SUMMARY OF REPORT:

This paper is the second step in a series of papers which will build the strategy for hospital based services. This paper is complementary to and should be read in conjunction with the strategy approach paper (Transformation Theme 3 – A Strategy for Hospital Based Services), which sets out the proposed approach to developing a GM strategy for hospital based services under Theme 3, Standardising Acute and Specialised Care.

This paper details the results of a review of the Theme 3 governance required to support the delivery of the strategy. In doing so it also describes the integrated governance of Theme 3 with the reconfiguration of A&E, Acute Medicine, and General Surgery (Healthier Together).

KEY MESSAGES:

Following communication to all key stakeholder groups about the strategy approach paper, system stakeholders have been engaged about how the governance and decision making needs to change to deliver the strategy. A series of governance working groups as well as 1:1 engagement and further feedback have informed the development of this paper.

The paper details the results of this review, and makes proposals for governance changes to support the delivery of the strategy. This includes a proposed revised governance structure and suggests roles and responsibilities of key groups, both within Theme 3 governance, and wider Partnership governance. A summary of proposals is provided in the Executive Summary (p4).

This paper has been discussed and supported by the Strategic Partnership Board Executive on the 12th May 2017.
PURPOSE OF REPORT:

The purpose of the report is to set out the proposed revised governance for Theme 3, following a paper that set out the approach to developing the Strategy for Hospital Based Services (Transformation Theme 3 – A Strategy for Hospital Based Services, April 2017).

RECOMMENDATIONS:

The Strategic Partnership Board is asked to:

- Endorse the content of the report and the proposed governance structure and responsibilities
- Approval to proceed with outlined next steps (p16).

CONTACT OFFICERS:

Diane Whittingham, Associate Lead for Theme 3
Diane.Whittingham1@nhs.net
1.0 EXECUTIVE SUMMARY

1.1. Introduction

1.1.1. To ensure strategic coherence of all work under Theme 3 and other changes that affect hospital based services, a GM Strategy for Hospital Based Services is being developed. An approach paper (Transformation Theme 3 – A Strategy for Hospital Based Services) was reviewed and fully supported by the GM Health & Social Care Partnership Strategic Partnership Board Executive in April 2017. This paper described how the strategy will be developed such that all the work under Theme 3 is brought together and delivers under a single process, pulls in one direction, and does so with the involvement and engagement of all key stakeholders across the Greater Manchester Health & Social Care system. **Governance and Decision making processes are integral to the achievement of this aim.** In light of this the governance and decision making for Theme 3 is being reviewed to ensure it is fit for purpose. This paper outlines the results of this review and is complementary to the strategy approach paper.

1.1.2. A key principle of Theme 3 is co-design between patients, commissioners and providers of health and social care. However sound decision making requires the use of constituted governance in accordance with the terms of reference of each group. Where it is proposed, for example, that commissioners undertake decision making in accordance with their statutory responsibilities, it should be understood that this will always be following a period of co-design and involvement of providers.

1.2. Approach to reviewing the Theme 3 governance

1.2.1. Following communication to all key stakeholder groups about the strategy, stakeholders have been engaged about how the governance and decision making needs to change to deliver the strategy. A series of governance working groups were held as well as 1:1 engagement and further feedback. See appendix 1 for a list of who has been engaged in the process. This paper records the proposed changes to the governance put forward by the working group and individuals engaged on a 1:1 basis.

1.3. Issues to be considered

1.3.1. The following section details the challenges that this governance review is seeking to resolve.

1.3.1.1. There is not a single view of the aims and objectives of Theme 3. Not all stakeholders are aware of the aims of Theme 3 and are therefore not necessarily bought in to the direction of travel

1.3.1.2. There is change underway that will affect hospital based services but that is not currently reporting through the governance of Theme 3

1.3.1.3. There are some hospital based changes underway that are already in implementation and have distinct governance processes (Healthier Together)
1.3.1.4. The Joint Commissioning Board has not yet been delegated authority for decisions from the organisations it represents. This is partly because there has not been clarity on the decisions it is required to make.

