



Lancashire and South Cumbria Joint Committee of CCGs

6th July 2017 1pm – 3pm

Venue: Banqueting Suite, South Ribble Borough Council, West Paddock, Leyland,
Lancashire, PR25 1DH

Agenda

Timings	Item Number	Item	Owner	Action	Format
Standing Items					
5 mins	17701	Welcome and Introductions	Phil Watson	Information	Verbal
	17702	Apologies	Phil Watson	Information	Verbal
	17703	Declarations of Interest	Phil Watson	Information	Verbal
5 mins	17704	Minutes from the last meeting held on 4 th March 2017	Phil Watson	Information	Paper
	17705	Action Matrix Review	Phil Watson	Information	Paper
	17706	Any other business declared	Phil Watson	Information	Verbal
For Discussion/Recommendations					
40 mins	17707	A Vision for Primary Care Transformation	Malcolm Ridgway	Discussion	Presentation
25 mins	17708	Governance of the STP - issues for the JCCCGs	Gary Raphael	To note	Paper
35 mins	17709	Development of proposals for delegated decision making to the Joint Committee of CCGs	Andrew Bennett	To note	Paper
10 mins	17710	Any other Business			
Formal meeting closed – continue with Questions from the Public					
15 mins			All	Discussion	Verbal
For information only					
		The next JCCCG Meeting will be held 7 th September 2017 at Chorley Town Hall	Phil Watson	Information	Information

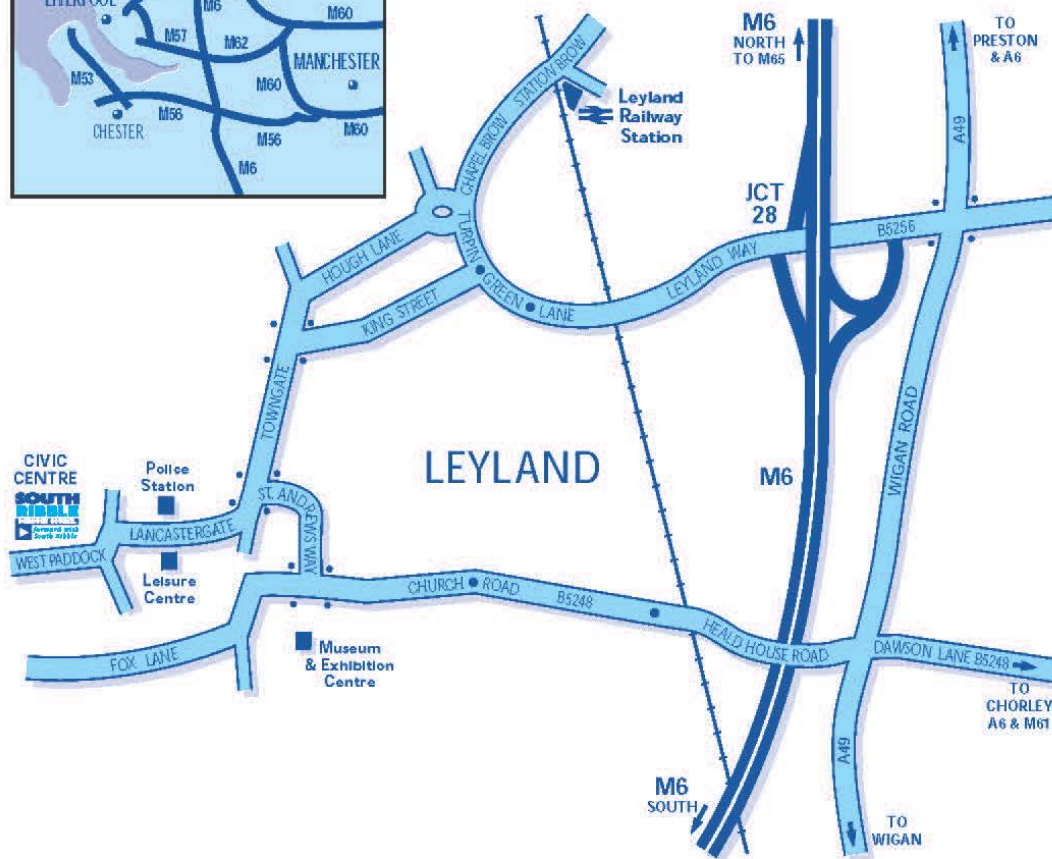
Apologies should be sent to Jacquie Allan, jacquie.allan1@nhs.net or 01253 951 630

Details of Venue – Directions below



Healthier
**Lancashire &
South Cumbria**

DIRECTIONS TO SOUTH RIBBLE BOROUGH COUNCIL



DIRECTIONS TO SOUTH RIBBLE BOROUGH COUNCIL



BY ROAD

From M6:

The Civic Centre is sign posted from junction 28 of the M6.

