

RIGHT CARE RIGHT HERE *STRATEGIC PARTNERSHIP GROUP*

TERMS OF REFERENCE

1.0 PURPOSE

1.1 Right Care Right Here (RCRH) is a partnership between NHS providers and commissioners, local authorities and the voluntary sector, with the ambition to:

- create a sustainable, integrated health and social care economy by 2025
- use improvements to health services as a spur for delivering regeneration

Partners are committed to improving both the health of the people of Sandwell and West Birmingham and the quality of the health and social care services provided to them by working together to deliver:

- Care closer to home with more services in the community;
- High quality care in high quality places;
- A healthier place to live;
- The Midland Metropolitan Hospital (MMH)

1.2 The RCRH *Strategic Partnership Group* is responsible for ensuring that the RCRH Executive take the right decisions and deliver projects that will deliver the Right Care Right Here vision, ensuring:

- The gap between commissioning investment plans and expenditure commitments up to MMH opening and beyond is understood by all partners i.e. the sustainability gap in financial and activity terms;
- Priority areas for action with defined outcomes are identified that will contribute to narrowing the sustainability gap, and are delegated to RCRH workstreams by the RCRH Executive;
- Equilibrium is achieved between demand and capacity in health and social care across all providers, modifying demand to levels that can be afforded by the system by 2018/19 and beyond;
- That the RCRH Executive is accountable for whole system resilience for elective and non-elective care.

1.3 This RCRH *Strategic Partnership Group* is an 'alliance of the willing' with partners voluntarily agreeing to work together to achieve the vision. This Committee will remain firmly sighted on how work being undertaken through the Programme will contribute to delivering the strategic vision, and meet the needs of stakeholders, especially patients and the public. It provides the Programme with independent scrutiny and assurance that the desired 'end state' model of care is established through having oversight of performance, and resolving strategic/directional issues that need input and agreement by senior stakeholders to ensure the progress of change. It will ensure:

- Partners are operating in alignment with the strategic direction, to deliver sustainable, joined up services that meet the needs of local people within resources;
- Clear focus upon accelerating the realisation of the required triple change service reconfiguration* to establish the model of care required to support MMH, and the associated infrastructure and workforce 'on the ground' to meet objectives;
- Probity and value for money;
- Compliance with statutory and other requirements
- Hold the RCRH Executive to account for Programme delivery to plan

**Triple change service reconfiguration refers to modifying demand for services, shifting as much unplanned care to planned care as possible, considering what activity can cease to be provided, is provided by SWBH in community settings or is provided by other providers in community settings.*

1.4 The Strategic Partnership Group will:

- 1.4.1 Provide the strategic oversight and governance of the RCRH programme, in order to facilitate delivery of the agreed objectives and in line with the principles and pledges established (see Appendix 1)
- 1.4.2 Provide a public facing information sharing, sense making and coordinating remit
- 1.4.3 Ensure clear articulation of what will make for a sustainable, integrated health and social care system (core elements/areas of work), what the required changes in health and social care are that need to be delivered through the RCRH Programme and how Partners and wider stakeholders will know when this has been achieved (key triggers/outcome measures of success) Provide for public accountability of the RCRH Programme, ensuring the interests of the public are served by its work and PPI requirements are fulfilled
- 1.4.4 Ensure Executive members:
 - own and deliver their own organisation's contribution to the required RCRH Programme service reconfiguration for the future model of care in the short, medium and long term;
 - act in a steadfast, consistent and proactive in way to delivering RCRH's strategic objectives
 - can evidence the impact of their organisation's effort upon delivering the required integrated capability fit for the future
- 1.4.5 Require the RCRH Executive to develop and deliver the Programme plan, and establishing appropriately resourced organisational forms (e.g. workstreams,

task and finish groups) that will achieve the rebalancing of health and social care provision to meet standards at the required pace

- 1.4.6 Act as the custodian of local health and social care economy performance, reviewing Programme performance reports, tracking the impact of workstreams upon service activity and capacity shifts against the financial, activity & capacity model to ensure they are aligned to forecast end state trajectories and that planned operational changes are sustained for the duration of the Programme
- 1.4.7 Hold Partners to account for their actions, share intelligence, offer solutions and pool resources to keep delivery of the Programme Plan 'on track', simultaneously facilitating learning and knowledge transfer
- 1.4.8 Ensure that the cross-cutting enablers – workforce, information management & technology , estate, regeneration and communications & engagement - are fully considered and appropriately acted upon by Partners within all service reconfiguration activities
- 1.4.9 Consider key strategic issues for the Programme and Partners, endorsing smart, sensible and timely RCRH Executive decisions to be signed off by Partner organisations according to their respective governance approval mechanisms e.g. approach to procurement and contracting
- 1.4.10 Will support, enable and work with emerging organisations and respond to other national policy drivers and best practice publications
- 1.4.11 Have oversight and understanding of Programme risks and issues, and ensure the RCRH Executive is actively managing them, removing or mitigating them that does not adversely impact one partner significantly more than others
- 1.4.12 Commit to working with the RCRH Executive to take patients/clients, the public and other key stakeholders, on the Programme journey and valuing the contribution of each

