

Surrey Downs Clinical Commissioning Group

Governing Body

27th May 2016

Surrey Heartlands Sustainability and Transformation Plan (STP)

Agenda item 17 Paper 11	
Summariser:	Justin Dix, Governing Body Secretary
Authors and contributors:	Guildford and Waverley CCG and North West Surrey CCG have co-designed the frameworks used for the governance of this work
Executive Lead(s):	James Blythe, Director of Commissioning and Strategy
Relevant Committees or forums that have already reviewed this issue:	Council of Members
Action required:	For decision
Attached:	STP Committee In Common Governance
CCG Strategic objectives relevant to this paper:	Integration Strategy implementation Quality and Performance Financial balance Core business: relevant to all / most objectives
Risk	The CCG is working within the STP to manage a range of strategic risks, principally quality and safety of care for patients, sustainable services and financially sustainability
Compliance observations:	Finance: The STP work seeks to support financially sustainable health economies
	Engagement : Ongoing across a range of stakeholders including social care
	Quality impact: Individual components assessed for quality impact where necessary
	Equality impact: Individual components assessed for equality impact

where necessary

Privacy impact: No specific issues

Legal: The governance arrangements for the three CCGs are set out in the 2012 health act and the amendment regarding joint committees in October 2014

EXECUTIVE SUMMARY

“Surrey Heartlands” is the working description of the area of Surrey covered by Surrey Downs, North West Surrey and Guildford and Waverley CCGs, and this meaning will apply throughout this document.

The combined population of this area is approximately 850,000. Acute hospital services based in this area are Ashford and St Peters NHS FT, Royal Surrey County Hospital NHS FT and Epsom and St. Helier University Hospitals NHS Trust. Major community services providers are Virgin Healthcare and CSH Surrey. Most mental health services are provided by Surrey and Borders Partnership NHS FT. Ambulance services and 111 are provided by South East Coast Ambulance NHS FT and GP Out of Hours, by Care UK. Social care services are provided by Surrey County Council. Surrey Heartlands covers 8 District/Borough Councils.

Sustainability and Transformation Plans (STP) have been requested from every health and care system in England. They are intended to be place-based, multi-year plans built around the needs of local populations driving a genuine and sustainable transformation in patient experience and outcomes. They are required to be completed by 30 June 2016.

The principal governance for the STP will be through a Transformation Board and the named Senior Responsible Officer (SRO). As detailed in its Terms of Reference, the purpose of the Transformation Board is to seek a shared commissioner view of the strategic direction, in order to achieve the wider system assent to the Plan. This will in turn inform final sign off of the submission by the CCGs through a ‘Committees in Common’ arrangement, representing the formal commissioning decision making body.

The governing body is asked to AGREE to the governance set out in the attached document subject to confirmation of Surrey Downs members and deputies.

Date of paper

18th May 2016

For further information contact:

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Surrey Heartlands' Framework for Committees in Common

TERMS OF REFERENCE SUSTAINABILITY AND TRANSFORMATION PLAN COMMITTEES IN COMMON

1. Introduction

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The combined population of this area is approximately 850,000. Acute hospital services based in this area are Ashford and St Peters NHS FT, Royal Surrey County Hospital NHS FT and Epsom and St. Helier University Hospitals NHS Trust. Major community services providers are Virgin Healthcare and CSH¹ Surrey. Most mental health services are provided by Surrey and Borders Partnership NHS FT. Ambulance services and 111 are provided by South East Coast Ambulance NHS FT and GP Out of Hours, by Care UK. Social care services are provided by Surrey County Council. Surrey Heartlands covers 8 District/Borough Councils.

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2. Governance Arrangements

The principal governance for the STP will be through a Transformation Board and the named Senior Responsible Officer (SRO). As detailed in its Terms of Reference, the purpose of the Transformation Board is to seek a shared commissioner view of the strategic direction, in order to achieve the wider system assent to the Plan. This will in turn inform final sign off of the submission by the CCGs through a ‘Committees in Common’ arrangement, representing the formal commissioning decision making body.

¹ Central Surrey Health

2.1 Establishment of the 'Committees in Common'

The Governing Body of each of the three CCGs – NHS Surrey Downs, NHS North West Surrey and Guildford and Waverley - has agreed to establish a committee (CCG Sustainability and Transformation Plan (STP) Committee), to be responsible for its decision-making in relation to the Surrey Heartlands' STP, according to these Terms of Reference.

