West Yorkshire and Harrogate
Health and Care Partnership

Elective Care and Standardisation of Commissioning Policies Programme Board

Terms of reference

October 2019

Contents

1. Introduction and context

1.1. Elective Care and Standardisation of Commissioning Policies Programme is a priority work programme for the West Yorkshire and Harrogate (WY&H) Health and Care Partnership. The programme is also known as the 'Improving Planned Care' programme to enable better understanding of what it does.

1.2. The ambition of the Elective Care and Standardisation of Commissioning Policies programme is to:

- Provide the right care, at the right time, in the right place in order that the best outcomes and optimal use of resources are achieved for the population of WY&H, whilst minimising our impact on the environment and the ensuing poor health which that causes, so we really improve health and care for our population. In doing this we will attend to the care experience for those delivering and receiving care and will focus on personalisation of care and shared decision-making with a purpose of improving health outcomes. We want to meet the triple aims which are:

  1. improving the quality of our health care across West Yorkshire and Harrogate;
  2. improving the health of our population; and
  3. achieving value and financial sustainability.

- Improve planned care by removing the so called 'postcode lottery' that currently exists across WY&H, to make sure that the care people receive is fair and consistent. Access to health services and the eligibility criteria for them should be the same for everyone. By removing existing variation wherever it exists, we can make sure that everyone has a positive experience of care, regardless of where they live.

- Address Health Inequality across WY&H by tackling where we can prevent unfair and unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental and economic conditions within our communities. These factors determine the risk of people getting ill, their ability to prevent sickness and can limit opportunities to take action and access treatment when ill health occurs. We will continue to work on Health Equity across WY&H, to highlight the differences for our population in accessing elective care in their communities and to identify how we can better engage with our communities in addressing those differences.

- Increase the system's focus on prevention by collaborating with other programmes and having a 'supporting healthier choices / public health / prevention' approach to everything we do. For example, anyone who would benefit from a health improvement intervention to address weight management, smoking or other risk factors should be made a meaningful offer of support for this at appropriate stages in their conservative management and in all instances, before referral is made for surgical assessment. In addition to reducing human suffering, this approach will also give us the greatest benefit for our taxpayers' pounds over the long run. And it will reduce the CO_2 emissions caused by treatment as opposed to intervention.

- Support the ambitions of the Five Year Forward View – Next Steps document and the NHS Long Term Plan: reducing demand and meeting demand more appropriately, helping to manage demand for elective care through health optimisation and prevention, and deliver the most efficient elective care to release capacity in the system and address unmet need.

- Increase the responsiveness of services to patients in WY&H, improve access to care and support achievement of access standards such as 18-week referral to treatment targets.

- Respond to the demand for elective care services in making positive changes that focus on better outcomes for people. For example, transforming elective care services that can be safely delivered in a primary or community setting. In the instance of eye care services, these can be delivered at local clinics or high street opticians. We're reviewing how and where eye care services are delivered so that we can make the best use of the expertise we already have in our communities and move some services out of hospitals and into local settings. This is usually much easier and more convenient for people. It takes some of the pressure off hospital services and reduces the 5% of vehicles on UK roads that are on NHS business.

Purpose

1.3 The purpose of the Programme Board is to:

- Identify and agree programme priorities which deliver the objectives of the programme;
- Oversee, monitor and co-ordinate the progress of the programme;

- Provide a mechanism for joint action and joint decision-making for programme issues that are best tackled at scale;
- Support the development of robust local partnership arrangements to deliver place-based plans; and
- Promote the objectives of the programme across the wider Partnership.

1.4 In doing this we will look wider than the places of WY&H. We will actively look for learning from other parts of the country, and the world, to inform our work. And we will be mindful of the impact of our decisions for all people in all Places.

2. How we work together in West Yorkshire and Harrogate

Our vision

2.1 We have worked together to develop a shared vision for health and care services across WY&H. All of our plans support the realisation of this vision:

- Places will be healthy - you will have the best start in life so you can live and age well.
- If you have long term health conditions you will be supported to self-care through GPs and social care services working together. This will include peer support and the use of technology such as telemedicine.
- If you have multiple health conditions, there will be a team supporting your physical, social and mental health needs. This will involve you, your family and carers, the NHS, social care and voluntary and community organisations.
- If you need hospital care, it will usually mean going to your local hospital that works closely with others to give you the best care possible.
- Local hospitals will be supported by centres of excellence for services such as cancer, stroke and mental health.
- All of this will be planned and paid for together, with councils and the NHS working together to remove the barriers created by planning and paying for services separately. For example community and hospital care working together.
- Communities and staff will be involved in the development and design of plans so that everyone truly owns their health care services.

