APPENDIX 3
Health & Social Care Partners in Bradford, Airedale,

TERMS OF REFERENCE
Integration and Change Board

CHAIR:	**Helen Hirst** **Chief Officer, NHS BCCCG/BDCCG**
Deputy Chair:	**Simon Large** **Chief Executive, BDCT**

1. PURPOSE

The Integration and Change Board is collectively accountable to the Bradford Health and Wellbeing Board. Its main purpose is to provide system wide leadership and accountability for securing the delivery of a sustainable health and social care system within the Bradford health and care economy*. The Integration and Change Board will implement the vision and direction for delivering the best outcomes for the population as set out in the 5 year forward view, as required by the Bradford Health and Wellbeing Board. It will provide expert advice and guidance to the Health and Wellbeing Board and seek its support in achieving rapid and dynamic change. It will be informed and influenced by Bradford Health and Wellbeing Board, along with national priorities, and supporting delivery governance arrangements. Key success criteria are:

1. Delivery of different models of transformation and integration to support system sustainability
2. Delivering whole population benefits from transformation and integration, demonstrated through efficiencies and improved outcomes
3. Delivery of the 5 year forward view

*This includes Bradford Metropolitan District Council & Craven

2. RESPONSIBILITIES

2.1 To develop the vision for the transformation of health and care with clear aspirations and outcomes, maintaining the health, well-being and independence of the citizens of Bradford.

2.2 To develop a health and social care system which commissions and provides different models of health and care through innovation, integration and transformation to deliver more co-ordinated care in the community to enable people to live longer and live better.

2.3 To oversee the development of a system of care which co–ordinates in hospital and out of hospital services, including 7 day availability, across Bradford to achieve better outcomes which will enable people to live longer and live better.

2.4 To take an economy wide approach to managing risks and resolving difficult issues across the system and where appropriate to use freedoms and flexibilities

available to maximum advantage locally and challenge the system where barriers exist and seek solutions at the necessary level.

To monitor delivery of the portfolio plan to assess progress and confirm that the portfolio remains on course to deliver the desired benefits and outcomes.

To consider exception reports and review recommendations from the Programme Boards / TIG's and make decisions accordingly.

2.5 To understand the total NHS and Local Authority resources and direct those resources to support system transformation as required. This will include advising and informing the Health and Wellbeing Board on the targeting of transferred NHS resources to social care (including the Better Care Fund) and creating opportunities for supporting transformation and integration.

2.6 To support the move to towards a joint health and social care information system and joined up information technologies, maximising the benefits of a single shared record users of services and staff

2.7 To link into the Health and Wellbeing Board and develop a two way relationship to inform and support the delivery of transformed health and care.

2.8 To be assured that relationships for engaging with local communities, the public and users of services exist and assure itself that any changes to the system reflect the views and experience of local people and users of services.

2.9 To develop a financial model which supports the spectrum of sustainable models across the health and social care system, including risk and benefit sharing, proposing changes to existing payment mechanisms and contractual arrangements where necessary.

2.10 To work to the following principles, as reflected in Integration Pioneer:

<u>We will ensure person focused services by...</u>

- Working better together is first and foremost about what is best to add value for the people we care for
- Improving the quality of care and support available
- Looking for improvement through the eyes of the people we care for and the staff providing the care

<u>We will ensure collective ownership by...</u>

- Ensuring there will be no blame or scape-goating of or by individual organisations – we're in this together, working as a whole system
- Continuing to create a culture of trust, openness and transparency, including demonstrating a collective stewardship of resources
- Putting the interests of the people we serve ahead those of our individual organisations

<u>We will ensure learning and development by...</u>

- Sharing our learning from working together with one another, and others as well as learning from elsewhere and will share our learning more widely
- Building on existing work that has established strong foundations for integration e.g. Airedale and Craven, Collaborative Care Teams, Bradford

Virtual Ward, Integrated Care test-sites
- Ensuring our clinicians, social care professionals, managers and others will work together to make change happen

We will ensure pace and focus by...

- Collectively agreeing our future priorities as a whole system
- Adopting a positive mind-set – 'we can, we will'
- Committing to working at pace, to achieve rapid progress, make decisions and see them through

2.11 Promote learning that could be shared with other programmes and/or applied to different client groups

2.12 To oversee organisational development and a culture change to deliver a sustainable system through integration, innovation and transformation.

3. MEMBERSHIP, FREQUENCY OF MEETINGS AND QUORUM

3.1 The Integration and Change Board will comprise the main partners as core member as follows:

Chair – Chief Officer, NHS BCCCG & NHS BDCCG (Interim arrangement)
Deputy Chair – Chief Executive, BDCT

Commissioners

BMDC – Strategic Director Adults & Community, Strategic Director Children & Director of Public Health, Chief Executive
NYCC – Interim Assistant Director
NHS BDCCG, NHS BCCCG & NHS AWC CCG – 2 per CCG
NHS Bradford & Airedale CCGs – Director of Collaboration
NHS Bradford & Airedale CCGs – Lead Manager, Collaboration
NHS England, West Yorkshire Area Team – Director of Nursing and Quality

Providers

BTHNHSFT – Chief Executive + one other*
BDCT – Chief Executive + one other*
ANHSFT – Chief Executive + one other*
YAS – Director of Finance
YORLMC – Chief Executive

*Additional membership will be made up from a senior non medical clinician, finance director and medical director. This is for the providers to agree amongst themselves.