2.0 ACCOUNTABILITY

- 2.1 The RCRH *Strategic Partnership Group* is the vehicle to endorse the Executive's co-design and co-production of the triple change service reconfiguration that underpins the RCRH strategic vision and will hold the system through the RCRH Executive to account to deliver the RCRH Programme.
- 2.2 The RCRH Strategic Partnership Group does not have executive authority. Decisions are limited to those relating to strategic direction, organisation to deliver transformation and Programme expenditure. Ultimate sign off of

decisions regarding the provision of services sits with Partner organisations, requiring Executive members to ensure they comply with their own organisation's governance in this respect. This points to the critical importance of each Partner being engaged in the Programme decision making process and understanding its respective responsibilities and the associated 'work' contribution on order to gain approval by the organisation they are representing.

- 2.3 The Strategic Partnership Group is responsible for ensuring that the RCRH Executive fulfils its duty to consult with and gain the support of the Sandwell and Birmingham health overview and scrutiny committee with regards to any substantial service changes.
- 2.4 The Strategic Partnership Group contributes to RCRH Executive fulfilling its duty to consult with and gain the support the Health and Wellbeing Boards for Sandwell and Birmingham in order to ensure a joined-up approach on commissioning priorities across health, public health and adult social care. Delivery of the RCRH Programme is a stated priority for Sandwell Health and Wellbeing Board as it seeks to encourage greater integration across health, social care and related services to improve health and wellbeing outcomes.
- 2.5 The high-level RCRH Programme governance framework is depicted in Appendix 1.

3.0 MEMBERSHIP OF THE GROUP

3.1 The RCRH Partnership Board will be chaired by the independent RCRH Chairperson. The Vice Chair will be the Chair of the Health & Wellbeing Board for Sandwell.

3.2 The core members of the Board are:

- Independent Chair
- Sandwell Metropolitan Borough Council (SMBC) – Director of Adult Social Care
- Sandwell Health & Wellbeing Board (SHWBB) - Chair
- Birmingham City Council (BCC) – Service Director Health and Wellbeing
- Birmingham Health & Wellbeing Board (BHWB) - Chair
- Sandwell and West Birmingham Hospitals NHS Trust (SWBHT) – Chief Executive
- Sandwell Council of Voluntary Organisations – Chief Executive
- Birmingham Council of Voluntary Organisations – Director of Programmes
- Sandwell and West Birmingham Clinical Commissioning Group (SWBCCG) – Accountable Officer
- Healthwatch Sandwell – Chief Executive
- Healthwatch Birmingham – Chief Executive
- RCRH Programme Director

- NHS Communications and Engagement Service Lead for RCRH - Midlands and Lancashire Commissioning Support Unit (non-voting)

3.3 The above list is not exhaustive and others may be invited or co-opted to attend the Committee as required if applicable. Invitations may be extended to any appropriate personnel to attend and provide evidence, information or expert advice to the Partnership Board.

3.4 All voting members are required to nominate a deputy, who has full authority to act on their behalf, to attend the Board in their place if they are unable to attend.

4.0 GOVERNANCE

4.1 Decisions will be reached on the basis of consensus voting by using a majority view. Each Partner organisation listed in section 3.2 above will have one vote each. In the event of a tie, the Chair will have a casting vote.

4.2 The *RCRH Strategic Partnership Group* may on occasion be consulted or take a decision by email provided that the decision taken is by quorum of the Board as set out in these Terms of Reference. This provides for urgent escalation for decision making between scheduled meetings. If the decision is one which requires a vote, it shall be at the discretion of the Chair to decide whether use of email is appropriate. Any decision taken via email must be reported to the next meeting and recorded in the minutes. All e-mails reflecting the decision must be copied to all members of the *Group*, appended to the minutes and electronically stored.

5.0 MEETING ARRANGEMENTS, ADMINISTRATION AND FREQUENCY

5.1 The RCRH Strategic Partnership Group shall meet on a quarterly basis.

5.2 The RCRH Programme Director will be responsible for the management and co-ordination of the *RCRH Strategic Partnership Group*.

