

# SWL STP Governance Arrangements – proposals for refresh to support delivery

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## 1. Context for refreshing our STP governance arrangements

1.1 The SWL Five Year Forward Plan was published on 14<sup>th</sup> November 2016, following more than 6 months of local collaboration to define and agree a strategy for addressing the health and wellbeing, clinical quality, and financial gaps present in the local health and care system.

1.2 The STP Footprint is now continuing to develop detailed plans whilst also focussing on the mobilisation and implementation of certain delivery programmes. These plans will describe how the health and care organisations in SWL will turn the ambitions of the NHS Five Year Forward View into reality and deliver our shared **vision**:

*We want people to live longer, healthier lives. Our vision is that local people should be supported to look after themselves and those they care for and have access to high quality, joined up physical and mental health and care services when they need them. We want to deliver better health outcomes within our budget.*

1.3 Some of the ambitious initiatives required to deliver this vision have been identified in our STP, suggesting as part of our strategic approach we need to:

- i. **Set up locality teams across south west London** to provide care to and improve health for defined populations of approximately 50,000 people. The teams will align with GP practice localities and have the skills, resources and capacity to deliver preventative health and support self-care.
- ii. **Use our workforce differently** to give us enough capacity in community, social care and mental health services to bring care closer to home and reduce hospital admissions.
- iii. **Review our acute hospitals** to ensure that we meet the changing demands of our populations, and to ensure that acute providers deliver high quality, efficient care. Our working hypothesis is that we will need four acute hospital sites in south west London, but we need to do further work on this
- iv. **Address both mental and physical needs in an integrated way**, because we know this improves the wellbeing and life expectancy of people with severe mental illness and reduces the need for acute and primary care services for people with long term conditions.
- v. **Introduce new technologies** to deliver better patient care (e.g. virtual clinics and apps).
- vi. **Make best use of acute staff** through clinical networking and redesigning clinical pathways.
- vii. **Review specialised services in south London.** With NHS England, we have initiated a programme of work to identify the best configuration of the eight acute specialised providers in South London to be clinically and financially sustainable and deliver the best patient care.

- 1.4 Our existing governance arrangements were agreed to allow for the timely agreement of the scale of the clinical and financial challenges faced in SWL, and of this strategic approach required to address these.
- 1.5 Now the development and delivery of detailed and ambitious transformational plans will require a robust, rapid and truly collaborative approach to planning and implementation across health and care services in SWL. The operational and financial requirements of this next phase of the STP necessitates that our governance is refreshed to remain fit for purpose. There are three aspects to this:
  - i. Governance in relation to the delivery of the transformational plans in the STP
  - ii. Governance in respect on-going system-wide working
  - iii. Governance in respect of decisions about the future configuration of acute services.

## 2. Relationship with statutory local governance arrangements

- 2.1 The governance arrangements and framework detailed in this paper have been developed in order to support effective inter-organisational collaboration across the health and social care system in SWL. Their context is a response to NHS policy, addressing the requirements of the *NHS Operational Planning and Contracting Guidance 2017-2019*, for SWL to implement a five-year Sustainability and Transformation Plan.
- 2.2 The governance framework does not therefore have a statutory basis, and receives its authority from the powers delegated by individual Governing Bodies and Boards to the executive leaders of their respective organisations. These statutory bodies retain precedence in decision-making, and the new structure does not undermine the fact that the organisations within the STP are sovereign legal entities, and that leaders are accountable to their respective boards, governing bodies and, where relevant, Council of Governors. Similarly, the statutory responsibility of Health & Well Being Boards for system leadership and promoting the integration of health and care, involving elected representatives, is retained.

## 3. Objectives and scope of the governance arrangements

- 3.0.1 The objectives of the SWL STP governance arrangements are to:
  - i. Support **effective collaboration and trust** between commissioners, providers, people and carers to work together to deliver our shared vision across the SWL system
  - ii. Provide clarity on **system-level accountabilities and responsibilities** for delivery of the SWL STP, including the five priority schemes identified for delivery in year 2 of the STP
  - iii. Provide a robust framework for **system-level decision making**, and clarity on where and how decisions are made on the development and implementation of the SWL STP
  - iv. Enable **opportunities to innovate**, share best practice and maximise sharing of resources between organisations in SWL

- v. Enable collaboration between partner organisations to support the **achievement of system-level financial balance** over the 5 year STP timeframe, while safeguarding the autonomy of organisations

3.0.2 The scope of these objectives is limited:

**In scope**

- 1 Governance arrangements for the development of the SWL STP
- 2 Governance arrangements for the implementation of the STP schemes defined in the SWL STP and its Appendices. Where relevant this includes existing transformation initiatives or schemes that will contribute to implementation e.g. existing local OBC initiatives, QIPP schemes and local record sharing initiatives
- 3 Alignment with London-wide health system plans and governance, including devolution programmes and regional boards

**Out of scope**

- 1 Local regulatory and organisational governance arrangements for CCG Governing Bodies, Provider Trust Boards and Local Authorities. These will continue to hold their respective organisations to account, including for delivery of the STP.
- 2 Internal organisational decision making processes
- 3 Governance arrangements for the delivery of local 'business as usual' programmes not covered in the STP. This includes the achievement of organisations' financial control totals, and the delivery of constitutional performance targets and other metrics associated with the national 'must do's'.

**3.1 Scope relating to configuration of services**

3.1.1 The SWL STP sets out that the configuration of acute services will be reviewed. Due to the fact that a substantial population based outside of SWL, within the Surrey Downs CCG boundary, utilise services at Epsom Hospital, any engagement and decisions relating to the configuration of services at Epsom and St. Helier University Hospitals NHS Trust must involve Surrey Downs CCG. This includes oversight from Surrey County Council Health Overview and Scrutiny Committee, local patient and public representation in the SWL Patient and Public Engagement Steering Group, and the involvement of Surrey Downs Governing Body in any formal decisions taken.

