

Report to STP Board: 20 May 2019

Agenda item:	6.1		
Title:	Clinical leadership – developing a single System-wide Clinical Voice		
Lead:	Alex Gimson, Clinical Lead, System Delivery Unit		
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Report purpose <i>(Please mark one in bold) j</i>			
APPROVAL	DECISION	ASSURE	INFORM
Link to STP Priorities <i>(Please mark all applicable in bold)</i>			
AT HOME IS BEST	SAFE & EFFECTIVE HOSPITAL CARE, WHEN NEEDED	WE'RE ONLY SUSTAINABLE TOGETHER	SUPPORTED DELIVERY
Committees/groups where this has been presented to before <i>(including date)</i>			

Purpose of the paper

To inform Sustainability and Transformation Partnership (STP) Board of timescale for starting the Joint Clinical Group (JCG) and Clinical Communities Forum (CCF), their membership and the new governance arrangements for these

The Health and Care Executive is invited to:

The STP Board are asked to note draft terms of reference, membership and governance arrangements and start dates for the JCG and the CCF.

1. INTRODUCTION / BACKGROUND

At recent Health and Care Executive (HCE) and STP Board meetings the formation of a single clinic voice informing both the Clinical Commissioning Group (CCG) and the STP via a Joint Clinical Group and Clinical Communities Forum was agreed.

This paper sets out the timescale, terms of reference and membership of these two bodies and governance arrangements. The current draft System Governance Framework will be updated to reflect this change, along with other superficial changes to reflect the current landscape¹.

2. BODY OF REPORT

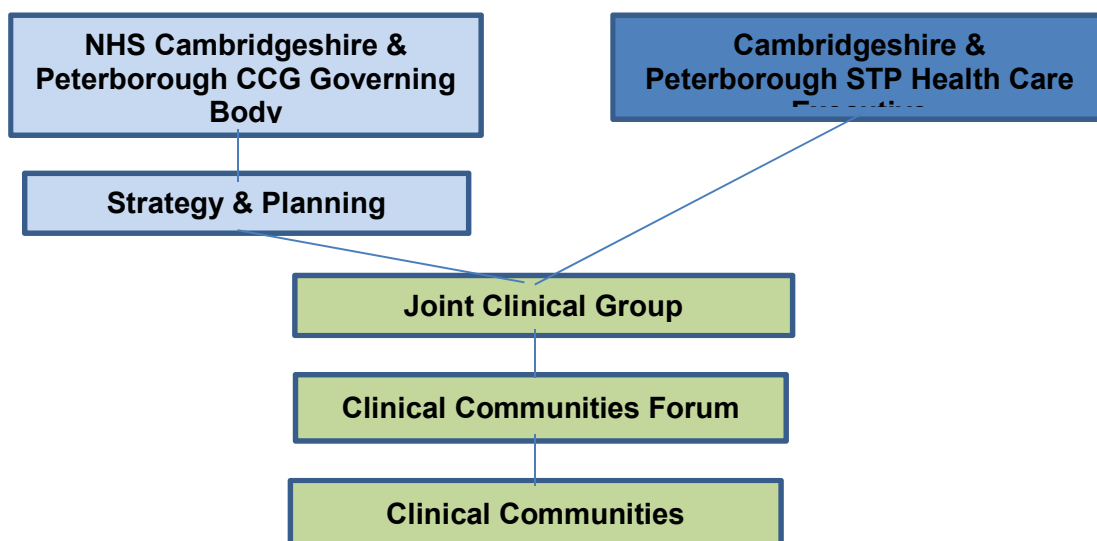
Joint Clinical Group (JCG)

Role of JCG to be discussed at the first meeting:

- To be the clinical forum in Cambridgeshire & Peterborough to receive and critique clinical strategies formulated by Clinical Communities and the clinical communities Forum;
- To be the clinical subgroup offering clinical advice to the CCG's Strategy & Planning Committee;
- To be the clinical subgroup offering clinical advice STP's Health & Care Executive;
- To promote the use of health analytics to address local health and care needs;
- To promote the use of evidence-based innovations in health care;
- To be the clinical forum for discussion and agreed decision making between the clinical leaders of Cambridgeshire & Peterborough STP;
- In discussion with STP and CCG Clinical leads, to commission and oversee the workstream of the STP's Clinical Communities Forum (CCF); and
- To promote place-based clinical leadership.

The first meeting was on 11 May 2019. Further meetings will take place monthly.

Figure 1 Governance Structure for JCG



¹ Given this may need a more fundamental re-write as part of our ICS journey, we will not propose formally approving an updated draft GF until the end of the year.

