

Terms of Reference

Gateshead Health and Care System Meeting

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Gateshead Health and Care System Meeting

TERMS OF REFERENCE

1. Purpose of the Document

- 1.1 The basis of collaboration between the organisations which form the Gateshead Health and Care System (GH&CS) are set out in the Memorandum of Understanding which was signed on 22nd January 2019 by the member organisations - Blue Stone Consortium (BSC), Community Based Care Health Ltd (CBHC), Gateshead Council (GC), Gateshead Health NHS Foundation Trust (GHNT), NHS Newcastle Gateshead CCG (NGCCG), The Newcastle upon Tyne Hospitals NHS Foundation Trust (NUTH) and Northumberland, Tyne & Wear NHS Foundation Trust (NTW).
- 1.2 The Terms of Reference document for the Gateshead Health and Care System Meeting sets out how collaborative working will be managed via the System Meeting, and how authority for activity carried out by the System Meeting is secured from / referred back to the individual partnership member's boards.
- 1.3 As set out below, the aims and objectives of the GH&CS System Meeting mirror those of the System.

2 Aims and Objectives of the GH&CS System Meeting

- 2.1 The GH&CS Meeting will work with other partners, stakeholders and local people to improve the health and wellbeing outcomes of Gateshead residents, consistent with Gateshead's Thrive agenda, successor strategies and within the whole resources available to the local system. In particular, it will work to:
 - shift the balance of services from acute hospital care and crisis interventions to community support with a focus on prevention, early help and self-help. As part of this, ensure that a shift in activity is accompanied by a shift in resource as appropriate i.e. that money follows the patient/service user;
 - support the development of integrated care and treatment for people with complicated long-term health conditions, social problems or disabilities;
 - create a joint planning and financial framework for managing the difficult decisions required to ensure effective, efficient and economically secure services during a period of continued public sector financial austerity, getting the most from the Gateshead £.
- 2.2 The GH&CS Meeting will promote a Gateshead place-based approach to the integration of health and care so that planning and delivery arrangements are undertaken as close to 'place' as possible. Whilst recognising the primacy of place, the System will collaborate with broader footprints on behalf of the Gateshead population where this will secure health and wellbeing benefits for local people.
- 2.3 The GH&CS Meeting will promote the work of its members and take advantage of opportunities to work collaboratively to deliver high quality services for the Gateshead population.

- 2.4 A regular Forward Plan of meetings will be discussed and approved by a strategic meeting of the GH&CS, where CVS and HealthWatch Gateshead representatives will also be invited to attend. The strategic meeting will also review progress at a mid-point of each cycle of meetings, consider system capacity and other issues relating to progressing the work of the System.

3. Accountability

- 3.1 GH&CS members will bring their delegated authority to undertake activities within these Terms of Reference.
- 3.2 It is the responsibility of System members to share, inform and secure agreement within their own organisational governance arrangements for the full delivery of the GH&CS aims and objectives. It will also be the responsibility of System members to highlight any discrepancy between their own organisational governance arrangements and any MoU delivery requirements, as and when any discrepancy arises, so that any issues can be assessed and acted upon in a timely manner.
- 3.3 All partner organisations will retain their current statutory accountabilities for health and social care and any commitments made will remain subject to organisations' continuing ability to meet these accountabilities. The System Meeting will work collectively to support partner organisations in discharging their accountabilities.
- 3.4 Nothing in the GH&CS MoU signed by partner organisations is to be seen as preventing or limiting any partner's ability to discharge any of its statutory functions.

4. Membership of the Gateshead System

- 4.1 The System Meeting will consist of senior representatives from each partner organisation as set out in the MoU:
- Blue Stone Consortium
 - Community Based Care Health Ltd
 - Gateshead Council
 - Gateshead Health NHS Foundation Trust
 - NHS Newcastle Gateshead CCG
 - Northumberland, Tyne & Wear NHS Foundation Trust
 - The Newcastle upon Tyne Hospitals NHS Foundation Trust
- 4.2 Other organisations may be proposed or propose themselves for membership of the GH&CS. In these situations, any new members will be accepted only if they can commit to adherence with the GH&CS MoU and with the unanimous agreement of the current member organisations.
- 4.3 The System will also work with other organisations who play a role within / interface with the Gateshead System. Arrangements will be tailored to reflect the roles and circumstances of individual organisations.

- 4.4 Other staff may be co-opted or invited to attend the System Meeting dependent on activity and the agenda to be discussed.

