

Transformation Board - Terms of Reference

09th November 2022

1 Introduction

- 1.1 A Transformation Programme for All Age Continuing Care (AACC) has been approved to support BOB ICB implement a programme for change for adult NHS Continuing Healthcare and NHS-funded Nursing Care (CHC) and for Children and Young People's Continuing Care (CYPCC).
- 1.2 The ICB has responsibility to provide CHC & CYPCC services for its population. This is provided by three dedicated CHC/CYPCC teams across the ICS, each coterminous with the three placed-based localities of the ICS. There are five local authorities within the ICS and these are Oxfordshire, Buckingham, Reading, Berkshire West and Wokingham.
- 1.3 The purpose of the CHC service is to establish and review eligibility for CHC, NHS-funded Nursing Care (FNC) and CYPCC and for people found eligible, to commission and pay for their safe care.
- 1.4 The process is operated under the National Framework (NF) for CHC and FNC (revised 2022) which set out the principles and processes for determining eligibility.
- 1.5 The NF is underpinned by the Standing Rules Regulations issued under the National Health Service Act 2006, which requires the ICB to comply with its responsibilities to operate within the exigencies of the NF.
- 1.6 There is a parallel process governed under a separate process called the National Framework for Children and Young People's Continuing Care (revised 2016).
- 1.7 The overall aims of the programme are:
 - Ensuring assessments occur at the right time and in the right place, meeting all nationally mandated KPIs
 - Reducing variation in patient/carers experience of CHC assessments and eligibility across BOB
 - Establishing appropriate ICB oversight of CHC and related services performance, developing locally appropriate KPIs
 - Standardising and enhancing the corporate support services for CHC and related services, improving service resilience and efficiency
 - Commissioning services at scale where appropriate yet retain local flexibility and responsiveness

- 1.8 The Transformation Board will have responsibility to oversee the Transformation Programme for adult CHC and CYPCC across the ICS. It will provide leadership, governance and assurance to ensure the 3 key pillars of the programme are delivered viz:

Phase 1	Undertake a comprehensive and detailed review and analysis of All Age CHC services across BOB, ensuring the involvement of key stakeholders, patients and carers in workstreams as appropriate	16 weeks
Phase 2	Produce a comprehensive Transformation Programme Plan (TPP) to implement the recommendations from Phase 1	8 weeks
Phase 3	Support the delivery of the TPP through an All Age CHC service Operating Model	26 weeks

- 1.9 To align the ICB's approach with the plan, the group will prioritise engagement with local partners, including local authorities and the voluntary sector, and involve patients and communities.
- 1.10 The group will need to have regard to achieving economies and efficiencies. This requires a fresh consideration of how services can be delivered at different scales within the ICB; how care is commissioned; and how technology is used to reduce paper-based systems.
- 1.11 These are powerful drivers for change that will define the purpose and outlook of the Transformation Board and which need to be reflected sensitively in an ICS as well as more local context.

2 **Membership**

- 2.1 Membership of the Board needs to include the three CHC leads in the ICS and representatives from different teams and specialists from within the ICS and local authorities including finance, quality, commissioning, workforce and corporate services.
- 2.2 It needs to include a representative from each of the five Local Authorities and public/patient representatives.
- 2.3 It will be chaired by the ICB Chief Nursing Officer and with support from the Programme Lead, will have oversight of the Transformation Board's improvement and implementation plans and processes.
- 2.4 The membership proposed would be as follows (subject to agreement):

