



<b>Date of Meeting: 17 May 2016</b>				<b>Paper No: 1</b>		
<b>Title of Paper:</b> Governance & Decision Making Model for Transformation						
<b>Is this paper for</b>	<b>Discussion</b>		<b>Decision</b>	<b>X</b>	<b>Information</b>	
<b>Purpose of Paper:</b>						
To present and confirm the governance and decision making model required for the Transformation of Oxfordshire’s health and social care economy, by the Transformation Board.						
<b>Action Required:</b>						
The Transformation Board is requested to:						
<ol style="list-style-type: none"> <li>1. Note the proposed governance and decision-making model to meet the needs of the following processes: <ol style="list-style-type: none"> <li>a) The Oxfordshire element of the BOB Sustainability &amp; Transformation Plan</li> <li>b) Meeting the requirements of the NHS England Assurance Framework for service reconfiguration</li> <li>c) Public consultation on Oxfordshire’s Transformation Plans</li> <li>d) Implementation and Deliver of the above.</li> </ol> </li> <li>2. Discuss and agree the governance and decision-making model (section 3.0) to meet the needs of the above processes.</li> <li>3. Agree the list of organisations whose agreement on plans is essential.</li> <li>4. Ensure the constituent organisations take necessary action to enable the agreed decision making model is adhered to across the system.</li> </ol>						
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# Governance for Transformation

## 1.0 Background

1.1 The purpose of this paper is to present and confirm the governance and decision making arrangements for agreeing transformation plans for service change and redesign. The nature of health and social care transformation in Oxfordshire means the approach needs to apply to the following circumstances and phases of development:

- a) **Sustainability and Transformation Plan (STP).** It is now clear that in line with the NHS England requirement for the 30<sup>th</sup> of June, an STP will be submitted on a Buckinghamshire, Oxfordshire & Berks West (BOB) footprint. Although Oxfordshire does not need to submit an STP document, the transformational plans we are developing will need to inform, and will be informed by, the BOB-level plans. This means that the 30<sup>th</sup> of June deadline for the development of initial service reconfiguration options remains a critical date for the sign-off of plans.
- b) **NHS England Assurance Framework.** NHSE sets out the process we need to follow to get assurance on our plans for service reconfiguration. The reconfiguration process has several phases, including formal consultation (where necessary) and NHSE assurance is required **before** we commence public consultation. The NHSE assurance framework requires us to have robust evidence for change (it tests us on public engagement, availability of choice, the clinical evidence and clinical support for change). This means the decision making approach around our transformation plans needs to stand up to NHSE scrutiny for us to be able to move forward on consultation.
- c) **Public consultation.** As a key part of fulfilling our statutory duties, getting NHSE assurance and in fulfilling the ethos of the NHS, we have engaged patients and the public throughout the development of our plans. Once we have assurance on our plans, we will need to ensure we sign off plans for the purposes of full public consultation.
- d) **Implementation.** Following the digest of public feedback, we will need to be in a position to make a clear decision on implementation.

## 2.0 Proposed governance and decision making model

2.1 The Transformation Board has been established to lead transformation, on behalf of the health and care system, in Oxfordshire and is therefore at the centre of the governance structure, as shown in Appendix A. To date, the Board has set the scene (through the storyboard), provided a vision and high-level case for transformational change. It has also agreed the overall approach

to the shift in the health and care economy through the ‘Care Closer to Home Strategy’.

2.2 In line with its Terms of Reference, shown in Appendix B, it is proposed that the Transformation Board collectively agree transformation plans on behalf of the system for the purposes of STP, NHSE assurance, public consultation and implementation.

2.3 In addition to the agreement by the Transformation Board, it is proposed that the Executive Boards of the organisations fundamentally affected by the plans also agree them. The list of organisations is suggested to include:

