Cambridgeshire and Peterborough
Integrated Care System

System Partnership Board Report

Meeting	System Partnership Board Meeting in Public
Date of Meeting	Wednesday 15 September 2012
Agenda item:	2.4
Title:	System Oversight and Assurance Group – Overview Report
Lead:	Jan Thomas, Joint Accountable Officer
Author:	Sharon Fox, Director of Governance, CPCCG

Report purpose *(Please mark one in bold)*

APPROVAL	DECISION	ASSURE	**INFORM**

Committees/groups where this has been presented to before *(including date)*

N/A

Purpose of the paper

The purpose of this report is to provide a summary of the System Oversight and Performance Framework and what this means for the Cambridgeshire and Peterborough system should we be rated as SOF4.

The report also provides an overview of the first meeting of the System Oversight and Assurance Group which met for its inaugural meeting on 31 August 2021, together with a copy of the latest Terms of Reference for the Board's information.

Recommendation

The Board is asked to note the overview of the System Oversight and Performance Framework, and the implications for Cambridgeshire and Peterborough, should we be rated as SOF4.

The Board is asked to note the outcomes of the first meeting of the System Overview and Assurance Group meeting which was held on 31 August 2021.

The Board is asked to note the Terms of Reference set out at Appendix A.

1. System Oversight and Performance Framework - Overview

1.1 As the Board is aware, NHSE/I has introduced a new System Oversight and Performance Framework for 2021/22. The Framework provides a new integrated approach to improving performance and culture change, encompassing the six new domains which are operational performance; quality and outcomes; people; leadership; finance and preventing Ill health and inequalities. It is intended that the new approach will add value to the current model of assurance and will provide a single framework, covering individual places, and Cambridgeshire and Peterborough as a whole; an increasing focus on making judgements about a whole place, while understanding the positions of individual organisations; a strong element of peer review and mutual accountability and a clear approach to improvement-focused intervention, support and capacity building.

1.2 The level of oversight / intervention that the system will require from our Regulators will depend upon the level at which the system is rated as a whole. The levels are summarised in the table below:

	Segment description			Scale and nature of support needs
	ICS	CCG	Trust	
1	Consistently high performing across the six oversight themes Capability and capacity required to deliver the ICS four fundamental purposes is well developed	Consistently high performing across the six oversight themes Streamlined commissioning arrangements are in place or on track to be achieved	Consistently high performing across the five national oversight themes and playing an active leadership role in supporting and driving key local place-based and overall ICS priorities	No specific support needs identified. Trusts encouraged to offer peer support Systems are empowered to direct improvement resources to support places and organisations, or invited to partner in the co-design of support packages for more challenged organisations
2	On a development journey, but demonstrate many of the characteristics of an effective, self-standing ICS Plans that have the support of system partners in place to address areas of challenge	Plans that have the support of system partners in place to address areas of challenge Targeted support may be required to address specific identified issues	Plans that have the support of system partners in place to address areas of challenge Targeted support may be required to address specific identified issues	Flexible support delivered through peer support, clinical networks, the NHS England and NHS Improvement universal support offer (eg GIRFT, RightCare, pathway redesign, NHS Retention Programme) or a bespoke support package via one of the regional improvement hubs
3	Significant support needs against one or more of the six oversight themes Significant gaps in building the capability and capacity required to deliver on the ICS four fundamental purposes	Significant support needs against one or more of the six oversight themes No agreed plans to achieve streamlined commissioning arrangements by April 2022	Significant support needs against one or more of the five national oversight themes and in actual or suspected breach of the licence (or equivalent for NHS trusts)	Bespoke mandated support through a regional improvement hub, drawing on system and national expertise as required (see Annex A)
4	Very serious, complex issues manifesting as critical quality and/or finance concerns that require intensive support	Very serious, complex issues manifesting as critical quality and/or finance concerns that require intensive support	In actual or suspected breach of the licence (or equivalent) with very serious, complex issues manifesting as critical quality and/or finance concerns that require intensive support	Mandated intensive support delivered through the Recovery Support Programme (see Annex A)

1.3 We are working with NHSE/I to understand the System Oversight Framework level to which the Cambridgeshire and Peterborough ICS will be rated however, it is likely that Cambridgeshire and Peterborough ICS will be placed in SOF 4 due to our financial situation, although this is yet to be officially confirmed. Whilst we have made good progress on this front, including coming in on plan last year, we acknowledge we still have more to do and welcome the additional support to address our ongoing financial challenges and embed lasting solutions.

