

## 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

The group may decide to split into smaller working groups to work through specific conditions.

### 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:

| Name                           | Job Title   | Role  |
|--------------------------------|---|---|
| <b>Clinical Leads</b>          |   |   |
| Tom Chan                       | GP/ Clinical Lead   | CCG Clinical Lead                           |
| Kamal Balakrishnan             | Clinical Lead, CIMS   | MSK Clinical Lead                           |
| Tim Allardyce                  | Lead Physio, Croydon Physio   | Croydon Physio Clinical Lead                |
| Mr Bobby Anand                 | Clinical Lead, T&O  | T&O Clinical Lead                           |
| Rosh Sathanathan               | Rheumatologist, CHS   | Rheumatology Clinical Lead                  |
| Ash Dwivedi                    | Consultant, GP Collaborative  | Lead 2-10 year Transformation, OBC Alliance |
| Mike Hurley                    | Clinical Director (MSK), Health Innovation Network                        | Clinical Expert                             |
| <b>Operational Leads</b>       |   |   |
| Aarti Joshi                    | AD, Planned Care, Transformation and Service Redesign, CCG                | Commissioning Lead                          |
| Alex Mathieson                 | Head of Integrated Adult Therapy, CHS                                     | CHS Operational Lead                        |
| Tony Reeves                    | AD Commissioner Contracts, CHS  | CHS Contracting Lead                        |
| Michelle Miles                 | Deputy Director of Finance, CHS   | CHS Finance Lead                            |
| Barbara Redmond                | Operational Intelligence Manager, CHS                                     | CHS BI Lead                                 |
| David Boothroyd                | Deputy Director – Contracting, Procurement and Business Intelligence, CSU | CCG Contracting Lead                        |
| Alan Hanna                     | Financial Planning and Performance Manager, CCG                           | CCG Finance Lead                            |
| Angela Wood                    | Senior Analyst, CSU   | CCG BI Lead                                 |
| <b>Patient Representatives</b> |   |   |

|               |                        |         |
|---------------|------------------------|---------|
| Anne Milstead | Patient Representative | Patient |
|---------------|------------------------|---------|

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 and these members can also act as deputies. Co-opt membership is as follows:

| Name            | Job Title  | Role                 |
|-----------------|--|----------------------|
| Maria Knopp     | ADO, ADO Adult Community, Stroke, Elderly Medicine & Neurology | CHS Operational Lead |
| Jacqui Pitman   | Service Manager  | CHS Operational Lead |
| Suzy Peerman    | Lead Physio  | MSK Clinical Lead    |
| Pamela Bhasi    | Corporate Business Manager                                     | CHS Contracting Lead |
| Mejero Uwejayah | Assistant Director of Finance                                  | CHS Finance Lead     |
| Labi Egberongbe | Finance Project Manager  | CHS Finance Lead     |
| Lynda Tucker    | Advanced Analytics, CSU  | BI Lead              |

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

#### 4.3 Conflicts of interest

It is recognised that there will be conflicts of interest within the membership which will need to be declared at the start of the meeting.

#### 4.4 Chair

The Chair will take responsibility for convening, running and controlling the Steering Group meetings, ensuring that the group is meeting its purpose and keeping the programme on track.

#### 4.5 Quoracy

The meeting will be quorate if four members from different partners are present, one of which must be the Chair. Where a lead is unable to attend a meeting, they must ensure a deputy will attend on their behalf. Such deputies will not count towards the meeting being quorate.

Other people may be invited to attend the meeting for specific agenda items where their input is required to reach a decision or to provide information.

### 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**

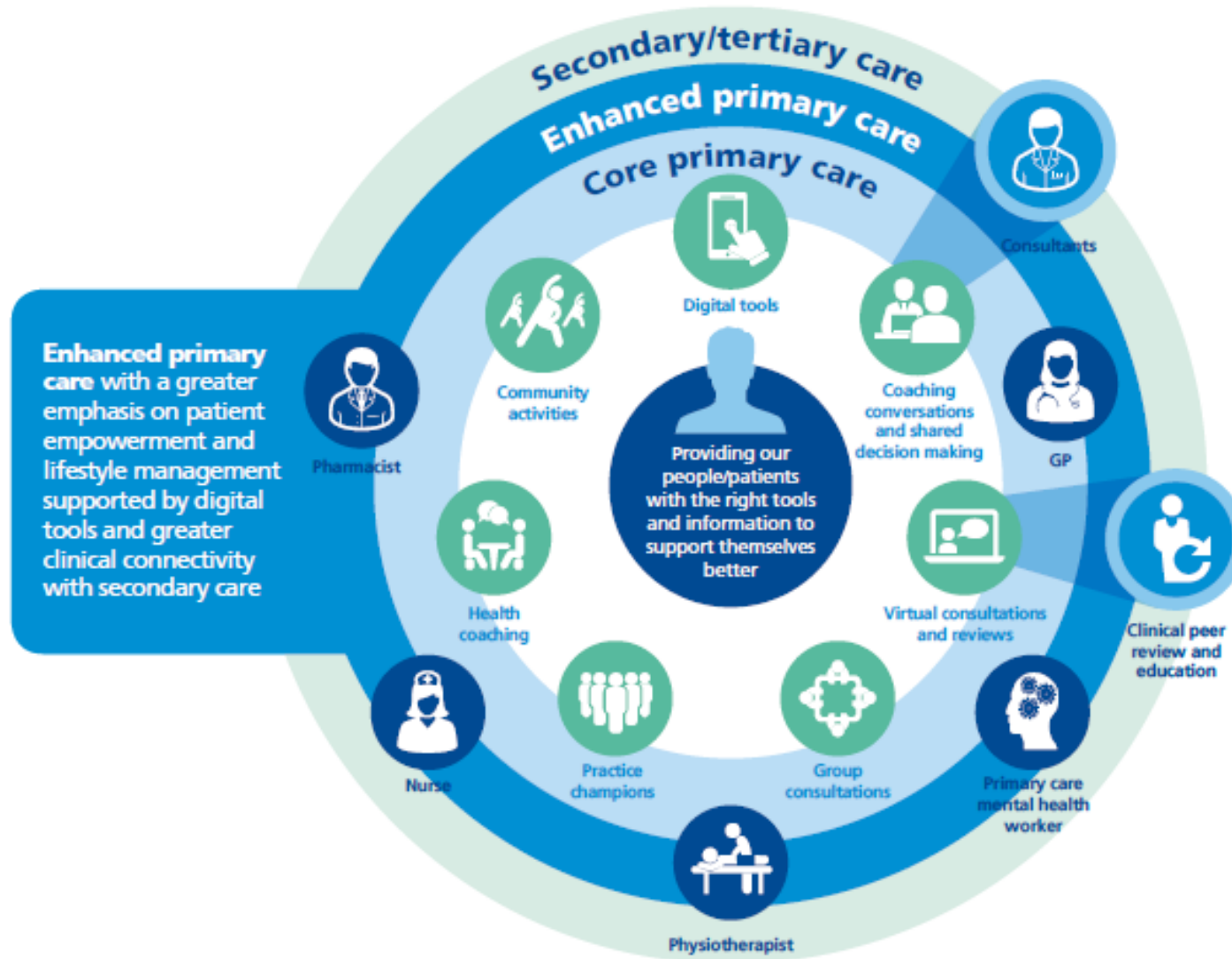
The working group will need to meet on a weekly basis over a period of six to eight weeks, with additional meetings on such occasions as the group deems necessary. Although meetings may also take place virtually.

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,

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Appendix 1 – Future Planned Care Model of Care



Appendix 2 – Rainbow Approach

