

Better Health Programme (BHP)

Programme Board

Terms of Reference.

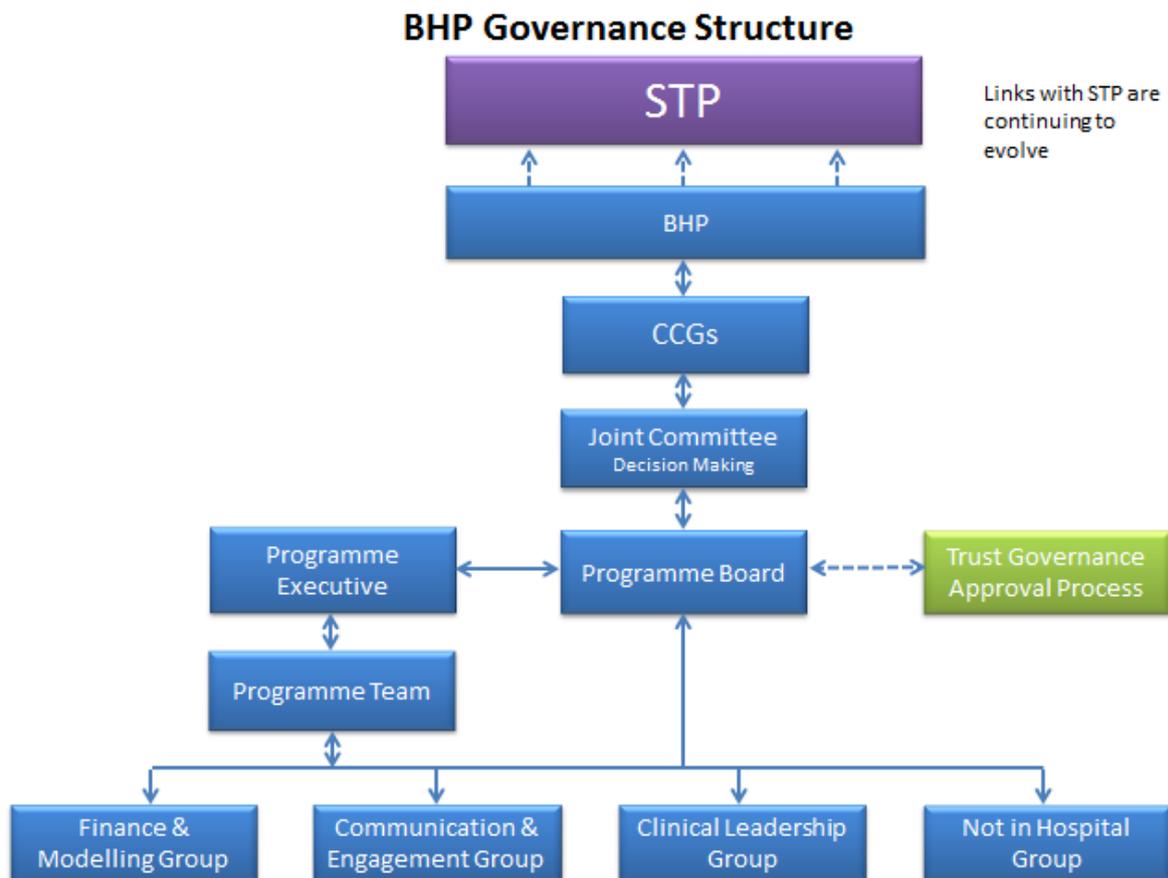
1. Background

This document has been prepared to act as discussion draft for the development of the Terms of Reference for the Chair and Membership of the Programme Board for the Better Health Programme.

In particular, this document articulates the Purpose, Responsibilities, and Authority of the Working Group and the individuals who will constitute its Membership.

2. BHP Governance Arrangements

The group forms part of the wider programme governance arrangements as summarised below.



Each Clinical Advisory Group reports into the Clinical Leadership Group and will be responsible for working together and with the Not in Hospital Group to develop local pathways of care, transfer and services.

There is a total of 7 Clinical Advisory Groups in the programme;

- Acute Medicine
- Acute Surgery
- Urgent and Emergency Care
- Critical Care
- Acute Paediatrics. Maternity and Neonates
- Radiology Services
- Elective Care.

This is also one Interface Group which includes members of the Clinical Leadership Group and the Not in Hospital Working Group.