1.3.1.5. The relationship between SPB(E), JCB and the Theme 3 Board requires further clarification. A review is underway.

1.3.1.6. Linkages between broader Trust, CCG, LA governance processes with Theme 3 requires clarification.

1.3.1.7. Workforce is a key pillar in the success of Theme 3 and should be considered in parallel with clinical and finance/estate considerations.

1.3.1.8. There are some changes currently proposed that will be beneficial to patients that could be implemented more quickly than the overall strategy—there is concern that the strategy may delay delivery of these changes.

1.3.1.9. Not all change will require decision making at the same level—locality/sector/GM—there is not a consistent way to assess the appropriate level of decision making.

1.4. Summary of Proposals

1.4.1. The working group had a number of proposals to overcome the challenges outlined above. These can be grouped as follows and are elaborated upon in the paper. Note that we are seeking legal advice on these proposals, and therefore the following should be read as guiding principles:

1.4.1.1. The complete integration of Healthier Together governance with Theme 3 governance so that the reconfiguration of A&E, Acute Medicine and General Surgery services is accountable through the Theme 3 Board.

1.4.1.2. Use the component parts of the GM Health & Social Care Partnership governance for decision making as outlined in this paper and update the terms of reference as appropriate:

- Strategic Partnership Board, supported by the Strategic Partnership Board Executive—sets the overarching strategic vision and direction, and is the forum for securing ownership and agreement to proposals from system partners.

- Joint Commissioning Board—enables delivery of the strategy through commissioning decisions.

1.4.1.3. Theme 3 Board—supported by a Theme 3 Executive, will hold the ring to provide assurance that changes affecting hospital services are in line with the emerging strategy. It is also the delivery architecture to oversee the production of the strategy.

1.4.1.4. Develop a decision making framework to determine the appropriate level for decision making; and devolution of decision making to the most appropriate level and define the involvement of each stakeholder group in each decision making...
route. Endorsement of this framework would be sought from the Strategic Partnership Board.

1.4.1.5. Review all material change affecting hospital services through a single forum to ensure all material change is aligned to the strategy, and is understood and captured in modelling of activity, estate, finance and workforce.

2.0 THEME 3 GOVERNANCE

2.1. Introduction

2.1.1. This section describes in detail proposals to revise the Theme 3 Governance to ensure that it is fit for purpose to deliver the strategy as outlined in the recent approach paper (Transformation Theme 3 – A Strategy for Hospital Based Services) which was endorsed by the Strategic Partnership Board Executive in April 2017; and to address the issues highlighted in the Executive Summary. The contents of this paper will require legal advice to ensure that the proposed responsibilities can be legally constituted.

2.2. Decision making responsibilities of each group

2.2.1. It is proposed to use the component parts of the GM Health & Social Care Partnership governance for decision making as outlined in this paper and review role and terms of reference accordingly:

2.2.1.1. The key responsibilities of each group are outlined below.

2.2.1.2. Strategic Partnership Board – Strategy and Direction. Key responsibilities:

- Sets the overarching strategic vision and direction, and is the forum for securing ownership and agreement to proposals from system partners
- Approval of decision making framework

2.2.1.3. Joint Commissioning Board – Delivery of the strategy through commissioning. Key responsibilities:

- Execution of decision making framework – determining appropriate level of decision making for a change
- Set GM standards and commissioning specification
- Following a period of co-design led by Provider Transformation Leads (involving GM patients, commissioners and providers of health and social care) approve model of care (unless delegated to locality / sector for local design where Joint Commissioning Board endorsement would be sought)
• Decide preferred options (taking recommendations from work led by Provider Transformation Leads and design oversight forums under Theme 3 governance)

• Advises Strategic Partnership Board of preferred options, upcoming decisions, and decision outcomes

2.2.1.4. It is recognised that the Joint Commissioning Board will need to be constituted to allow it to discharge these functions and commissioners will need to delegate authority for decision making to the Joint Commissioning Board to enable this to happen.