Leave at junction 28 of the M6. Turn left at end of slip road on to Leyland Way, towards Leyland Town Centre. Go straight across two mini-roundabouts on to King Street. At traffic lights turn left on to Towngate. After second set of traffic lights the road bears right into Lancastergate. Leyland Leisure Centre is on the left, Leyland Police Station is on the right. Go straight across next junction to West Paddock, the Civic Centre is on the right.

From M65:

Leave the M65 at its junction with the M6 (southbound to Birmingham) then follow directions above.

North from M61:

Leave at junction 8 of M61 and head towards Chorley. At next large roundabout, turn right on to A6 - Preston. Immediately after Shaw Hill Golf Club (on left), turn left on to Dawson Lane - B5248 to Leyland. Follow this country road to the end, go straight across Wigan Road - A49 on to Heald House Road - B5248. At South Ribble Museum and Exhibition Centre traffic lights, turn right on to St Andrews Way. Turn left at next lights on to Towngate, the road bears right into Lancastergate. Leyland Leisure Centre is on the left, Leyland Police Station is on the right. Go straight across next junction to West Paddock, the Civic Centre is on the right.

BY RAIL

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BY AIR

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Mileage

Chorley	6
Preston	7
Wigan	12
Manchester	34
Liverpool	34
Birmingham	106
Cardiff	179
Edinburgh	201
London	214



Healthier Lancashire and South Cumbria Joint Committee of the Clinical Commissioning Groups Meeting Action Matrix

Ref	Subject	Owner	Update	Status	Date to Board If Applicable	Complete
17-01-09	Evaluation and Hurdle Criteria Criteria to be complied and assessed then reviewed at March 2017 JCCCG.	GR/AC			Apr-17	
17-03-07	Integrated Diagnostics paper update to be presented to JCCCG in August 2017	DH			Aug-17	
17-03-08	HLSC Easy Read Document	NG	The Committee agreed that Amanda Doyle could sign off the document once the changes had been made.		May-01	
17-03-09	West Lancashire LDP Presentation	PK	Circulate the web link for the video		May-01	
17-03-09	Accountable Care Systems	AB	To circulate the draft description discussed		May-01	

JOINT COMMITTEE OF CLINICAL COMMISSIONING GROUPS

Title of Paper	Governance of the STP - issues for the JCCCGs		
Date of Meeting	6 th July 2017	Agenda Item	17708

Lead Author	Gary Raphael		
Contributors			
Purpose of the Report	Please tick as appropriate		
	For Information		X
	For Discussion		X
	For Decision		
Executive Summary	This paper explains the rationale for changes to Sustainability and Transformation Partnership (STP) governance structure, especially with respect to the relationship between a proposed STP Board and the Joint Committee of CCGs (JCCCGs). The paper is not able to give the full details of the governance structure, for instance the terms of reference for the proposed STP Board, but is able to explain the broad relationships that are expected to develop		
Recommendations	<p>The JCCCGs is asked to discuss this report and suggest any changes to current thinking that it wants to be considered prior to any formal report to boards and governing bodies. It is recommended that the JCCCGs:</p> <ul style="list-style-type: none"> • notes the contents of this report; • endorses the outline governance structure and direction of travel; and • notes that formal proposals will be made to boards and governing bodies within the next month to enable them to support the new governance arrangements. 		
Next Steps	A more formal set of proposals will be developed and incorporated into a formal paper that will seek support for the establishment of the new arrangements from NHS Boards, Governing Bodies and local authorities. NHSE/I will notify the Accountable Officer for the STP (Amanda Doyle) of their support once the formal proposals are made and any associated MOU is signed off. The strong support of partner organisations to the MOU and governance arrangements makes it more likely that the STP will receive strong support from NHSE and NHSI.		
Equality Impact & Risk Assessment Completed	Yes	No	Not Applicable
Patient and Public Engagement Completed	Yes	No	Not Applicable
Financial Implications	Yes	No	Not Applicable
Risk Identified	Yes		No
If Yes : Risk			
Report Authorised by:	Gary Raphael		