5.3 The RCRH Programme Senior Business Support Officer will be responsible for:

- Preparation of the agenda in conjunction with the Chairman/Programme Director
- Collating papers/reports required for the agreed agenda from officers of the Partner organisations
- Sending meeting papers out 7 days (5 working days) prior to the date of each meeting

- Taking minutes of the proceedings and resolutions of all meetings of the Partnership Board, including recording the names of those present and in attendance for the duration. Conflicts of interest must be recorded
- Keeping a record of matters arising and issues to be carried forward
- Sending notes of actions agreed within 3 days of each meeting, and sending reminders to action owners 7 days prior to each meeting
- Advising the Partnership Board on pertinent areas
- Supporting the RCRH Programme Director to ensure Programme Freedom of Information requests can be actioned efficiently
- Managing RCRH configuration management e.g. electronic document repository, filename formatting and version control

5.4 All documentation will be electronically stored in the SWBCCG shared drive – T:\Right Care Right Here Programme using the agreed filename format: Date/Filename/Version/Author Initials e.g. 15 08 01 RCRH Programme Plan V1.0 AP.

5.5 The RCRH Programme Senior Business Support Officer will only share documents that have been approved in line with Programme governance procedures. All public-facing documents must be signed off by CCG communication lead

6.0 QUORUM

6.1 The RCRH Partnership Board will be considered quorate when the following members are in attendance:

- Sandwell Metropolitan Borough Council
- **Either** Sandwell Health & Wellbeing Board or Birmingham Health & Wellbeing Board
- Birmingham City Council
- Sandwell and West Birmingham Hospitals NHS Trust
- **Either** Birmingham or Sandwell Council of Voluntary Organisations
- Birmingham Community Healthcare NHS Trust
- Sandwell and West Birmingham Clinical Commissioning Group
- **Either** Sandwell or Birmingham Healthwatch
- RCRH Programme Director

6.2 If a quorate member of the *RCRH Strategic Partnership Group* should be required to leave prior to the conclusion of the meeting, the Chair should confirm that the meeting is still quorate or not. If the meeting is no longer quorate, it may continue but decisions will have to be ratified at the next meeting.

6.3 A duly convened meeting of the RCRH Partnership Board which is quorate shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by this Board.

7.0 CONDUCT OF THE RCRH *STRATEGIC PARTNERSHIP GROUP*

7.1 To ensure transparent governance, if any member has an interest, pecuniary or otherwise, in any matter, and is present at the meeting at which the matter is under discussion, he/she must declare that interest as early as possible and shall not participate in the discussions. The Chair will have the power to request that member to withdraw from the meeting until the matter has been completed.

7.2 The Chair must invite members to declare any interests at the start of each meeting. This will be a specific agenda item. In addition, members may declare an interest at any time during the meeting.

7.3 Any declared conflicts of interest will be recorded by the minute taker.

7.4 If the Chair declares a conflict of interest, the Vice-Chair will chair that part of the meeting. If both the Chair and Vice-Chair declare an interest, another appropriate voting member will chair that part of the meeting.

7.5 Wherever a conflict of interest may be perceived, the matter must always be resolved in favour of the public interest rather than the individual member.

7.6 All members of the *Strategic Partnership Group* will be expected to observe the Right Care Right Here Statement of Principles (see Appendix 2)

7.7 All members and those attending/participating in meetings will be expected to adhere to the Seven Principles of Public Life (see Appendix 3)

8.0 ASSURANCE AND RISK

8.1 The RCRH Strategic Partnership Group is responsible for ensuring the periodic review of the risks relating to the objectives in the overall Programme Plan, and working with the Executive to mitigate or eliminate them. Where the risk affects particular Partner organisations, the respective representative should ensure that their organisation's corporate risk register includes the recorded RCRH Programme risk as appropriate.

9.0 CONFIDENTIALITY AND FREEDOM OF INFORMATION

9.1 All *Strategic Partnership Group* minutes and papers could be disclosable under the Freedom of Information Act 2000. There are limited exemptions but

copies may still need to be produced in a more limited format e.g. where patient identifiable information is included.

- 9.2 The *Strategic Partnership Group* must set out a statement of what information falls within exemptions, if any, and ensure that papers and minutes are prepared appropriately and with this borne in mind.
- 9.3 It is the responsibility of the RCRH Senior Responsible Officer, working through the RCRH Programme Director, to ensure that there is an appropriate secretariat arrangement in place in respect of the production, storage, archiving and retrieval of *RCRH Strategic Partnership Group* minutes.
- 9.4 All RCRH Strategic Partnership Group meeting minutes and agendas will be available on the RCRH website with an archive of the last 12 months' minutes and agendas and up-to-date Terms of Reference.