1.4 A new national Recovery Support Programme (RSP), previously known as special measures, has been put in place and will

- be system oriented, whilst still providing focused, intensive support to individual organisations.
- focus on the underlying drivers of the problems that need to be addressed and which parts of the system hold the key to improvement.
- be nationally led by a credible, experienced system improvement director (SID) jointly appointed by the system, region, and national intensive support team.
- involve team-based support via an expert multi-disciplinary team co-ordinated by the SID.
- be time limited with clear exit criteria; and
- focus on system resilience with knowledge and skills transfer, providing sustainable capability within the system following exit.

1.5 Our Senior Leaders have been briefed about the SOF 4 category and financial reasons behind this potential categorisation for Cambridgeshire & Peterborough. A further update will be provided once our SOF status is confirmed.

2. System Oversight and Assurance Group

2.1 To oversee our progress and to provide assurance on delivery, a System Oversight and Assurance Group (SOAG) has been established to provide an integrated approach to the principles of the Framework. SOAG will be a key element of the leadership and governance arrangements for the Cambridgeshire and Peterborough ICS and is expected to encompass some of the regulatory roles currently performed by the NHSEI East of England regional team.

2.2 Membership of the System Oversight and Assurance Group includes representation from each sector of the partnership, i.e., providers, commissioners, councils, national bodies, Healthwatch. Members will be nominated to reflect appropriate representation from each place and collective ownership of performance and delivery across our system.

2.3 The role of SOAG is to hold delivery Partners to account for performance and support improvement and will review system performance and delivery (covering delivery, quality, and finance). It will address areas of concern such as elective recovery and waiting lists and surge/winter preparation, agreeing improvement actions and interventions. It will also provide a forum for programme updates from collaboratives on a quarterly cycle and additional exception reports. It will also focus on wider system risks and issues. Where necessary SOAG will hold Part B meetings with individual partners where there is a need for individual provider discussions around specific regulatory issues. The latest version of the Terms of Reference is set out at **Appendix A.**

3. Overview of First Meeting

3.1 The first meeting of SOAG took place on 31 August 2021 and was chaired by Jan Thomas, Joint ICS Interim Accountable Officer. Key issues discussed at the meeting included:

- **Urgent and Emergency Care** - Following escalation meetings relating to Urgent and Emergency Care (UEC) performance, the North and South Integrated Care Partnerships (ICPs) set out their initial improvement and action plans. With further work to carry out, future sessions will be dedicated to this, and progress tracked against the chosen KPIs. A recurrent theme in the discussion was the availability of workforce, which is to be discussed in the next meeting, with a focus on the People Board workforce plan and initiatives to alleviate the current pressures.

- **Planned Care and Diagnostics** - The Planned Care and Diagnostic recovery approach was set out at a high level. Further work is being undertaken in the system wide planned care group and chief operating officer (COO) group. This includes further opportunities for system wide mutual aid, plans for further capital investment, and capacity modelling.

- **Quality and Patient Safety** - The system wide quality group are working well together and have been discussing how to report on future quality risks to SOAG by exception. Current issues include the current staff shortage of qualified midwives, as well as other support staff due to vacancies and absence.

- **Finance and Use of Resources –** The latest H1 financial position was noted, and the progress made on H2 planning and development of the Medium-Term Financial Plan discussed. The approach to the SOF 4 Exit Plan was also considered.

3.2 In terms of feedback the meeting was well received, with a view to it being improved by focusing more on primary care from within the GP community, which will be addressed at future meetings. More time and focus will also be given to non-acute matters at subsequent meetings. The need to develop the debate around inequalities was also raised. The next meeting is due later in September and the business cycle is being finalised for the remainder of the year and going into the new Integrated Care Board Business Cycle for 2021/22.

3.3 We will continue to provide an overview of key issues discussed at SOAG at each Board meeting. It is anticipated that future reports we will include a summary of high-level data for the system as an appendix. The report will also give key headlines on the levels of assurance gained by SOAG and those areas that were identified as requiring intervention. The report will also focus on agreement gained on areas of good performance and areas for improvement.

Appendix A – SOAG Terms of Reference – latest version

Appendix A

Cambridgeshire and Peterborough
Integrated Care System

System Oversight and Assurance Group

Terms of Reference V1.7 August 2021

Executive Summary:

The System Oversight and Assurance Group (SOAG) Terms of Reference have been developed in line with direction to transition to an Integrated Care system (ICS) as described in the Government's White Paper: Integration and Innovation: working together to improve health and social care for all and the NHS System Oversight Framework published in June 2021.