Principles for our Partnership

2.2 The Programme Board operates within an agreed set of guiding principles that shape everything we do through our Partnership:

- We are committed to engaging and communicating with the public in the planning, design and delivery of health and wellbeing services.
- We will be ambitious for the people we serve and the staff we employ.
- The WY&H Partnership belongs to its citizens, and to commissioners, providers, councils and the NHS.
- We will do the work once. Duplication of systems, processes and work should be avoided as it can be wasteful and a potential source of conflict.
- We will undertake shared analysis of problems and issues as the basis of taking action.
- We will apply subsidiarity principles in all that we do – with work taking place at the appropriate level and as near to local as possible.
- We will build constructive relationships with communities, groups and organisations to tackle the wide range of issues which have an impact on people's health and wellbeing.

Our shared values and behaviour

2.3 Members of the Programme Board commit to behave consistently as leaders and colleagues in ways which model and promote our shared values:

- We are leaders of our organisation, our place and of WY&H.
- We support each other and work collaboratively.
- We act with honesty and integrity and trust each other to do the same.
- We challenge constructively when we need to.
- We assume good intentions.
- We will implement our shared priorities and decisions, holding each other mutually accountable for delivery.

3. Role and responsibilities

3.1 The Programme Board will take overall executive responsibility for delivery of the programme plan. Its responsibilities are to:

a. Oversee and monitor progress in delivering the programme plan.

b. Provide a mechanism for joint action and joint decision-making for those issues which are best tackled on a wider scale, particularly but not limited to:

   i. recognising and overcoming barriers to the implementation of standardised commissioning approaches; and

   ii. managing relationships with other ICS areas where different criteria led approaches may be applied, to ensure a consistent experience of care for our registered population.

c. Encourage innovative thinking, new approaches and improvement in the delivery of planned care across the region and Places we serve.

d. Work closely with other Partnership programmes, Partnership groups and Places to promote the objectives of the programme and ensure a consistent focus on improving planned care services for the benefit of the population of WY&H.

e. Monitor programme risks and ensure that effective mitigating action is taken.

f. Support the development of local partnership arrangements which bring together the councils, voluntary and community groups, and NHS commissioners and providers in each Place.

g. Oversee the development and implementation of a mutual accountability framework which provides a single, consistent approach for assurance and accountability between partners.

h. Adopt an approach to making joint decisions and resolving any disagreements which follows the principle of subsidiarity and is in line with the shared values and behaviours of the partnership.

4. Ways of working

4.1 We are committed to:

a. Establishing and developing relationships and trust;

b. Being courageous;

c. Being mindful of the words we use and the words we choose to hear; and

d. Being clear about the choices that confront us.

5. Membership

5.1 Membership is designed to promote active and meaningful connections between the places and 'sectors' that make up WY&H, in a spirit of mutual accountability for delivery of our collective ambitions.

Members have a responsibility for ensuring that the Programme Board is provided with a clear view from their 'Place' with regards to the risks and issues of policy approval and implementation.

The Programme will support implementation through shared learning, peer support and collaborative actions where they are required.

Members

- Chair – the Programme Senior Responsible Officer.
- One or two representatives from each of the following Places that are commissioning leads, commissioning managers, planned care leads or public health consultants for example.
    - Bradford
    - Calderdale
    - Harrogate
    - Kirklees
    - Leeds
    - Wakefield

- Health and Care Partnership representatives
    - Planned Care Clinical Lead
    - Planned Care Programme Director
    - Planned Care Programme Manager
    - Local Workforce Action Board (LWAB) Lead
    - Primary and Community Care Lead
    - Communications and Engagement Lead
    - Representative of the Directors of Public Health across the Health and Care Partnership
    - West Yorkshire and Harrogate Pharmacy Leadership Group

- WYAAT representatives (WYAAT – West Yorkshire Association of Acute Trusts)
    - Elective Care Programme Manager

- Academic Health Science Network (AHSN) representative
- NHS England or NHS Improvement representative
- Patient and public representatives

5.2 A Deputy Chair will be agreed from the Health and Care Partnership representatives.

5.3 Members attend in person or can nominate a deputy to attend on their behalf.

5.4 In adopting and promoting our 'ways of working' detailed on page 8, members are encouraged to attend meetings on a consistent basis. A full members list is provided on the Programme's Register of Interests which will be reviewed at every Programme Board. The Register of Interests can be accessed from 'Our Programme Board' section on the Partnership's website or requested via email to: wyhhcp.plannedcare@nhs.net

Deputies

5.5 If a member is unable to attend a meeting, they will be responsible for identifying a suitable deputy to attend on their behalf. Such a deputy must have sufficient seniority and sufficient understanding of the issues to be considered, to represent their organisation, place or group effectively.