2.2.1.5. It has been noted by the GM Health and Social Care Partnership that the terms of reference for each of the groups outlined above are due to be reviewed and updated. This reflects the changing and maturing nature of the Partnership itself and the additional responsibilities it has taken on since it was initially established. The terms of reference for both the Strategic Partnership Board and Strategic Partnership Board Executive will be updated with approval sought in the autumn. In addition to this further work will be undertaken in the coming months to outline a scheme of delegation for the GM Health and Social Care partnership which sits alongside and supports the governance structures and outlines the route for clear decision making. Legal advice regarding the constitution of the Joint Commissioning Board has been sought.

2.2.1.6. Theme 3 Board – Execution of Strategy. Key responsibilities:

• Strategic Direction and Approach – recommendations to Joint Commissioning Board on the strategic direction and approach of Theme 3

• Alignment with strategy – recommendations to Joint Commissioning Board on whether proposed changes (outside of Theme 3) are in line with the strategy

• Alignment with strategy – provides assurance to the Transformation Portfolio Board that changes proposed support the delivery of the hospital based services strategy

• Implementation – provides assurance that the process of implementation for relevant projects is progressing to agreed timescales and outcomes.

2.2.2. The Theme 3 Board Terms of Reference and membership have been updated to reflect the above proposals. A new group – the Theme 3 Executive has been introduced to support the work of the Theme 3 Board.

2.3. Integration of governance for the reconfiguration of A&E, Acute Medicine and General Surgery (Healthier Together)

2.3.1. The reconfiguration of A&E, Acute Medicine and General surgery is further advanced in implementation than other programmes under Theme 3 and has governance that pre-dates Theme 3. The programme represents a large scale
change affecting all GM providers and will include the movement of patients which will require significant risk management.

2.3.2. It is proposed that the implementation of changes to A&E, Acute Medicine and General surgery services will be accountable through Theme 3 governance with a focus on delivery to publicised timescales and the management of patient risk during the change. To support the Theme 3 Executive in this, it is proposed to maintain the Healthier Together Delivery Board as chaired by David Fillingham. This group will report progress and make recommendations to the Theme 3 Board through the Theme 3 Executive and will act as the mechanism to share good practice and resolve common issues across sectors.

2.3.3. It is proposed that the Healthier Together Executive is disbanded and its functions absorbed into the new Theme 3 Executive.

2.3.4. The integrated governance structure is illustrated in Section 2.5.

2.4. Review of all material change affecting hospital services through a single forum

2.4.1. Review all change affecting hospital services through a single forum to ensure proposed changes are aligned to the strategy, are understood and are captured in modelling of activity and estate.

2.4.2. The aim of the Theme 3 strategy is to determine the future shape of hospital based services in GM. Therefore it is vital that all material (to be defined) changes affecting the hospital sector are understood and assessed to understand alignment with the strategy. This includes:

- Clinical projects led by Theme 3
- Locality proposals that move activity in / out of hospital
- Sector / group proposals that move activity between hospitals
- Other Theme / cross-cutting programmes that move activity in or out of hospital or between hospitals
- Changes already in implementation.

2.4.3. It is therefore proposed that the Theme 3 governance acts as this single forum to understand how all material changes affecting hospital based services will impact those services, and be able to advise on whether changes proposed will support delivery of the hospital based services strategy (acting as a ‘Design Authority’). This would involve the Theme 3 governance reviewing any proposed material change to hospital based services to assess whether it follows the design principles for Theme 3 as agreed by Strategic Partnership Board, and be able to advise the Joint Commissioning Board on alignment with the strategy. It is proposed that any
governance group could request the Theme 3 governance to review a proposed change and provide advice on alignment.

2.4.4. To discharge this responsibility, the Theme 3 governance will require advice by Clinical, Finance & Estates and Workforce Reference Groups.

2.4.5. Having a single forum for all proposed material changes affecting hospital based services to be understood will also assist in ensuring all changes are captured in the Theme 3 activity, workforce, estates and finance modelling.