The document responds to the requirement to move from the individual NHS England/ Improvement (NHSE/I) led Oversight and Support Meetings with providers and CCGs to a joint system wide committee attended by the System and NHS E/I.

The purpose of the Group, as a committee of the ICS Board, will be to hold the delivery partners and itself (for non-delegated functions) to account, whilst ensuring the required support is available, to enable improvement. The group will also oversee and monitor regulatory interventions and coordinate remedial action across system partners.

Key amendments after SL meeting 3/8/21.

- *Membership MH CEO and MH/LD collaborative Chair*
- *S5 and s6 recognising that the SOAG may hold delegated powers from ICB/ NHSE/I as set out in Scheme of Delegation.*
- *Differentiating the need for a separate assurance meeting- recognising different responsibility of members at Board and Committee level.*
- *S5 recognising quoracy needed:3 ICB members, 1 Director NHSE/I*
- *Amendments in light of model constitution*

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1. Introduction and context

1.1. Cambridgeshire and Peterborough Health and Care Partnership was formed in 2016 as one of 44 Sustainability and Transformation Partnerships (STPs), in response to the NHS Five Year Forward View. In April 2021, Cambridgeshire and Peterborough was confirmed as an Integrated Care System and will operate in shadow form before becoming fully operational from April 2022.

Integrated Care Systems, also known as ICSs, are new partnerships between organisations that support the health and wellbeing of local communities. Partners include the NHS and local councils alongside voluntary, community and social enterprise sector organisations.

These partners have a responsibility to coordinate services and plan health and care in a way that improves population health and reduces inequalities between different groups.

1.2. The ICS partnership allows a new way of working to meet the diverse needs of our citizens and communities. NHS services have come together with local authorities, charities, and community groups to agree how we can improve people's health and improve the quality of their health and care services.

1.3. The System Oversight and Assurance Group is a key element of the leadership and governance arrangements for the Cambridgeshire and Peterborough ICS and is expected to encompass some of the regulatory roles currently performed by the NHSEI East of England (EoE) regional team.

Purpose

1.4. C&P are developing an integrated approach to leading performance development and culture change, encompassing the System Oversight Framework domains and recognising the duty of regulators. The domains cover Leadership and Capability, Quality, Workforce, Health Inequalities, Finance and use of resources and other local priorities.

1.5. This new approach will feature:

- A single framework, covering the entirety of the system, including north and south ICPs, 21 INs and four Provider Collaboratives, focussed on making connections between places and programmes.
- An increasing focus on making judgements about Cambridgeshire and Peterborough as a whole place, while understanding the positions of Neighbourhoods, Places, Provider Collaboratives, and individual organisations.
- Clear accountability and growing autonomy
- A clear approach to improvement-focused intervention, support, and capacity building.

- Newly devolved services and carry a legal responsibility from the regional office of NHSE/I
- An ability to self-manage and self-correct if performance targets are not met

1.6. The purpose of the Group, as a committee of the ICS Board, will be to hold the delivery partners and itself (for non-delegated functions) to account, whilst ensuring the required support is available, to enable improvement. The group will also oversee and monitor regulatory interventions and coordinate remedial action across system partners.

1.7. These Terms of Reference describe the scope, function and ways of working for the System Oversight and Assurance Group. They should be read in conjunction with the Memorandum of Understanding for Cambridgeshire and Peterborough Integrated Care System, which describes the wider governance and accountability arrangements.

2. How we work together in Cambridgeshire and Peterborough

Our vision

2.1. We have worked together to develop a shared vision for health and care services across Cambridgeshire and Peterborough. All our plans support the realisation of this vision:

All together for healthier futures – Cambridgeshire and Peterborough

The achievement of our vision will be supported by the delivery of our mission:

Working together to improve the health and wellbeing of our local communities throughout their lives.

In doing so, the outcomes we want for our population are to:

- ***Address inequality***
- ***Create a system of opportunity***
- ***Give more people control over their health and wellbeing***
- ***Deliver world class services, standards and evidence-based practices***

2.2. The System Oversight and Assurance Group operates within an agreed set of governance principles that shape everything we do through our partnership:

1. Is population focussed and supports decision making as close to communities as possible, except where there are clear and agreed benefits to working at scale
2. Is based on a shared understanding between partners on the challenges we collectively address
3. Exists to facilitate the delivery of our agreed system objectives
4. Enables us to make a collective decision on behalf of all partner organisations
5. Is streamlined and reduces duplication across the system
6. Is explicit about which forums are for decisions and which are for participation and engagement via a system wide 'functions and decisions map'
7. Uses shared accurate and complete data in an open and transparent manner to inform decision making
8. Is based on the principals of co-design and co-production, so that those affected by the decision are included and informed
9. Is clear transparent and accountable.
10. Is Iterative and will develop in line with the ICS's development and maturity.

