Planned Care Transformation Specialty Working Groups

TERMS OF REFERENCE

June 2017

1.0 Introduction

The CCG has held two key stakeholder engagement workshops to design the operational delivery models for five of the fifteen specialties identified as a potential efficiency opportunity. The main outcome for the Planned Care Transformation Specialty Working Groups is to develop and finalise the operational delivery model (see **Appendix 1**), using the Rainbow approach (see **Appendix 2**), for the respective speciality.

Principles of the Specialty Working Groups

- Honesty
- Transparency
- Maintain confidentiality
- Appropriate information sharing

2.0 Objectives

The objectives for the Speciality Working Group include:

- Understand activity flows across the system
- Understand demand and local population needs based on CCG clinical networks
- Consider the pathway and activity flow against each of the segments within the rainbow approach.
- Develop requirements for each of the segments that support the delivery of the operational delivery model for the speciality which support:
  - Health and Wellbeing
  - Cultural Shift
  - Clinical Connectivity
  - Specialist Hospital-based provision
- Consider and map the workforce required for delivery of the face to face elements of the service.
- Consider level of delivery of the service required across each of the six networks
- Finalise the operational delivery model and clearly demonstrate how this meets: (i) the rainbow approach; and (ii) the future planned care Model of care. Propose and discuss this with the Clinical models and pathways working group
- Consider the activity shifts across each of the segments and propose this to the Activity and Finance Modelling Working Group.
- Review other models already in place in other areas and work through how these could be delivered within Croydon

3.0 Outputs to be achieved

- The inputs required to deliver the model – this needs to include workforce mix, location of service, and IMT issues etc.
- Detail of current resources to be consolidated.
- Detail new investment required

- Detail activity shifts anticipated across each of the segments within the rainbow approach.
- Financial model detailing costs and efficiency release.
- Reconciliation to the "identified opportunity" and any variance explained.
- To consider and explore specific inputs and outputs required within the model of care to

4.0 Membership

4.1 Core Membership
The core membership of the Specialty Working Group is as follows:

Name	Role & Organisation	Working Group Role
Melissa Morris	Associate Director Operations - CHS	Contributor
Christopher Treloer	Operations manager – CHS	Contributor
Anna Bernard	Business Manager – Communitas	Contributor
Shahab Karim	GP Lead – CCCG	Contributor
Robert Harris	Consultant Surgeon – CHS	Contributor
Tony Reeves	Head of Contracting – CHS	Contributor
Helen Dighton	Theatres Manager - CHS	Contributor
Mejero Uwejeyah	Assistant Director of Finance - CHS	Contributor
Barbara Redmond	Business Intelligence – CHS	Contributor
Labi Egberongbe	Finance Project Manager - CHS	Contributor
Inga Ferm	Audiology Lead – CHS	Contributor
Alan Hanna	Finance – CCCG	Contributor
Graham Bass	Patient representative	Contributor
Shakeel Cockar	Patient representative	Contributor
Anne Milstead	Patient representative	Contributor

Deputies should attend where availability of core members is limited. A named deputy should be provided to the meeting coordinator at the earliest opportunity before the meeting where a core member is unavailable to attend. Each Party needs to be represented by a clinician and an operational manager.

4.2 Co-opt Membership
On occasion, additional members will be required to attend the Planned Care Transformation Specialty Working Groups. Co-opt membership is as follows:

Optional members will receive tentative holds for their diaries. If attendance is required, 5 working days' notice will be given.

4.3 Chair
The Chair can be a representative of any organisation and will be supported by Commissioner. The Chair is responsible for convening, leading and managing the working group meetings, ensuring that the group is meeting its purpose and keeping the programme on track. The Chair will be expected to take ownership of driving the delivery of the outcomes and be able to apply the high level workings to what is happening in practice.

4.4 Quoracy
For the working group meeting to achieve quoracy there should be adequate representation from all providers. The decision to proceed with either a face-to-face meeting or a virtual update should sit with the Chair in view of the programme of work.

If a member of the group is unable to attend, a named deputy should attend in their place to allow the work to continue.

Consistent non-attendance should be escalated to the Planned Care Transformation Programme Steering Group.

