

Terms of Reference

Integration Board

Purpose

The Integration Board will act as the key management body for the BCF and Integrated Care programmes and will operate with delegated powers from the HWB. Any decisions outside the terms of the delegated authority will require a formal decision being subject to ratification by the HWB.

The HWB will set the annual budget and programme for the Integration Board (and in particular the Better Care Fund, its pooled budget and programme) at the start of the financial year. The Integration Board will manage the business of the HWB Integration programme and the Better Care Fund Pooled budget and programme within the annual limits set by the HWB.

Authority to Act

The Integration Board is a formal sub-board of the HWB and will have delegated powers to manage the programmes within the budget and programme limits set by the HWB up to a financial value of £250,000. Any decisions above this limit will require to be referred to the HWB. In addition, any new schemes added to the programme will require the approval / ratification of the HWB.

At its meeting on 11th December 2014, the Health & Wellbeing Board (HWB) agreed the governance structure required going forward for the performance management and implementation of the joint BCF plan as well as for the financial governance, under Section 75, of the pooled BCF monies. Appendix 1 sets out the governance structure agreed by the Health & Wellbeing Board.

For the Better Care Fund, the management of the Pooled Budget is set out in schedule of the section 75 Agreement between Enfield CCG and LBE.

Final authority remains with the Enfield Health and Wellbeing Board as the Accountable Body.

Management of Change Process

Where the Integration Board is minded to approve a change to the finances or the programmes agreed by HWB, it shall be able to do so without recourse to the HWB if the financial value is within the scheme of delegated authority.

However, if the change is a substantial deviation in service delivery, policy or is a financial value in excess of the delegated authority, the Integration Board should consider the matter in detail and then recommend a specific course of action to HWB at the next appropriate meeting of the HWB.

Key Responsibilities of the Integration Board

- Managing the BCF and Integrated Care Programmes.
- Delivering and owning the Vision for integrated care.
- Communicating the Vision for integrated care.
- Defining and owning the blueprint for change.
- Responsibility for defining and managing the overarching risk framework.
- Managing, by exception, the identified Critical Success Factors, benefits and Milestones of the BCF Programmes as reported or escalated from the Programme Delivery Group (PDG).
- Providing 'whole system' leadership in the oversight & development of integrated care.
- Providing Financial, Quality and Risk Management leadership (subject to delegated authority from the HWB).
- Owning the 'desired outcomes' (end states), benefits and value for Enfield's people and monitoring them in light of safeguarding and quality of care considerations.
- Providing regular reporting and monitoring information to the HWB Board particularly where there are perceived high level risks and issues for delivery.
- Monitoring the benefits realisation and delivery milestones, via highlight reports, within the Better Care Fund programme and Integrated Care Programmes.
- Leading the programme of work through facilitating and developing a positive culture across organisations for improved service integration for those populations identified through the joint Better Care Fund plan
- Individually and jointly communicating key messages across staff partners / people - including supporting the communications campaign and strategy.
- Identifying and ratifying quick and sustainable opportunities for further integration of services across Enfield.
- Unblocking of any actual or potential barriers to success in partner organisations.
- Jointly engaging with stakeholders (both internal and external) in development and implementation of the Programme to ensure awareness and ownership.
- Ensuring that appropriate community engagement is taking place and feedback is captured and acted upon swiftly.

Formal Sub-Groups

A *Programme Delivery Group* (PDG) has been established beneath the integration Board to operationally manage the constituent programmes. The terms of reference for this group are attached at appendix 2. [Not Attached]

A *Finance & Activity Sub-Group* has been established to manage finance and performance against agreed metrics. The terms of reference for this group are attached at appendix 3. [Not Attached]

Membership of the Integration Board

The Board will comprise of a mixture of representatives from NHS and Local Authority commissioning and provider organisations. However, in line with the HWB constitution, Provider representatives shall be members of the Board but not have voting rights.

Chair of the Integration Board

The Chair of the Integration Board will be the Chair of the CCG. The Chair will provide regular updates to the HWB.

Voting Members

| Title | Organisation |
|--|---------------------|
| CCG Chair (Chair) | ECCG |
| Director of Health, Housing and Adult Social Care | LBE |
| CCG Chief Officer | ECCG |
| Chair | Healthwatch Enfield |
| Director of Schools and Children's Services | LBE |
| Representative from Enfield Voluntary & Community Sector | VCS |

Non-Voting Members

| Title | Organisation |
|---|--------------|
| Chief Executive – Royal Free Hospital NHS FT | NHS |
| Chief Executive – North Middlesex NHS Trust | NHS |
| Chief Executive - BEH-MHT | NHS |
| Primary Care Provider Representatives (X2) | NHS |
| Assistant Director, Adult Social Care - HHASC | LBE |
| Assistant Director Strategy and Resources - HHASC | LBE |
| Director of Strategy and Partnerships | ECCG |
| Chief Finance Officer | ECCG |
| Director of Finance | LBE |
| Director / Asst Dir Public Health | LBE |
| Integration Programme Director (BCF Programme Manager) | CCG/LBE |

Voting

The integration Board will endeavour to reach a consensus agreement on any matters under consideration where ever possible. However, should a vote be required to make any decisions, only voting members (as indicated above) will be eligible to participate in the vote. Voting members of the Board shall have one vote. Decisions will be made by the majority.

