/18 Outline Work Programme

Mobilisation
Draft case for change and expected benefits of working as an ACP
Clarify scope of services and budgets - now, later, never
Agree partners of the ACP (direct and indirect) and how they are represented.
Define and discuss with practices different options for primary care involvement in the ACS.
Establish ACP project steering group
Draft ACP vs delivery unit roles and responsibilities.
Develop long list of options for organisation form and governance considerations
Agree working arrangements with neighbouring ACPs.
Develop options appraisal for shared corporate services
Decision Making
Engage/consult on ACP vs delivery unit roles and responsibilities. Local vs system-wide.
Develop options appraisal - involving wider stakeholders on views.
Business case with options appraisal recommendations to provider boards and representative bodies. Plus CCG and councils
Workshop(s) to scenario test operational issues - system and local level and agree priority service changes for 18/19 including financial impact.
Confirm whole system plan for care with critical path showing phasing of service development
Determine community based services and bed capacity modelling and planning, supported by review of evidence from other systems
Calculate expected impact of changes on acute and specialist care
Finalise with primary care the mechanisms to secure a strong primary care voice in the development of the ACS and participation in the ACP.
Shadow working and testing proof of concept
Establish shadow ACP board/committee with single system leader, financial and quality (working within existing governance arrangements).
Develop 'arms length body' within the CCG governance but under shadow ACP for services transferring to the ACP e.g., CHC, meds mx etc/
Review need for and develop if req. similar for council provider functions
Establish clinical group to support ACP planning and decision making
Establish finance group to support ACP planning and decision making.
Confirm financial envelope and risk/investment sharing responsibilities between delivery units.
Define roles and responsibilities of locality leadership teams
Develop locality leadership teams empowered to drive immediate change.
Reflect new contracting approach for 18/19, defining service changes that move money around the system - use existing governance arrangements to enact this.
Provide assurance to commissioners and regulators re financial and quality deliverables

4. ACCOUNTABILITY



5. MEMBERSHIP

Membership of the Steering Group will consist of:

- ACP Lead CEO
- CIOS wider or wide services lead CEO
- Integrated Community Services lead CEO
- SoF Director of Finance
- SoF Clinical Lead
- Service Delivery Unit leads
- GP Provider representative
- Plymouth Hospitals Trust representative
- North Devon District Hospitals representative
- Social care provider lead
- Public health provider lead
- Children's Services provider representative
- Programme support – System Transformation Director
- Workforce, IM&T, Quality, Human Resources & Governance ad hoc attendance

Best way to secure non-executive member involvement to be agreed.

Each member of the Shadow Board will provide and commit to the programme for some or all the following (as appropriate) for the area they represent:

- Responsibility to ensure they engender trust with partners by working collectively for the best outcomes for the citizens they serve.
- Understanding and managing the impact of change.
- Working to make the ACP strategically sound but locally sensitive.
- Engaging and seeking support / approval from within their own organisations.
- Making proportionate resources available for analysis, planning and delivery purposes as required.
- Owning the resolution of risks and issues that the project faces.
- Resolving dependencies with other pieces of work, whether change or business operations.
- Abiding with and publicly supporting the principles and objectives of the ACS Accord.
- Ensuring alignment with business as usual.

6. QUORUM

TBC

7. FREQUENCY AND MANAGEMENT OF MEETINGS

The shadow board will meet monthly; however, members may need to be available with reasonable notice to provide direction or approval on aspects of the programme outside the regular meeting cycle.

Meeting papers will be sent at least three working days in advance of the meeting and notes will be circulated within five days. Administration support for the steering group will be provided by RCHT.

Delegates will not be required due to the priority for core shadow board members to be able to attend on a regular basis during 17/18.

8. PROBITY AND DECLARATIONS OF INTEREST

Members are expected to declare any interests and any contractual or pecuniary interest in respect of any matter discussed or proposed by the Board and to refrain from voting on any such matter where such an interest exists.

9. REVIEW

The terms of reference will be reviewed annually or when changes occur that will impact on the role and function of this group, for example the establishment of the Shadow ACS.

DRAFT

Shadow Integrated Strategic Commissioning Board

TERMS OF REFERENCE

Version 0.1

1. CONTEXT

Through the development of Shaping Our Future, the health and social care leaders in Cornwall and the Isles of Scilly (CIOS) have agreed to develop one Accountable Care System for the county by 2019, comprising an integrated strategic commissioner for health and social care and a network of providers with a single leadership team.

Currently the commissioning of health and social care services spans four organisations: the Kernow Clinical Commissioning Group (CCG), Cornwall Council and the Council of the Isles of Scilly (councils), and NHS England (NHSE).