5.0 Accountability and Governance

For each of the output elements the following governance needs to be followed

- Operational delivering model once agreed by the group will need to be presented to the clinical Models/Pathway group for comment/agreement by the clinical leads.
- Activity and Financial modelling – presented by the commissioner/finance lead to the activity and financial modelling group.
- Relevant information/ recommendations of the programme will be shared with core members after the meeting for decision/ agreement before reporting to PCTP Steering Group

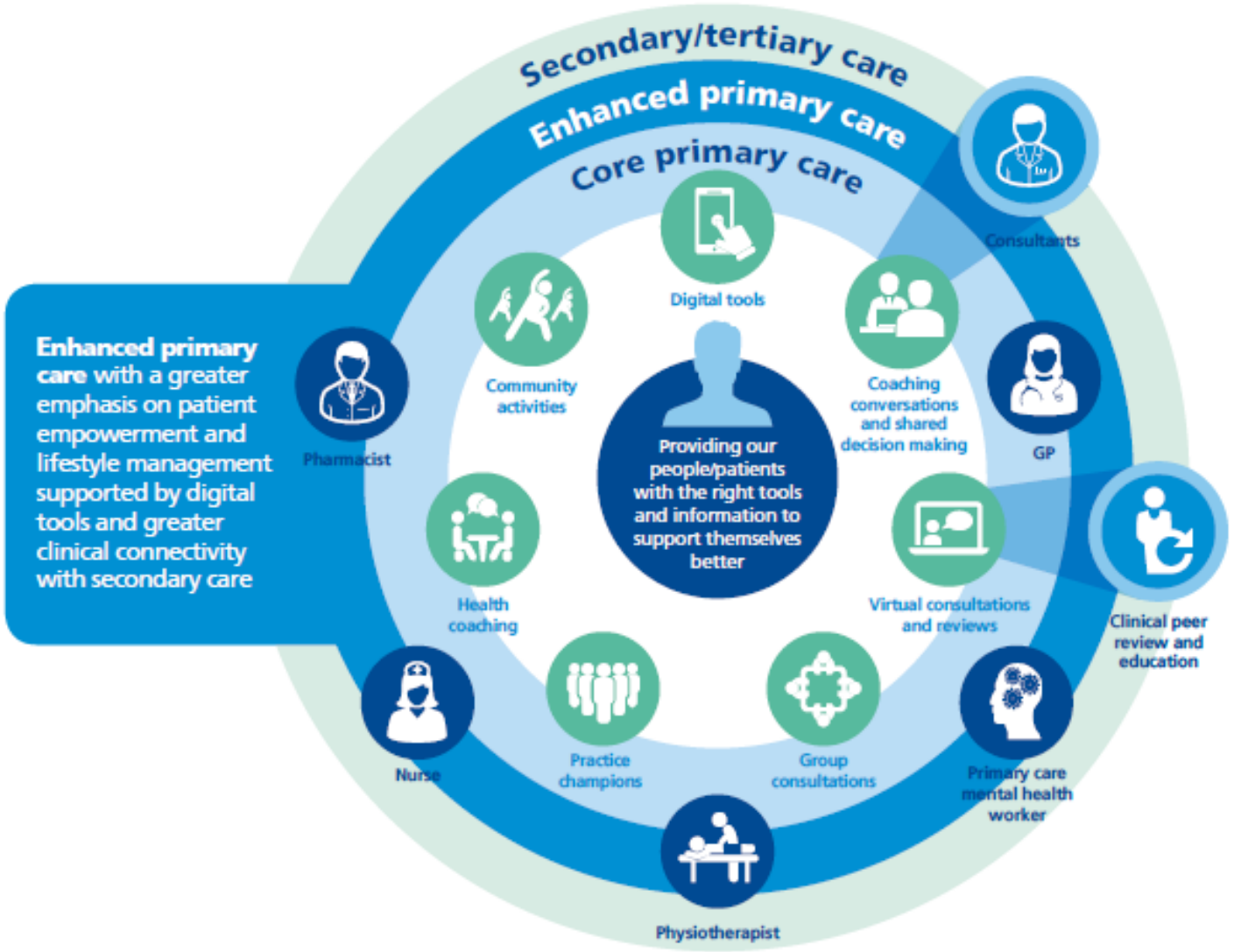
Once agreed by both groups then all outputs will need to be presented to the Planned Care Steering group for agreement and recommendation to the Croydon Local Transformation group.

6.2 Frequency and Meetings
The working group will need to meet on a weekly basis over a period of six to eight weeks, with additional meetings on such occasions as the group deems necessary. Although meetings may also take place virtually.

To achieve the above, there will need to be effective communications, relationships and joint working between stakeholders.

The meetings will be documented in the form of notes and an action log. Papers will be circulated a minimum of 24 hours ahead of the working group meeting,

Appendix 1 – Future Planned Care Model of Care



Appendix 2 – Rainbow Approach