

# NHS Rotherham Clinical Commissioning Governing Body

Health and Well Being Board: 27 August 2014

## Revised Terms of Reference for Rotherham System Resilience Group

Lead Executive:	<b>Chris Edwards; Chief Officer</b>
Lead Officer:	<b>Lydia George; Planning and Assurance Manager</b>
Lead GP:	<b>Julie Kitlowski; CCG Chair</b>

### **Purpose:**

NHS England guidance asks us to change the name and revise the terms of reference of the previous Rotherham Urgent Care Working Group to the Rotherham System Resilience Group (SRG)

### **Background:**

For the last 3 years Rotherham has had a successful Urgent Care Working Group, which has overseen health and social care efficiency plans, ensuring that the efficiency programmes of the different agencies are co-ordinated with each other and in line with Rotherham's Health and Well Being Strategy.

Previously the Urgent Care Working Group was one of 4 efficiency groups, which were co-ordinated by the Quality Innovation Productivity & Prevention (QIPP) Delivery Group. The groups were co-ordinating groups, actions were the responsibilities of the individual organisations, there were no delegated responsibilities.

### **Analysis of key issues and of risks**

In June 2014 National Guidance '*Operational resilience and capacity planning for 2014/15*' was issued and agreed by Monitor, the Trust Development Authority (TDA), ASASS (Directors of Adult Social Services) and NHS England. The guidance mandates changes to existing Urgent Care Working Groups to build on their existing role and to expand their remit to include elective as well as urgent care. A key change is that this group must now be called the System Resilience Group (SRG). The guidance clearly sets out the role, remit, membership, responsibilities and agendas for the SRG.

Attached are amended terms of reference for what will become the Rotherham System Resilience Group. There are 3 changes: expansion of the membership to include mental health and elective care representation; abolishing the QIPP Delivery Group with the System Resilience Group taking its role in co-ordinating mental health, elective care and medicines management efficiency plans; specific responsibilities regarding NHS England non-recurrent funding for system resilience and marginal tariff.

### **Patient, Public and Stakeholder Involvement:**

The SRG co-ordinates efficiency plans in line with the Health and Well Being Strategy which is developed from Joint Strategic Needs Assessment including extensive public involvement. Individual organisations operational plans also have public and patient involvement.

### **Financial Implications:**

The most important functions of the SRG remain a co-ordinating role.

Responsibility for the large sums of recurrent commissioner and provider resources that deliver urgent and elective health and social care services and the related efficiency programmes are the responsibilities of the individual organisations which act under their own

statutory governance arrangements making decisions in line with the Rotherham Health And Well Being Strategy.

The new terms of reference gives the SRG influence over two types of non-recurrent NHS England funding.

- Annual non-recurrent funding for system resilience (which used to be called winter pressures funding). This is allocated by NHS England. If Rotherham agencies produce an agreed plan that meets NHS England requirements and timescales it enables Rotherham to access this national funding stream.
- NHS England marginal tariff funding, this funding comes into play if emergency hospital admissions go over levels set by NHS England. The SRG gives local commissioners influence over this NHS England responsibility.

**Recommendations:**

The Health and Well Being Board endorses the amended terms of reference of the System Resilience Group (App A).



**TERMS OF REFERENCE: System Resilience Group**

<b>Contact Details:</b>			
<b>Lead Clinician:</b>	<b>Julie Kitlowski/ Phil Birks</b>	<b>Lead Executive Officer:</b>	<b>Chris Edwards</b>
<b>Title:</b>	<b>CCG Chair/ SCE GP</b>	<b>Title:</b>	<b>Chief Officer, Rotherham CCG</b>

**Purpose:**

Rotherham SRG is the forum where all the partners across the health and social care system come together to undertake the regular planning of service delivery. The group will plan for the capacity required to ensure delivery, and oversee the coordination and integration of services to support the delivery of effective, high quality accessible services which are good value for taxpayers.

The SRG will work across boundaries to improve patient experience and clinical outcomes, by establishing partnerships and better working relationships between all health and social care organisations in the Rotherham health community.

The SRG will ensure the delivery of the joint agenda for system wide efficiency savings. It will be an oversight group to ensure calibration of the efficiency programmes across Rotherham, to be open and transparent, to ensure the QIPP committees deliver the efficiency priorities and to facilitate solutions for any blockages identified in the delivery of the agreed efficiencies.

The SRG will develop and agree local standards and protocols to underpin audit and training; develop and share infrastructure, for example data metrics and policy documentation; and develop a mechanism to improve and spread knowledge and skills throughout the whole system.