Any voting member can invoke the right to refer any decision to the Health and Wellbeing Board for Consideration.

Quoracy

Quoracy for the Integration Board will be no less than one-third of full membership (i.e. 6 members present) – including 3 voting members (where there is at least one voting representative from each of Enfield CCG and LBE).

Members of the Board can nominate a named deputy to attend on their behalf. This includes voting members delegating authority to vote to the named deputy.

Reporting

The Integration Board will receive updates from the Programme Delivery Board (which is chaired by the Integration Programme Director) and, in turn, will provide updates to the HWB.

Individual members will be responsible for updating their own organisations on progress.

The Board will establish individual Working Groups to drive forward key programmes and engage providers and stakeholders where appropriate.

Declarations of Interest

Any member that perceives that they may have an interest to declare should do so at any meeting where that interest / matter is considered. It is recognised that all providers currently providing services will have a standing interest in those services. These interests need not be declared at every meeting.

However, where a specific service is being considered for investment / disinvestment or service change, any party that may have a financial or service interest in that service (now or in the future) is advised to declare that interest.

Conflicts of Interest

Given the stated aim of integrated services, it is essential that the perspectives, experience and expertise from all parties is welcomed and encouraged during discussions. However, in some cases, members of the Integrated Board will have a conflict of interest. In such cases it is proposed that:

- Where there is a direct interest (or Direct Pecuniary Interest) then the board member should declare that interest and take no further part in the discussion.

- Where there is an interest which is not a direct financial or contractual interest, e.g. a non-pecuniary interest, then the board member should declare that interest and is permitted to remain in the meeting and participate in the discussion.

Review

The Terms of Reference and governance structure will be reviewed after three months of operation. (July 2015.)

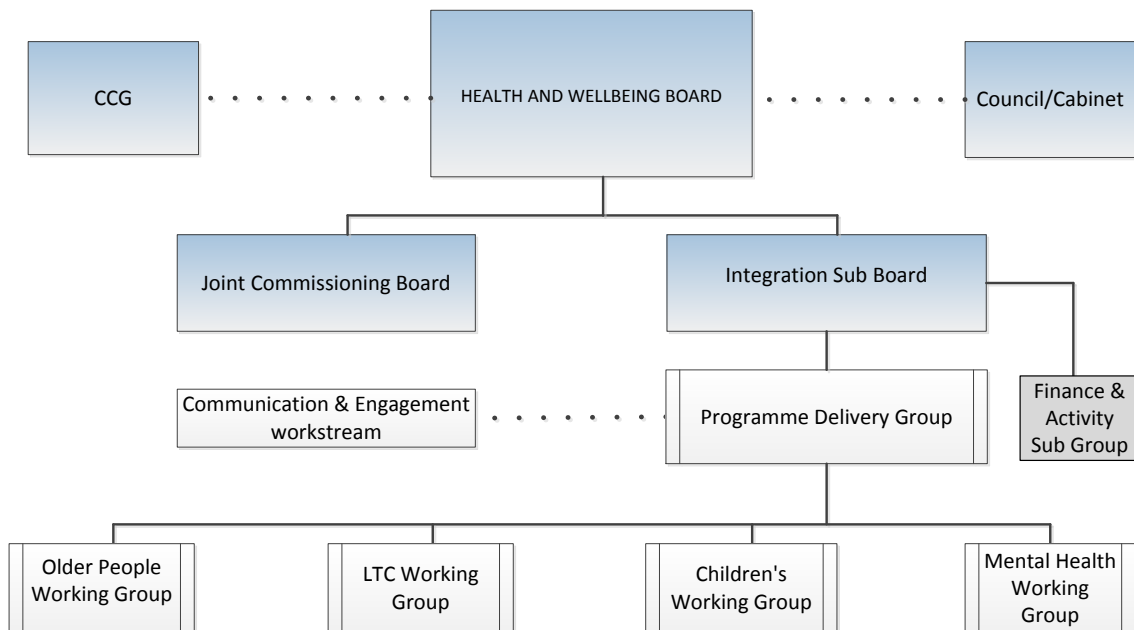
Appendix 1

The graphic below sets out the governance structure agreed by the Health & Wellbeing Board, which includes:

- An *Integration Board* has now been established as a Sub Board of the HWB, operating with delegated powers from the HWB Board, to take forward the BCF Plan and Integrated Services across health and social care in Enfield.
- A *Programme Delivery Group* (PDG) will be established beneath the integration Board to operationally manage the programmes.
- A *Finance & Activity Sub-Group* will be established to manage finance and performance against agreed metrics.
- Final authority remains with the Enfield Health and Wellbeing Board and as the Accountable Body and the HWB will approve the budget and BCF programme.

Better Care Fund Governance Structure

Better Care Fund Governance Structure



Appendix 2

Terms of Reference

Programme Delivery Group

Under construction

Appendix 3

Terms of Reference

Finance & Activity Group

Under construction