2.5. **Theme 3 governance structure**

2.5.1. In light of these proposals, the Theme 3 governance has been updated – the revised structure is illustrated overleaf as well as the relevant governance of the GM Health and Social Care Partnership. This governance structure will be suitable for development of the strategy and design of clinical projects. However this structure may need to be further enhanced when GM options for services are developed and considered.

2.5.2. The proposed responsibilities for the Theme 3 governance represent a significant remit and as such, a Theme 3 Executive group is proposed to support the Theme 3 Board in discharging the portfolio, in line with the Executive functions of the SPB and JCB. It is proposed that this Executive takes over the functions of the Healthier Together Executive, once disbanded.
2.6. **Role and constitution of groups**

2.6.1. **Theme 3 Executive**

2.6.1.1. The governance working group recognise and support the continued representation of commissioners, providers and regulators in the Theme 3 governance and suggest that the proposed Theme 3 Executive includes:

- GMHSCP Associate Lead for Theme 3 (Theme 3 Executive Chair)
- GMHSCP Advisor to Theme 3 (Deputy Chair)
- GMHSCP Executive Lead for Commissioning and Population Health
- 3 x Commissioners (1 with good working knowledge of Healthier Together)
- Local Authority Representative
- Provider Federation Board Representative
- 2 x Directors of Strategy
- 1 x Director of Operations
- Clinical Representative (Chair of Clinical Reference Group)
• Finance & Estates Representative (Chair of the Finance & Estates Reference Group).

2.6.1.2. Individuals leading Theme 3 projects (Provider Transformation Leads) will not be core members but will be invited to attend and present deliverables produced for the clinical projects they lead.

2.6.1.3. Colleagues from the NHS Transformation Unit will regularly attend and support meetings in an advisory capacity, but will not be core members of the Executive.

2.6.1.4. The key functions of the Executive are summarised below, full responsibilities are detailed in the Terms of Reference:

• Overseeing the development of a Greater Manchester Hospital based Services Strategy for those services in Theme 3, including advice on emerging options and how these contribute to clinical and financial sustainability across Greater Manchester

• Assessment of proposed changes to services to assess materiality and alignment, and advise on appropriate level of decision making and governance – making recommendations to the Theme 3 Board and, as appropriate, the Joint Commissioning Board for decision making

• Provide recommendations to the Theme 3 Board in relation to progress, challenges, risks and issues for all Theme 3 work streams

• Review models of care and service options - making recommendations to the Theme 3 Board and, as appropriate, the Joint Commissioning Board for decision making

• Review all bids from Theme 3 programmes to the Transformation Fund and other bids, as appropriate, where strategic changes are proposed that affect acute hospital services

• Review proposed changes to hospital services across Greater Manchester and offer advice to relevant decision making forums

• Receive and consider recommendations from subgroups including Workforce Reference Group, Finance and Estates Reference Group and the Clinical Reference Group

• Receive and consider recommendations from the Healthier Together Delivery Board and the Cancer Implementation Board in relation to progress and challenges within the programme

• Where appropriate, receive recommendations from FEG/TFOG regarding business cases and action as appropriate.

2.6.2. Theme 3 Board
2.6.2.1. It is proposed that the Theme 3 Board assures the recommendations of the Theme 3 Executive before recommendations are made to the Strategic Partnership Board / Executive and the Joint Commissioning Board.

2.6.2.2. Following the Theme 3 Task and Finish Group, it was agreed to amend the name of the Theme 3 Delivery Board to the Theme 3 Board, to represent its broad responsibilities.

2.6.2.3. The key functions of the Board are summarised below, full responsibilities are detailed in the Terms of Reference:

- Assure the development of the Greater Manchester Hospital Based Services Strategy
- Agree the scope of Theme 3 as outlined in the stocktake paper
- Assure the delivery of those services within Theme 3 that are in implementation phase
- Ratify recommendations of the Theme 3 Executive in relation to Theme 3 and other transformation programmes and advise the Joint Commissioning Board and other boards as appropriate
- Provide assurance to the Transformation Portfolio Board that the programme plan is on track, to ensure achievement of pre-determined programme and project milestones
- Work holistically with the whole system and in particular Theme 2 where close working will be required to realise proposed changes.