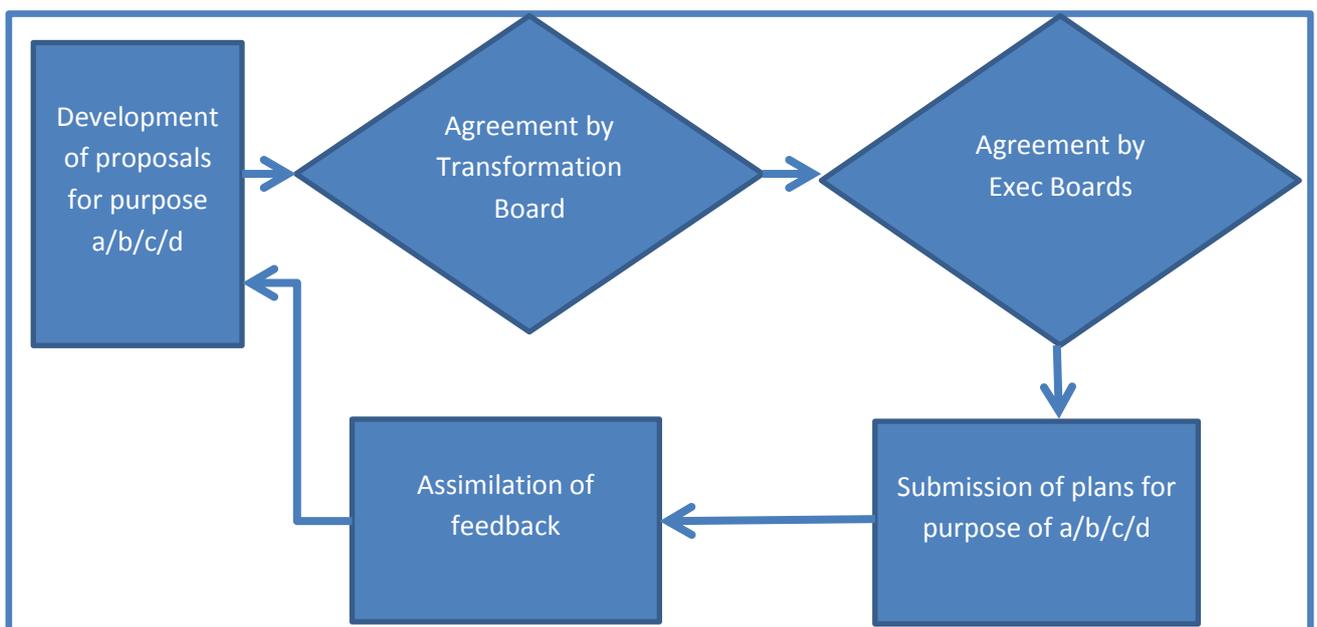
- Oxford Health NHS Foundation Trust
- Oxford University Hospitals NHS Trust
- Oxfordshire Clinical Commissioning Group
- Oxfordshire County Council
- GP Federations
- The Thames Valley Clinical Senate
- South Central Ambulance Service

2.4 It is suggested that the following Boards also be informed of the plans and their endorsement gained:

- Health and Wellbeing Board
- Health and Overview Scrutiny Committee
- NHS England regional team

### 3.0 Decision making flow

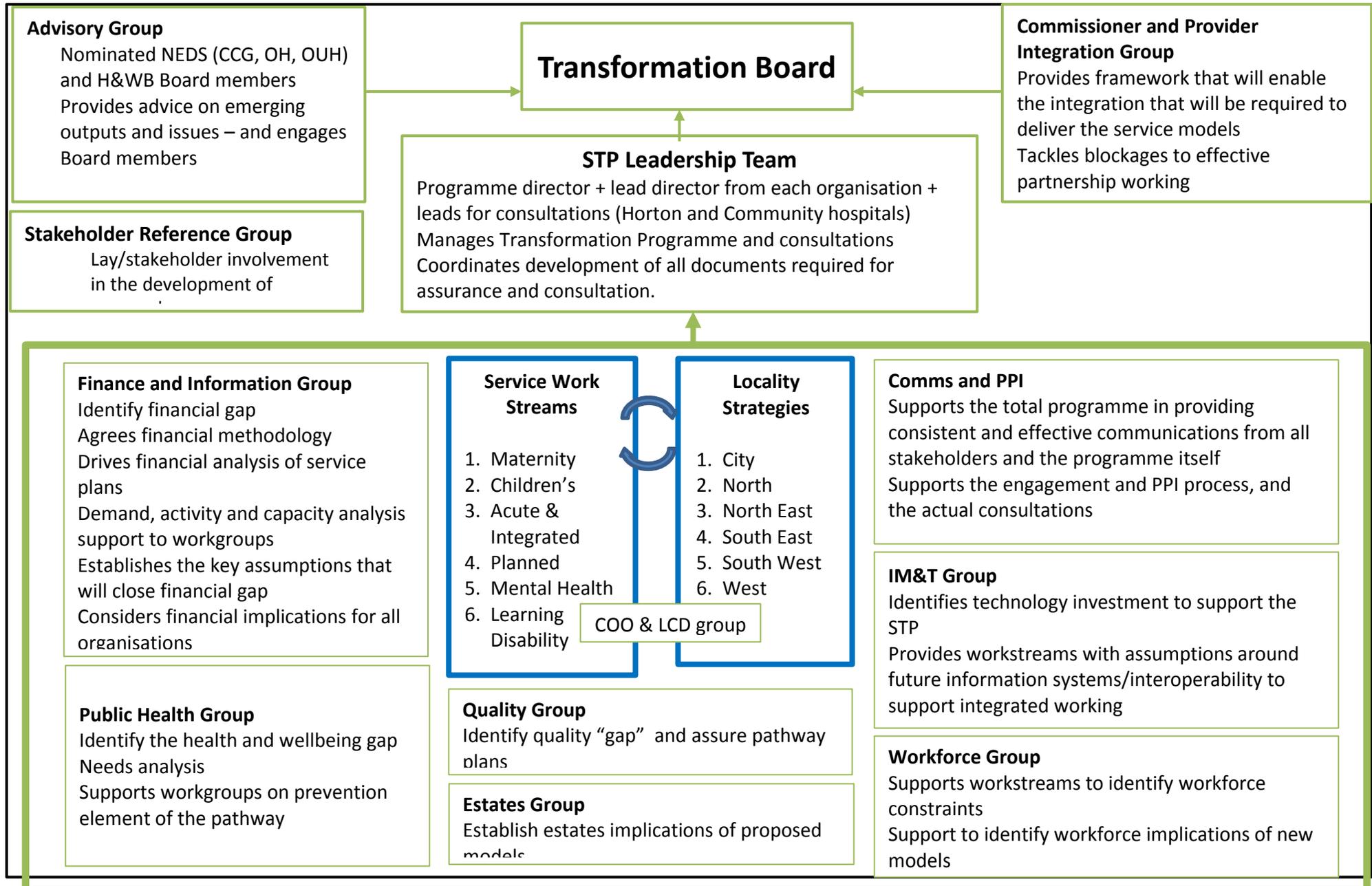
3.1 Should the proposal be adopted, the decision making flow would look like this:



## **4.0 Recommendation**

- 4.1 The Transformation Board is asked to discuss, amend as necessary and agree the process for agreeing transformation plans for the purposes identified (as outlined in section 3.0).
- 4.2 The Board is also asked to identify the organisations whose agreement is essential for transformation (list in paragraph 2.3) to be legitimately and collectively driven by those in the system. The Board are asked to identify where endorsement of the plans would be requested (list in paragraph 2.4).
- 4.3 Following agreement on the governance and decision making model, the Board are asked to task leaders of the respective organisations to take action to ensure the decision making model can be adhered to.

## APPENDIX A: GOVERNANCE STRUCTURE



## **APPENDIX B: TRANSFORMATION BOARD TERMS OF REFERENCE**

### **1. Purpose and Remit**

The Transformation Board is set up to drive forward the transformation of the health and social care system in Oxfordshire, and more specifically:

- To bring together in one place all the projects, which will deliver significant change in the health and care system.
- To provide a place for an in-depth discussion about new models of payment in the NHS; new model of provision (as detailed in the 5 year forward view); system enablers (e.g. workforce, IT, assets).
- To oversee the set up and delivery of the joint Oxfordshire transformation programme.

**NB: The Transformation Board replaces the Joint QIPP Steering Group.**

### **2. Membership**

- Chief Executives from:
  - Oxford Health NHS Foundation Trust (Chair)
  - Oxford University Hospitals NHS Trust
  - Oxfordshire Clinical Commissioning Group
  - Oxfordshire County Council
  - Principal Medical Limited (PML)
  - South Central Ambulance Service
- Medical Director and Director of Strategy, Oxford Health NHS Foundation Trust
- Director of Strategy, Oxford University Hospitals NHS Trust
- Director of Adult Social Services, Oxfordshire County Council and Director of Strategy and Transformation, Oxfordshire Clinical Commissioning Group
- GP Lead (Clinical Chair), Oxfordshire Clinical Commissioning Group
- GP federations clinical representative
- Medical Director, South Central Ambulance Service
  
- Transformation Programme Director (attending)

### **3. Responsibilities and Relationships**

The Transformation Board will

- provide the overarching governance mechanism for the system Transformation Programme
- ensure that the Transformation Programme is driven by the Oxfordshire Single Plan; vision; and values and the agreed guiding principles
- ensure that programme leads are adequately supported in their work and held to account for the delivery of their responsibilities.

More specifically, the Transformation Board will:

- Consider, commission, prioritise and approve proposed new programmes and projects, approving programme briefs and business cases.
- Identify programmes and projects that should be discontinued or re-prioritised due to changes in the environment.
- Ensure consistency, compatibility and co-ordination between programmes and projects.
- Manage high-level interdependencies and risks associated with all transformation programmes and the wider portfolio of change.
- Where changes to programmes and projects, or the management of risks or inter-dependencies, needs wider debate, remit those matters to System Leadership Group.
- Ensure programmes deliver against their outcomes, KPI's, budgets, timescales, quality measures and business benefits, as identified in their business cases.
- Strategically identify, prioritise and allocate resources to programmes and projects, re-aligning where necessary.
- Ensure that an over-arching effective Communications and Engagement Strategy exists, including key messages for circulation to the partner organisation as the result of each meeting.
- Monitor the impact of transformation programme as a whole, including unintended consequences/dis-benefits, and agree appropriate strategic response.
- Engage with GP Clinical Directors, Academic Health Science Networks, Collaboration for Leadership in Applied Health Research and Care (CLAHRC) and other stakeholders, inviting their representatives to attend Board meetings, as appropriate
- Ensure appropriate public and patient engagement is undertaken across the programme

## **Reporting Arrangements**

The Transformation Board will escalate issues to the System Leadership Group or the Commissioning Board, as appropriate.

## **4. Meetings**

Meetings will be held monthly.

## **5. Support**

Support to the Board and the Transformation Programme will be provided by the CCG Programme Management Office.

Secretarial/administrative support will be provided by [TBC].

Staff seconded in by the partner organisations will lead and deliver transformation projects and programmes.

## **6. Review**

The Transformation Board Terms of Reference will be reviewed as necessary by the System Leadership Group.