

**TERMS OF REFERENCE**

<b>Committee:</b>	<b>Transformation and Sustainability Committee</b>
<b>Frequency Of Meetings:</b>	Monthly (Second Thursday), but a minimum of 10 per year.
<b>Committee Chair:</b>	GP Board Member (Quality)
<b>Membership:</b>	<p>GP Board Member (Quality)  GP Board Member (Unplanned/Planned Care) - Deputy Committee Chair  GP Board Member (Mental Health)  GP Board Member (Clinical and Tutor Lead)  GP Board Member (Medicines Management)  GP Board Member (Finance)  GP Board Member  GP Board Member  CCG Chair  Director of Commissioning  Director of Transformation  Chief Nurse or Deputy Chief Nurse  Chief Finance Officer  Lay Member (Governance)</p>
<b>Attendance:</b>	<p>Programme Manager  Finance (and Performance)</p> <p>Representatives from the following Teams may also attend meetings to present items of business as follows:</p> <ul style="list-style-type: none"> <li>▪ Quality Team</li> <li>▪ Medicines Management</li> <li>▪ Commissioning (Primary Care, Children's, Mental Health, Planned Care, Unplanned Care)</li> </ul> <p>The Accountable Officer and CCG Chair may attend meetings as necessary, but should attend at least one per annum.</p> <p>Other representatives may be invited by the Committee Chair to represent partner organisations, such as :</p> <ul style="list-style-type: none"> <li>▪ Thurrock Council</li> <li>▪ North East London NHS Foundation Trust</li> <li>▪ Essex Partnership University NHS Foundation Trust</li> <li>▪ Basildon &amp; Thurrock University Hospitals NHS Foundation Trust</li> <li>▪ NHS Basildon and Brentwood CCG.</li> <li>▪ Healthwatch (Thurrock)</li> </ul>
<b>Lead Officer:</b>	Director of Commissioning
<b>Secretary:</b>	Business Manager
<b>Quorum:</b>	Quorum shall be 5 members, 3 of which must be GPs. Either the Chair or Deputy Chair must be present for the meeting to be quorate.

Approval:	CCG Board
Date Approved:	22 <sup>nd</sup> August 2018
Version:	3.0
Review Date:	April 2019

## DELEGATED AUTHORITY

The Board has established a Committee of the Board to be known as the Transformation and Sustainability Committee (TASC) (the Committee), in accordance with the CCG Standing Orders and Standing Financial Instructions. The committee is a committee of the Board and has no executive powers, other than those specifically delegated in these terms of reference. The Committee is accountable to the CCG Board.

The Committee is established in accordance with the NHS Thurrock CCG's constitution. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the committee and shall have effect as if incorporated into the constitution. The membership ensures that there is clinical leadership through GP Board Members attending and leading the committee.

The Committee terms of reference are available upon request and shall be contained on the website of the CCG.

It is acknowledged that the Board is ultimately accountable for the actions of the TASC and therefore the Committee will:

- I. Report on its work by presenting the minutes of its meetings to the Board.
- II. Report to the Board on an annual basis, the work undertaken in the previous year and the intended programme of work for the forthcoming year.
- III. Review the Terms of Reference annually and submit for Board approval.

## PURPOSE OF COMMITTEE

As the NHS moves into challenging times where we need to ensure financial sustainability whilst improving patient experience and outcomes through transforming care; traditional QIPP programmes are evolving into sustainability and transformation plans that seek long-term solutions to financial challenges across care systems. QIPP will remain a key element of how the CCG responds to the need to innovate and save funds in the shorter-term and across the CCG footprint. However, partnership working across 'care systems' has been identified as the way forward to deliver the Five Year Forward View (5YFV) and bring health economies (across varying footprints) into financial balance.

In response to the 5YFV and the national requirement to develop sustainability and transformation plan (which for NHS Thurrock CCG is the Mid and South Essex Sustainability

and Transformation Partnership CCG Joint Committee), the CCG has determined ‘footprints’ upon which commissioning decisions will be based as follows:

- NHS Thurrock CCG
- South Essex Footprint
- Mid and South Essex STP
- Essex-wide Footprint
- National commissioning Footprint

The purpose of the TASC is therefore to:

- Monitor and ensure the appropriateness and delivery of the QIPP programme and supporting projects as outlined within the CCG QIPP Plan, to enable delivery of CCG statutory duties
- Oversee the CCG transformation plan and provide assurance or make recommendations to the Board in relation to that plan.
- Monitor and ensure the appropriateness and delivery of the CCG work plans and supporting projects as outlined within the CCG Operational Plan, to enable delivery of CCG strategic objectives
- Ensure that the CCG is fully represented, sighted and included in decisions made about transformation and commissioning within STP or Essex wide work streams

In addition the Board will provide a mechanism to ensure delivery and monitor the activity, finance and performance impact of QIPP schemes and transformation plans as they are implemented and also provide a forum within which issues and disputes can be resolved.

The committee will identify and develop new opportunities of innovation with patients within Thurrock and work closely with other CCG’s and other agencies (such as the Local Authority and Provider Trusts) and promote good practice.

The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee. The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

## **DEVOLVED FUNCTIONS**

Section 7 of the CCG Constitution describes the CCG functions and duties delegated to the Board. The Board delegates to the committee those functions relating to areas outlined in the remit and responsibilities of the committee stated below.

## **REMIT & RESPONSIBILITIES**

The Committee will ensure that the Transformation Plan, CCG QIPP plan and supporting projects support and deliver the CCG Operational Plans.