**4. Principles and processes**

1.1.1 Achieving these objectives will be supported by the mutual agreement of a set of principles and processes; these are:

- 1 Principles for collaboration
- 2 A reporting framework
- 3 A communications strategy

## 4.1 Principles for collaboration

4.1.1. To enable delivery of the STP, the commitment and goodwill among the leadership of constituent SWL organisations must continue and be supported by principles that drive cohesive behaviours, wherein all members have a shared vision and clear understanding of roles, responsibilities and accountability. These are:

1. **Clear accountability:** Accountable individuals should hold themselves and each other to account for delivery of very ambitious plans in a short timescale. This requires most senior ownership to be effective i.e. Executive level
2. **Assurance:** Accountability must be underpinned by reporting and information structures which give assurance at programme level; these should be developed and owned by a SWL-wide PMO through which individuals and organisations are held to account for delivery of the SWL-wide position.
3. **Local delivery:** Delivery of the STP will be at borough level. However, to maximise opportunities of scale, design and coordination of local delivery will be undertaken at a on a sub-regional basis, led by CCGs. Each sub-region will have a Local Transformation Board and local PMO across commissioners and providers holding the local system to account for delivery of transformation initiatives. Health and Well-being Boards in each local authority area should be fully engaged in the local delivery process.
4. **Consensus:** SWL organisations will seek to achieve consensus across all its members on all of its working groups.
5. **Organisational ownership of the STP:** The delivery of the STP can only operate by agreement of all the statutory bodies within its footprint. Organisational leaders will actively promote STP activities within their organisations, providing boards and governing bodies with adequate visibility and understanding of what we are trying to achieve and such that delivery plans may be owned and supported.
6. **A shared sense of urgency:** In order to overcome unprecedented financial pressures; the NHS and local authorities in SWL will collaborate effectively and rapidly. This will enable SWL to shape how the STP is delivered for themselves, and reduce the likelihood that autonomy will be ceded to the regulators.
7. **Participation:** Representation from health and social care organisations, local people and lay members is vital to clearly demonstrate collaborative and representative decision making.
8. **Shared time commitment:** The time commitment of senior executives in the governance of the STP will reflect their multiple priorities and be as lean as possible, and draw on input where appropriate from other executives, such as CCG Directors. The same principle will be applied to all roles involved in the design and delivery of the STP to ensure individuals possess sufficient time for the implementation of schemes.

## 4.2 Processes for effective joint working

4.2.1 Whilst the Terms of Reference of each group may detail elements of meeting conduct specific to that meeting, there are a number of common 'good practice'

processes that will be adhered to in exercising the governance framework below. These are:

1. To circulate agenda items and relevant papers for meetings in good time; this will usually be 5 working days before the meeting takes place. It should be noted that due to the fast-moving nature of certain elements of the programme, there will be exceptions to this rule but will never be less than 3 days in advance for any papers that require a decision or recommendation. This will allow them to be read and if necessary consulted on locally.
2. To respect the agenda. The meeting agenda is usually full, so keeping to time is important. This includes starting meetings at their scheduled start time and adhering to the timings set out in the agenda.
3. For members attending meetings, to demonstrate leadership in the observation of the NHS Code of Conduct and to work to the Nolan Principles, which include: selflessness, integrity, objectivity, accountability, openness, honesty and leadership.
4. Members attending meetings should also ensure that their organisations, including Boards and CCG Governing Bodies, are engaged as appropriate on developing proposals in advance of key decision points, and request support as necessary from the STP PMO and/or workstreams to achieve this. This is of particular relevance to members of the Programme Board and Local Transformation Boards.
5. To strive to reach consensus, and to support group decisions and actions. Silence indicates agreement – members are to indicate disagreement explicitly where a recommendation is being made by a group.
6. To focus on follow up and follow through to make sure our decisions are enacted: this includes capturing actions and reporting progress through the use of action logs.
7. Where applicable, to produce minutes of the proceedings of a meeting and submit them for agreement at the next ensuing meeting where they will be confirmed as a true record of the meeting by the Chair and others present at the meeting to which the minutes have been presented.
8. To appropriately store and archive papers, including minutes, to provide a clear audit trail. This includes capturing a record of attendance.

### **4.3 Reporting framework**

- 4.3.1 A regular reporting framework will underpin the STP programme, highlighting risks and issues, progress against milestones, and performance against key performance indicators relating to the impact of STP schemes. It will be designed and delivered by a single STP PMO, working closely with sub-regional PMOs and, where delegated for delivery, Workstream project leads, using a common template approach to ensure the accurate aggregation of information and ability to attribute performance to individual schemes. This will enable the Programme Board to make decisions, mitigate clinical risks and escalate any strategic risks using an evidence-based approach.

### **4.4 Communications strategy**

- 4.4.1 A robust communications strategy will further facilitate collaborative working through the dissemination of information up and down the governance structure, with the public and external partners, and for use within constituent organisations.

## **5. Governance framework**

- 5.0.1 Achieving our governance objectives will also be supported by the mutual agreement of a governance framework, incorporating:

1. A structure for decision-making and accountability, including the operation of programme management functions
2. A schedule of meetings to support this structure, balancing pace with the time commitment of senior clinicians and managers

- 5.0.2 The following framework is structured around the three core elements of the STP; this reflects the varying requirements for engagement and delivery, based on where elements of the STP are agreed locally or at a greater scale:

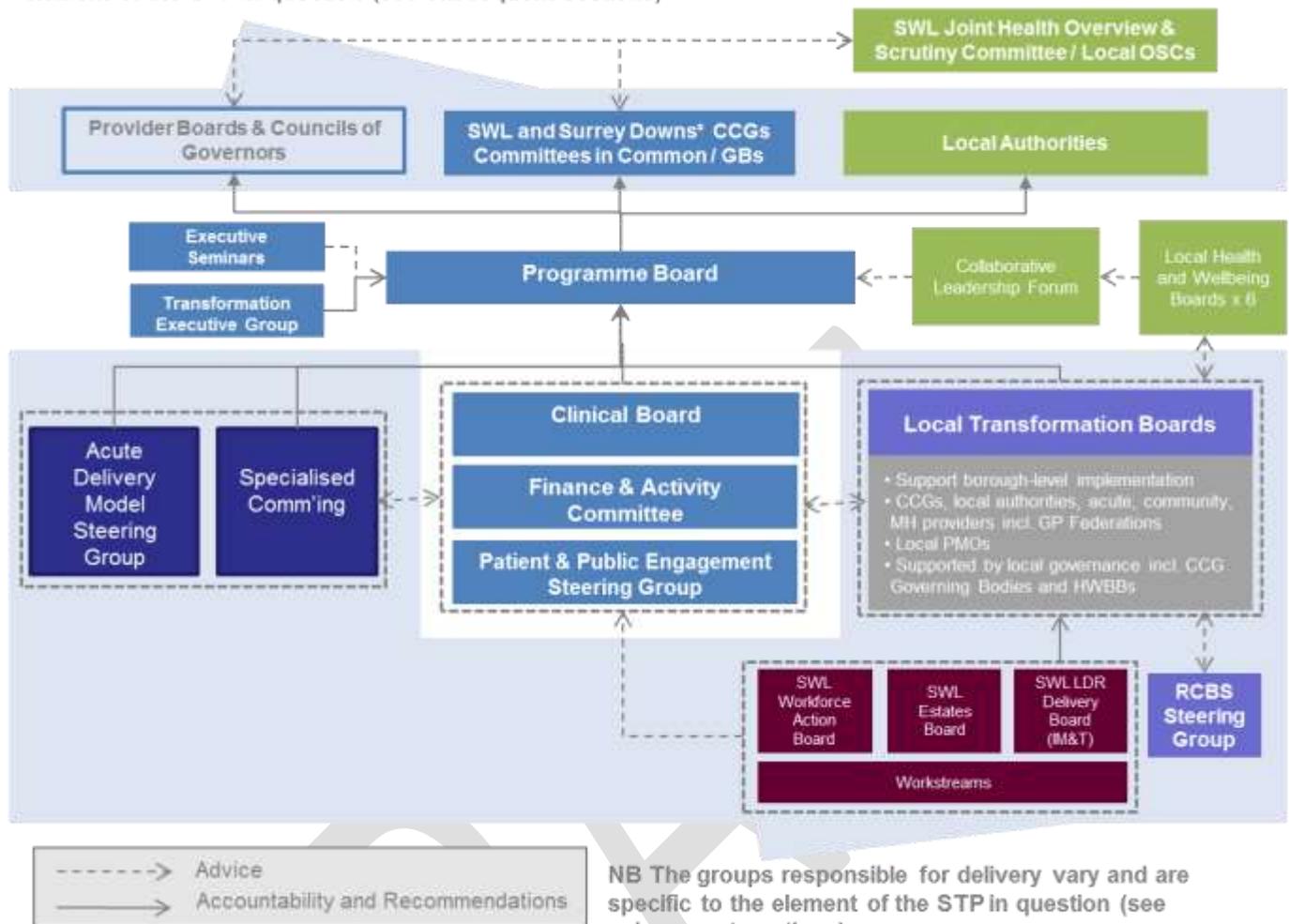
- i. Governance in relation to the delivery of the transformational plans in the STP. This includes the 'Right Care, Best Setting' (RCBS) agenda which aims to reduce the amount of care delivered in acute hospital beds, the achievement of the nine national 'must do's' (as per the NHS Planning Guidance 2017/18-19/20), and productivity initiatives.
- ii. Governance in respect of on-going system-wide working, including, but not limited to, risk share or other new contractual arrangements that span the boundaries of CCG Local Delivery Units
- iii. Governance in respect of decisions about the future configuration of acute services, including arrangements for decisions relating to specialised services commissioned by NHS England.

- 5.0.3 The framework builds on existing governance arrangements agreed relating to the SWL STP. Details of the constitution of existing groups are captured within their Terms of Reference which will be refreshed following agreement of this revised framework.

### **5.1 Overall structure for oversight, accountability and decision-making**

- 5.1.1 A refreshed governance structure will further enable accountability and oversight, providing clarity on the roles and responsibilities of groups and individuals in the delivery of the STP. The combined structure is detailed below:

NB The decision-making bodies vary and are specific to the element of the STP in question (see subsequent sections)



\*For any decisions relating to the future of Epsom and St. Helier hospitals.

5.1.2 The new structure will be used to support the delivery of the whole STP. To enable this, the structure has a number of important elements that span the delivery of the whole STP, in addition to specific groups responsible for the specific elements described above (see sections 5.2, 5.3 and 5.4).

### Programme Board and Statutory Governance

5.1.3 **The Programme Board** will continue to have oversight of the STP programme, and be accountable for the delivery of its objectives. It will report and is accountable to the statutory organisations in the SWL Footprint.

5.1.4 It will also provide strategic direction to the SWL STP, resolve escalated system-level risks and issues and provide oversight and assurance of the funding for STP programme. It will also oversee the allocation of any Sustainability and Transformation Funding.

5.1.5 Executive leadership from all statutory NHS bodies in SWL will be represented on the Board. Local authorities will be represented collectively by a nominated executive.

- 5.1.6 SROs for all **Local Transformation Boards** will be represented on the **Programme Board**.
- 5.1.7 Where statutory decisions are required, the Programme Board will share consensus recommendations with **Boards** and CCG **Governing Bodies, Local Authorities** or the **Committees in Common** as appropriate.
- 5.1.8 Where considered beneficial for expediting the business of the Programme Board, certain items of business will be considered by private **Board Seminars** which will comprise the managerial and clinical leaders of all NHS organisations in SWL, alongside representation from the local authorities, only.

#### **Transformation Executive Group**

- 5.1.9 The **Transformation Executive Group** will continue to have delegated authority from the Programme Board to assess the overall functioning of the STP and ensure progress by managing programme issues and unblocking risks. It will include representatives from all parts of the SWL health and care system.
- 5.1.10 The Group will continue to provide advice to the PMO on proposals, risks and issues before they are presented to the **Programme Board**.

