

TERMS OF REFERENCE
FOR THE LEICESTERSHIRE INTEGRATION EXECUTIVE

Purpose of the Integration Executive

The purpose of the Integration Executive is to provide leadership, direction and assurance, on behalf of the Leicestershire Health and Wellbeing Board, so that our vision for integrated health and care in Leicestershire is delivered, in line with national policy and local priorities.

Terms of Reference

The Integration Executive will have a role and duties which will include:-

- 1) Agree the scope of the programme of work to integrate health and care in Leicestershire by 2018, setting the scale of ambition and pace needed for delivery.
- 2) Develop the Better Care Fund Plan for Leicestershire (2014/15 – 2015/16) as a sub set of the Integration programme for approval by the Health and Wellbeing Board and lead its delivery.
- 3) Develop a programme plan to ensure delivery of all components of the work to agreed milestones.
- 4) Quality assure business cases for individual developments including the strategic assumptions, models of care, evidence base, financial analysis and equality impact assessment.
- 5) Make recommendations as appropriate to the Health and Wellbeing Board on the allocation of the resources necessary to deliver the integration programme as a whole and its individual components.
- 6) Develop a risk register for the integration programme.
- 7) Implement the necessary mitigation plans across the Integration programme as a whole, with connectivity to the corporate governance systems in partner agencies.
- 8) Develop an agreed basis for a Section 75 agreement for the BCF for approval by the Health and Wellbeing Board and undertake the strategic management of this agreement.
- 9) Develop pooled arrangements for the Integration Programme for approval by the Health and Wellbeing Board and undertake the strategic management and relevant risk sharing agreement of these arrangements.
- 10) Manage pooled budget risks in accordance with the protocol and dispute resolution procedures.

- 11) Ensure connectivity and promote alignment with the LLR wide five year health and social care strategy as appropriate.
- 12) Undertake forward planning for the potential extension of the integration policy agenda nationally and locally, including any future arrangements for the BCF.
- 13) Support the regular refresh of the Leicestershire Joint Health and Wellbeing Strategy.
- 14) Support annual planning cycles for NHS and Local Authority partners
- 15) In conjunction with the Health and Wellbeing Board, direct a communication and engagement plan about health and care integration, targeted to a wide range of stakeholders across the health and care system, with particular emphasis on the needs of the public and local councillors.

Membership of the Integration Executive

- Director of Adults and Communities, LCC
- Director of Public Health, LCC
- Director of Children and Families Services, LCC
- Managing Director of West Leicestershire CCG
- Managing Director of East Leicestershire and Rutland CCG
- Clinical Chairs (or their designates) of WLCCG and EL&RCCG
- Director representative from EMAS
- Director representative from UHL
- Director representative from LPT
- Representative of Local Healthwatch
- Officer representative from District Councils
- Director of Resources (or their designate) from LCC
- Director of Finance representing both Clinical Commissioning Groups
- Director of Health and Care Integration (Joint Appointment)

Meeting Frequency

Meetings will take place initially monthly, with an initial review at 6 months, annually thereafter.

Chair

Clinical Chair of West Leicestershire CCG

Meeting Administration

Meetings will be administered by Democratic Services at Leicestershire County Council

The agenda and papers will be issued no later than 4 working days in advance unless later circulation has been authorised by the Chair (exceptional circumstances).

Location of Meetings

Leicestershire County Council Committee Rooms

Quoracy

In order to meet and conduct routine business 6 members must be present of which at least:

- 1 must be a clinical representative
- 1 must be a representative from Leicestershire County Council
- 1 must be a provider.

In order to take decisions in relation to the scope of the programme or resource allocation 6 members must be present as follows:

- 1 representative from each clinical commissioning group
- 2 representatives from Leicestershire County Council
- 1 provider representative
- 1 clinical representative
- The representative from local healthwatch must also be present.

Reporting Arrangements

The Integration Executive will submit to the Health and Wellbeing Board:-

- At least quarterly reports on the performance of the Better Care Fund and wider Integration Programme;
- At least annually a report on the use of resources in support of the Better Care Fund.

The Integration Executive will report as appropriate to regional and national assurance systems for the BCF.

The Integration Executive will ensure that risk is escalated as appropriate to the relevant partners, subject to the appropriate reporting mechanisms to the Health and Wellbeing Board, and will satisfy an internal or external audit requirements of relevant partners.

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