Date of Agreement:

Review Date:

APPENDIX 2 RIGHT CARE RIGHT HERE PARTNERSHIP STATEMENT OF PRINCIPLES

Partnership

- Partners will operate on a fully open and transparent basis
- Finances will be discussed on an 'open book' basis
- The objectives of the Programme and commissioners will be fully aligned
- Partners will co-operate to identify opportunities for changing services and releasing/reusing resource where joint actions can be more productive than individual organisational effort
- Where an organisation's proposals and issues impact on other organisations, these will be fully and openly discussed and modified through agreement prior to implementation.
- None of the partners will attempt to achieve an undue advantage over other partners.
- All partners will be prepared to consider changes in systems, control over services, assets or workforce, income and expenditure flows, where a wider benefit for the local health and social care economy can accrue
- *Partners will consider the implications of procurement on the MMH business case, discussing and agreeing the best way forward to maintain economic viability and adhere to procurement regulations*
- It is recognised that partners will need to work with other organisations operating outside the Programme, based on *operating scale*, the pattern of services and contract agreements e.g. *unit of planning and West Midlands combined authority*

Affordability

- Demand for services will be managed to achieve a reduced quantum of activity and cost in the economy within the pre-determined affordability envelope
- All partners will co-operate actively in managing activity levels and costs to targets identified in the Activity and Capacity Model and financial models, when agreed
- Each organisation will have the right to use the powers that its LDP contracts allow to pursue the objective of reducing activity growth and expenditure to planned levels
- Where activity or cost is shown or projected to increase above these levels, partners will debate these and agree on action or service changes to offset these increases and return to planned activity and expenditure levels

- It is recognised that future planning will need to deliver service and financial viability for each individual organisation as well as being compatible in delivering viability across the health and social care economy

Productivity

- Each organisation will develop its own proposals for cost reductions and productivity and participate in debate and negotiations about system-wide changes to achieve reductions to ensure that plans and actions are compatible with those of partner organisations
- Lean principles will be adopted to drive productivity within and across the partners

Risks

- Risks will be identified and shared equitably across partners

Incentives

- Incentives will be developed to change behaviours across the system. These will incentivise the redesign of services and reductions in the amount of activity being referred to acute care and the total amount of activity and costs in the local health and social care economy
- The financial benefits from incentivised service redesign will be shared across partner organisations

Service Reconfiguration Capacity Impacts

- The capacity required to deliver care to patients across the economy will be sized according to planned activity levels for future years
- Capacity will be removed as service redesign/transfer is implemented
- Achieving activity and capacity reductions and resource release will be measures used, among others, to judge the progress and success of projects

Clinical Engagement

- Partner organisations will lead clinical and professional engagement to achieve success. The extent of clinical and professional will be planned and structured.

Public and Stakeholder Engagement

- The Partners will fully engage with the public and stakeholders.

Workforce

- Staff will be supported, developed and trained to deliver good and safe care to patients
- Staff will be trusted and empowered to do what is right for patients and their carers, working across organisational boundaries
- Evidence-based, effective clinical care pathways will be developed, implemented and respected
- Staff will continue to be supported to ensure that every contact with patients is an opportunity to improve health, as well as treating disease
- Staff will be fully involved in making their invaluable contribution to designing improved services for patients and better working environments for themselves
- Partners will ensure the contribution of all staff is secured, recognised and valued
- Partners will work in partnership with trade unions and staff associations on a continuing and open basis

Information Management, IT systems & Technology

- Partners will work to develop and implement information management and IT systems *that are interoperable and actively support the delivery of high quality care by clinicians*
- *Partners will work to increase the use of telecare technology within health and social care settings to help individuals remain independent at home and impact positively on their health, care, security and safety*

Confidentiality

- Partners will maintain confidentiality about issues discussed until an explicit agreement on disseminating decisions has been made by all partners
- These Principles are consistent with the NHS West Midlands 'Framework for Excellence' contained in its 'Investing for Health Strategy'.

Role of Programme Director

- *The role of the Programme Director is accepted as being independent of all organisations and responsible to the Partnership Board, allowing him/her to act as "honest broker" and "critical friend" and to hold partner organisations to account*

**The Objectives and Principles were agreed at the Partnership Board on 5th October 2012, with proposed changes in red font*

RIGHT CARE RIGHT HERE PARTNERSHIP PLEDGES

1. Create jobs
2. Bring in up to £700 million of capital investment

3. Plan environmentally sound, sustainable and resilient buildings
4. Plan and build facilities accessible by foot, bike and public transport
5. Design buildings that reflect local cultures and beliefs
6. Minimise environmental damage from our services
7. Buy goods and services locally
8. Encourage staff to live locally
9. Develop occupational health services that support small and medium enterprises
10. Develop and implement policies that promote the health of our own staff

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APPENDIX 3 THE NOLAN SEVEN PRINCIPLES OF PUBLIC LIFE

SELFLESSNESS

Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends.

INTEGRITY

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

OBJECTIVITY

In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

ACCOUNTABILITY

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

OPENNESS

Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

HONESTY

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

LEADERSHIP

Holders of public office should promote and support these principles by leadership and example.