Representative	Role	Organisation
Rachael Corser	Chief Nursing Officer & Chair	ICB
Yvonne Le Brun	Programme Lead	ICB
Dr Paul Pettigrew	Facilitator	ICB
Uko Umotong	Programme Support	ICB
Suzanne Adawallah	Head of Service	Buckingham CHC service
Liz Rushton	Head of Service	Berkshire West CHC service
Holly Squires	Head of Service	Oxfordshire CHC service
Victoria Baran	Interim Deputy Director Adult Social Care	Oxfordshire LA
Adam Payne	Head of Service North and East Localities	Buckingham LA
Sunny Mehmi	Assistant Director Adult SC	Reading LA
Matt Pope	Director of Adult Services	Wokingham LA
Paul Coe	Service Director Adult SC	West Berkshire LA
Nita Hughes	CHC Consultant/Associate Director Commissioning	Buckinghamshire Place
Ian Bottomley	Joint Commissioner	Oxfordshire Place
Niki Cartwright	CHC Senior Responsible Officer for the ICB/Commissioner Berkshire West	ICB Commissioning Team/Berkshire Place
David Williams	Deputy Director of Quality	ICB Quality Team
TBC		ICB Finance Team
TBC		ICB Corporate Services
Rosalind Pearce	Executive Director	Healthwatch Oxfordshire
Zoe McIntosh	Chief Executive	Healthwatch Bucks
Andrew Sharp	Chief Officer	Healthwatch Berkshire West
Emma Leaver	Service Director Community Services	Oxfordshire Healthcare FT

Jennifer Bransby-Leaver		Oxfordshire Healthcare FT
Katie Taylor	Operations Manager	Oxfordshire Healthcare FT
Tracey Brown/James Hughes	Head of CHC/Deputy Head	NHSE SE Regional Office

- 2.5 Additional members may be invited to Group meetings in pursuit of particular themes and workstreams as and when required.

3 Responsibilities

- 3.1 The Transformation Board will function as the main decision-making body for the Transformation Programme and will have the authority to deliver the programme unhindered to ensure timely implementation.
- 3.2 The Board's particular responsibilities will be for:
- Detailed design and delivery of the Transformation Programme within agreed timescales
 - Overseeing and defining the roles and requirements of working groups tasked with specific deliverables
 - Setting up task and finish groups as required to consider particular specialist areas such as Personal Health Budgets, CYPCC, etc., establishing their terms of reference and reporting arrangements back to the main Transformation Group
 - Reporting and providing assurance on the Programme's progress as required to:
 - ICB Executive Group
 - Oxfordshire, Buckingham, Reading, Wokingham and West Berkshire Local Authorities
- 3.3 The minutes will be made available to the relevant governance bodies within the represented organisations, including ICB Quality and Clinical Governance Committees and Joint Commissioning Groups.
- 3.4 In the event that the Board cannot agree on a particular matter, it will fall to the SRO within the ICB responsible for CHC and CYPCC and Directors of Adult Social Services to resolve the issue.
- 3.5 The Transformation Board will adhere to the corporate governance of the represented organisations, including risk management arrangements. It will also conduct its business under relevant codes of practice including Nolan principles

4 Frequency and Quoracy

- 4.1 The Group shall meet four weekly unless the exigencies of the business require more frequent meetings.
- 4.2 For meetings to be quorate it must include the Chair or the Programme Lead, plus the Facilitator; two Heads of CHC; two other ICB representatives; and at least three Local Authority representatives.
- 4.3 The members will have responsibility for communicating the proposals, plans, decisions and actions through their own organisations and work to foster a spirit of partnership.
- 4.4 Meetings will normally be held via Teams and face to face by exception.
- 4.5 The members may nominate a proxy to attend meetings if they cannot attend in person or by using technology. The Group Chair and Facilitator should be informed of any apologies from members and their proxies as soon as possible before the meeting.
- 4.6 Nominated proxies should be well-briefed before attending meetings and have the appropriate delegation of authority to participate in meaningful discussions and decision-making.
- 4.7 Nominated proxies should provide relevant feedback from the Group to the Group member they are representing as soon as possible after the meeting.
- 4.8 The Chair of the Board may be proxied by another ICB senior officer or LA representative.