#### **Reference groups**

- 5.1.11 **PPESG**, the **Clinical Board** and **Finance and Activity Committee** will function primarily as reference groups used to approve proposals developed by STP Workstreams, evaluating them for clinical effectiveness, financial viability (particularly in the case of quality improvement initiatives without an anticipated impact on STP category savings), and advising on effective engagement as appropriate.
- 5.1.12 In addition, the **Finance and Activity Committee** will provide strategic direction on the approach to achieving the overall system control total.

#### **Collaborative Leadership Forum**

- 5.1.13 The Collaborative Leadership Forum will provide a forum for political and health leaders in SWL to engage on the STP, and provide feedback to the Programme Board on all elements of the plan

#### **Health and Wellbeing Boards**

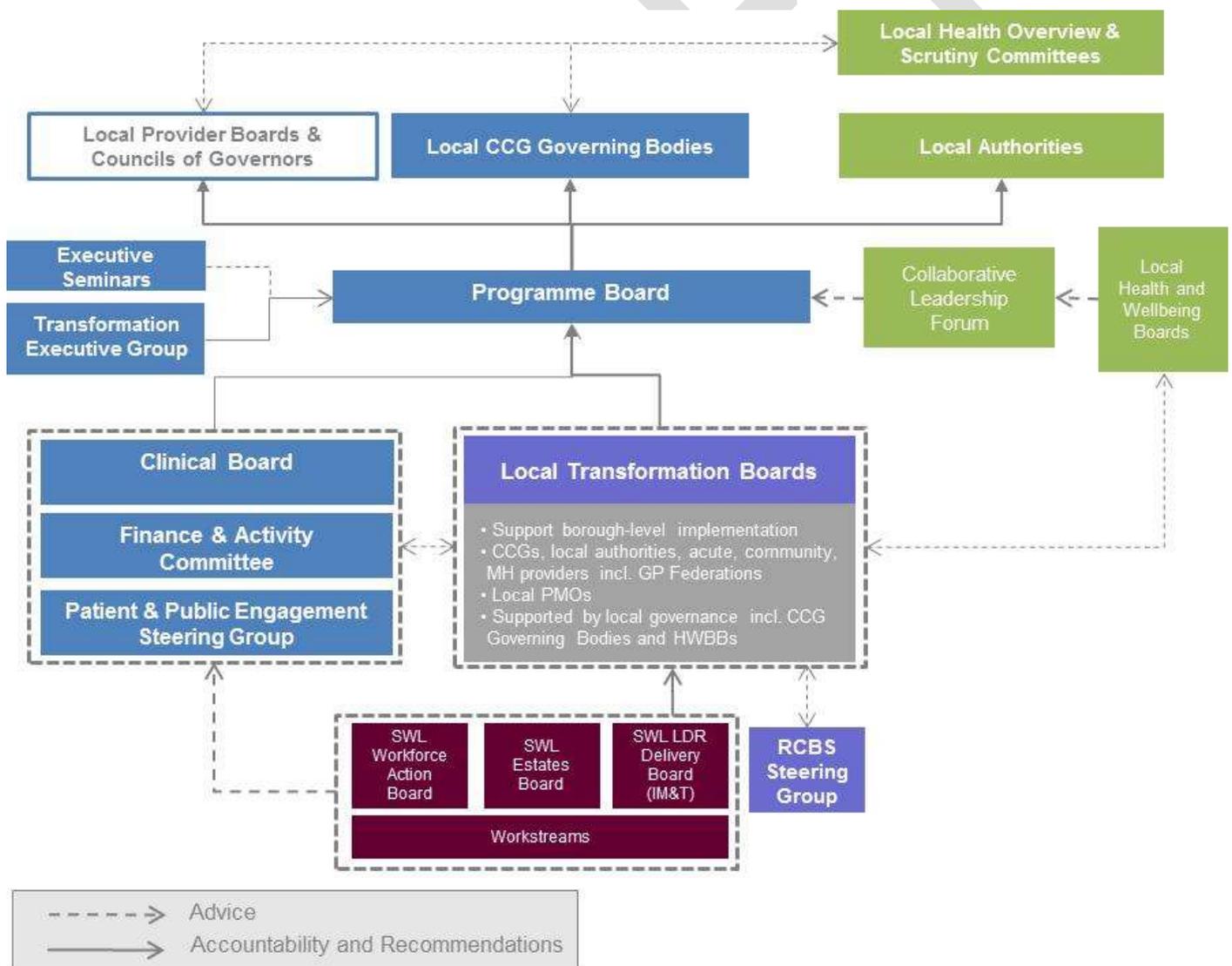
- 5.1.14 Health and Wellbeing Boards (HWBBs) have a statutory role and powers for oversight of health, social care and wellbeing matters in the relevant local authority. Such matters include integration, quality and sustainability. HWBBs should be central to the planning process and will need to be included in any key stages of engagement. How HWBBs and Health Overview and Scrutiny Committees work together locally is a matter for local decision making and protocols. The Collaborative Leadership Group consists of the chairs of HWBBs and therefore an opportunity to engage with them collectively, but it will still be necessary to engage with the local HWBBs.

**Health Overview and Scrutiny Committees**

5.1.15 Each local authority has its own Overview and Scrutiny function including for health matters (HOSC). These functions have statutory powers in cases of significant service change, including asking for evidence and reports from the local NHS and including referring matters to the Secretary of State if not satisfied that changes are in the interests of patients. In Southwest London the six HOSCS have agreed to form a joint committee (JHOSC) to oversee matters relating to the whole of SW London, and this will perform a scrutiny function for much of the STP. However it will still be necessary for the local NHS to engage with its own local HOSC on other elements of the STP, since it will need to form its own view of matters.