Each of the QIPP work streams and the transformation objectives of the Operational Plan is underpinned with a detailed work plan and in some cases more detailed work strands due to the size and complexity of the work stream, across neighbouring CCG and the health economy. The Committee will be responsible for monitoring those detailed work plan, being assured that there is sufficient patient engagement and consultation, and calling CCG officers to account where schemes/plans are failing to deliver and are not substituted with alternative schemes to compensate accordingly.

The group will achieve this through:

#### QIPP

- Being assured that the QIPP plans in place are sufficiently robust to contribute to the delivery of financial targets
- Approving and monitoring QIPP schemes (see more detail below) on a cyclical basis according to programme RAG ratings
- Using Benchmarking and best practice to inform commissioning decisions for the approval of QIPP projects
- Reviewing benefits realisation analysis that demonstrates delivery both of service improvement / improved patient outcomes (and satisfaction) and financial savings associated with the QIPP schemes.
- Monitoring delivery of CCG QIPP schemes against the defined milestones included within each individual project plan as part of the work stream (on a cyclical basis)
- Monitoring the financial, quality impact, activity and performance impact of the schemes on the whole system which includes commissioners, providers and other key partners (e.g. local authorities)
- Monitoring and managing risks in relation to QIPP in accordance with the CCG's risk management strategy
- Resolving areas of dispute on schemes or scheme implementation and where there are areas of contention.

#### Transformation

- Being assured that the Transformation plans in place will deliver the CCG Operational Plan, strategic vision (in accordance with the 5YFV / STP requirements) and facilitate the delivery of the Health and Wellbeing Strategy and alignment to the Joint Strategic Needs Assessment (JSNA) projects.
- Using Benchmarking and best practice to inform commissioning decisions
- Receiving and monitoring progress on achievement of transformation plans
- Reviewing benefits realisation analysis that demonstrates delivery both of service improvement / improved patient outcomes (and satisfaction) and financial savings of the transformation schemes.
- Monitoring and managing risks in relation to transformation in accordance with the CCG's risk management strategy

#### Commissioning / Service re-design

- Approving or noting the annual Commissioning Intentions plan as it applies to the CCG.
- Being assured that commissioning decisions or service re-design supports the overall delivery of the operational plan, but at the same time plans are in place to safeguard against any potential patient risks.

#### STP Commissioning

- To be consulted and sighted upon decisions made on an STP footprint in order to assure the Board and the CCG Chair that decisions made at an STP level have had adequate input from clinicians (this may be the TASC considering proposals at an STP level or reviewing decisions to ensure that they have been made with sufficient clinical consideration).

The Committee will work closely with the Quality & Patient Safety Committee to be assured that the potential impact on the quality of services from QIPP schemes and transformation plans is acceptable and appropriately managed.

The Committee will work closely with the Finance & Performance Committee to be assured that QIPP schemes and transformation plans are delivering the intended financial savings and that providers are performing in accordance with contractual obligations set following agreement of schemes and plans.

## **MANAGING THE COMMITTEE**

### **Membership**

- The Committee shall be appointed by the CCG Board as set out in the constitution and may include individuals who are not on the governing body.
- The membership of the Committee will be as set out page 1.

### **Committee Chair**

In the event of the chair of the committee being unable to attend all or part of the meeting, he or she will nominate the deputy chair as a replacement to deputise for that meeting.

### **Frequency and notice of meetings**

Items of business to be transacted for inclusion on the agenda of a meeting need to be notified to the chair or secretary at least 5 working days (i.e excluding weekends and bank holidays) before the meeting takes place. Supporting papers for said items need to be submitted at least 10 working days before the meeting takes place to the Secretary.

The date, time and venue of all meetings will be notified to members at least 5 working days prior to the meeting.

### **Minutes and Committee Papers**

The minutes of meetings shall be formally recorded within 3 days of the meeting by the designated secretary and checked by the Chair of the meeting 1 week following receipt and

submitted to the Board. The Chair of the Committee shall draw to the attention of the board any issues that require disclosure to the full Board, or require executive action.

### **Decision Making**

The Committee is empowered to engage with neighbouring CCGs on reform of health and social care including medicines or devices across acute, community, primary, mental health and social care in Thurrock. Members should be empowered by their organisations to act proactively to deliver the vision and the change management plan and to assist in breaking down barriers to change.

## **RELATED COMMITTEES**

The Primary Care Committee and Thurrock Medicines Management and Safety Group are accountable to the TASC and consequently will provide update reports to the Committee, present the minutes of their meetings and papers that require consideration and decision.

Other working groups / committees that provide assurance to the committee are:

- Planned and Unplanned Care, Mental Health, Paediatrics, Medicines and Safety.
- Quality and Patient Safety Committee
- Finance and Performance Committee
- Integrated Commissioning Executive

The Transformation and Sustainability Committee shall report to the Commissioning Reference Group to ensure that there is adequate public and patient engagement in relation to commissioning.

## **REPORTING & REVIEW**

### **Monitoring and Reporting**

Reports on the progress of the implementation of each project (QIPP and Transformation) will be brought to each monthly meeting by the respective Lead, in accordance with the agreed work plan.

### **Reporting to the CCG Board**

Performance report to include a summary dashboard of indicators summarising

- Milestone tracker covering the delivery of QIPP schemes.
- Activity, finance and performance dashboard monitoring at a commissioner, provider and partner level.

The Committee will report to the Board annually on its work and ensure that during the year any issues, potential or real risks identified are reported to the Board at its next formal meeting.

### **Annual Review of Effectiveness**

The committee will conduct an annual self-assessment of its effectiveness and report the findings of the assessment to the Board.

## **CONFLICTS OF INTEREST**

The CCG's rules on conflicts of interest as set out in the CCG Constitution, Standing Orders and Standing Financial Instructions apply to the work of this Committee.

Members or those in attendance must, at the outset of the meeting, declare any interest that they may have in a matter and withdraw from the discussion on that item.