Governance of the STP - issues for the JCCCGs

Introduction

1. This paper explains the rationale for changes to Sustainability and Transformation Partnership (STP) governance structure, especially with respect to the relationship between a proposed STP Board and the Joint Committee of CCGs (JCCCGs). The paper is not able to give the full details of the governance structure, for instance the terms of reference for the proposed STP Board, but is able to explain the broad relationships that are expected to develop.
2. The report complements the delegated decision-making paper on this month's agenda, which outlines the types of decision that the JCCCGs anticipates will be delegated to it by the eight CCGs.
3. The JCCCGs is asked to note the content of this report, endorse the outline governance structure and further note that formal proposals will shortly be made to boards and governing bodies to enable them to support these new governance arrangements.

Why do the governance arrangements for the STP need to change?

4. NHSE/I intend to enter into an agreement with Blackpool Fylde Coast in relation to the first wave development of an Accountable Care System (ACS). In parallel, NHSE/I North are seeking to develop and agree a similar Memorandum of Understanding (MOU) covering the whole of Lancashire and South Cumbria. While not aiming to embrace shared financial control totals or be able to delegate transformation funding (which is an important part of the ACS MOU) the NHSE/I North MOU will nevertheless seek to empower the STP in relation to streamlined regulation and performance management and agree priorities in line with those in the Blackpool Fylde Coast MOU.
5. A major new development in the thinking of NHSE/I regarding STPs is that they should establish STP Boards comprising senior officers and non-executive directors from among the partnership's organisations. This is to ensure that both commissioner and provider perspectives are given sufficient weight in the development of STP strategy, policy and delivery activities. The previous governance arrangements tended towards being commissioner led with the JCCCGs being the focus of decision making.
6. Another development in national and regional STP thinking within the MOU is the creation of a single point of contact between NHSE/I and the STP Board in relation to the regulatory dialogue on performance, finance and delivery of Five Year Forward View (FYFV) priorities. The intention is for the STP Board to work with their partner organisations (within their ACSs/LDPs) to ensure delivery in those places, which of course requires new accountability processes to be developed in a way that encourages whole system working. The status of the MOUs is currently at draft stage. The headings for the draft MOU is shown in appendix 2.

7. There are a number of national workstreams comprising NHSE/I officers and leads from each of the nine early ACS systems (including Blackpool Fylde Coast) that are investigating the ways in which existing regulatory, governance and other legal processes can be adapted to support the new ways of working. Lancashire and South Cumbria (L&SC) STP officers are also participating in these workstreams.
8. Within the MOUs the FYFV priorities have been identified in the following order of priority:
 - i. urgent care and primary care
 - ii. mental health and cancer services.

These have to be delivered within the combined control totals of the organisations within the footprint.

Aims and objectives of the STP

9. The aims and objectives of the STP are:

Aims:

- Foster and enable effective collaborative working among partner organisations across L&SC to achieve the triple aims of improved population health and better services delivered within the available resources
- Ensure that the legal, consultative and equality requirements associated with strategic change are effectively discharged with local stakeholders and populations
- Act as the catalyst and coordinator for innovation and change across health and care services to better meet the needs of our population
- Develop strategic plans and ensure coordination of clinical and managerial leadership activities
- Be the focus of accountability processes in relation to whole health and social care system performance and financial management

Objectives

- Improve the health of our population, particularly years of healthy life lived without disabilities, or if that is not possible for some people, lives lived with well-managed long term conditions
- Improve the clinical and social effectiveness of services to people who live and work in L&SC so that the very best outcomes can be achieved in line with our ambitious expectations for those services
- Improve the efficiency of existing services so that resources can be released to fund the new services we will need to better meet population needs
- To increase the proportion of health expenditure on services delivered outside of hospital to support people better to manage their long term conditions
- Develop proposals for and implement an Integrated (Health and Care) Strategic Commissioning (ISC) function by April 2018
- Facilitate and support the development, within Local Delivery Partnership areas (LDPs), of Accountable Care Systems that are able to deliver effective and efficient integrated care services and in the first instance ensuring that the Fylde Coast LDP delivers in line with national requirements and timetable