**5.2 Governance for delivering Right Care, Best Setting and the national ‘must do’s’.**

5.2.1 The structure below summarises the governance for recommendations, and decisions, regarding the local delivery of the transformational ‘out of hospital’ agenda (hereafter referred to as the Right Care Best Setting, or RCBS agenda,) STP must do’s and productivity initiatives:



- 5.2.2 **Local Transformation Boards** (LTBs) will be responsible for all elements of local STP delivery relating to the 'Right Care, Best Setting' agenda, and the national must do's'. They will report progress, and be accountable, to the Programme Board. Local governance arrangements for LTBs may vary, but they will equally be accountable to individual organisational Boards for the system achievement of trajectories in the STP.
- 5.2.3 Plans developed by LTBs will be subject to scrutiny at the request of **local Overview and Scrutiny Committees**.
- 5.2.4 LTBs will not have a role in developing or taking forward proposals for acute service changes (including specialised commissioning), which will be managed by the Acute Delivery Model Steering Group (see below).
- 5.2.5 They will be cross-sector local groups, responsible for agreeing borough-level implementation models with their local authorities and NHS acute, community, mental health and GP providers. These groups should fully engage with **Health and Wellbeing Boards** (see above) who will continue to have strategic influence over commissioning and work with CCGs to fulfil their duties relating to integrating health, social care and public health. LTBs will be supported by local governance arrangements, including borough-level implementation.
- 5.2.6 They will provide a forum with representation from all key commissioners and providers where appropriate contractual issues, including and incentive and penalty frameworks as they develop, and improvement programmes, can be aligned in order to support the delivery of the local STP implementation plans.
- 5.2.7 They will report progress, and risks, relating to planning, implementation and performance of STP initiatives to the STP Programme Office, according to a PMO approach agreed by the SWL&SD Programme Board.
- 5.2.8 Where critical solutions are needed these will be developed on a pan-SWL basis. These will be clearly identified by LTBs, and/or the Transformation Executive Group and / or the STP PMO. These delegated responsibilities will be agreed by the LTBs or LDUs collectively, depending on their scope.
- 5.2.9 The rationales for undertaking projects 'once for SWL' include:
- i. Leading the creation of strategies, principles, clinical models, specifications etc. to drive equity in quality and access for patients across SWL; and/or
  - ii. Supporting the performance management of NHS organisations to drive equity in quality and access for patients across SWL; and/or
  - iii. Facilitating the sharing of best practice; and/or
  - iv. Unlocking an economy of scale in undertaking a project that would otherwise be done multiple times locally; and/or
  - v. Commissioning services for geographically dispersed patient populations e.g. specialised services.

- 5.2.10 LTBs will be supported in the development and implementation of their borough-based plans by **enabler workstreams** with SWL-wide Boards. This includes a Local Digital Roadmap (LDR) Delivery Board which will be responsible for overseeing the delivery of the SWL LDR, incorporating both digital technologies and the information governance requirements to support their effective implementation.
- 5.2.11 For each of the National Must-Do's, there will be groups and **workstreams** in place to ensure that each national must-do is being delivered at scale and pace across the STP footprint. This is in line with NHS England's national transformation programmes including: Cancer, Mental Health, Learning Disabilities and Maternity. For some areas, there is a mandated requirement for delivery to be at STP level, for example through Cancer Alliances/Vanguards and Local Maternity Systems.
- 5.2.12 Governance for the RM Partners Cancer Vanguard is being formalised and will feed into the STP governance as outlined within the document. At present, the RM Partners Cancer Vanguard aligns with the SWL Cancer Delivery Group which reports into the SWL Clinical Board and Programme Board. As the Cancer Delivery Plan is finalised by end March 17, there will be further clarity around the alignment of the RM Partners and STP governance.
- 5.2.13 Responsibilities of these groups will include (but not be limited to):
- 1 Developing clear delivery plans for SWL against the national ambitions and timescales. This includes accessing transformation funding.
  - 2 Management of the operational delivery of changes across individual SWL organisations – this may include delegated delivery on behalf of the system (e.g. for Maternity)
  - 3 Where the group does not have the mandate to deliver on behalf of SWL, it will make recommendations to LTBs for local delivery (e.g. for Mental Health)
  - 4 Providing the relevant clinical, commissioning and operational leadership and expertise to enact change at system level
  - 5 Be accountable to the SWL Programme Board for delivery

Each work stream will have a group led by the SRO and Clinical Lead, who are responsible for understanding the status and progress of each initiative.

Key responsibilities include:

- 5.2.14 SRO
- 1 Overall responsible officer for the work stream.
  - 2 Accountable for delivery of remit including successful implementation and benefits realisation.
  - 3 Maintain a firm understanding of progress within each organisation and specific issues within organisations to delivery.
  - 4 Act as a 'change champion' communicating with key stakeholders so as to increase buy-in and momentum.
  - 5 Mitigate risks and issues to successful delivery and escalate those which need further decision making.
- 5.2.15 Clinical Lead
- 1 A dedicated clinical individual assign to influence and oversee strategic direction and implementation using their in-depth operational and technical understanding.
  - 2 Support the SROs to drive work forward.