Our shared values and behaviour

2.3. Members of the System Oversight and Assurance Group commit to behave consistently as leaders and colleagues in ways which model and promote our shared values:

- We are leaders of our organisation, our place and of Cambridgeshire and Peterborough
- We support each other and work collaboratively
- We act with honestly and integrity, and trust each other to do the same
- We challenge constructively when we need to
- We assume good intentions
- We will implement our shared priorities and decisions, holding each other mutually accountable for delivery

3. Role and Responsibilities

3.1. The System Oversight and Assurance Group will provide oversight, and challenge to the delivery of the aims and priorities of the Partnership. In support of this, its responsibilities are to:

I. lead the development of a dashboard of key performance, quality and transformation metrics for the partnership; take an overview of performance and transformation at whole system, place and organisation levels in relation to partnership objectives and wider national requirements.
II. take an overview of Transformation programme delivery
III. receive reports from C&P committees, collaboratives and enabling workstreams on issues which require escalation.
IV. develop and maintain connections with other key groups and organisations which have a role in performance development and improvement, including:
    a. Care Quality Commission and other regulators
    b. Quality Surveillance Groups
    c. Collaboratives and Delivery Boards
V. lead the development of a framework for peer review and support for the ICS partnership and oversee its application. NHS Statutory Board,[1] in consultation with C&P programme boards, and national NHS bodies, on the deployment of improvement support across the partnership, and on the need for more formal action and interventions. Actions will include the requirement for:
    a. agreement of improvement or recovery plans.
    b. more detailed peer-review of specific plans.
    c. commissioning expert external review.
    d. co-ordination of formal intervention and improvement support.
    e. agreement of restrictions on access to discretionary funding and financial incentives.

[1] In the transitional period up to the introduction of the statutory Board, reporting will be to the System Leaders group.

f. discharge the regulatory duties currently held by NHSE/I.

4. Membership

4.1. The membership of the System Oversight and Assurance Group will include representation from each sector of the partnership, i.e. providers, commissioners, councils, national bodies, Healthwatch. Members will be nominated to reflect appropriate representation from each place and collective ownership of performance and delivery across our system. Where possible individuals will represent more than one role/sector, to keep numbers to an optimal level.

4.2. The membership will comprise:

- A Lay Chair (also rep of Primary Care)
- Deputy Chair: NHE/ I Performance Director or ICS AO
- Acute sector – CEO's
- Chair of FPPG
- Chair of Quality Group
- Chair of Strategic Commissioning Group
- Chair of Clinical Group
- Chair of Transformation working group
- MDs of ICPs
- Chair of Urgent care collaborative
- CYP collaborative
- Acute provider collaborative (one from each Acute)
- Mental Health CEO and MH/LD collaborative Chair
- End of Life Collaborative
- Local Authorities
- Healthwatch
- CEO from Community Services

A list of members and nominated deputies is set out at **Annex 1**.

Deputies

4.3. If a member is unable to attend a meeting of the System Oversight and Assurance Group, s/he will be responsible for identifying a suitable deputy to attend on their behalf. Such a deputy must have sufficient seniority and sufficient understanding of the issues to be considered, to represent their organisation, place or group effectively. Nominated sector deputies will be invited to attend SOAG meetings, either in place of, or in addition to the nominated sector lead).

Additional attendees

4.5. Additional attendees will routinely include:

- Members of the ICS executive who do not chair a committee, as required
- LMC CEO

4.6. At the discretion of the Chair, additional representatives may be requested to attend meetings from time to time to participate in discussions or report on particular issues. Such additional representatives may include:

- Chairs from the Enabling groups
- Senior Responsible Officers and programme leads for C&P programmes
- Representatives of Partner Organisations, who are not part of the core membership.
- Members of the C&P Partnership core team and external advisors

4.7 All members of Committees are required to act in accordance with the ICB Constitution, including the standing orders, as well at the SFIs and any other relevant ICB policy.

5. Quoracy and voting

5.1. The System Oversight and Assurance Group will be the Committee that provides assurance to the Board that it is delivering in line with its strategy and against its plan. Members of both the ICB and SOAG may hold different responsibilities at each; in SOAG they may represent their organisation, at Board they will form part of a unified membership. The Group will not take votes and will require a quorum of three ICB members and one Director from NHSE/ I to be present to consider any business.