- Integrate performance assessment processes across commissioners and providers in health and care services to enable whole system accountability in relation to the sustainability and transformation agenda

10. The scope of the STP is now much wider than previously envisaged under the former governance arrangements with the emphasis on delivery of FYFV priorities in addition to ACS/ISC development and transformation activities. The newly proposed STP Board will be required to ensure delivery of these aims and objectives recognising that it is not a statutory entity. The STP Board can enable, foster, coordinate, mandate, encourage and persuade – but it has no formal decision-making powers beyond what each statutory partner is able to bring to the Board as they seek to align existing strategies and resources. Nevertheless, NHSE/I is signalling to the STP, among other things, the ability to make recommendations on prioritisation of capital and revenue transformation funds as well as being the single point for system-wide performance appraisal and management – these new functions carry with them a level of influence that will be essential for the delivery of our collective aims and objectives.

What changes are proposed?

11. The diagram in appendix 1 shows the proposed new governance structure. Members of the JCCCGs will note that where formal, collective **commissioning** decisions are required, following the necessary development work in LDPs and STP workstreams; they will be identified by the STP Board and referred to the JCCCGs where CCGs have already delegated decision-making powers.

12. The composition of the STP Board is currently planned as follows:

- An executive lead from each of the LDPs/ACS
- Up to five non-executive/lay members drawn from CCGs and FTs/NHS Trust
- A councillor representative from each of the four upper tier local authorities
- The STP lead and other, interim, STP executives
- A primary care provider representative
- Other officers and/or observers in attendance, as required

13. The LDP/ACS executives, non-executive/lay members and STP executive officers are on the Board to deliver the aims and objectives of the STP and use their respective experience and perspectives to ensure that they are delivered for the whole region, taking into account the diversity of L&SC. They are not there to represent their respective organisations or indeed LDPs. The local authority and primary care members are representatives of their constituencies but will nevertheless also be expected to promote the STP's aims.

14. Current thinking about membership of the STP Board is that it should not include voting members who are already on the JCCCGs in order to ensure complete separation of roles, but this requires further consideration prior to the establishment of the STP Board, the first meeting of which is planned for mid-September.

15. LDPs are at the heart of the new arrangements and the diagram also shows that the STP-wide policy (e.g. mental health) and enabling (e.g. workforce) workstreams are intended to be the means by which we collectively develop our delivery plans and transformation proposals. The Sustainability and Transformation Partnership could be described as the arrangements through which the Lancashire and South Cumbria partners **choose** to work together in order better to achieve our joint aims and objectives – it is not a 'thing' in itself. Conversely, the JCCCGs is a legal entity.

16. The statutory basis of commissioning decisions and the formal requirements of large decisions requiring consultation means that the JCCCGs has a substantial interest in the adequacy and integrity of related developmental processes. Therefore it has a legitimate and important role in scrutinising and assuring the work of the STP Board in relation to the commissioning part of the agenda.
17. The diagram also shows that the JCCCGs also has a relationship with the assurance functions of the STP. These functions provide assurance to the STP Board on the transformation of services, but they also advise the JCCCGs when required by that Committee.
18. Finally, the JCCCGs, as now, will be subject to formal scrutiny by the Overview and Scrutiny Committees (OSC) across L&SC as well as working with the combined Health and Well-Being Board.