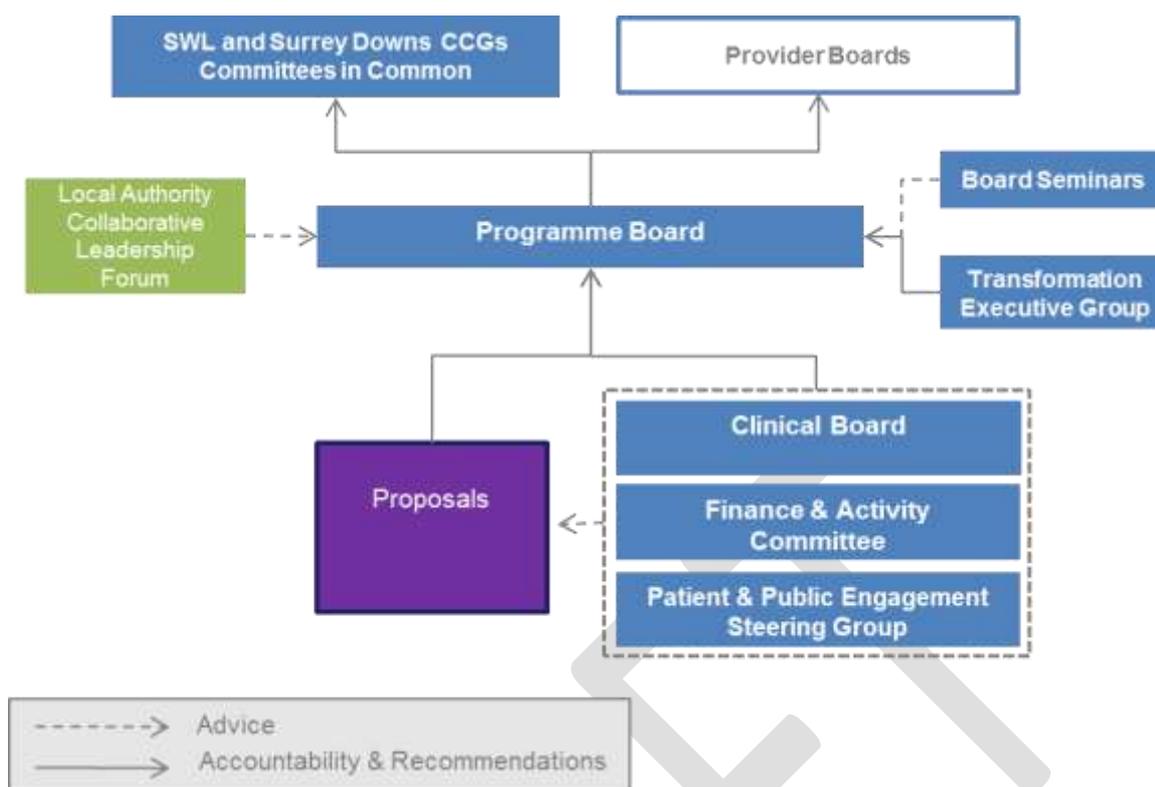
- 3 Feed knowledge and expertise into the design and development of solutions, delivery plans and implementation on a regular basis.
- 4 Resolve minor risks and issues; liaise with each organisation as necessary.
- 5 Link in with other work streams to ensure efforts are aligned, resources are best utilised, best practices are shared and duplication is avoided.

5.2.16 The 'Right Care, Best Setting' (RCBS) Steering Group will be an advisory group to the LTBs. It will bring together representatives from across local authorities and NHS acute, community, mental health and GP providers to support the design and development of local detailed STP implementation plans relating to the RCBS agenda by sharing methodologies and good practice amongst the LTBs. It will also ensure consistency in the standards, principles and outcomes to be delivered through the borough-level implementation plans.

5.2.17 Collaborative working arrangements between the four acute providers in SWL, including shared productivity initiatives, will be subject to the governance of the SWL Acute Provider Collaborative (APC) agreed by those organisations.

### 5.3 Governance for on-going system-wide working

- 5.3.1 It is anticipated that the system-wide working promoted by the development of the SWL STP will continue to evolve as the implementation of the ambitious plan progresses. This is likely to include overcoming specific barriers to implementation, such as innovative contracting arrangements to support integrated working, and responding to future direction from NHS England and NHS Improvement.
- 5.3.2 The structure below summarises the governance for recommendations, and decisions, regarding on-going system-wide working to support the delivery of the STP in SWL:



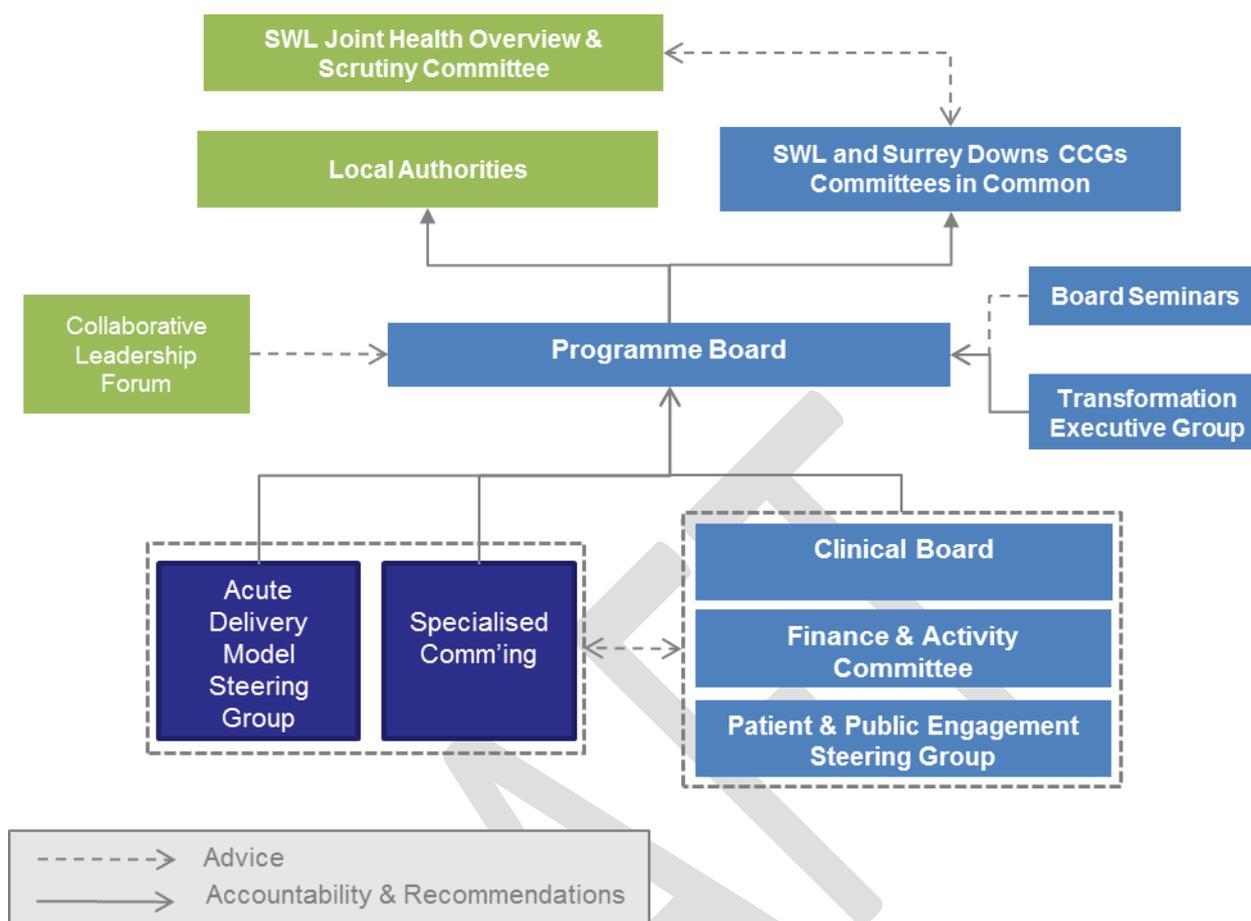
5.3.3 The Transformation Executive Group will be responsible nominating resource within SWL to support the system with respect to on-going system-wide working. This will be done on a case by case basis and include utilising external support where necessary to develop proposals, and the **SWL Reference Groups** (see above) where necessary to approve proposals. Proposals will be submitted directly to the Programme Board for consideration.