Additional attendees

5.6 At the discretion of the Chair, additional representatives may be requested to attend meetings from time to time to participate in discussions or report on particular issues. Such additional representatives may include:

- Senior Responsible Officers and programme leads for WY&H programmes.
- Representatives of partner organisations who are not part of the core membership.
- Members of the WY&H Partnership core team and external advisers.

6. Subgroups / workstream groups

These terms of reference will extend to and apply to our working groups and sub groups, and ad hoc projects, with the role of each group being that outlined in each project's initiation document and the programme's scheme of delegation in place at the time:

- Working groups
  - Standardisation of commissioning policies working group
  - Eye care working group
  - MSK pathway implementation group

- Subgroups
  - Risks and Operational Group

The workplans and outcomes of these groups will report, or be reported, to Programme Board.

7. Working with the Academic Health Science Network

7.1 The Yorkshire and Humber Academic Health Science Network (YHAHSN), part of the national AHSN Network, was re-licensed by NHS England in May 2018 for a further five years. As a condition of this re-licensing, AHSNs are required to deliver a series of national programmes involving technology and service redesign and which offer benefits to patients and a return on investment to the NHS, which may be of appropriate use to this Programme Board and its member organisations.

The AHSN will also work with local stakeholders, including the Integrated Care System (ICS) and industry, to identify local challenges and priorities - and work in partnership to address these challenges through the introduction of innovative products, pathways and procedures. This could be through partnerships with NHS organisations, industry or research organisations.

This Board will work with the AHSN on both local and national programmes which are seen as beneficial to the delivery of care. The YHAHSN will be represented by the Account Manager (or deputy if unavailable) who will act as a central point of contact with the Programme Board and its members.

8. Quoracy and voting

8.1 Members will be expected to make every effort to attend. There will not be a quorum or voting. We are not a decision-making board. We make recommendations to the Joint Committee of the Clinical Commissioning Groups (Joint Committee). The Joint Committee has more influence and a greater impact on the Programme than the System Leadership Executive (SLE) and the WY&H HCP Partnership Board. This Board will generally operate on the basis of forming a consensus on issues considered, taking account of the views expressed by members and those in attendance. It will look to reach agreement on a 'best for WY&H' basis. The Chair will seek to make sure that any lack of consensus is resolved amongst members. This Programme Board reports to the System Oversight and Assurance Group (SOAG).

9. Accountability and reporting

9.1 The Programme Board will report to the SLE and the Partnership Board, which provide the formal leadership of the WY&H Partnership. The minutes and a summary of key messages will be submitted to all members after each meeting.

9.2 The Board may establish steering / task and finish / delivery groups to deliver specific programme priorities. These groups will report to the Programme Board.

10. Conduct and operation

10.1 The Programme Board will normally meet every two months. An annual schedule of meetings will be published by the secretariat.

10.2 Extraordinary meetings may be called for a specific purpose at the discretion of the Chair. A minimum of seven working days' notice will be given when calling an extraordinary meeting.

10.3 The agenda and supporting papers will be sent to members and attendees no less than five working days before the meeting. Urgent papers will only be permitted in exceptional circumstances at the discretion of the Chair.

10.4 Draft minutes will be issued within ten working days of each meeting.

Managing conflicts of interest

10.5 Each member must abide by all policies of the organisation it represents in relation to conflicts of interest and the conflict of interest policy of Wakefield Clinical Commissioning Group, in which the West Yorkshire and Harrogate Health and Care Partnership is hosted.

10.6 Where any member has an actual or potential conflict of interest in relation to any matter under consideration at any meeting, the Chair (in their discretion) shall decide, having regard to the nature of the potential or actual conflict of interest, whether or not that member may participate and/or vote in meetings (or parts of meetings) in which the relevant matter is discussed.

10.7 Where the Chair decides to exclude a member, the relevant organisation represented by that member may send a deputy to take the place of the conflicted member in relation to that matter.

10.8 The Programme Board will maintain a register of interests and members are required to complete a declaration of interests form on an annual basis. A member's interests will be reviewed on an annual basis however, should a member's interest change at any time they should refer to the considerations outlined in paragraph 10.5 (on page 12) and notify the Programme Board accordingly.

Secretariat

10.9 The secretariat function will be provided by the WY&H Elective Care and Standardisation of Commissioning Policies Programme Management Team. A member of the team will be responsible for arranging meetings, recording notes and actions from each meeting, preparing agendas and agreeing these with the Chair. The secretariat will maintain the register of interests, review members' interests on an annual basis and send out declaration of interest forms to new members, and to existing members, annually.

11. Review

11.1 These terms of reference will be reviewed at least annually. Further reviews will be undertaken in response to any material developments or changes in the wider governance arrangements of the Partnership.

12. Governance and accountability

12.1 The governance structure of the Elective Care and Standardisation of Commissioning Policies Programme is attached at Annex 1 on page 15.

