RIGHT CARE RIGHT HERE EXECUTIVE

TERMS OF REFERENCE

1.0 PURPOSE

1.1 The Right Care Right Here (RCRH) Executive is responsible for ensuring mechanisms are in place to deliver work streams that contribute to creating a sustainable, integrated and resilient health and social care economy by 2025. Integral to the remit is ensuring that the future model of care required to support the Midland Metropolitan Hospital is established as well as ensuring that improvements to health services result in regeneration. The task is to achieve on-going equilibrium between demand for services and what providers can afford to supply, whilst nurturing the partnership ensuring no partner operates to achieve an undue advantage over others.

1.2 This Committee is responsible for delivering the outcomes required through the work of the Programme. This will involve ensuring executive, clinical, managerial and public support for the coordinated programme of service change across partner organisations.

1.3 This Committee will:

1.3.1 Confirm commissioner investment plans and expenditure commitments, underpinned by shared knowledge and understanding of assumptions & future impacts of service reconfiguration and new models of care. Plans will be developed in response to any capacity, activity & financial gaps identified.

1.3.2 Plan the specialist and 'out of hospital' capacity required achieve coordinated, integrated services to support the delivery of effective, high quality, good value, and accessible services, consistent with the RCRH future model of care.

1.3.3 Produce a single financial, activity and capacity model against which partners can plan, commission and monitor progress against agreed trajectories. Monitor progress on delivery of the agreed priorities, holding individual partners to account.

1.3.4 Develop and deliver the RCRH work programme through establishing work streams, appropriately resourced, with activities that both contribute to triple change service reconfiguration and achieve agreed outcomes that are consistent with the future model of care supporting the Midland Met Hospital.

1.3.5 Be responsible for ensuring planned and emergency care year round resilience, undertaking rigorous and on-going analytical review of the drivers of system pressures and the development of solutions through effective collaboration between partners. This includes responsibility for the allocation

and performance management of system resilience funding and non-elective and elective care pathways.

1.3.6 Have a key responsibility in building consensus across members, bringing together partners to discuss, agree and resolve any arising issues that could adversely impact the strategic system redesign, resilience and implementation of the RCRH delivery plans.

1.3.7 Hold members to account for actions resulting from internal review and shall share intelligence and pool resources to improve system delivery against agreed key performance indicators.

1.3.8 Give due regard to the targets, standards, plans and progress of all relevant work streams in the local health and social care economy.

1.3.9 Ensure appropriate plans and arrangements are in place for elective and emergency planning, taking account of the wider planning agenda such as the Care Act 2014, Social Action Fund and the Better Care Fund.

1.3.10 Produce resilience and capacity plans that are risk assessed based on past performance, financial position, local intelligence and previous ability to successfully implement plans.

1.3.11 Ensure the Programme fulfils its statutory requirement to consult and engage with patients, the public and stakeholders with regard to service changes, through agreeing and delivering the Programme Communications & Engagement Plan, and requiring PPI to be an integral and demonstrable component of work stream activities.

1.3.12 Provide assurance to the RCRH *Strategic Partnership Group* that risks and issues are being adequately managed, and to agree remedial action where necessary.

1.3.13 Ensure that the equality & diversity and privacy impact assessments undertaken, for service reconfigurations.

2.0 ACCOUNTABILITY

2.1 The RCRH Executive reports directly to the *RCRH Strategic Partnership Group*, and is accountable for the delivery of the Programme Plan, and its integral work stream outcomes. Executive members have the duty to seek endorsement for Programme decisions from their respective organisations

2.2 On behalf of this Committee, the RCRH Programme Director will present a Programme performance report to the *Group* that will include a written summary of the key matters covered at Executive meetings, including any action or decisions reserved for the *Strategic Partnership Group*.

2.3 The RCRH Executive is the 'powerhouse' of the Programme, with executive authority for Programme decisions and actions pertaining to their respective Partner organisation. The Committee sets required outcomes from the Programme and establishes mechanisms for delivery, appropriately resourced and is responsible for delivery and performance reporting. Given this, members are responsible for taking decisions endorsed by the Partnership through the governance arrangements in their own organisations. 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.

3.0 MEMBERSHIP OF THE GROUP

3.1 The RCRH Executive will be chaired by the independent RCRH Chairperson. The Co-Chair will be the Accountable Officer for Sandwell & West Birmingham CCG/RCRH Programme Sponsor.

3.2 The **core voting members** of the Executive are:

- RCRH Programme Chairperson
- Sandwell Metropolitan Borough Council (SMBC) – Director of Adult Social Care
- Birmingham City Council (BCC) – Service Director Health and Wellbeing
- Sandwell and West Birmingham Hospitals NHS Trust (SWBHT) – Chief Executive
- Birmingham Community Healthcare NHS Trust (BCHCT) – Chief Executive
- Black Country Partnership Foundation NHS Trust (BCPFT) – Chief Executive
- Birmingham and Solihull Mental Health NHS Trust (BSMHT) – Chief Executive
- Sandwell and West Birmingham Clinical Commissioning Group (SWBCCG) – Accountable Officer
- Modality Partnership – Executive Partner
- Your Health Partnership – Partner
- WMAS Executive Officer
- RCRH Programme Director

Note: Any GP Organisations that become registered companies will be invited to become a recognised partner in accordance with Programme criteria and process, and if accepted will become members.

Core non-voting members, who attend to meet system resilience and public and patient involvement requirements, are:

- NHS Communications and Engagement Service Lead for RCRH - Midlands and Lancashire Commissioning Support Unit
- Chief Officer – Operations, SWBCCG
- Chief Operating Officer, SWBH
- *Operational Lead, SMBC*
- *Operational Lead, BCC*
- NHSE representative

3.3 The RCRH Chair may invite others to 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 Committee.

3.4 All voting members are required to nominate a deputy, who has full authority to act on their behalf, to attend the Committee 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 Executive may on occasion consult each other 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 Board, appended to the minutes and electronically stored

5.0 MEETING ARRANGEMENTS, ADMINISTRATION AND FREQUENCY

5.1 The RCRH Executive shall meet on a monthly basis.

5.2 The RCRH Programme Director will be responsible for the management and co-ordination of the RCRH Executive.

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.
- Recording all conflicts of interest
- 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 the Programme communications lead

6.0 QUORUM

6.1 The RCRH Executive Committee will be considered quorate with the following representation at the meeting:

- **Either** Sandwell Metropolitan Borough Council or Birmingham City Council
- Sandwell and West Birmingham Hospitals NHS Trust
- Birmingham Community Healthcare NHS Trust
- **Either** Black Country Partnership Foundation NHS Trust or Birmingham and Solihull Mental Health Foundation NHS Trust
- Sandwell and West Birmingham Clinical Commissioning Group
- **Either** Your Health Partnership or Modality Partnership
- RCRH Programme Director/RCRH Chair

6.2 If a quorate member of the RCRH Executive Committee 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 Executive 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 EXECUTIVE

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 RCRH Executive Committee will be expected to observe the Right Care Right Here Statement of Principles (see Appendix 1)

7.7 All members and those attending/participating in meetings will be expected to adhere to the Seven Principles of Public Life (see Appendix 2)

8.0 ASSURANCE AND RISK

8.1 The RCRH Executive is responsible for periodically reviewing the risks relating to the objectives in the overall Programme Plan, and working together 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 Executive 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 Executive 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 Executive minutes.

9.4 All RCRH Executive 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 1 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 Strategic Partnership Group, 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

APPENDIX 2 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.