5.3.4 The SWL & Surrey Downs **Programme Board** will be responsible for developing a consensus agreement on decisions relating to proposals for system-wide working, representing the collective views of system leaders from across SWL’s CCG, provider trust and local authority organisations. It will not have statutory decision making powers; rather its collective view will form the basis of recommendations made to **SWL CCGs Committees in Common** and local **provider boards** where binding decisions will be made.

5.3.5 Proposals may first be tested with the **Board Seminar** where it is deemed beneficial to expediting the Board’s recommendation-making process. In considering these recommendations, the Programme Board will also receive advice from the **Local Authority Collaborative Leadership Forum** and **Transformation Executive Group**.

#### 5.4 Governance for acute configuration

5.4.1 The structure below summarises the governance for recommendations, and decisions, regarding the configuration of acute services delivered by trusts in SWL:



- 5.4.2 The **Acute Delivery Model Steering Group** will be responsible for providing strategic direction and oversight to the programme team with respect to all elements of acute configuration, including clinical networking. It will design an approach to explore all possible options on acute configuration in a way that is compliant with all legal and regulatory requirements, including public and clinical engagement.
- 5.4.3 It will be accountable, and make recommendations, to the Programme Board relating to the process of exploring acute service configuration. The Steering Group will not have decision-making powers.
- 5.4.4 The recommendations made by the Steering Group will be subject to approval by the full range of STP Reference Groups (see above) and may first be tested with the Board Seminar where it is deemed beneficial to expediting the Board's recommendation-making process. In considering these recommendations, the Programme Board will also receive advice from the Local Authority Collaborative Leadership Forum, Transformation Executive Group and Board Seminars.
- 5.4.5 The **Programme Board** will be responsible for developing a consensus agreement on decisions relating to acute configuration, representing the collective views of system leaders from across SWL's CCG, provider trust and local authority organisations. It will not have statutory decision making powers; rather its collective view will form the basis of recommendations made to **SWL & Surrey Downs CCGs Committees in Common** where final decisions relating to acute configuration will be made, pursuant to their statutory duties. The Committees in Common are already

established for the six SWL CCGs, and will be expanded pending approval by the Surrey Downs CCG Governing Body.

- 5.4.6 The **SWL Joint Health Overview and Scrutiny Committee** will continue their statutory role in providing scrutiny to proposals developed relating to acute configuration, including working with the NHS in SWL to seek to resolve any concerns as they arise, and securing external informal advice where deemed necessary. They retain the power to refer proposals to the Secretary of State for Health if any concerns are not resolved. In line with the delineated role of local Overview Scrutiny Committees described above (pg.8), the JHOSC will consider only plans relating to acute configuration or other pan-SWL joint plans; local delivery plans for the STP will remain within the scope of local OSCs.
- 5.4.7 Proposals relating to the configuration of **specialised services** in SW London, commissioned by NHS England will be agreed at the London Specialised Commissioning Planning Board. Members of the Board representing SWL will report progress of the specialised review through the SWL governance framework. They will be responsible for acting as a two-way conduit for discussions and managing interdependencies with the SWL STP.
- 5.4.8 Representations relating to proposed changes to configuration will be the responsibility of the pan-London programme team. These proposals will be subject to the same governance as proposals relating to the configuration of SWL acute services described above. Due to the wider geographical footprint of the specialised services proposals, statutory scrutiny and decision-making functions will be also be undertaken by a number of organisations outside the SWL footprint and be contingent on their approval.

#### **Note on the role of Surrey Downs CCG**

- 5.4.9 As noted in section 3.1, any engagement and decisions relating to the configuration of services at Epsom and St. Helier University Hospitals NHS Trust must involve Surrey Downs CCG. For clarity with respect to the acute configuration process, Surrey Downs CCG will:
- 1) Continue its involvement in the SWL & Surrey Downs Programme Board for the purposes of assisting SWL colleagues in matters relating to Epsom residents.
  - 2) Confine its involvement in the SWL STP to inputting to the modelling assumptions for the acute site solutions, and the likelihood of Epsom residents using these options.
  - 3) Work alongside the six South West London CCGs and will be represented in combined Committees in Common for the seven CCGs. Each CCG shall retain a power of veto within this Committee. Where decisions are being made about the future of acute services at Epsom Hospital the decision shall be one of the six South West London CCGs and Surrey Downs CCG. Decisions in relation to all other services commissioned from Epsom Hospital shall be made by Surrey Downs CCG only. For the avoidance of doubt, decisions relating to the configuration of services in South West London that do not impact services at Epsom Hospital will be made by the Committees in Common with abstention by Surrey Downs CCG.

