

## 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 Specialty 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

## **4.0 Membership**

### **4.1 Core Membership**

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

<b>Name</b>	<b>Role &amp; Organisation</b>	<b>Working Group Role</b>
Georgia Whyte	GP – North Croydon Medical Centre	Contributor
Julia Hassan	GP -	Contributor
David Garrett	Associate Director Operations - CHS	Contributor
Silvana Wall	Business Manager – BMI	Contributor
Yinka Ajayi-Obe	GP lead – CCCG	Contributor
Ranee Thaker	Consultant Gynaecologist – CHS, BMI	Contributor
Tony Reeves	Head of Contracting – CHS	Contributor
Pamela Bhasi	Contracting - CHS	Contributor
Alan Hanna	Finance – CCCG	Contributor
Barbara Redmond	Business Intelligence – CHS	Contributor
Rosol Hamid	Consultant Obstetrician - CHS	Contributor
Brenda Quelch Brown	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:

<b>Name</b>	<b>Job Title</b>	<b>Role</b>
David Boothroyd	Contracting Principle – CSU	Contributor
Angela Wood	Business Intelligence – CSU	Contributor

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 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.

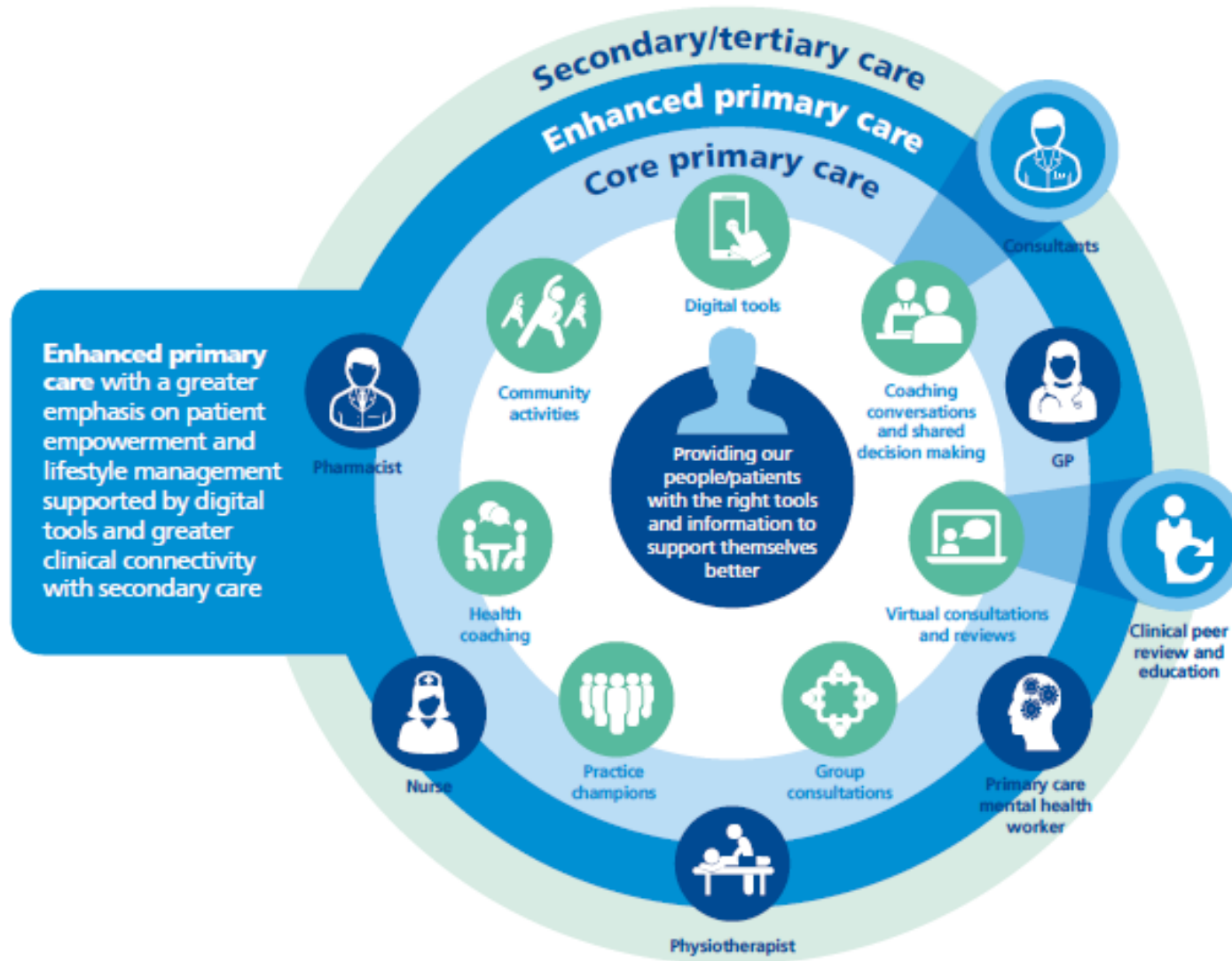
### **6.2 Frequency and Meetings**

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