Conclusion and next steps

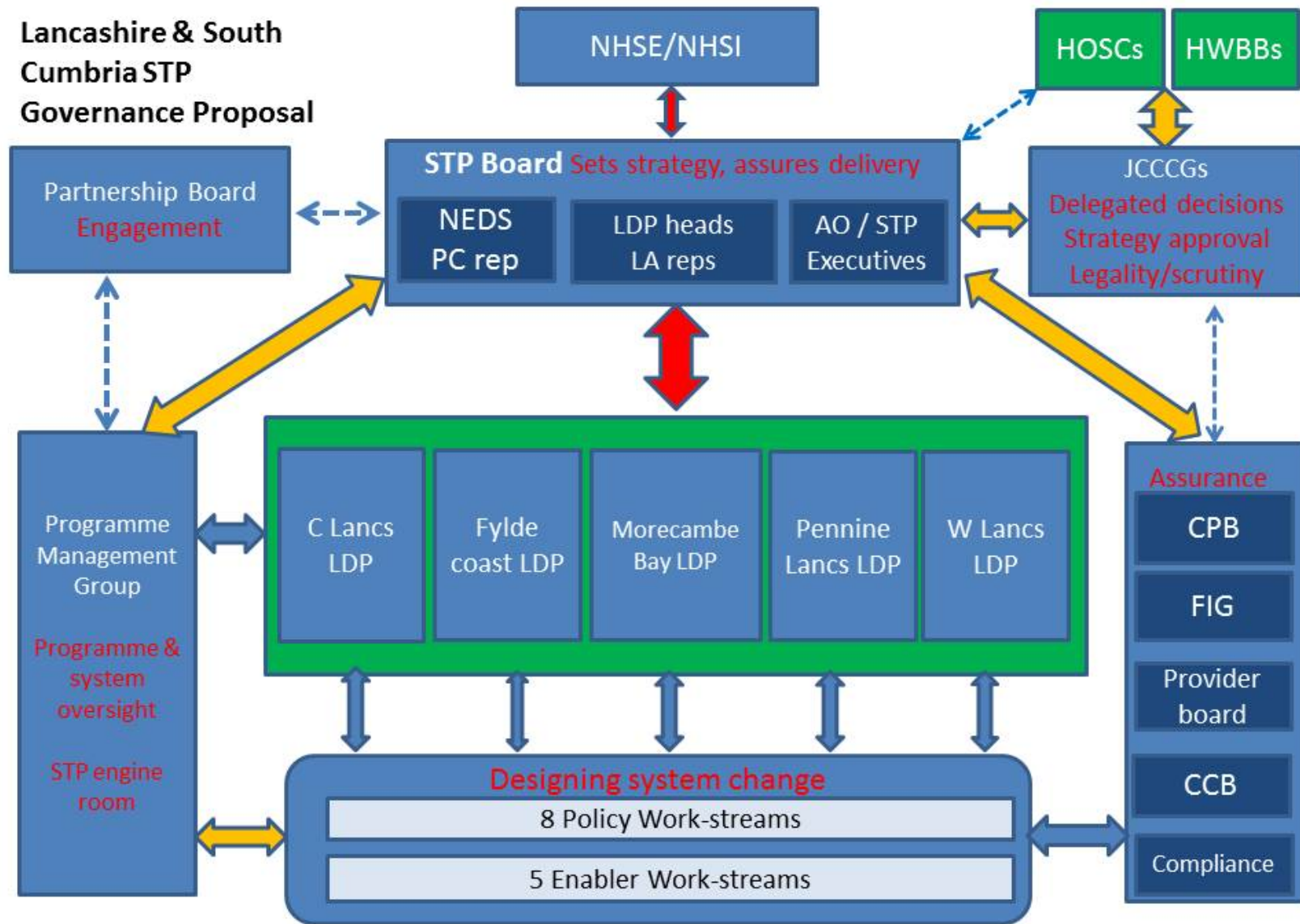
19. This report has outlined the new, proposed governance structure for the STP. Establishing the STP Board is by its very nature a developmental process and therefore these proposals are made on the basis that they are interim pending assessment and evaluation over the course of the financial year. If, in the light of experience, the partners in Lancashire and South Cumbria assess a need to improve the arrangements, it is intended that they should be made by early 2018/19.
20. A more formal set of proposals will be developed and incorporated into a formal paper that will seek support for the establishment of the new arrangements from NHS Boards, Governing Bodies and local authorities. NHSE/I will notify the Accountable Officer for the STP (Amanda Doyle) of their support once the formal proposals are made and any associated MOU is signed off. The strong support of partner organisations to the MOU and governance arrangements makes it more likely that the STP receives strong support from NHSE and NHSI.

Recommendations

21. The JCCCGs is asked to discuss this report and suggest any changes to current thinking that it wants to be considered prior to any formal report to boards and governing bodies. It is recommended that the JCCCGs:
- **notes** the contents of this report;
 - **endorses** the outline governance structure and direction of travel; and
 - **notes** that formal proposals will be made to boards and governing bodies within the next month to enable them to support the new governance arrangements.