The CCG STP Committees are collectively called the Surrey Heartlands' STP Committees in Common (SH STP CiC) and each of them shall be called an SH STP CiC member. They shall meet together as the SH STP CIC, at the same time, around one table, to make the decision in relation to the STP.

Each of the SH STP CiC members has delegated authority to make decisions on behalf of their CCG on the STP, for its locality. The SH STP CiC will be able to approve, through consensus of the members, sign off of the STP and the mobilisation plan, and maintain an oversight in terms of monitoring delivery.

Since each of the SH STP CiC members has delegated powers from its respective Governing Body to make decisions in relation to the STP, the decisions of each member will not need to be ratified by its Governing Body. Each member retains its own decision-making accountability.

Each SH STP CiC member can bind its parent CCG so when they meet together they can make a decision which will be achieved by consensus.

3. Functions of the Surrey Heartlands' Sustainability and Transformation Plan CiC

In order to ensure timely submission and subsequent mobilisation of a coherent Plan, the SH STP CIC will take decisions to achieve delivery of the following key milestones in accordance with the Project Plan.

- (1) Sign off of the final STP submission by 30th June 2016
- (2) Sign off of the mobilisation plan for delivery
- (3) Monitor delivery
- (4) Any other decisions required in relation to the STP that would otherwise be taken by the CCG Governing Bodies

4. Scope of decision making

4.1 Achieving Consensus

The core value and intention of the SH STP CiC is to make decisions based on achieving consensus across the three participating Surrey CCGs as a first principle, having taken into account the views of the representatives of each CCG and with reference to an agreed 'ethical process' (refer Appendix B) which underpins this aspiration. In order for any decision to be taken, there will need to be unanimous support for the decision within the SH STP CiC.

4.2 Delegated authority for SH STP CiC

Each SH STP CiC member will perform the functions delegated to it by its Governing Body in relation to the functions of the SH STP CiC.

5. Membership of the SH STP CiC

The SH STP CiC shall not have a chair but instead shall appoint an individual with responsibility for convening meetings (the Convener). The Convener of the SH STP CiC will be Jonathan Perkins, a lay member and Deputy Chair of Surrey Downs CCG. The Convener shall not be a member of SH STP CiC; he will not be part of the decision-making process. The Convener shall support the SH STP CiC in trying to reach a consensus for each decision.

The members of each CCG STP Committee shall comprise up to three voting Governing Body members from each of the CCGs (although it is noted that there will not be voting as part of the SH STP CiC except to determine the views of each CCG STP Committee and whether a consensus has been reached by that CCG). It is suggested that this should include the Accountable Officer, GP clinical representative and a lay member.

The nominated Governing Body members for each CCG STP Committee are listed in the table below and also detailed in the separate addendum for each CCG.

Lay Convener (non-voting): Jonathan Perkins, Surrey Downs CCG

Members:

	Exec.	Clinical	Lay
Guildford and Waverley CCG			
Dominic Wright, Chief Officer	x		
Dr. David Eyre-Brook, Clinical Chair		x	
Phelim Brady, Lay Member (PPE)			x
North West Surrey CCG			
Julia Ross, Chief Executive (and SRO)	x		
Dr. Charlotte Canniff, Clinical Chair		x	
William Mckee Lay Member (PPE)			x
Surrey Downs CCG			
Ralph McCormack, Interim Chief Officer	x		
Dr. Claire Fuller, Clinical Chair		x	
TBC			x
TOTAL	3	3	3

Named deputies for each CCG may be appointed for their nominated SH STP CiC member, if they are listed in the separate addendum for each CCG. Any individual so authorised must be a voting member of the relevant CCG's Governing Body. The Convener must be advised in respect of such individuals' attendance, preferably in advance of the meeting.

6. Attendees

The Convener of the SH STP CiC may, at his or her discretion, permit other persons to attend their meetings but, for the avoidance of doubt, any persons in attendance at any meeting of the SH STP CiC shall not count towards the quorum or have the right to make decisions at such meetings.

Any 'supporting' attendees nominated to attend in observer (non voting) capacity for their respective CCGs will be set out in their addendum. The Executive Lead for the Project will be in attendance, with any Members of the core team as needed to provide information.