The SRG is responsible for the development of operational resilience and capacity plans by involving all key local organisations to fulfil both planning requirements and ensure good system working in the future. The plans must be collaboratively developed and signed-off by all SRG member organisations and must cover good practice, wider considerations, governance and building on existing work as mandatory.

**Responsibilities:**

The group will ensure rigorous and on-going analytical review of the drivers of system pressures to identify solutions that may be developed with a collaborative approach.

Final funding decisions will need to be made by relevant statutory bodies, the SRG's role is to build consensus across members and stakeholders and advise particularly on the use of non-recurrent funds and marginal tariff.

SRG members should seek to hold each other to account for actions resulting from internal review, with member organisations sharing intelligence and pooling resources where possible, to improve system delivery against agreed key performance indicators. These arrangements do not supersede accountabilities between organisations and their respective regulators.

The role of the SRG will:

- Cover both elective and non-elective care.
- Ensure a proactive approach to establishing the health and social care needs of Rotherham citizens and to react to the changes within the health and social care agenda.
- Operate cost of care effectively in the context of the Rotherham health and social care financial circumstances.



- Realise cost saving opportunities through system redesign to meet the Rotherham wide efficiency challenge, ensuring no adverse impact in regard to patient safety and experience.
- The SRG will take into account the learning from the experiences of local citizens.

The **principles** that we adhere to are:

1. All work is aligned with the principles of the Health and Wellbeing Strategy.
2. Any change should be able to deliver the required level of system wide efficiencies without inappropriately transferring costs or compromising the financial viability of partner organizations.
3. Access to and the capacity of services or processes of care that are of limited patient benefit or clinical value or failing services will be removed from the system
4. Not to allow 'organisational sovereignty' to override that which is in the best interest of our citizens
5. To ensure that change is delivered by improving system wide working and collaboration amongst key partner agencies
6. To ensure consistent and effective stakeholder, patient and public engagement informs our service redesign.
7. In planning for both elective and non-elective care, ensure that there is a link between principles incorporated within the wider planning agenda, such as the Care Act 2014 and the Better Care Fund.

**Chair:**

Rotherham CCG Chief Officer

**Composition of group:**

**Current Membership List (please note that individuals may change)**

NHS Rotherham CCG (RCCG)

Chair CCG - Julie Kitlowski

SCE lead GP for Community Transformation and Acute Contracts - Phil Birks

GP/MC and LMC representative - Dr Bipin Chandran

Chief Officer - Chris Edwards

Head of Contracts & Service Improvement – Acute & Community Services - Sarah Lever

Head of Partnerships - Dominic Blaydon

Planning and Assurance Manager - Lydia George

The Rotherham Foundation Trust (TRFT)

Chief Executive – Louse Barnett

Acting Medical Director - David Hicks

Director of Clinical Service – Jon Miles

Director of Operations - Maxine Dennis

Rotherham Metropolitan Borough Council (RMBC)

Strategic Director of Neighbourhoods and Adult Services - Tom Cray

Director of Health & Wellbeing (Neighbourhoods and Adult Services) - Shona, McFarlane

Service Manager - Michaela Cox

Public Health

Director of Public Health - John Radford

NHS England (NHSE)

Director of Operations and Delivery - Brian Hughes

Primary Care Manager - Garry Charlesworth

West and South Yorkshire and Bassetlaw Commissioning Support Unit (CSU)

Information Manager - Alex Henderson-Dunk

Yorkshire Ambulance Service (YAS)



Tbc - Cath Balazs  
Tbc – Sharon Nelson

Care UK  
General Manager Primary Care North - Michele Teague

Rotherham Doncaster and South Humber NHS Trust (RDaSH)  
Chief Executive – Chris Bain

Rotherham Healthwatch  
To be confirmed

**In Attendance:**

Co-opted attendees for specific agenda items as appropriate, specifically the Rotherham Hospice. In addition representatives from Medicines Management Committee, Clinical Referrals Management Committee and Mental Health/ Learning Disability QIPP Group will attend quarterly to provide updates.

**Deputising:**

As appropriate

**Quorum:**

One member from each of TRFT, RCCG, RMBC, NHSE and YAS.

**Accountability:**

The Chair of the meeting will be accountable to the Health and Well Being Board for delivery on the responsibilities set out in the terms of reference.

**Frequency of meetings:**

4 Weekly

**Agenda deadlines:**

Agenda items one week before the meeting, agenda to be circulated Friday prior to the meeting

**Minutes:**

GP Members Committee/Health and Well Being Board

**Review Date:**

Approved October 2012  
Revised May 2013 for Urgent Care Board (now Urgent Care Working Group)  
Current version for comment – 21 05 14  
Revised July 2014 for System Resilience Group