2.6.2.4. It is proposed that to discharge its responsibilities, a group of representatives of key stakeholders is more appropriate rather than representation from all organisations. The membership of the Board is therefore largely unchanged from the current membership with the exception of a few additions and clarifications to ensure connectivity with the new Theme 3 Executive. Membership is shown in Appendix 2.

2.6.2.5. Key decisions of the Board should be communicated to all stakeholders via the existing GM Health and Social Care Partnership governance and ultimately via the Strategic Partnership Board where all Partners are represented.

2.6.2.6. The proposed membership and Terms of Reference of both the Theme 3 Board and the Theme 3 Executive have been reviewed and agreed with the existing Board members, having been developed by a Theme 3 Governance Task and Finish Group.

2.6.3. **Other informal governance**

2.6.3.1. The clinical projects in scope of Theme 3 are being led by nominated Provider Transformation Leads. An informal monthly meeting is proposed between the
Provider Transformation Leads, Theme 3 Associate Lead and the NHS Transformation Unit.

2.6.3.2. The NHS Transformation Unit provides services to support the GM Health and Social Care Partnership to deliver Theme 3. As such it is proposed that there is a Theme 3 Partner Management Forum between the GM Health and Social Care Partnership and the NHS Transformation Unit (and any other contracted partners) to manage the contracts between the Partnership and contracted organisations.

2.7. **Wider involvement and engagement**

2.7.1. **Involvement and Engagement with Providers and Trust Boards**

2.7.1.1. Trust leadership and Boards are vital stakeholders for Theme 3 and as such must be fully engaged and involved. Trust Boards are responsible for delivery of the terms of the NHS licence including maintenance of the financial position of the organisation. Therefore it can prove challenging for Trust Boards to discharge this responsibility and support changes that negatively impact a Trust’s financial or clinical viability. A number of proposals are put forwards to mitigate this;

- Early engagement with Trust leadership in setting the strategic direction for Theme 3 including an exploration of the potential benefits for organisations in working collaboratively across GM

- Involvement of Provider representatives on the Theme 3 Executive and Board, with formal feedback to be sought via the Provider Federation Board and fed into Theme 3 via the provider members

- Greater and targeted engagement with Trust Chairs and Non-Executive Directors throughout and at each key stage of Theme 3 – Provider Federation Board to advise Theme 3 on which GM Provider forums should be engaged at each stage

- Early involvement of the regulator in reviewing proposed changes to allow early identification of proposals that may not be supported such that alternative solutions can be sought.

- Setting of conditions to mitigate negative impacts on the financial position at the start – for example a policy on stranded costs such that there is agreement to fund these for a set period whilst a longer term mitigation or solution for the stranded estate can be found

- Clear processes for the consideration and agreement of the financial implications of changes

- All proposed changes are analysed to determine the impact on GM and on individual providers such that impacts on organisational viability are clearly understood when decisions are taken.
2.7.1.2. See diagram overleaf illustrating governance of Theme 3, Providers and Commissioners.

2.7.2. Involvement and Engagement with Commissioners and CCG Boards

2.7.2.1. As the decision makers in any proposed change, engagement and involvement of commissioners will be key to the success of Theme 3. As such the following is proposed:

- Cross reference of these proposals with the GM commissioning review to ensure alignment
- Early engagement with CCG leadership in setting the strategic direction for Theme 3 including an exploration of the potential benefits for organisations in working collaboratively across GM
- Involvement of CCG representatives on the Theme 3 Executive and Board, with formal feedback sought via the AGG and fed into Theme 3 via the CCG members
- Greater and targeted engagement with CCG colleagues throughout and at each key stage of Theme 3
- All proposed changes are analysed to determine the impact on GM and on individual CCGs such that impacts on organisational viability are clearly understood when decisions are taken.