5. Authority and decision making

- 5.1 The GH&CS System Meeting has authority to pursue activity within the scope of these Terms of Reference. There are likely to be occasions when the GH&CS Meeting needs to refer to the constituent member Boards for ratification / approval of recommended actions.

- 5.2 Decision making will be in accordance with the following principles set out in the MoU, with a clear and specific emphasis on securing a consensus on issues considered by the System meeting and in agreeing a way forward:

- A consensus view on the way forward will be sought on issues coming before the System Meeting.
- Where a difference of view emerges across member organisations, efforts will be made by the System Meeting to reconcile those views in the first instance e.g. through further discussions by the System Meeting and/or focused discussions with member organisations with a view to agreeing a way forward that is at least satisfactory and acceptable to all member organisations.
- Where consensus still cannot be reached on an issue, consideration will be given to the practicality and desirability of taking forward only those elements which have broad support of the System Meeting.
- Only when these avenues have been explored without success should a course of action be put to a formal vote of the System Meeting i.e. as a backstop measure only. In such instances, each member organisation of the System Meeting will have one vote i.e. a single vote will rest with each member organisation (not with each representative attending a System meeting on behalf of their organisation). Where an absolute majority of member organisations (>50%) are in favour of a course of action, it will be carried by the System Meeting.

- 5.3 For the avoidance of doubt, it is recognised that failure to secure a consensus on a way forward would not be consistent with a whole system approach. Every effort will be made by System members to ensure that some form of consensus is always secured on issues that come before the meeting.

6. Roles and Responsibilities

- 6.1 To work together to deliver the aims and objectives of the GH&CS as set out in paragraph 2 above.
- 6.2 To work together to make the best use of resources available to the local system as a whole to meet the health and wellbeing needs of local people.
- 6.3 To develop and implement a joint planning and financial framework across the Gateshead health and care system, including the Gateshead Plan, its priorities and work programmes.

- 6.4 To develop new models of care and associated contractual arrangements consistent with a Gateshead 'place' based approach to health and care.
- 6.5 To oversee and support service transformation in line with the System's Transformation Plans.
- 6.6 To ensure that all delivery undertaken on behalf of GH&CS is appropriately monitored and managed through a whole system lens.
- 6.7 To agree a set of metrics against which progress in delivering outcomes will be reviewed and measured.
- 6.8 To review and consider business activity and contract performance on behalf of the GH&CS.
- 6.9 To discuss appropriate action to be taken in the event of clinical or contractual under-performance and agree how remediation will be undertaken.
- 6.10 To address issues relating to the System, including membership, working relationships, behaviours of system members and their representatives etc. as set out in the MoU.
- 6.11 To provide assurance to Member organisations and the Health and Wellbeing Board regarding the work of the GH&CS.

7. Attendance at Meetings

- 7.1 Representatives of Member organisations are required to be adequately prepared to progress and inform the agreed agenda items.
- 7.2 Member organisations are required to be represented at each meeting or if apologies are made any information they are expected to contribute should be provided to the Chair.

8. Frequency of Meetings

- 8.1 Meetings will be held on a weekly or fortnightly basis, unless otherwise agreed, to discharge the responsibilities of the GH&CS System Meeting.

9. Chairing Arrangements

- 9.1 The Chair of the System Meeting will be from within the members organisations of the GH&CS Meeting and will rotate on an annual basis.

10. Reporting

- 10.1 The GH&CS Meeting will report to constituent Boards as well as the Health & Wellbeing Board as required.

- 10.2 Significant risk issues will be highlighted to the GH&CS Meeting and constituent Boards on an exception basis when appropriate and may be included in the constituent organisations' risk registers if appropriate.

11. Support and Administration

- 11.1 Meetings will be arranged, summary notes recorded and distributed. All support and administration needs will be undertaken from within member organisations of the GH&CS Meeting.

12. Approval of Terms of Reference

- 12.1 The GH&CS Meeting will approve and agree these Terms of Reference, thereby enabling the GH&CS Meeting to undertake its activities.

13. Dispute Resolution

- 13.1 In the event of a dispute, members of the GH&CS Meeting will in the first instance refer back to their Board structures for guidance.

- 13.2 Any issues or disputes which cannot be immediately resolved to all partners' satisfaction will be escalated to the Chief Executives (or equivalent) of the respective partner organisations or their nominee.

14. Date for Review

- 14.1 These Terms of Reference will be reviewed on an annual basis by the GH&CS Meeting.

April 2019