7. Attendance at meetings

The expectation is that SH STP CiC members will attend all meetings. It is essential that the Committee administrator is advised of any non attendance, where possible in advance of the meeting taking place, so that a quorum is maintained for decision making.

8. Quorum

The quorum for a meeting of the SH STP CiC shall be calculated by reference to the quorum specified for each CCG's STP Committee, as set out in the Addendum for each CCG attached to this Framework. All CCGs must be represented in the decision making.

9. Meetings

The SH STP CiC shall meet at such times and places as the Convener may direct on giving reasonable written notice to the members of the SH STP CiC. Meetings will be scheduled to ensure they do not conflict with respective CCG Governing Bodies.

Meetings of the SH STP CiC shall be open to the public. A protocol for meetings in public is included at Appendix A.

10. Administration and Relationship between CiC and CCG Governing Bodies

Support for the SH STP CiC will be provided by NHS NW Surrey CCG. Papers for each meeting will be sent to SH STP CiC members no later than one week prior to each meeting. By exception, and only with the agreement of the Convener, amendments to papers may be tabled before the meeting. Minutes will be kept of all decisions and recommendations of the SH STP CiC and copies of them circulated to all CCGs as soon as reasonably possible following the end of the meetings to which they relate.

In order to ensure efficient and timely communication of decisions made by the SH STP CiC to the individual CCG Governing Bodies, the minutes will be circulated to the Corporate Governance Lead for each CCG, together with a summary report of outcomes at appropriate intervals for Governing Body notification.

ADDENDUM 2 (of 3) to Surrey CCGs' Framework for 'Committees in Common' - supporting Surrey Heartlands' governance arrangements for decision making.

NHS Surrey Downs CCG agrees to participate in the Surrey Heartlands' Sustainability and Transformation Plan Committees in Common, working in accordance with the agreed 'Framework'.

Surrey Downs CCG's Sustainability Transformation Committee is convened as follows:

Membership (voting Governing Body members)	Ralph McCormack, Interim Chief Officer Dr. Claire Fuller, Clinical Chair TBC
Nominated deputies	TBC
Quoracy	Two members, one of whom shall be the lay member. Nominated deputies may be part of the quorum where required.
Convener	The Convener of the Surrey Heartlands Sustainability Transformation Plan 'Committees in Common' is Peter Collis, who is a lay member and Vice-Chair of Surrey Downs CCG Governing Body. The Convener role is shared by the individual CCG 'Committees', but is not a member of any of the committees or part of the decision making process. For the avoidance of doubt, s/he will facilitate the wider discussions to inform the decisions and work towards achieving consensus, but will not participate in individual CCGs' debate to reach their final decisions.
In attendance (non voting) officers	James Blythe, Executive Lead for STP
Scope of decision making	(1) Sign off of the Sustainability Transformation Plan in accordance with the stipulated deadline (30 th June 2016) (2) Sign off of the mobilisation plan. (3) Oversight and monitoring of delivery (4) Any other decisions required in relation to the Sustainability Transformation Plan that would otherwise be taken by the CCG's Governing Body.
Decision making	Each CCG Committee will need to determine how it will arrive at its decision if there is not unanimity across its own membership eg. consensus or majority?
Calling Meetings	At such times and places as the Convener may direct on giving reasonable written notice.

SIGNED on behalf of NHS Surrey Downs CCG

Chief Officer Date

Chair Date

Appendix A

Protocol for Meetings in Public

1. Introduction

The purpose of this protocol is to provide guidance on the preparation and running of any Committees in Common (CiC) meeting in public.

2. Preparation for a Meeting in Public

Before a meeting in public is called, the agenda and arrangements for the meeting should be agreed with the Convener and consulted upon with members at a preceding meeting.

The costs of holding meetings in public will be met from the Programme budget.

The following issues should be considered at the initial preparation stage:

Objectives/purpose. All Category 1 decisions should be taken at meetings in public.

Time, date and venue. Consideration should be given to the likely number of attendees, thinking particularly about places that have convenient access for people with disabilities. A suitable venue should be chosen which can accommodate the numbers expected to attend.