5 Agendas and Papers

- 5.1 The agenda will have the following standing items:
 - Introduction and apologies
 - Conflict of interest
 - Minutes of previous meeting
 - Matters to be discussed for decision
 - Matters to be discussed for information
 - Any other business
 - Date and time of next meeting
- 5.2 The Transformation Board will consider monthly reports or briefings containing updates on progress within workstreams. The detail and content of these reports

will be developed by the Programme Group

- 5.3 All agenda items must be forwarded to the Facilitator by close of business three working days prior to the next scheduled meeting.
- 5.4 The members may raise additional relevant items at the discretion of the Chair and Facilitator depending on their urgency and importance and if time permits at the meeting.
- 5.5 The meeting agenda and any associated papers will be distributed at least three days prior to the next scheduled meeting via identified administrative resource within the Programme.
- 5.6 Minutes and any action notes from Group meetings will be distributed by the identified administrative support person and circulated within five working days to all Group members.

6 Management and Accountability

- 6.1 The BOB ICB has overall accountability for ensuring that all CHC-related activities, including those of the Transformation Board, operate within the National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care and CYPCC; adhere to statutory responsibilities under the Mental Health Act 2007; and Section 117 (aftercare) in particular.
- 6.2 The Transformation Board is accountable to its memberships' governance structures and ultimately to their respective Governing Bodies and Cabinets.

7 Authority

- 7.1 The Transformation Board is authorised by the statutory bodies making up its membership to investigate any activity within its terms of reference.
- 7.2 The Transformation Board is authorised to seek any information it requires from any employee of the membership organisations and such employees must co-operate with any reasonable request for information made by the Group.



BOB ICS All Age CHC Transformation Programme

November 2022



Our Aims

- ✓ To ensure that assessments occur at the right time and place, meeting all nationally mandated KPIs
- ✓ To reduce variation in patient/carer experience of CHC assessments and eligibility across BOB
- ✓ To establish appropriate ICB oversight of CHC and related services performance, developing locally appropriate KPIs
- ✓ To standardise and enhance corporate support services for CHC and related services, improve service resilience and efficiency
- ✓ To commission services at scale where appropriate yet retain local flexibility and responsiveness



Our approach and timeframes – *Phase 1*

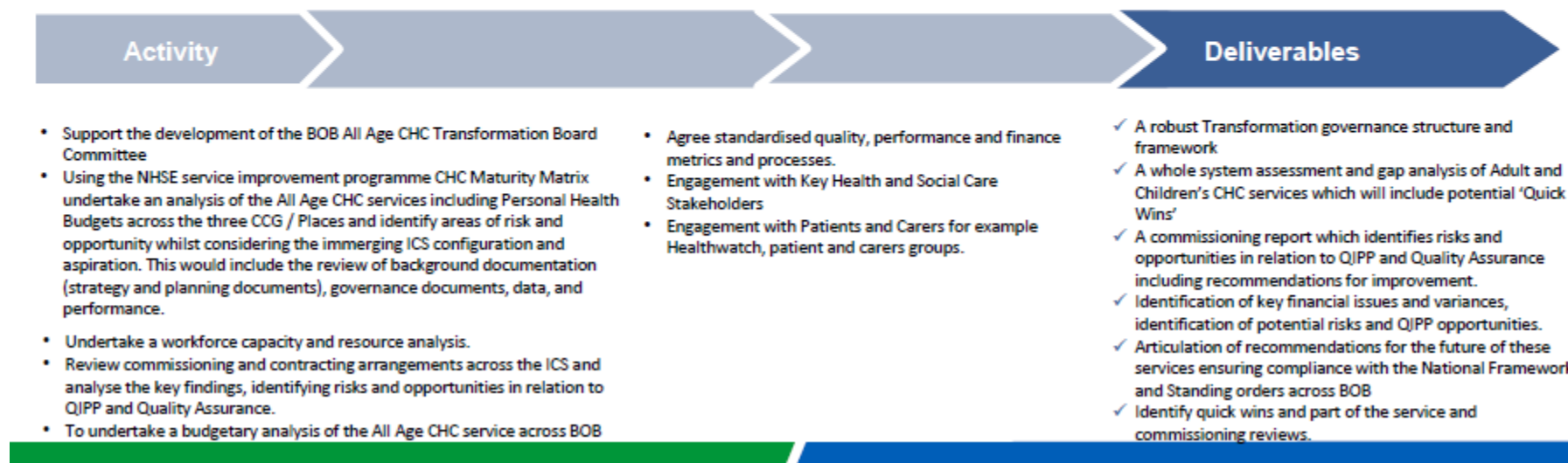
Over 16 weeks we will undertake a comprehensive review of the All Age CHC service across BOB.