A business case setting out the case for change, expected benefits and success measures of an ACS together with an appraisal of the available options for the form of an Integrated Strategic Commissioning function and the use of 2018/19 as a shadow operating year to test the proof of concept and refine the model will be considered in public sessions by NHSE, KCCG and the Councils in February.

This shadow board will initially act as the project steering group to oversee the development of the shadow strategic commissioning function and transition into the system group with responsibility for integrated strategic commissioning, providing advice, assurance and making recommendations to the relevant decision-making bodies.

This arrangement reflects the fact that whilst during 2018/19 the system will act 'as if' there is a single strategic commissioning function, there is no change to the statutory organisational accountabilities or governance arrangements. Mechanisms will need to be established to ensure that commissioning decisions have clinical leadership and that each organisation is fully compliant with regards their statutory responsibilities.

2. PURPOSE

Accountable to the statutory commissioning organisations and reporting to the System Assurance Group, the purpose of the Shadow Board is to:

- Provide overall direction and leadership to the development and implementation of the Integrated Strategic Commissioning function, ensuring its timely delivery and realisation of intended benefits.
- Provide advice, assurance and recommendations to be approved through the relevant decision-making bodies to:

- Develop a place based commissioning strategy and outcomes framework.
- Develop links with neighbouring strategic commissioners.
- Oversee the procurement process for new service models.
- Take accountability for securing quality, delivering value, setting the medium term financial envelope and holding providers to account for operating within the agreed financial envelope.
- Build and maintain neighbouring strategic commissioner relationships.
- Provide direction to, and oversight of, the work of the Integrated Commissioning Partnership.
- Set the scope and mandate for time bound projects groups to oversee commissioner led transition and / or set direction for Five Year Forward View priorities.

3. RESPONSIBILITY

2017/18 Outline Work Programme:

Mobilisation
Clarify scope of commissioning services and budgets - now, later, never (CCG, Councils and NHS England).
Draft case for change for moving to an integrated strategic commissioning function.
Differentiate between tactical and strategic commissioning and map resources (CCG and relevant Council functions).
Map resources to above.
Establish Integrated Strategic Commissioning project steering group.
Draft long list of options and transition approach to integration.
Confirm arrangements for working with neighbouring commissioners, including specialist commissioning and develop action plan.
Decision Making
Engage/consult on separation between strategic and tactical commissioning roles and provider services within CCG and Council.
Engage / consult on options appraisal for integration options.
Business Case setting out case for change, expected benefits and success measures of an ACS together with options appraisal regarding form of ISC function.
Inquiry days for cabinet members and CCG governing body.
Develop detailed plans to support implementation of approved option.

Workshop(s) to scenario test how the integrated commissioning proposal would operate in practice and refine model accordingly.

Develop joint strategic commissioning intentions.

Shadow working and proof of concept - planning will be at risk as requires approval to proceed

Establish shadow joint arrangements / group with single system leader (working within existing governance arrangements).

Establish clinical group to support Strategic Commissioning planning and decision making.

Shadow align CCG and Council staff towards strategic commissioning functions.

Confirm financial envelope and risk/investment sharing responsibilities.

