



HEALTH AND WELLBEING BOARD: 12 JULY 2018

REPORT OF THE DIRECTOR OF HEALTH AND CARE INTEGRATION

INTEGRATION PROGRAMME GOVERNANCE

Purpose of report

1. The purpose of this report is to seek approval of proposed changes to the governance arrangements for the Integration Programme for Leicestershire.

Link to the local Health and Care System

2. The Integration Programme incorporates the Better Care Fund (BCF) plan/priorities and a number of other integration priorities across the partnership, building on good foundations of joint working established over a number of years between the council and NHS partners.

Recommendation

3. The Health and Wellbeing Board is recommended to:-
 - (a) Note the revised terms of reference and extended remit for the Integration Finance and Performance Group;
 - (b) Approve the revised terms of reference for the Integration Executive.

Policy Framework and Previous Decisions

4. The Terms of Reference for the Integration Executive were initially approved by the Health and Wellbeing Board on 13 March 2014. Revisions to the Terms of Reference were approved by the Health and Wellbeing Board on 22 January 2015 and 19 November 2015.

Background

5. Since February 2014 the Integration Programme has been governed by the Health and Wellbeing Board, with day to day oversight provided by the Integration Executive.
6. The Integration Finance and Performance Group (IFPG) is primarily responsible for oversight of the pooled budgets supporting the integration programme, including

setting strategy for contingencies and risk pools, and the overall financial management and performance of the section 75 for the BCF.

7. At its meeting on 1 May, the Integration Executive considered governance arrangements for the partnership's joint commissioning priorities. The Integration Executive agreed that there was a need for a body to act as a commissioning forum between the health services and local authority which would focus on the detail of the joint commissioning workplan including areas outside the scope of the BCF but felt that it was not the right forum. The Integration Executive proposed that the IFPG should extend its remit to also have oversight of a wider portfolio of activities to include the joint commissioning workplan.
8. The IFPG discussed and agreed the proposed changes to its terms of reference on 21 May. As the terms of reference are an integral part of the Better Care Fund section 75 agreement, the two county Clinical Commissioning Groups (CCGs) and the County Council will be asked to agree to the amended version.
9. The updated terms of reference for the IFPG have been provided in Appendix A for information.

Integration Executive

10. The terms of reference for the Integration Executive have been revised and are set out in Appendix B to this report.
11. The Integration Executive will continue to provide leadership, direction and assurance, on behalf of the Leicestershire Health and Wellbeing Board, so that the vision for integrated health and care is delivered in line with national policy and local priorities.
12. In terms of meeting frequency, the Integration Executive will meet bi-monthly moving forwards. Some of the key elements of the Integration Programme are being undertaken by other workstreams, such as the Home First or the Discharge Working Group, and it is important not to duplicate this.
13. However the Integration Executive remains accountable for day to day delivery of the Leicestershire BCF plan and continues to lead on some large elements of Leicestershire-specific work which will require strategic oversight and decisions this year, including further developments on the housing agenda and assistive technology. There are also some key delegated responsibilities from the Health and Wellbeing Board such as the refresh of the Joint Strategic Needs Assessment.
14. Integration Executive members discussed their concerns about whether the work programme would still be achievable within six meetings per year, especially as there are specific quarterly duties and governance which entail pre-set dates for reporting into NHS England. On balance it was felt that it should move to six meetings a year and that the flow of work and timings would be kept under close review.
15. The terms of reference state that the chair shall alternate every two years between the clinical representatives from the two county CCGs. As two years have expired since East Leicestershire and Rutland CCG assumed the Chair, West Leicestershire CCG will take over the role of Chair from July 2018 until May 2020.

16. Due to the governance changes taking place in CCG joint working arrangements across Leicester, Leicestershire and Rutland, the flow of information and assurance processes from the Integration Executive and IFPG into county CCGs may also need adjusting.

