

Transforming Care Board - Terms of Reference

1. Background

Transforming Care: A national response to Winterbourne View Hospital published in December 2012, and further reports including the *Bulb Report* in November 2014, *Transforming Care for People with Learning Disabilities – Next Steps* January 2015, *Building the Right Support*, 2015 have informed a national drive to make improvements in the care and services available for people with learning disabilities and/or autism spectrum disorders. Simon Stevens, Chief Executive of NHS England, said on 3 June 2015: “We need a closure programme for long stay institutions, with more power in the hands of families.”

The National service model for individuals with LD and/ or ASD was published on 30 October 2015 which includes national planning assumptions for re-designing services. Transformation plans need to be in line with the new service model as is reflected in the planning guidance for 2016 / 2017. This is however subject to agreement around who should fund any additional burdens outlined in the new service model.

Across the country Transforming Care Partnerships have recently been established to drive the transformation of services for people with a learning disability (LD) and/or autism (ASD) and challenging behaviours, or a mental health condition. The Partnerships have been asked to appoint Senior Responsible Officer(s) and confirm the intended Governance arrangements by December 2015 and to commence Transforming Care Partnership (TCP) board meetings in January 2016 at the latest. Each TCP will develop a draft transformation plan by 8th February 2016 which should describe how they plan to strengthen community services, reduce reliance on in-patient beds (non-secure, low and medium secure) and close some in-patient facilities.

The local Transforming Care Partnership will be a cross system partnership between the Lincolnshire Clinical Commissioning Groups, Lincolnshire County Council, people with a learning disability and/ or autism and their families and carers, providers of services but will also incorporate wider membership when there is a requirement and/or mutual benefits of doing so.

The Initial membership of the TCP Board in Lincolnshire includes:

- South West Lincolnshire Clinical Commissioning Group
- South Lincolnshire Clinical Commissioning Group
- East Lincolnshire Clinical Commissioning Group
- West Lincolnshire Clinical Commissioning Group
- Lincolnshire County Council – Adult Care, Children’s Services and Public Health.

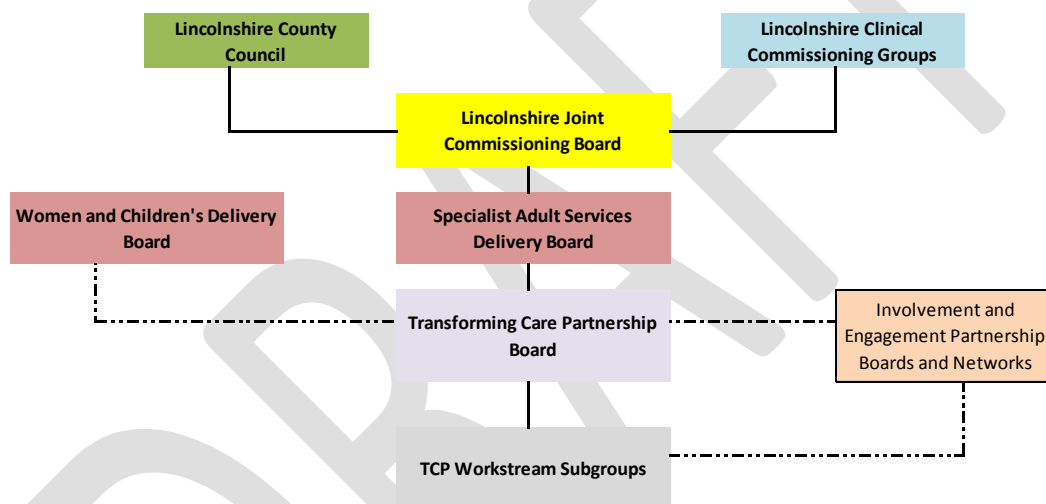
However the TCP will also have representation from other key stakeholders including experts with experience, specialised commissioning, the Programme Manager for IPC and PHB as well as key providers and commissioners. This representation will be enabled through work stream arrangements.

2. Governance Arrangements

The Transforming Care Partnership (TCP) Board will locally report into the Specialist Adult Services Delivery Board which in turn is accountable to the Lincolnshire Joint Commissioning Board (JCB) which in turn is accountable to respective Partner Organisations. The TCP Board will also facilitate reporting to NHS England in line with national reporting and accountability requirements.

The TCP Board will meet monthly or more frequently if this is necessary. The TCP Board meeting must have attendance from at least 1 standing member from CCG's and 1 standing member from LCC for the meeting to be quorate.

The TCP Board will also have a number of sub-group work streams (still to be finalised but illustrated in diagram below).



Lead commissioning arrangements, aligned and pooled budgets and risk share agreements supporting the delivery of the TCP Transformation Plan will be agreed by CCG's, Lincolnshire County Council and other contributing partners via their respective organisational governance arrangements.

The TCP Board shall have oversight of the effective use of resources and of the necessary quality but operational responsibilities in relation to resources deployed and services commissioned or provided will remain the responsibility of the respective lead commissioner or provider. However opportunities for an expansion of existing lead commissioner arrangements may be considered as part of the Transformation programme.