Gary Raphael (on behalf of Amanda Doyle)
STP Finance Director
28th June 2017

Appendix 1



Whole system focused on sustainability; transformation; design of future state

Appendix 2

Summary of the main headings within the draft MOU for ACSs which will also form the basis of a further MOU between NHSE/I North and the STP

As set out in FYFV Next Steps, ACSs involve all NHS organisations in a local area working together to take collective responsibility for resources and population health – faster progress expected on transforming care delivery.

Objectives are:

- Make faster progress on reform of urgent and emergency care, primary care, mental health and cancer services
- Manage improvements within shared financial control total across CCG and provider partners
- Integrate services and funding within a single health system
- Act as strong leadership cohort

The draft MOU sets out the requirements against each of these objectives:

- ACSs will be judged by results against specific targets for improving services in the four priority areas (UEC, MH, primary care, cancer)
- A single control total combining CCG and provider deficits will be set – the MOU defines the rules around the expected delivery of the control total, as well as expecting rapid progress on system efficiencies
- The expectations around developing accountable care are laid out, including effective decision making and governance structure; developing a vertically integrated care system whilst realising the benefits of horizontal integration for some services

The MOU also sets out freedoms and flexibilities available to the shadow ACS on the understanding that the above objectives are achieved, including;

- Delegated decision rights for primary care and specialised services
- Streamlined regulation
- Ability to redeploy attributable NHSE/NHSI staff and funding

Timescales for agreement of the MOU are short.

Leaders of NHS partner organisations are asked to endorse the MOU and to approve its recommendation to Boards and Governing Bodies.

Partners are asked to note that the Blackpool and Fylde Coast ACS will be the initial focus of action – however, all LDPs are asked to commit to achieve the required shadow ACS criteria within 2017/18 to facilitate the establishment of L&SC as the overarching ACS.

All partners are asked to support a revised Governance structure in line with national expectations.

JOINT COMMITTEE OF CLINICAL COMMISSIONING GROUPS

Title of Paper	Development of Proposals for Delegated Decision Making to the Joint Committee of CCGs		
Date of Meeting	6 th July 2017	Agenda Item	17709

Lead Author	Andrew Bennett, Carl Ashworth		
Contributors			
Purpose of the Report	Please tick as appropriate		
	For Information	X	
	For Discussion		
	For Decision		
Executive Summary	This paper provides an update to members of the Joint Committee of CCGs on the development of proposals for delegated decision making from CCG Governing Bodies. This process is being undertaken with the aim of supporting collective decision making for the Lancashire and South Cumbria Sustainability and Transformation Partnership (STP). It is also in line with the Terms of Reference for the Joint Committee.		
Recommendations	The Joint Committee of CCGs is asked to: <ul style="list-style-type: none">Note the current development of proposals for delegated decision making to the Joint Committee of CCGs.		
Next Steps	Finalise proposals for formal consideration at each CCG's Governing Body.		
Equality Impact & Risk Assessment Completed	Yes	<u>No</u>	Not Applicable
Patient and Public Engagement Completed	Yes	<u>No</u>	Not Applicable
Financial Implications	<u>Yes</u>	No	Not Applicable
Risk Identified	<u>Yes</u>		No
If Yes : Risk	Risk of not securing support from all organisations for the proposed delegations.		
Report Authorised by:	Andrew Bennett		

JOINT COMMITTEE OF CLINICAL COMMISSIONING GROUPS

Development of Proposals for Delegated Decision Making to the Joint Committee of CCGs

Introduction

This paper provides an update to members of the Joint Committee of CCGs on the development of proposals for delegated decision making from CCG Governing Bodies. This process is being undertaken with the aim of supporting collective decision making for the Lancashire and South Cumbria Sustainability and Transformation Partnership (STP). It is also in line with the Terms of Reference for the Joint Committee.