Resource Implications

17. None arising from this report.

Background papers

Report to the health and Wellbeing Board on 19 November 2015 - Revised Terms of Reference for the Integration Executive

<http://politics.leics.gov.uk/ieListDocuments.aspx?CId=1038&MIId=4294&Ver=4>

Circulation under the Local Issues Alert Procedure

None

Relevant Impact Assessments

Equality and Human Rights Implications

18. None arising from this report.

List of Appendices

Appendix A – Integration Finance and Performance Group Terms of Reference

Appendix B – Integration Executive Terms of Reference

Officer to Contact

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INTEGRATION FINANCE AND PERFORMANCE GROUP**REVISED TERMS OF REFERENCE – MAY 2018****Partnership Board**

The membership of the Partnership Board will be as follows:

the finance director for the time being of NHS East Leicestershire and Rutland Clinical Commissioning Group;

or a deputy to be notified to the Partners in advance of any meeting;

the strategy and planning director (or equivalent) of NHS East Leicestershire and Rutland Clinical Commissioning Group:

or deputy to be notified to the Partners in advance of any meeting;

the finance director for the time being of NHS West Leicestershire Clinical Commissioning Group;

or a deputy to be notified to the Partners in advance of any meeting;

the head of service integration and delivery (or equivalent) of NHS West Leicestershire Clinical Commissioning Group;

or deputy to be notified to the Partners in advance of any meeting;

the Section 151 Officer for the time being of the Council:

or a deputy to be notified to the Partners in advance of any meeting;

the assistant director for strategy and commissioning (adults and communities) of Leicestershire County Council;

or a deputy to be notified to the Partners in advance of any meeting;

At the first meeting of the Partnership Board the members will elect from their number, by unanimous agreement, a Chairperson. Thereafter, there will be a re-election at the next meeting following each anniversary of the first meeting of the Partnership Board. The Chairperson may vote but will not have a casting vote.

To distinguish between the role of the Partnership Board and other health and social care integration groups, the Partnership Board will be more commonly referred to as the Integration Finance and Performance Group.

Role of Partnership Board

The Partnership Board shall:

Receive financial and activity information regarding the performance of the Individual Schemes in the Better Care Fund Plan on a quarterly basis or at a frequency otherwise agreed between the Partners, and shall take decisions on the delivery of the Individual Schemes based on that information, provided that, no decision shall be taken or acted upon without prior consultation with the Integration Executive where such decision could have an impact on the delivery of the health and care integration programme as set out in the Better Care Fund Plan.

Receive financial, performance and activity information regarding the joint commissioning areas within the plan on a quarterly basis, or at a frequency otherwise agreed between the Partners.

Receive financial and activity information regarding the Learning Disabilities Pooled budget on a quarterly basis, or at a frequency otherwise agreed between the Partners.

Receive financial and activity information regarding the Menorrhagia Services budget on a quarterly basis, or at a frequency otherwise agreed between the Partners.

Review the operation of Agreements under Section 75 of the NHS Act 2006 under the remit of the Partnership Board (such Agreements being listed at Schedule 1 to this Part and make variations where appropriate, subject to any implications that would have an impact on the health and care integration programme being reported to the Integration Executive;

Review and agree at least annually a financial risk assessment in relation to services operated under a section 75 agreement and submit a report to the Integration Executive;

Agree such protocols and guidance as it may consider necessary in order to enable each Pooled Fund Manager to approve expenditure from a Pooled Fund;

Receive reports from and consider any recommendations from the Integration Executive.

Oversee the joint commissioning priorities as set out by the Integration Executive.

Accountability

The Partnership Board shall operate within the lines of accountability set out in Part 2 of Schedule 2 of this Agreement.

Partnership Board Support

The Partnership Board will be supported by officers from the Partners' organisations, as may be agreed by the Partners from time to time.

Meetings

The Partnership Board will meet at least quarterly at a time to be agreed by the Partners. Each meeting will usually take place following receipt by the Partnership

Board of each quarterly report submitted by the Pooled Fund Manager, but may take place more frequently if the Partners so agree.

The quorum for meetings of the Partnership Board shall be a minimum of one representative from each of the Partner organisations.

Decisions of the Partnership Board shall be made unanimously. Where unanimity is not reached then the item in question will in the first instance be referred to the next meeting of the Partnership Board. If no unanimity is reached on the second occasion it is discussed then the matter shall be escalated to the Authorised Officers. If no agreement can be reached following escalation to the Authorised Officers, any Partner may invoke the Dispute Resolution procedure of the relevant section 75 Agreement.

A meeting of the Partnership Board cannot take place unless it is quorate. In the event of inquoracy the Partners shall procure that the meeting will be re-convened within one month of the date of the inquoracy.