## 5.5 STP Programme Management Office

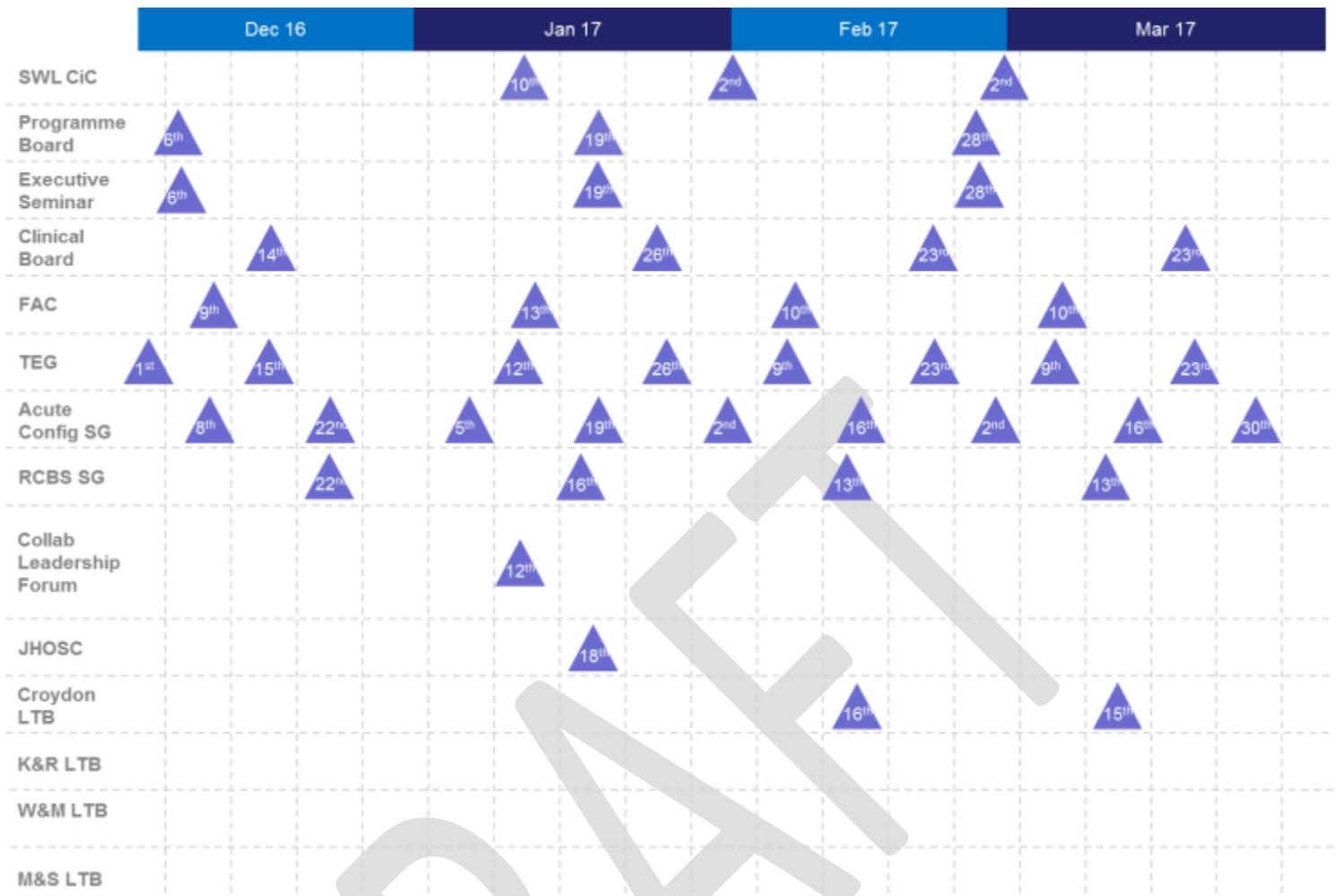
- 5.5.1 A small, central, STP PMO will be responsible for:
- Working alongside the PMO of each Local Transformation Board to track and report delivery of agreed priority measures relating to STP delivery
  - Providing advice to LTBs relating to the prioritisation of STP schemes where they have the potential to be most effective
  - Owning and disseminating the overall five year workplan for the STP
  - The management of all STP governance groups except for individual workstreams and LTBs, and individual organisational governance.
- 5.5.2 The STP PMO will develop and oversee the reporting process for LTB and, where delegated, Workstream delivery of STP schemes in a consistent manner. This will include risks and issues, progress against implementation and evaluation milestones, and SMART KPIs: activity measures and clinical outcomes that demonstrate the impact of individual schemes on the STP's objectives.
- 5.5.3 In undertaking these functions, the STP PMO will operate on a 'light-touch' basis to ensure that reporting is lean and commensurate with monitoring the priorities of the STP, and the administrative burden on LTBs is minimised. Monitoring will incorporate finance and activity performance, agreed overall system outcomes, and reporting against agreed priority schemes only.
- 5.5.4 The STP PMO reports will be shared monthly with the Programme Board.
- 5.5.5 Each LTB will have a PMO responsible for reporting to the STP PMO, and developing milestones and SMART KPIs that show as far as possible a clear, logical contribution of each scheme to a higher-level measure, such as POD activity. Where delivery is delegated to a Workstream, the named project lead will have this responsibility.

## 5.6 Meetings schedule

- 5.6.1 A cadence of meetings is proposed to ensure the correct flow of information between groups to enable effective oversight and decision-making.

	Month 1				Month 2			
	Week 1	Week 2	Week 3	Week 4	Week 1	Week 2	Week 3	Week 4
Statutory & PPI meetings	<ul style="list-style-type: none"> <li>• Provider Boards (every 2 months)</li> <li>• Health &amp; Well Being Boards (monthly)</li> <li>• Joint Health Overview and Social Committee (every 6 weeks)</li> </ul>							
Programme Board (inc Seminar)		◆ Programme Board & Seminar (Thurs)				◆ Programme Board & Seminar (Thurs)		
Boards	◆ Executive Board (Thurs)		◆ Executive Board (Thurs)		◆ Executive Board (Thurs)		◆ Executive Board (Thurs)	
	◆ Clinical Board (Wed)				◆ Clinical Board (Wed)			
Steering Groups	◆ Finance & Activity Group (Fri)	◆ Acute Reconfiguration SG (Thurs)		◆ Acute Reconfiguration SG (Thurs)	◆ Finance & Activity Group (Fri)	◆ Acute Reconfiguration SG (Thurs)		◆ Acute Reconfiguration SG (Thurs)

The meetings dates for the rest of 2016/17 are detailed below:



**Appendix 1: Local governance arrangements for Local Transformation Boards**

[DN - to be added ahead of local board/ governing body approval at the discretion of the local organisation]