

## Introduction

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This chapter sets out the way in which the governance arrangements for Healthy Ambitions (and for regional service reviews more generally) will operate at the regional level.

It provides clarity for all Y&H organisations about the ways in which:

- Progress on the delivery of Healthy Ambitions is to be assured by the SHA at regional and at local level
- Clinical leadership and advice will be at the heart of regional delivery and assurance
- The small number of regional reviews recommended by clinicians in Healthy Ambitions will be taken forward
- Any further regional reviews or proposed region-wide strategic development work should be initiated and undertaken. Such work might be proposed from a variety of sources (e.g. Specialised Commissioning Group, clinical networks) and may include sub-regional reviews likely to have a wider impact on services across Y&H.
- The outcomes of all reviews will be assured through the Y&H Service Change Assurance Process (SCAP).

It is important that the approach to all of these issues is agreed and clear so that there is transparency of approach, and the cumulative impact of reviews on the NHS system in Y&H can be assessed and agreed.

## Key Principles

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The approach to governance is in line with the principles adopted throughout the conduct of the Next Stage Review in Y&H. It reflects the key principles set out in High Quality Care for All:

- Clarity of purpose: Keeping the objectives of the report – improving health and health care – at the forefront of all discussions
- Collaborative production: Designing implementation programmes as much as possible with the local NHS, local authorities and key stakeholders
- Subsidiarity: Ensure that where details of implementation can be determined locally, they should be
- Clinical ownership and leadership: Building and sustaining clinical engagement and leadership through all elements of implementation
- System alignment: Incorporating implementation into mainstream processes, and aligning objectives to the goals of Healthy Ambitions.

This group will be supported by nine Pathway Delivery Boards one for each of the eight pathways described in this document plus primary care.

## Oversight and assurance of delivery

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Progress on delivery against the entire Healthy Ambitions programme will be assured by a Strategic Commissioning Board made up of the SHA and PCT CEs with senior clinical, local authority and provider input as appropriate. This group will meet on a quarterly basis and provide feedback to the full CE Forum.

### The Strategic Commissioning Board group will oversee:

- Region-wide enabling work to support the delivery of Healthy Ambitions (examples include workforce development or the social marketing work, agreed with PCTs and being undertaken on a Y&H basis)
- Delivery of Healthy Ambitions at the local level – by:
  - Overseeing the assessment of PCT strategic plans
  - Receiving reports on the Healthy Ambitions metrics and trajectories
  - Receiving reports on improvement against WCC outcome measures
  - Receiving progress reports from Pathway Delivery Boards as shown on the diagram in this chapter.

- The regional reviews to be undertaken as part of Healthy Ambitions (or proposed from other sources such as SCG) including:

- Prioritisation, establishment and terms of reference
- Recommendations and their implementation
- Assessment of the cumulative impact of these reviews

All of the above will be underpinned by clinical advice as described below.

This group will be supported by Pathway Delivery Boards one for each of the eight pathways described in this document plus primary care – building on the work proposed by the Primary Care Think Tank established as part of the Y&H Next Stage Review. The Y&H Cancer Programme Board will also report into the Strategic Commissioning Board.

These oversight and assurance arrangements are shown diagrammatically in fig.1 in the cross cutting themes and enablers chapter.

### Pathway Delivery Boards

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The ten pathway delivery boards will be chaired by the relevant PCT CE, who will work closely with the clinical leads. The precise composition and style of these delivery boards will vary from pathway to pathway as appropriate and will build on the groups already being put in place and work already underway. However all will have strong clinical representation and managerial support. The appropriate composition and terms of reference will be developed for each board, but there are some core responsibilities common to each of them, viz:

- Assuring themselves of delivery on key issues and priority areas
- Assuring PCT strategic plans
- Assuring on progress against Healthy Ambitions metrics and WCC outcomes
- Undertaking regional reviews where appropriate – reporting on these at key and agreed intervals to the Strategic Commissioning Board. Pathway Delivery Boards will need to establish workstream or task groups to undertake these reviews with access to the right level of clinical expertise. This is discussed in more detail in the following section.
- Identifying developments relevant to the pathway area and any further work required.

### Regional Reviews

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A number of tertiary services were identified by the clinicians working on Healthy Ambitions (see fig.1) as needing review in order to:

- Ensure the highest standards of patient safety
- Improve outcomes and reduce risk
- Treat people in clinically appropriate settings
- Reduce unacceptable variations in the care of patients with life threatening conditions
- Improve access to the right levels of specialist skill.

Taken together these service reviews could potentially have an impact on the system of tertiary care in Y&H. As such this work will be carefully coordinated and the cumulative impact should be considered by the SHA and Chief Executives across Yorkshire and the Humber.

It is clear these task groups would act in advisory capacity and make recommendations whilst commissioning decisions are taken by PCTs and the Strategic Commissioning Board.

Regional reviews will be undertaken by workstream groups as shown in the diagram (fig.1) – overseen by Pathway Delivery Boards and the Strategic Commissioning Board. These groups will:

- Agree terms of reference, timescales and approach with the Strategic Commissioning Board
- Report on progress to the Strategic Commissioning Board at regular intervals
- Produce more detailed service models, commissioning specifications and impact assessments
- Sign off their recommendations and the approach to implementation with the Strategic Commissioning Board (provisional on the outcome of the SHA SCAP process – see below)
- Regional reviews recommending any substantial service change would then be subject to the SHA's Service Change Assurance Process (SCAP) in the same way as proposals originating from PCTs.

Where appropriate task groups will include members from relevant Y&H clinical networks – all will address the following questions as part of their review work:

- Are very different approaches being taken to key tertiary services at the sub regional level?
- If so is this clinically appropriate – or is there a need to draw up a common specification and shared quality standards which should be met if providers are to offer these services?
- Is there a need to make some strategic statements to restrict the number of centres providing these sorts of services (either individually or severally) in order to ensure patient safety and to improve services as envisaged by the CPGs?

If these groups can not reach an agreed recommendation a line may be taken by the SHA – especially if there is significant variation in the service plans being developed at the sub regional level. The SHA would develop its position with reference to external clinical advice including the National Clinical Directors.

It is clear these task groups would act in advisory capacity and make recommendations whilst commissioning decisions are taken by PCTs and the Strategic Commissioning Board.

# Healthy Ambitions Governance

Fig.1