Independent

Bradford University – Deputy Vice Chancellor (operations)

3.2 It is recognised that other organisations are effectively engaged in the delivery mechanisms for integration and change however, other members/attendees may be co-opted as necessary.

3.3 The Integration and Change Board will be chaired by the Chief Officer of NHS BCCCG & BDCCG (Interim arrangement which will be reviewed in 12 months or earlier should this be deemed necessary). The deputy chair will be the Chief Executive, Bradford District Care Trust.

3.4 Meetings will initially be held monthly, though the frequency may be varied subject to agreement of the Integration and Change Board. Meetings will take place third Friday of the month 9 am until 12 noon.

3.5 The Board will be a quorum providing two thirds of providers, two thirds of CCGs and Local Authority representation is in attendance.

3.6 It will be important that nominated members commit to attend the Integration and Change Board. Where this is not possible a named deputy will be encouraged to attend. Deputies must be able to contribute and make decisions on behalf of the individual they are representing. Deputising arrangements should be agreed with the Chair.

4. DECISION MAKING AND VOTING

4.1 The Integration and Change Board will aim to achieve consensus for all decisions. Given the nature of the Board, securing the support of all partners will be critical to the success of most of the changes required.

4.2 In those circumstances where consensus cannot be reached a decision must be taken the issue may be put to a vote. Before a vote can be considered, however, all partners must have agreed that it is appropriate to determine the issue in this manner.

4.3 Where a decision cannot be made through consensus and it is not acceptable to put the issue to a vote, the issue will be referred back to the relevant board/committee of each partner organisation.

4.4 It will be critical that the Integration and Change Board has a clear mandate and sufficient delegated authority through its membership to take forward integration without requiring separate approvals at each stage of decision making.

5. CONFLICTS OF INTEREST

5.1 As commissioners and providers will be jointly developing new models of integration, careful consideration will need to be given to potential conflicts of interest.

5.2 Members of the Integration and Change Board are expected to conduct themselves in an appropriate manner. They must refrain from actions that are likely to create any real or perceived conflict of interest, save those that are

inherent in the institutional interests of the organisations that members represent.

5.3 Conflicts of interest may arise where a member of the Integration and Change Board has:

- An institutional or financial interest in a specific service change that is being considered;

- A close personal or professional connection with any individuals that may be directly affected by proposed service changes.

5.4 A member of the Integration and Change Board that has a material interest in an item being considered must disclose, to the Chair of the Integration and Change Board, the nature of the interest at the meeting.

5.5 Depending on the topic under discussion and the nature of the conflict of interest, the member may be:-

- Allowed to remain in the meeting and contribute to the discussion;

- Allowed to remain in the meeting, but asked to refrain from participating in the discussion, voting and attempting to influence any vote;

- Asked to leave the meeting for the duration of the item under consideration

5.6 Information obtained during the business of the Board must only be used for the purpose it is intended. Particular sensitivity should be applied when considering financial, activity and performance data associated with individual services and institutions. The main purpose of sharing such information will be to inform new service models and such information should not be used for other purposes (e.g. performance management, securing competitive advantage in procurement).

5.7 Members are expected to protect and maintain as confidential any privileged or sensitive information divulged during the work of the Board. Where items are deemed to be privileged or particularly sensitive in nature, these should be identified and agreed by the Chair. Such items should not be disclosed until such time as it has been agreed that this information can be released.

6. SUPPORTING STRUCTURES

6.1 Support to the Integration and Change Board will be provided through the CCG collaborative office and supported through the joint portfolio manager, where required.

6.2 Appropriate arrangements will be established to support delivery of models of care through the supporting delivery governance arrangements including, Bradford TIG and Airedale TIG. These will be incorporated within the reporting arrangements to the Integration and Change Board.

7. REPORTING

7.1 The Integration and Change Board is collectively accountable to the Bradford Health and Wellbeing Board. It will report to the Bradford Health and Wellbeing Board through its Chair and will develop a two way relationship and feedback from the Health and Wellbeing Board will take place – see Annex 1.

7.2 The minutes of the Integration and Change Board will be made available to the Health and Wellbeing Board and to constituent organisations.

7.3 The joint Integration PMO (Portfolio Management Office) will report delivery progress via a monthly portfolio information pack, providing an overview status on each programme, raising any associated risks and issues.

7.4 Minutes with clear sets of actions from both the Bradford TIG and Airedale TIG will be received at each Integration and Change Board Meeting.

7.5 Reports will be prepared for the committees of partner organisations for those decisions that require their explicit approval.

7.6 Ad Hoc reports can be requested by any of the boards of partner organisations and ownership for production of such reports sits with the organisational lead from where the request originates.

8. AGENDA

8.1 The agenda will be developed in discussion with the Chair. Circulation of the meeting agenda and papers via email will take place one week before the meeting is scheduled to take place. In the event members wish to add an item to the agenda they need to notify the Supporting Officer who will confirm this will the chair accordingly.

8.2 The agenda of the Integration and Change Board will comprise the following routine items (not all of which will necessarily be covered at every meeting) in line with the development and delivery of its annual work programme:

- Progress against the delivery programme
- Key messages and requirements supporting delivery governance arrangements including TIGs
- Feedback from the Health and Wellbeing Board
- Scanning the environment

- Update and impact on individual organisational plans (inc. Financial)
- Key risks to delivery

9. REVIEW

9.1 The Integration and Change Board Terms of Reference will be formally reviewed in October 2015.

AUTHORS

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