Objective

- Establish the All Age CHC transformation programme governance structure
- Undertake a comprehensive review of All Age CHC services across BOB and baseline the current provision.
- Assess existing services against key measures and metrics including NHSE performance reporting for All Age CHC.
- Identify system level service development opportunities and efficiencies to inform the future All Age CHC Strategy (including reviewing and confirming the initial identified 'Quick Wins')
- To develop standardised quality and performance reporting across all three Places.



Approach

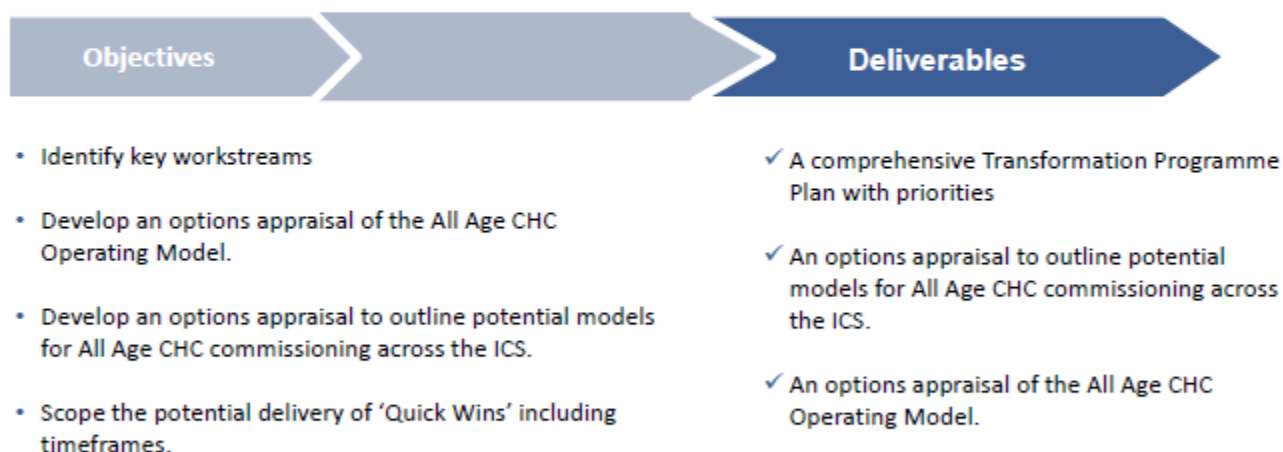


Our approach and timeframes – *Phase 2*

Over 8 weeks we will produce a comprehensive strategic development plan for implementation of the recommendations from phase 1 ensuring high quality efficient, fair, and equitable All Age CHC services across BOB ICS.

Phase 2

Approach



Our approach and timeframes – *Phase 3*

Over 26 weeks we will underpin the delivery of the Transformation Programme Plan using an inclusive and supportive approach, providing leadership and mentorship to the clinical and non-clinical teams responsible for service provision.