The initial key partners in establishing the TCP are South West Lincolnshire CCG; Lincolnshire East CCG; South Lincolnshire CCG; West Lincolnshire CCG and Lincolnshire County Council.

Of the four CCGs, South West Lincolnshire CCG will lead the NHS input to the programme in line with their wider Joint Commissioning responsibilities for Learning Disability, Autism and Mental Health agendas. The Acting Executive Nurse and Quality lead for South West Lincolnshire CCG will undertake the role of Senior Responsible Officer' SRO.

There will also be a Deputy SRO representing Lincolnshire County Council. This role will be fulfilled by the Assistant Director for Specialist Adult Services within Adult Care. The Chief Commissioning Officer for Children's Services will also be a member of the TCP and will provide advice and support to the TCP Board on Children and Young People related commissioning matters including SEND, CAMHS and transitions.

The Board will have an Involvement sub-group which will be the key vehicle for involvement and co-production. However the TCP will also work closely with the Learning Disability and Autism Partnership Boards, the Mental Health Network, the IPC Stakeholder Group, the Peoples Partnership which will provide access to wider stakeholder representation from people with learning disabilities and Autism, their families and carers. The partnership boards will in turn hold the TCP Board to account for the priorities identified within the Transformation Plan agreed.

3. TCP Board Membership:

(to be finalised at Specialist Adult Services Joint Delivery Board)

The TCP Board will have will have the following standing members:

- Executive Nurse South West Lincolnshire CCG (SRO)
- Assistant Director Specialist Services (Deputy SRO)
- Chief Commissioning Officer Children's Services;
- GP Representation from Lincs West CCG;
- Head of Commissioning Learning Disabilities and Autism;
- County Manager, Learning Disabilities;
- TCP Programme Manager;
- IPC & PHB Programme Manger
- Finance Representative CCG;
- Finance Representative LCC;
- Public Health Representative (TBC).

Additional attendees may be invited when certain issues are being discussed and they need to report on progress or answer questions. Additional attendees should be agreed by both LCC and CCG prior to the commencement of the meeting the attendees will be invited to attend.

Other work stream sub-groups will be established to ensure the TCP has representation from:

- Involvement Groups,
- Specialised Commissioning;

- Key Providers including (LPFT) and Voluntary & Independent Sector;
- Housing commissioners and providers;

4. Roles and Responsibility of TCP Board members:

(To be agreed with Joint Delivery Board and Joint Commissioning Board):

The Board will be chaired by the Senior Responsible Officer (SRO) or the Deputy (SRO) if the SRO is absent. Overall accountability for delivery of agreed Transformation Plan sits with the SRO. The Deputy SRO will provide advice and support to the SRO on Local Authority related matters.

The Head of Commissioning for Learning Disabilities and Autism (CCG) and the County Manager for Learning Disabilities (LCC) will monitor the high level programme plan; oversee the management of risks and issues and raise issues that fall outside their authority to the SRO and Deputy SRO. They will be supported in this role by the project manager (Still to be agreed who this will be and how this will be funded).

The Transforming Care Board has been set up to ensure that the Lincolnshire Transforming Care Partnership (TCP) work together to develop and implement the Transformation plan in line with the National Service Model (2015) and Building The Right Support (DoH 2015). The board oversees all of its subgroups and projects. The board looks at how the objectives of the transformation plan can be achieved. It will have responsibility for:

- Developing a high level Transformation Plan and facilitate formal sign up to this Plan by key stakeholders;
- Monitoring progress against the transformation plan and make recommendations to key stakeholders on further improvement and change control;
- Recommend and secure agreement to key transformation objectives, milestones and performance measures. And monitoring and report on these to the TCP and overarching governance arrangements;
- Ensure TCP meetings all TCP are appropriately administered and records of each meeting are recorded accurately;
- Ensure Programme reporting requirements and deadlines to NHS England and other key stakeholders are met;
- Identify, Assess and Manage programme level risks;
- Manage programme level issues;
- Manage dependencies between the sub groups or projects;
- Look at resources across the project to make sure that they are used well so that the goals and activities can be successfully achieved.
- Make recommendations to inform future joint commissioning and de-commissioning strategies;
- Make recommendations on potential investments and savings in relation to the TCP programme;
- Provide specialist advice on engagement and consultation activities.

- make sure that the quality of programme documentation is good, and agree changes and/or actions as needed;
- comply with any directives or standards that affect the programme;
- make sure the views of the working groups are looked at and, where appropriate, used to direct the programme;
- make sure that internal and external communications are effective;
- oversee any evaluation arrangements for projects Board members should be able to:
- understand the overall programme and work streams plans and monitor progress against these;
- understand and act on anything that affects the delivery of the programme including agreeing timetables and milestones between board meetings, and;
- build relationships with stakeholders within and outside the programme.

5. Meeting Frequency

The board will meet monthly or more frequently if necessary.

(See appendix for meeting schedule).