1. Context

- 1.1 A Joint Committee is a statutory mechanism which gives CCGs an additional option for undertaking collective strategic decision making. The CCGs in Lancashire and South Cumbria agreed to form a Joint Committee and approved terms of reference for this Committee in December 2016.
- 1.2 This document confirms that CCG Accountable Officers are sponsoring the development of a common paper for each CCG's Governing Body which will set out proposed areas for delegated decision making to the Joint Committee. These delegations are being sought to enable several of the STP work-streams to present recommendations for the next phase of activity under the STP.
- 1.3 It is essential that the delegations requested are specific enough to enable CCG Governing Bodies to understand the scope and impact of decision making both on the STP as a whole as well as local health and care systems. Work is continuing to complete the drafting of this paper during July 2017, though Appendix 1 provides members of the Joint Committee with a "current draft" view of those areas under consideration.
- 1.4 Members of the Joint Committee will note in Appendix 1 that requests being made for delegated decision making relate to the approval of:
 - Consistent clinical models, clinical standards or service specifications across the STP;
 - Options, option appraisal processes and plans for public consultation;
 - Common commissioning policies for specific treatments and therapies;
 - Collective use of certain investment funds available within the STP.
- 1.5 It is expected that a final version of the Delegations paper will be available for consideration by CCG Governing Bodies later this month with each organisation asked



JOINT COMMITTEE OF CLINICAL COMMISSIONING GROUPS

to confirm a date by the end of September when the proposals can be formally considered.

Recommendation

The Joint Committee of CCGs is asked to:

- **Note the current development of proposals for delegated decision making to the Joint Committee of CCGs.**

JOINT COMMITTEE OF CLINICAL COMMISSIONING GROUPS

Appendix 1 – SRO INITIAL VIEWS ON REQUIRED DELEGATED DECISIONS

Work-stream		Delegated decisions	Rationale for requesting delegation	Impact on local health economies
1	Acute and Specialised Services	<ul style="list-style-type: none"> To agree intended prioritisation of action, commencing with clinically fragile services; pathology, radiology and other diagnostic services; and urgent & emergency care, including A&E To agree consultation & engagement plan for co-design of options and option appraisal, prior to formal consultation on service reconfiguration To agree evaluation criteria against which options would be assessed To launch formal consultation process To take decisions on the outcome of consultation process 	Scrutiny of process and assurance of adherence to legal requirements – change will be across L&SC system therefore need consistent & standard scrutiny process	Shifts point of control of process from LDP to STP level but with corresponding shift of assurance that all interdependencies are recognised and all local views are considered in light of these
2	Urgent and Emergency Care	<p>Ensuring alignment with outputs and time table for A&E review under A&SS work-stream:</p> <ul style="list-style-type: none"> To agree Urgent and Emergency Care Delivery plan for 17/18 to review current UEC system against national plan requirements To agree defined responsibilities of STP, LDP and A& E delivery boards and governance structure within the UEC delivery plan To agree process, specification and evaluation criteria against which designation of UTCs and walk in centres will take place To agree consultation & engagement plan for co-design of options and option appraisal 	Scrutiny of process and assurance of adherence to legal requirements – change will be across L&SC system therefore need consistent & standard scrutiny process	Shifts point of control of process from LDP to STP level but with corresponding shift of assurance that all interdependencies are recognised and all local views are considered in light of these
3	Children & Young People's Mental Health and Wellbeing	<ul style="list-style-type: none"> To agree Annual transformational plan To agree Annual business/delivery plan To agree key products to support delivery (eg consultation exercise material, service redesign plans& specifications, options appraisals) To agree products to offer system oversight 	Scrutiny and sign off of system-wide plan for implementation of national service requirements	Impact of action and investment will vary across economies to deliver consistent standard population offer