2.7.3. Involvement and Engagement of Local Authorities

2.7.3.1. Through their role in the devolution governance arrangements at GM level, Local Authorities will be part of aligning the Theme 3 changes with changes driven by the other GM themes, including population health and prevention and transforming community based care.

2.7.3.2. The role of the 10 Council Leaders on the GM Strategic Partnership Board is therefore fundamental to decision making and the essence of the partnership between locally elected Councillors and local NHS leaders. The involvement of Leaders and other Executive Councillors in the programme is therefore critical in delivering the changes.

2.7.3.3. The implementation of the Theme 3 programme also needs to be incorporated into the 10 locality plans so that changes can be seen as a coherent whole at place level. The role of Health and Wellbeing Boards in approving Locality Plans is one of the main ways in which the changes needed to transform health and care services are made relevant to the needs and interests of local people and patients at this level.

2.7.3.4. The diagram below illustrates the wider engagement and governance of Theme 3, Providers, Commissioners, and localities. It is recognised that further work is
needed to fully describe the appropriate engagement between Theme 3, Executive Councillors, Health and Wellbeing Boards and localities, and this is being taken forward:
2.7.4. **Patient engagement and involvement; health scrutiny**

2.7.4.1. Patient engagement and involvement will be key to shaping the Theme 3 proposals and a separate paper is being drafted outlining in detail the approach that Theme 3 will take to this, building on national best practice, lessons learnt from previous changes in GM and to meet national requirements of major transformation. However, the diagram overleaf shows where patients are currently involved in the governance, through the role of health scrutiny.

2.7.4.2. The primary aim of health scrutiny is to act as a lever to improve the health of local people, ensuring their needs are considered as an integral part of the commissioning, delivery and development of health services. However the GM devolution agreement created a partnership between locally elected Councillors and local NHS leaders, and the role of scrutiny in GM must set within this context. Further work is needed to consider fully how Theme 3 governance should connect to the GM Joint Health Scrutiny Committee in the context of GM devolution.
2.7.5. Engagement with other Themes and cross-cutting work streams

2.7.5.1. To ensure delivery of the overall GM Strategy, Theme 3 will work closely with the other Themes and cross-cutting programmes to ensure alignment of direction and that key interdependencies are managed, engaging via the Portfolio Board to highlight any areas requiring clarification between Themes and projects.

2.7.5.2. The interfaces with the other groups are illustrated overleaf:
2.7.6. Review of business cases

2.7.6.1. Changes proposed under Theme 3 may require production of GM capital business cases. As such it is proposed that should GM business cases be required, the same process is utilised. The governance for this is illustrated overleaf.

2.7.6.2. The development of the business cases would be managed through the Business Case governance structure set out below. However, the approval of the business case funding would be subject to the following:

- The business case would need to be approved through the Theme 3 Governance process as required.
- Any recurrent revenue consequences would need to be approved by the relevant commissioning organisations.
- Non recurrent Transformational Funding would be subject to the TFOG Assessment process.
- Should external capital be required within the business case, this would require the case to be approved through the relevant capital funder, following their bidding process.
- Provider Boards would also be required to approve the business case for individual capital investments and commit the resources required following appropriate approval from NHS Improvement.
**Theme 3 Business Case governance**

- Strategic Partnership Board / Executive
- Portfolio Board
- Joint Commissioning Board / Executive
- Specialised Commissioning Oversight Group

- Finance Executive Group
- GM Estates Group

- Theme 3 Board
- Theme 3 Executive
- Finance and Estates Reference Group
- Clinical Reference Group
- Workforce Reference Group

- Healthier Together Delivery Board
- Cancer Surgery Implementation Board*

* O&G Cancer Urology Cancer

Provider Transformation Lead Clinical Working Groups
3.0 3.0. NEXT STEPS

3.1. To complete this governance review the following next steps are proposed:

- Presentation to Strategic Partnership Board for endorsement
- Cross reference proposals with the GM commissioning review
- Completion of further work to agree appropriate engagement and involvement of health scrutiny
- Sharing of this proposal with key governance groups to address any further work, and agree how to operationalise (PFB, AGG, GMCA/AGMA)
- Confirmation that Joint Commissioning Board can be constituted as proposed, next steps to do this and timelines.
- Confirmation that SPB/SPB/E Terms of reference and role support this process
- Full legal review of proposals.