Minutes of all decisions shall be kept by the Chairperson and copied to the Authorised Officers within seven (7)] days of every meeting.

Delegated Authority

Each member of the Partnership Board will have delegated authority from his/her Partner, through that Partner's own governance structure and schemes of delegation, to take decisions relating to the management of the Individual Schemes and Pooled Fund. These include, but are not limited to, determining commitments which exceed or are reasonably likely to result in an Overspend provided that the members of the Partnership Board can only authorise commitments in accordance with the risk sharing arrangements set out in the relevant Agreement.

Information and Reports

The Pooled Fund Manager shall supply to the Partnership Board on a quarterly basis with the financial and activity information required under the Agreement in relation to the operation of the Individual Schemes and the Pooled Fund.

Post-termination

The Partnership Board shall unless otherwise agreed by the Partners in writing continue to operate in accordance with this Schedule following any termination of this Agreement but shall endeavour to ensure that the benefits of any Service Contracts are received by the Partners in the same proportions as their respective contributions at the date of termination.

TERMS OF REFERENCE**FOR THE LEICESTERSHIRE INTEGRATION EXECUTIVE****Updated May 2018****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, as a subgroup of the Health and Wellbeing Board, will have a role and duties which will include:-

General

1. To agree the scope for the programme of work to integrate health and care in Leicestershire and to oversee its delivery on behalf of the Health and Wellbeing Board.
2. To quality assure business cases for all developments intended to further the integration of health and care.
3. To oversee the management of risks to the health and care integration programme and to escalate risks to the corporate governance systems of partner organisations as appropriate.
4. To make recommendations to relevant partner governing bodies on the allocation of the resources necessary to deliver the integration programme as a whole and its individual components.
5. To ensure alignment between the integration programme and the strategic plans of partner organisations and the health and care system as a whole, and to support the planning cycles of partners.
6. To identify and promote opportunities for innovation within the health and care integration programme.
7. To identify and promote opportunities for research and evaluation within the health and care integration programme.
8. To lead work on the development of data integration and technology to support the integration of health and social care in Leicestershire, ensuring alignment with the Local Digital Roadmap and Business Intelligence priorities for partners.
9. In conjunction with the Health and Wellbeing Board, to 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.

10. To receive assurance that joint commissioning priorities are being delivered and that risks are being appropriately managed/mitigated.

Better Care Fund

11. To develop the Better Care Fund Plan and associated metrics and expenditure plan for approval by the Health and Wellbeing Board and through partner governance routes as required, and to lead its delivery.
12. To undertake Better Care Fund monitoring locally, regionally and nationally including statutory returns at intervals required by NHS England and take any necessary remedial action in order that plans demonstrate and maintain all statutory requirements.
13. To act as a consultee of the Integration Finance and Performance Group when decisions on the delivery of individual schemes within the Better Care Fund Plan could have an impact on delivery of the health and care integration programme as set out in that Plan.
14. To receive reports from the Integration Finance and Performance Group on the review of the Section 75 Agreement where any variation to that Agreement would have an impact on the health and care integration programme.
15. To receive at least annual reports from the Integration Finance and Performance Group on the financial risk assessment in relation to services operated under the Section 75 Agreement.
16. To make reports and recommendations to the Integration Finance and Performance Group on the operation of the Better Care Fund Plan as appropriate.
17. To consider and inform key service reviews which will have an impact on commissioning decisions affecting the Better Care Fund.

Needs Assessments

18. To oversee the refresh of the Joint Strategic Needs Assessment on behalf of the Health and Wellbeing Board.
19. To oversee the refresh of the Pharmaceutical Needs Assessment on behalf of the Health and Wellbeing Board.

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 (or their designate) of West Leicestershire CCG
- Managing Director (or their designate) 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 bi-monthly

Chair

The Chair shall alternate every two years between the Clinical Chair of West Leicestershire CCG and the Clinical Vice Chair of East Leicestershire and Rutland 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, conduct routine business and take decisions 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 meet, conduct routine business and take decisions on joint commissioning matters 6 members must be present of which at least:-

- 1 must be a clinical representative;
- 1 must be a representative of the CCGs
- 1 must be a representative from Leicestershire County Council

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 satisfy any internal or external audit requirements of relevant partners.