Publicity. The event should be publicised, as agreed by the CiC, at least four weeks in advance of the meeting so that people can plan to attend, know where to go and what to expect. The CiC will be required to publicise the event as follows:

- All CCG member websites and in the normal places where local CCG Governing Board meetings are publicised (by CCGs)
- A dedicated consultation website if this is established.
- Through key stakeholder groups to be identified when the agenda for the meeting is set (by Programme Team and CCGs where applicable).

Convener arrangements. Meetings in public will be convened by the appointed lay Convener who will facilitate discussions and be required to work with the team to agree the use of presentational aids (where required) and general housekeeping matters.

Provide accessible and timely information. The CiC will publish the agendas (only) for all meetings in public two weeks in advance of the meeting taking place on the dedicated or CCGs' website. Unless otherwise directed by the CiC, Members will receive papers for meetings in public one week in advance of the meeting taking place, at which point papers will be available to the public on request. This is subject to any restriction that may be in place which would not make this possible to comply with. To ensure papers are accessible, each paper will have an overview summary or introduction to the topic that external audiences can easily understand.

3. Guidelines for the Meeting

The role of the Convener should be to:

- open the meeting
- keep the meeting focused on the agenda – if necessary, to refer people back to the agenda
- make sure that everyone who wants to speak gets an opportunity – not allowing one or two people to dominate proceedings
- draw the meeting to a close at the appropriate time.

Creating the right atmosphere

The organiser(s) should aim to arrive at the venue in good time to check that any equipment and facilities requested are in place. This will include any catering arranged, as well as the equipment needed at the meeting. The location of fire doors and alarms should also be checked. Those attending should be greeted as they arrive, avoiding any serious debates or discussions before the meeting starts.

Making a good start

The meeting should be started at the time arranged, with the appropriate introductions and a summary of the purpose of the meeting. If it is likely to be a while before the attendees can express their views (e.g. because there is a short, initial presentation), this should be made clear, so that people have an expectation about the way the event is likely to proceed.

Getting the most from the meeting

Make good use of questions raised at the meeting to probe, challenge and fully understand the views that people may have

Arrange for someone to keep notes on the main points raised

Keep an attendance sheet, with contact details, so that those attending can be provided with follow up information

At the end of the meeting thank people for attending and explain clearly what the next steps will be.

After the Meeting

All agreed actions should be followed up after the event. Consideration should also be given to lessons learnt from the process, such as:

- did the meeting achieve what was expected?
- what aspects of the meeting were successful and what did not work?
- did things go as planned or were there any surprises?
- were there any problems that could have been avoided?

Appendix B

An Ethical Framework for Decision making (Rowson 2006²)

Component	Application to Decision making
FAIRNESS	<p>This is linked to the concept of justice – the “equal treatment of equal cases” – but does not necessarily mean that everyone is treated the same regardless. It is about meeting everyone’s individual needs fairly, where certain groups or individuals may require care above what is required for other groups.</p> <p>Fairness is also about providing benefits such as healthcare, education, social welfare, opportunities and protection equally to everyone and distributing burdens/responsibilities equally as well.</p>
<i>Respect for</i> AUTONOMY	<p>This is allowing individuals to make their own decisions by giving them all the correct information, in a way they can understand and by giving them enough time to decide. There should be no interference with this process and no one making the decisions should be placed any undue influence.</p>
INTEGRITY	<p>Actions should match what the decision makers believe to be right, with a wholehearted commitment to a set of professional values. This is about embracing the code of conduct and always working within its guidance and direction. Being honest, acting with integrity and probity at all times. Ensuring that the best interests of service users and the public are upheld within decision –making, that resources are protected from corruption and fraud, and that judgements about colleagues are fair, unbiased and consistent being properly founded.</p>
<i>Seeking the most beneficial</i> RESULTS	<p>This is about seeking the most beneficial and least harmful consequences or results – firstly to produce as many benefits as possible from decisions made, and secondly to avoid causing and prevent as much harm as possible.</p> <p>It is about being aware of the wider effects decision can have and working to maximise benefits, whilst minimising or removing any potential harm. Within decision making, it is about recognising the problems and negative consequences and then being open and honest about them, especially to those service users or staff who it affects, and then moving forward together to try and find a solution if possible.</p>

² “Working Ethics: How to Be Fair in a Culturally Complex World, Richard Rowson, 2006