See Appendix 1 for how these changes are reflected in the over-arching System governance structure.

Proposed Membership

- Chair and Deputy chair (to be elected):
- STP Clinical Lead and CCF chair;
- Medical and Nursing/Quality Directors of:
 - Cambridgeshire & Peterborough CCG
 - North West Anglia NHS Foundation Trust
 - Cambridge University Hospitals NHS Foundation Trust
 - Cambridgeshire & Peterborough NHS Foundation Trust
 - Royal Papworth NHS Foundation Trust
 - Cambridgeshire Community Services NHS Trust
 - East of England Ambulance Service NHS Trust
- Director of Public Health:
- The GP leads of the North and South Provider Alliances; and
- A nominated Chief Pharmacist
 - Reports and actions will be presented to both the C&P STP Health & Care Executive and to the C&P CCG Planning and Strategy Committee. JCG will receive reports and progress updates from the Clinical Communities Forum.

Clinical Communities Forum (CCF)

The CCF would be a subgroup of JCG and be chaired by the current Clinical Advisory Group (CAG) Chair. It will comprise of the current membership of the CAG and a wider clinical membership from the primary care clinical leads and clinical communities. The Clinical Communities represent clinicians across the STP who have worked on pathways in their respective areas.

The first meeting of the CCF was in April. Meetings will be at least quarterly.

The Role of CCF:

- To be a forum for clinical leads discussion across the STP;
- To undertake clinical pathway reviews on behalf of JCG; and
- To promote place-based clinical leadership
 - Following discussions and any necessary modifications, reports and recommendations received from Clinical Communities concerning clinical transformation will be presented to the Joint Clinical Group.
 - Proposed Membership.

Name	Job Title	Organisation
Alex Gimson	Chair CCF	CUHFT
Amrit Takhar	GP, Cardiology lead	CCG
Andrew Anderson	GP, UEC primary care Lead	CCG
Ashley Richardson	Area Clinical Lead	EEAST
Ben Underwood	Clinical Director, Older People’s and Adult Community Directorate	CPFT
Carole Anderson	Director of Quality, Patient Safety and Experience	CCG
Chess Denman	Medical Director	CPFT
Christof Kastner	Demand Management	CUHFT

Clare Mundell	Chief Pharmacist	CPFT
Emma Tiffin	STP Mental Health Clinical Lead	CCG
Fiona Head	Associate Director for Clinical Outcomes and Population Health Strategy	CCG
Gary Howsam	Clinical Chair	CCG
Ibrahim Srouji	ENT Clinical Lead	NWAFT
Jakki Faccenda	Consultant in Respiratory and Clinical Lead	NWAFT
James Morrow	GP,	South Alliance co-chair
Jessica Randall-Carrick	GP Clinical Lead Diabetes/obesity	CCG
Julian Owens	Orthopaedics/MSK Clinical Lead	CUHFT
Justin Davies	Deputy Medical Director	CUHFT
Laurence Gibson	Public Health Consultant	Public Health
Liz Robin	Director of Public Health	CCG
Liz Warburton	Stroke Clinical Lead	CUHFT
Mark Brookes	GP	CCG
Mark Sanderson	Medical Director	CCG
Natalie Clennell	Head of People and Partnership	SDU
Neil Modha	Chair, GPN	North Alliance co-chair
Nick West	Consultant Cardiologist	RPH
Rachel Wakefield	AHP Lead	CPFT
Sumit Dhingra	Consultant Ophthalmic Surgeon	NWAFT
Suzanne Hamilton	Deputy Medical Director	NWAFT
Val Moore	Healthwatch Representative	Healthwatch Cambridge
Vaz Ahmed	UEC Clinical Lead	CUHFT

STP representatives and secretariat will be in attendance.

Clinical Communities

Clinical Communities will report into the Clinical Communities Forum. All Clinical Communities will be required to consider all issues relevant to their specialty area including:

- Prevention, including local Public Health and JSNA priorities;
- Health Inequalities;
- Variations in care delivery and outcome identified from GIRFT and RightCare analyses;
- Potential areas for disinvestment as well as investment;
- Non-elective and Planned Care, and new modes for Outpatient service delivery;
- Maximising clinical risk sharing between organisations; and
- The optimum delivery of the service in the community, for instance at a system level (single provider), at Alliance level (North & South).

3. RECOMMENDATIONS

The STP Board is asked to agree the proposed membership and governance arrangements for the Joint Clinical Group and Clinical Communities Forum and note the timelines.

13 May 2019

Appendix: Appendix 1: STP Governance Structure – April 2019

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