TERMS OF REFERENCE

FOR THE LEICESTERSHIRE INTEGRATION EXECUTIVE

Updated October 2020

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:-

<u>General</u>

- 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.

Delivery Plan

The Integration Executive will;

- 20. Oversee the Leicestershire placed based asks, delivered through the;
 - a. Joint Commissioning Group which will meet bi-monthly and have oversight of the joint commissioning workplan
 - b. Integrated Delivery Group which will meet monthly and will oversee the overall delivery of integrated models of care spanning health, care, prevention and housing across the county.
 - c. The Integration Finance and Performance Group will meet on a quarterly basis as part of the Joint Commissioning Group agenda and will oversee the pooled budgets and Section 75 agreements.
- 21. Ensure that all deliverables are aligned to the needs and strategic vision for Leicestershire and the work of the system level design groups.

- 22. Ensure financial plans are subject to appropriate scrutiny to ensure affordability, viability of the delivery plans and the realisation of stated benefits.
- 23. Apply robust challenge to the delivery groups, ensure delivery plans are viable, have appropriate performance management controls and risk management plans in place.
- 24. Provide viable leadership and commitment to the programme plan and facilitate the resolution of any risks and issues that threaten the success of the programme.

Membership of the Integration Executive

- Director of Adults and Communities, LCC
- Director of Public Health, LCC
- Director of Children and Families Services, LCC
- Associate Director for Integration (Adults and Communities), LCC
- Clinical Chairs (or their designates) LLR CCG's
- Clinical Director representative of the East/West Leicestershire Primary Care Networks
- Executive Director of Nursing Quality and Performance and Deputy CEO, LLR CCGs
- Executive Director, Finance, Contracting and Governance LLR CCG's
- Executive Director of Integration & Transformation LLR CCG's
- Deputy Director of Integration & Transformation LLR CCG's
- Chief Executive LLR CCG's
- 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

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 or agreed alternative, including online options.

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.