Phase 3

Approach



PHB Workstream



PHB workstream Highlight Report	Note this workstream is for Personal Health Budgets for people who are <u>eligible for CHC/CYPCC</u> and not for wider groups including wheelchairs and Sect 117		Date: 25.10.22
Strategic Objective	<ol style="list-style-type: none"> 1. To ensure all individuals eligible for CHC and CYPCC and who live in their own homes have a PHB 2. To ensure that PHBs are delivered according to the principles of personalisation and integrate services around the person, offering choice and control over care delivered with the focus on outcomes to improve health and well-being 3. To ensure that the ICB has a suite of policies and guidance to govern PHBs and are available on the ICB website 4. To ensure that Direct Payments (DPs) are offered and delivered in line with the Direct Payment Guidance 2014 and that safe care is delivered by Personal Assistants (PAs) 5. To ensure that financial governance and audit is supported through clear contractual arrangements between the ICB and individuals 6. To ensure individuals are supported in PHBs with advice, guidance and technological support being available to assist in managing and operating direct payments 7. To ensure that staff are trained in all aspects of PHBs, personalised care & support planning and case management of individuals with PHBs 		Status: RAG Red (not met)
Headline	Significant disparity across BOB in terms of the PHB offer, with many people who are legally entitled to a PHB not in receipt of one. Lack of suitably trained and experienced staff is an issue as well as lack of policies and procedures to support and govern this work		Author: Yvonne Le Brun
Mandate / Objectives		Progress / Achievements	
<ul style="list-style-type: none"> Undertake baseline assessment of the 3 BOB areas and PHBs Determine whether BOB is meeting its obligations for those legally entitled to PHBs Identify areas of good practice and gaps in provision Develop BOB-wide policies and procedures to oversee delivery of PHBs 		<ul style="list-style-type: none"> Baseline assessment already completed Assessment already completed and BOB is not meeting its obligations Areas of good practice have been identified and a comprehensive gap analysis has been completed No policies exist but some good contractual arrangements are in place 	
Issues for Discussion / Decision		Risks	
<ul style="list-style-type: none"> Agree establishment of PHB workstream to include each place in BOB 		<ul style="list-style-type: none"> Inequity of PHB offer across BOB footprint Lack of policies and procedures to minimise clinical, financial and reputational risks Staff lack training and confidence in elements of PHB 	
		Quality Impact	
		<ul style="list-style-type: none"> Not yet undertaken 	
		Equality Impact	
		<ul style="list-style-type: none"> Not yet undertaken 	

CYPCC Workstream



CYPCC workstream Highlight Report		Date: 24.10.22
Strategic Objective	<ol style="list-style-type: none"> 1. To ensure the best possible experience for people going through the AACC assessment process. 2. To ensure CHC assessments occur at the right time and in the right place 3. To identify best practices across BOB and create a system-wide approach that is coherent, fair, efficient and fit for purpose. 4. To help system leaders understand the importance and exigencies of CYPCC, including safeguarding responsibilities, and to match resources with needs, taking advantage of efficiency gains through system-wide working in, for example, administration, finance and commissioning. 5. Establish a coherent system-wide approach to funding healthcare in AACC, including joint funding of unmet health needs and Personal Health Budgets (PHBs), underpinned by appropriate policies. 	Status: RAG Amber (in progress)
Headline	Some disparity of provision and inequity of staffing capacity.	Author: Claudia Hobden
Mandate / Objectives		Progress / Achievements
<ul style="list-style-type: none"> • Obtain baseline assessment of the 3 BOB areas CYPCC service • Information gathering • Development of CYPCC maturity matrix to allow accurate gap analysis 		<ul style="list-style-type: none"> • Interviews with CYPCC leads held. • Internal paperwork gathered. • No Policies for CYPCC but all share RAT – CHAT • Disparity of PHB offer • Training needs analysis for PHB workers required • Draft prepared
Issues for Discussion / Decision		Risks
<ul style="list-style-type: none"> • At scale model for CYPCC to facilitate equitable service delivery. 		<ul style="list-style-type: none"> • Inequity of CYPCC offer across B.O.B footprint • Differences in relationships with stakeholders dictating provision • Differences in staffing skill mix
		Quality Impact
		• Not yet undertaken
		Equality Impact
		• Neutral Not undertaken