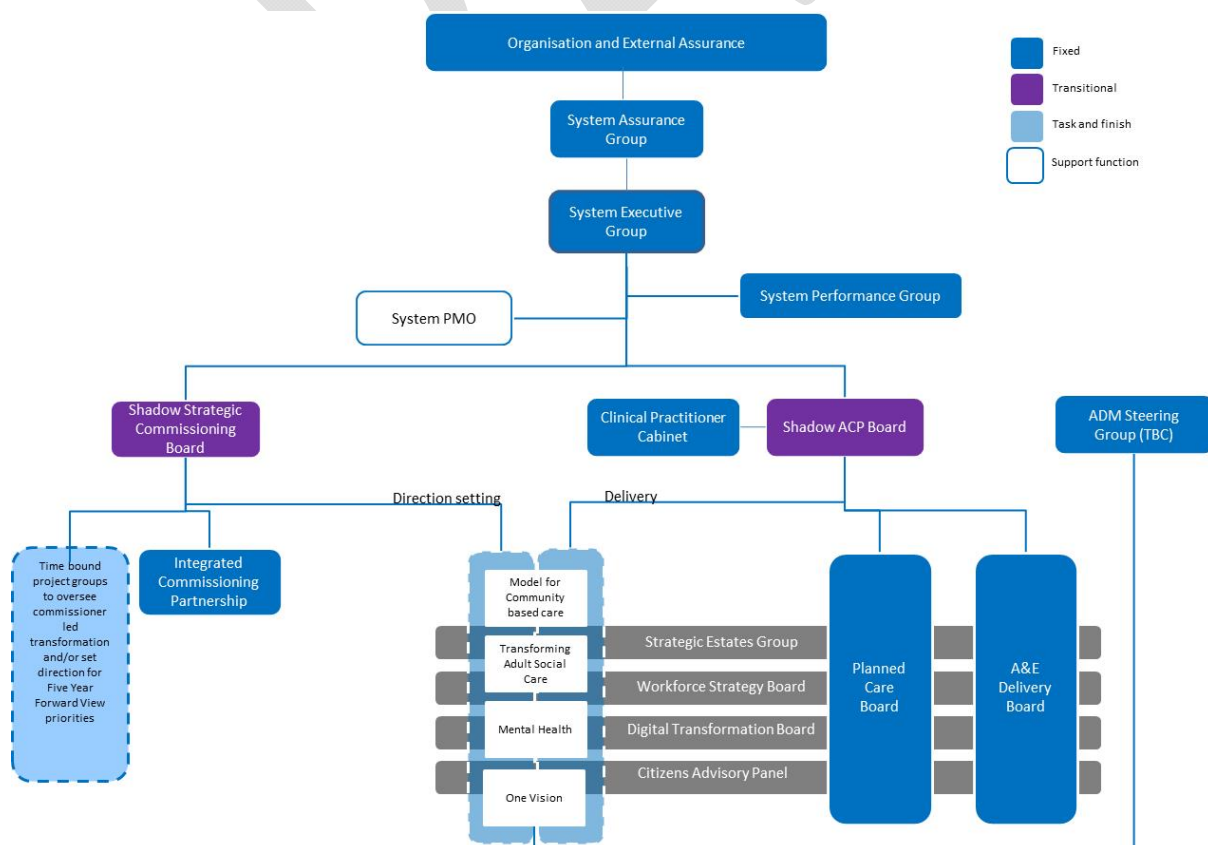
Review S75 and BCF agreements.

Design and oversee implementation of new contracting approach for 18/19, reflecting agreed service changes to move money round the system - using existing governance arrangements to enact.

Seek assurance from providers re plans to manage within financial envelope and ability to deliver quality specification.

Develop outcomes framework for services being commissioned.

4. ACCOUNTABILITY



5. MEMBERSHIP

Membership of the Shadow Board will consist of:

- Integrated Strategic Commissioning System Lead (Chair)
- Integrated Strategic Commissioning Clinical Lead (Vice Chair)
- Public Health Commissioning Lead – Cornwall and Isles of Scilly Councils
- Adult Social Care Commissioning Lead – Cornwall Council
- Children’s Services Commissioning Lead – Cornwall Council
- Commissioning Lead – Kernow Clinical Commissioning Group
- Finance Lead – Kernow Clinical Commissioning Group
- Finance Lead – Cornwall Council
- Primary Care Commissioning Lead – NHS England
- Specialist Commissioning Lead – NHS England
- ACS Programme Link – System Transformation Director
- Project Group Leads to be invited to attend on an ad hoc basis

Each member of the shadow board will provide and commit to the programme for some or all the following (as appropriate) for the area they represent:

- Responsibility to ensure they engender trust with partners by working collectively for the best outcomes for the citizens they serve.
- Understanding and managing the impact of change.
- Engaging and seeking support / approval from within their own organisations.
- Making resources available for analysis, planning and delivery purposes as required.
- Owning the resolution of risks and issues that the project faces.
- Resolving dependencies with other pieces of work, whether change or business operations.
- Ensuring alignment with business as usual.

6. QUORUM

TBC

7. FREQUENCY AND MANAGEMENT OF MEETINGS

The steering group will meet monthly; however, steering group members may need to be available with reasonable notice to provide direction or approval on aspects of the programme outside the regular meeting cycle.

Meeting papers will be sent at least three working days in advance of the meeting and notes will be circulated within five days. Administration support for the steering group will be provided by the PA to the Kernow CCG Commissioning Lead.

Meetings will be held alternately between New County Hall, Truro and Sedgemoor Centre, St Austell.

8. PROBITY AND DECLARATIONS OF INTEREST

Members are expected to declare any interests and any contractual or pecuniary interest in respect of any matter discussed or proposed by the Board and to refrain from voting on any such matter where such an interest exists.

9. REVIEW

The terms of reference will be reviewed annually or when changes occur that will impact on the role and function of this group, for example the establishment of the Shadow ACS.