JOINT COMMITTEE OF CLINICAL COMMISSIONING GROUPS

Work-stream		Delegated decisions	Rationale for requesting delegation	Impact on local health economies
4	Population Health	<ul style="list-style-type: none"> To agree a shared population health strategy for L&SC for 2017/18. To agree to contribute existing CSU resources commissioned by CCGs , including BI, into the wider resource within the Improving Health and Care at Scale (IHACS) model, that brings together disparate improvement resources across the system, including Vanguard, Right Care, CSU, LAs, NHSI, NHSE, Innovation Agency, providers, and others to enable a learning healthcare system. To agree that that all population health related transformation funds - including social movement/community empowerment monies - would be pooled and that subsequent recommendations for spend be made to joint committee from Population Health Board 	<p>Seeking collective commitment to investment of CCG and CCG-commissioned CSU resource</p> <p>To ensure that investments are made in line with STP-wide plan</p>	<p>Minimises flexibility on application of locally commissioned resource but maximises value in bringing together system wide resource</p> <p>Minimises local flexibility on spend but maximises standardisation of offer to populations across STP</p>
5	Adult mental health & dementia	<ul style="list-style-type: none"> To agree a revised Operating Model for implementation of nationally prescribed MH&WB strategy (MHFYFV) – including investment and resources, outcomes & standards - at local and STP level To approve case for change for STP wide MH commissioning function To agree business cases for specific developments in line with the MHFYFV – including primary care and IAPT models 	Nationally defined delivery plan with STP level accountability for delivery – requires collective plan for consistent implementation	Delivers consistent offer for populations across Lancashire and South Cumbria and reduces variations in outcomes
6	Transforming Care (Learning disabilities)	<ul style="list-style-type: none"> To agree revised Operating Model for implementation of nationally prescribed Transforming Care programme – including operational delivery and strategic commissioning roles, investment and resources, outcomes & standards 	Nationally defined delivery plan with STP level accountability for delivery – requires collective plan for consistent implementation	Delivers consistent offer for populations across Lancashire and South Cumbria and reduces variations in outcomes

JOINT COMMITTEE OF CLINICAL COMMISSIONING GROUPS

Work-stream		Delegated decisions	Rationale for requesting delegation	Impact on local health economies
7	Primary Care	<p>To agree to implement a standardised primary care model to be commissioned across all CCGs</p> <p>To agree that all discretionary funding re GPFV received by CCGs and NHSE during the year to be pooled and subsequent collective proposals for spend in line with agreed priorities</p>	To ensure implementation of standardised best practice model of care and ensure that investments are made in line with STP-wide investment plan	Minimises local flexibility on choice of model but maximises standardisation of offer to population across STP
8	Regulated Care	<ul style="list-style-type: none"> To agree joint Commissioning Strategy for Regulated Care To agree core service specifications To agree standard approach to pricing with providers in this market To agree standard escalation policy for quality and finance improvement for providers identified as “high risk.” 	To ensure implementation of standardised best practice model of care	Maximises standardisation of offer to population across STP
9	Commissioning policies (for ILCVs)	<ul style="list-style-type: none"> To ratify agreed set of commissioning policies 	Alignment of decision making across L&SC with consistent application of an ethical framework and evidence base to support decision making	Makes a standard offer to population across STP
10	Enablers	Communications and Engagement - To agree a single strategy for involvement, communications and engagement across the STP incorporating the LDPs.	Maximises use of existing Comms and Engagement resource within LDPs and ensures consistency of message across all C&E work	Enables greater coordination and consistent messaging across STP and LDPs

JOINT COMMITTEE OF CLINICAL COMMISSIONING GROUPS

Work-stream	Delegated decisions	Rationale for requesting delegation	Impact on local health economies
	<p>Digital/ICT – to agree the adoption of consistent standards and ability to safely share patient data across services and among clinicians across the whole geography</p> <p>To agree joint priorities for implementing the Local Digital Roadmap across the STP and its constituent LDPs. This will include recommendations for a single network of BI, ICT resources (including staff) across the patch.</p> <p>Estates - to agree single estates and capital prioritisation process</p> <p>Finance – to agree a common approach (principles and methodology) to resource allocation. This may be applied for specific issues (e.g. ICT or estates investment) or to sequence the deployment of investment to facilitate change across STP.</p>	<p>Facilitates consistency in delivery of STP Digital Strategy</p> <p>Provides a clear mandate to receive recommendations from the Digital Health Board to achieve the mandated Digital requirements.</p> <p>NHS capital resources for estates schemes will be limited - essential that the prioritisation process meets the aims of overall strategy and can be shown to be fair, having regard to the agreed prioritisation criteria</p> <p>Maximises flexibility and achieves transparency and fairness</p>	<p>LDPs demonstrate greater capability to integrate clinical and other information across the whole STP, gaining best examples of local systems and services which are not currently available everywhere.</p> <p>Enables STP to link priorities for local estates and capital development to wider plans for reconfiguration.</p>