5.2. The Chair will seek to ensure that any lack of consensus is resolved amongst members.

5.3. Under exceptional circumstances any substantive difference of views among members will be reported to the NHS Statutory Board.

6. Accountability and reporting

6.1. The Group may have powers or functions formally delegated by the Board, these will be set out in the ICS / NHSE/I Scheme of Delegation. However, NHS England and NHS Improvement will, where appropriate, enact certain regulatory functions through the group. [2]

[2] Foundation trusts and NHS trusts and systems are now regulated through the Single Oversight Framework, which assesses performance against five themes: Quality, People, Finance, Reducing inequalities, and Leadership

Providers are required to provide information to NHS Improvement on a regular basis, including annual submissions of strategic and operational plans, monthly submissions of financial and performance information, exception reports (i.e. a Royal College report that identifies concerns relevant to the trust's governance of quality) and periodic governance reviews. Providers are segmented according to any concerns that NHS Improvement identifies in relation to the above themes, and this determines the level of oversight, intervention and mandatory or voluntary support they receive. Regulatory action can be found in Enforcement Guidance, Monitor, 28.3.2013.

6.2. The Group has a key role within the wider governance and accountability arrangements for the C&P partnership (see **Annex 2** for a description of these arrangements).

6.3. The System Oversight and Assurance Group will formally report, through the Chair, to the NHS Statutory Board. It will make recommendations, where appropriate to the NHS Statutory Board and to the Regional Support Group in NHSE/I which is responsible for regulatory changes.

7. Conduct and Operation

7.1. The Group will normally meet monthly. An annual schedule of meetings will be published by the secretariat.
7.2. Extraordinary meetings may be called for a specific purpose at the discretion of the Chair. A minimum of seven working days' notice will be given when calling an extraordinary meeting.
7.3. The agenda and supporting papers will be sent to members and attendees no less than five working days before the meeting. Urgent papers will be permitted in exceptional circumstances at the discretion of the Chair.
7.4. Draft minutes will be issued within 10 working days of each meeting.

Managing Conflicts of Interest

7.5. Each member must abide by all policies of the organisation it represents in relation to conflicts of interest.

7.6. Where any Group member has an actual or potential conflict of interest in relation to any matter under consideration at any meeting, the Chair (in their discretion) shall decide, having regard to the nature of the potential or actual conflict of interest, whether or not that member may participate in meetings (or parts of meetings) in which the relevant matter is discussed.

7.7. Where the Chair decides to exclude a member, the relevant organisation represented by that member may send a deputy to take the place of the conflicted member in relation to that matter.

Secretariat

7.8. The secretariat function for the System Oversight and Assurance Group will be provided by the NHS England Performance and System Support Team. A member of the team will be responsible for arranging meetings, recording notes and actions from each meeting, preparing agendas, and agreeing these with the Chair.

8. Review

8.1. These terms of reference and the membership of the Group will be reviewed at least annually and any changes will be agreed by the Board. Further reviews will be undertaken in response to any material developments or changes in the wider governance arrangements of the partnership.

Annex 1 – Members

Sector	First Representative	Second Representative
Lay Chair	Dr Jane Collyer	
Deputy Chair / ICS AO	Adam Cayley/Jan Thomas	
Chair of FPPG	Louis Kamfer	
Chair of Quality group	Carol Anderson	
Chair of strategic Commissioning group	Jane Webster/ Jess Bawden	
Chair of Transformation and Planning	Kit Connick	
Chair of Provider collaborative (COO's)	Graham Wilde	
Acute Provider and chair of the HIE board	Caroline Walker	
Acute Provider	Roland Sinker	
Mental Health Provider	Chair of the MH/LD collaborative And MH CEO Tracey Dowling	
Acute Provider	Stephen Posey	
Chair of CYP collaborative	Wendi Ogle Welbourne	
Local Government	Wendi Ogle Welbourne	
Community provision	Tracy Dowling/Matthew Winn	
Clinical Leadership	Alex Gimson/Gary Howsam	
North ICP	ICP MDs	
South ICP	ICP MDs	
NHS ICS/EI joint Performance and Improvement	Alison Clarke	
Healthwatch	Sandie Smith	

N.B Membership and Committee names may change and other members may be co-opted as necessary.

Annex 2 – Schematic of Governance and Accountability Arrangements