3.2. Once the above is complete:

- Document the Theme 3 Board and Theme 3 Executive Terms of Reference and agree membership
- Work with the GM Health and Social Care Partnership Head of Workforce to establish the appropriate workforce reference group
- Convene the Finance & Estates Reference Group
- Clarify the decisions required of the Joint Commissioning Board so that authority can be delegated
- Develop a Communications strategy to support Theme 3 work.
Appendix 1 – List of individuals engaged in the review

The following people have been engaged to date:

Working group 1, 29th March

- Su Long – Bolton CCG
- Kiran Patel – Bury CCG and Chair of AGG
- Jack Sharp – SRFT
- Chris Brookes – SRFT / PAHT, Principal Clinical Advisor to Theme 3
- Rob Bellingham – Managing Director, Greater Manchester Association of CCGs
- Mark Wilkinson – RBFT
- John Wareing – CMFT
- Emily Gardner – Programme Manager, Theme 3
- Jen Parsons – Transformation Unit
- Sophie Hargreaves – Transformation Unit

Working group 2, 20th April

- Diane Whittingham - Associate Lead Theme 3 GMHSCP
- Chris Brookes
- Chris Brookes – SRFT / PAHT, Principal Clinical Advisor to Theme 3
- Rob Bellingham – Managing Director, Greater Manchester Association of CCGs
- Su Long – Bolton CCG
- Darren Banks – Director of Strategy, CMFT
- Stephen Kennedy – Financial Strategic Lead, GM Health and Social Care Partnership
- Clare Powell – Healthier Together Programme Director
- Jen Parsons – Transformation Unit
- Sophie Hargreaves – Transformation Unit

Further engagement and feedback

- Anne Gibbs – NHS improvement
- Geoff Little – GMCA
- Matt Graham – UHSM
- Anthony Hassall – Salford CCG
- Sarah Price – GM Health and Social Care Partnership
- Steve Wilson – GM Health and Social Care Partnership
- Nicky O’Connor – GM Health & Social Care Partnership
- Warren Heppolette – GM Health and Social Care Partnership
- Helen Ibbott – GM Health and Social Care Partnership
- Vicky Sharrock – GM Health and Social Care Partnership
Appendix 2 – Membership of the Theme 3 Board

The Theme 3 Board is chaired by the GM Health and Social Care Partnership Theme 3 Associate Lead.

Membership of the Board includes the Theme 3 Executive to ensure continuity between groups (members are marked with an asterisk).

Membership of the Board (below) also ensures representation from the following: provider Chief Executives (PFB); commissioning Chief Officers (AGG); AGMA; specialised commissioning; NHS Improvement; key functions including finance (FEG), strategy (Provider Directors of Strategy), operations (Provider Directors of Operations); Theme 2, Theme 5 (workforce, estates), Communications.

Colleagues from the NHS Transformation Unit will regularly attend and support meetings in an advisory capacity, but will not be core members of the Board.