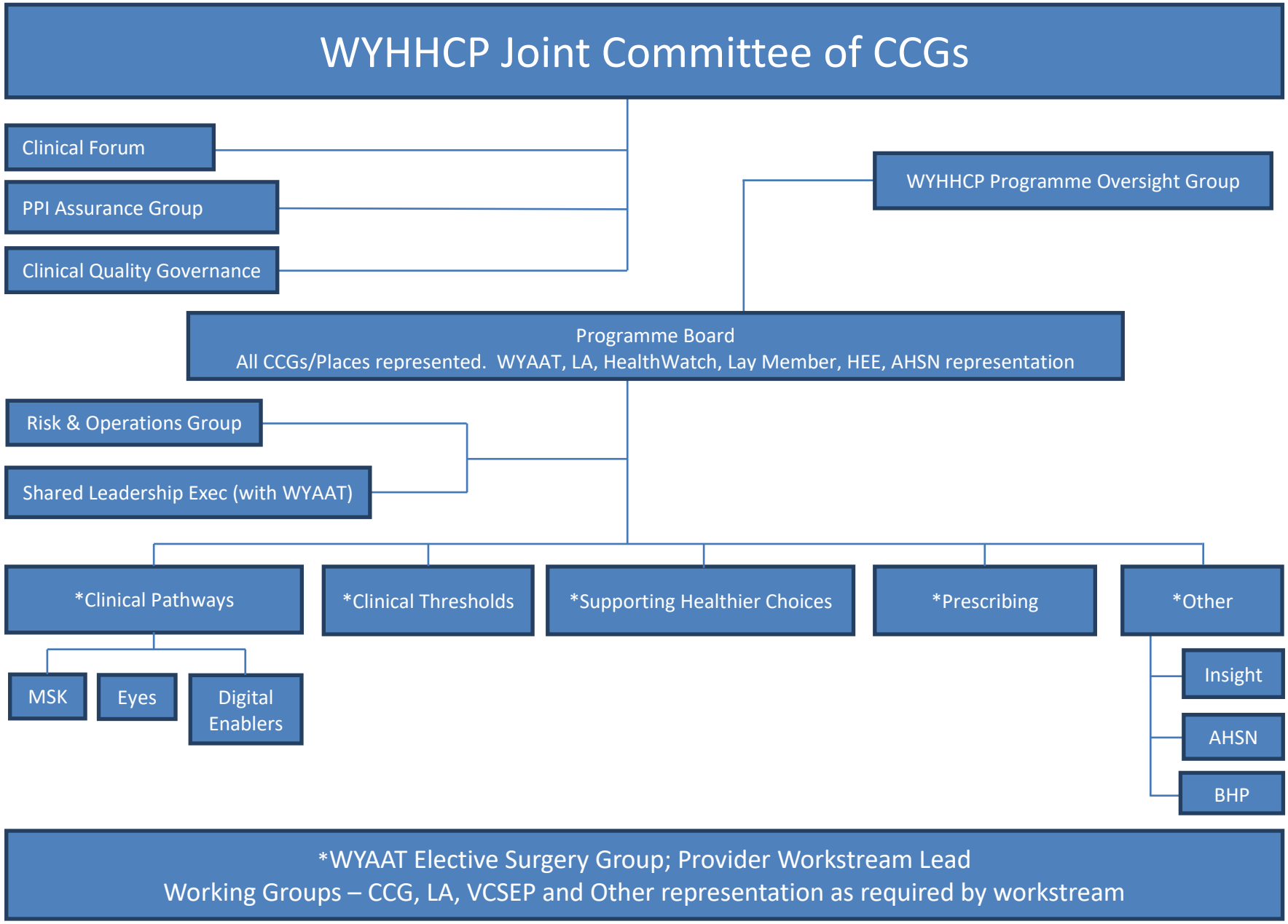
12.2 The Schematic of Governance and Accountability Arrangements for the Programme Board is attached at Annex 2 on page 16.

13. Feedback / improvement measures

13.1 The Programme Board will take a proactive approach to obtaining feedback and suggestions for improving the structure and format of its Programme Board, and the meeting papers it circulates in advance of Programme Board meetings and subsequent to such meetings. Members are encouraged to contact the secretariat with feedback and suggestions for improvement on a continuous basis.

Additionally, the secretariat will conduct a feedback exercise with Programme Board members every six months to capture areas for improvement. The results of those six-monthly feedback exercises will be reviewed by the programme's Risks and Operational Group (comprising of the SRO, Clinical Lead, Programme Director and Programme Manager) and presented to the Terms of Reference Working Group before a summary is presented at Programme Board in seeking approval to implement improvements to the Programme Board.

Annex 1 - Governance structure of the Elective Care and Standardisation of Commissioning Policies Programme



Annex 2 – Schematic of Governance and Accountability Arrangements