3. Responsibilities

The specific responsibilities of the Board will be

- To steer the programme in line with the agreed mandate ensuring through public consultation to implementation of system wide transformation within agreed resources, timelines, governance arrangements and to provide external assurance
- Ensure decisions requiring formal CCG Governing Body agreement will take the form of recommendations to the Joint Committee
- Where an organisation's board raises concerns, the Programme Board shall support the member in engaging their organisation in addressing the concerns
- Responsible for approval and to sign-off key documents for the programme
- Responsible for the setting and management of the programme budget
- Approve the establishment of any required Working Groups
- Approve the Terms of Reference and work plans for the Programme Executive
- To receive the progress and update reports from the BHP Working Groups
- To agree update reports to be presented to the Joint Committee

4. Consultation, Decision-making and Behaviours

- The Programme Board is established by the Senior Responsible Officer and has no powers other than those included in its terms of reference;
- The Board will seek to reach consensus in its decision – making. Where consensus cannot be reached, views which are divergent from the majority view will be recorded and presented with the report/advice to the Joint Committee
- Members are expected to act as ambassadors for the programme and engage others within their organisations in the development of the programme.
- Members are expected to provide information to the Programme Board to support the development of a Model of Care to make well informed decision-making

- The Programme Board shall be dissolved when it has confirmed that the service configuration and operational option(s) has been decided, and any formal reviews or challenges of that decision have been completed.

5. Accountability and Authority

- The agenda and minutes of meetings will be agreed by the Chair and circulated to all members for approval and ratification.
- The Chair of this Group is a member of the Joint Committee.
- The Board is authorised to instigate any activity within its terms of reference and to seek information as necessary ensuring delivery within agreed budgets and governance arrangements.
- The Programme Board is authorised to secure the attendance or advice of such persons, including external organisations with relevant experience and expertise, as it considers necessary.

6. Quorum

- Where the Chair has determined – and has given two weeks’ notice to members – that a key decision will be made then the quorum shall include members (or their proxies) of all organisations that the Chair determines should be present unless that organisation has instead chosen to make a written submission.
- The Programme Board will be quorate with a minimum of 10 members attending of which there must be as a minimum:
 - 2 x CCG Chief / Accountable Officers
 - 1 x Acute Trust CEO
 - 1 x Local Authority representative
 - 1 x Healthwatch or Voluntary Sector representative

7. Task and Finish Groups

Task and Finish Groups to support time limited pieces of work may be established as required by the Chair of the Programme Board.

8. Membership

The membership of the Programme Board shall be:

A nominated Clinical Lead representative for each of the Clinical Commissioning Groups:

- NHS Darlington CCG
- NHS Durham Dales, Easington and Sedgefield CCG
- NHS Hartlepool and Stockton-On-Tees CCG
- NHS North Durham CCG
- NHS South Tees CCG

A nominated Chief / Accountable Officer representative for each of the Clinical Commissioning Groups:

- NHS Darlington CCG
- NHS Durham Dales, Easington and Sedgefield CCG
- NHS Hartlepool and Stockton-On-Tees CCG
- NHS North Durham CCG
- NHS South Tees CCG

Associated CCGs – Clinical Lead and a Chief / Accountable Officer

- NHS Hambleton, Richmondshire and Whitby CCG

BHP Working Group Leads

- Communication and Engagement Lead
- Finance and Modelling Lead
- In-Hospital Lead
- Not-in Hospital Lead

Chief Executive for each Acute Provider Trust

- County Durham and Darlington NHS Foundation Trust
- North Tees and Hartlepool NHS Foundation Trust
- South Tees Hospitals NHS Foundation Trust

Associated Provider Trusts

- Tees Esk and Wear Valley NHS Foundation Trust - Mental Health
- North East Ambulance NHS Foundation Trust

A nominated chief executive and a nominated director of social care to represent the Local Authorities

- Hartlepool Council
- Stockton-On-Tees Borough Council
- Middlesbrough Council
- Redcar and Cleveland Borough Council
- Darlington Council
- Durham County Council

Other attendees

- NHS England;
- Healthwatch representatives (Durham and / or Tees)
- Better Health Programme Directory
- North East Commissioning Support Services;
- Health Education North East,
- Voluntary Sector representatives (Durham and / or Tees)
- Others as invited as appropriate to specific agenda items

When a consensus decision is needed, the core members will undertake a vote. The consensus decision that is reached will constitute an update to the Joint Committee.

9. Meetings

There will be a minimum of 6 formal meeting in any 12 month period – with the option of additional informal workshops in addition. A meeting note will be supplied by the Secretary and circulated within 10 working days of the meeting being held.

All members of the Programme Board will be sent all meeting papers and minutes.

Support and advice will be provided by the BHP Programme Office. This support shall include:

- Agreement of the agenda with the Board Chair;
- The proper and timely preparation and circulation of papers;
- Ensuring minutes and papers for meetings are stored on the central file storage facility; and
- Monitoring progress of actions to be taken forward.