<table>
<thead>
<tr>
<th>Board Membership Role</th>
<th>Name</th>
<th>Title</th>
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<tbody>
<tr>
<td>Theme 3 Associate Lead and Chair of Board</td>
<td>Diane Whittingham*/Sir Jonathan Michael*</td>
<td>Associate Lead, GMH&amp;SCP</td>
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<td></td>
<td></td>
<td>Advisor to Theme 3, GMH&amp;SCP</td>
</tr>
<tr>
<td>Provider Executive Lead for Theme 3 and PFB chair</td>
<td>Ann Barnes*</td>
<td>Chief Executive, Stockport NHS Foundation Trust</td>
</tr>
<tr>
<td>Principal Clinical Advisor to Theme 3/CRG Chair</td>
<td>Chris Brookes*</td>
<td>Executive Medical Director, SRFT / PAHT</td>
</tr>
<tr>
<td>Executive Lead for Theme 3, GMH&amp;SCP</td>
<td>Sarah Price*</td>
<td>Executive Lead for Commissioning and Population Health</td>
</tr>
<tr>
<td>Representing AGMA</td>
<td>The representative for the Board and</td>
<td>Executive Lead for Quality, GM H&amp;SCP</td>
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<td>Executive is being confirmed</td>
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<tr>
<td>GM Health &amp; Social Care Partnership Lead for Quality</td>
<td>Richard Preece</td>
<td></td>
</tr>
<tr>
<td>Representing Theme 1 and Theme 2</td>
<td>Warren Heppolette</td>
<td>Executive Lead, Strategy &amp; System Development, GMH&amp;SCP</td>
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<tr>
<td></td>
<td>Dr Tracey Vell</td>
<td>Associate Lead, Primary and Community Care, GMH&amp;SP</td>
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<tr>
<td>Representing AGG (3 x Commissioners – also members of the</td>
<td>Representatives of the Board and</td>
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<tr>
<td>Patient Representative</td>
<td>Peter Denton</td>
<td>GM Healthwatch</td>
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<tr>
<td>Specialised Commissioning</td>
<td>Andrew Bibby</td>
<td>Assistant Regional Director Specialised Commissioning, NHS England</td>
</tr>
<tr>
<td>Healthier Together</td>
<td>David Fillingham/Ed Dyson</td>
<td>Chair of the Healthier Together Delivery Board/Healthier Together SRO</td>
</tr>
<tr>
<td>NHS Improvement</td>
<td>Ann Gibbs</td>
<td>NHS Improvement</td>
</tr>
<tr>
<td>Representing Provider Directors of Strategy, and as Provider Transformation Leads</td>
<td>Jack Sharp *</td>
<td>Director of Strategy SRFT</td>
</tr>
<tr>
<td></td>
<td>Darren Banks*</td>
<td>Director of Strategy, CMFT</td>
</tr>
<tr>
<td>Provider Transformation Lead (MSK/Orthopaedics)</td>
<td>Richard Mundon</td>
<td>Director of Strategy, WWL</td>
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<tr>
<td>Provider Transformation Lead (Breast Services)</td>
<td>Jane Woods</td>
<td>Projects Director, UHSM</td>
</tr>
<tr>
<td>Representing Provider Directors of Operations</td>
<td>Mary Fleming*</td>
<td>Director of Operations, WWL</td>
</tr>
<tr>
<td>Representing CCG Directors of Commissioning</td>
<td>Melissa Laskey</td>
<td>Head of Commissioning, Bolton CCG</td>
</tr>
<tr>
<td>Representing Provider Directors of Finance</td>
<td>Claire Yarwood</td>
<td>Executive Director of Finance, CMFT</td>
</tr>
<tr>
<td>Representing Chief Finance Officers (CFO group)</td>
<td>Steve Dixon</td>
<td>CCG Chief Finance Officer</td>
</tr>
<tr>
<td>Chair of the Finance and Estates Reference Group</td>
<td>Steve Wilson*</td>
<td>Executive Lead for Finance and Investment, GM H&amp;SCP</td>
</tr>
<tr>
<td></td>
<td>Named deputy: Stephen Kennedy</td>
<td></td>
</tr>
<tr>
<td>Representing Theme 5</td>
<td>Yvonne Rogers</td>
<td>Chair of the Workforce Group, GM H&amp;SCP</td>
</tr>
<tr>
<td></td>
<td>Neil Grice</td>
<td>Estates Lead</td>
</tr>
<tr>
<td>GM Mental Health Provider Representative</td>
<td>To be agreed</td>
<td></td>
</tr>
<tr>
<td>Theme 3 Communications Lead</td>
<td>Laura Conrad</td>
<td>Communications Manager, GM H&amp;SCP</td>
</tr>
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