

Kirklees Integrated Health and Care Leadership Board

Terms of Reference

Version No	Changes Applied	By/Date	Circulation
1.0	First Draft	SPB/May 20	KJ/RP/CM/PL
1.1	Update membership Change proposed name	SPB/June 20	First Meeting of the Board
2.0	Amended in light of comments at Board Meeting 2/7/20	SPB/July 20	Aug Board Meeting

1. INTRODUCTION

- 1.1 There is a strong history of joint working in Kirklees. Most recently this joint working has been overseen by the Kirklees Integrated Commissioning Board and the Kirklees Integrated Provider Board.
- 1.2 This Board's role is to continue to support further joint working arrangements that can evolve over time in light of national, regional and local priorities. The aim is to encourage strong collaborative and integrated relationships, between commissioners and providers that enable timely decision making to support the improved health and wellbeing of the people of Kirklees.
- 1.3 Appendix 1 shows the relationship of the Board to the Kirklees Health and Wellbeing Board, programmes of work, and other integrated governance arrangements. The Board recognises that there are other joint working and partnership arrangements in place and will work to support these as appropriate.
- 1.4 These Terms of Reference set out the membership, remit, responsibilities and reporting arrangements of the Board.

2. STATUTORY FRAMEWORK

- 2.1 Each organisation will always remain accountable for meeting its statutory duties, for example in relation to financial resources and public engagement.

3. VALUES AND BEHAVIOURS

3.1 The partners of the Board will:

- Work together to achieve agreed outcomes, putting the needs and interests of the people living in Kirklees and the local health and social care economy before the needs and interests of the individual partner.
- Be ambitious for the people we serve, staff we employ, and volunteers and ensure that our plans and work push us to deliver on these ambitions
- Ensure that a productive and constructive relationship continues to be developed and maintained, by:
 - Recognising, respecting, collaborating, and supporting each other's roles in the commissioning and provision of health, social care and public health.
 - Being open, honest, challenging constructively, transparent and communicative in all dealings with each other.
 - Acting with honesty and integrity, and trust each other to do the same
 - Having reasonable and realistic expectations of each other.
 - Being responsive to each other's needs at times of increased service demands and pressures.
 - Maintaining a duty of confidentiality regarding sensitive issues.
 - Demonstrating collective stewardship of the combined resources of the partners.
 - Implementing our shared priorities and decisions, holding each other mutually accountable for delivery.

4. SCOPE AND OBJECTIVES

- 4.1 The commissioners and providers will work together on the identification, negotiation, implementation, and monitoring of integrated health, social care and public health commissioning and provision opportunities and initiatives. The purpose of the Board is to provide strategic direction and co-ordination to support the development and delivery of integrated commissioning and provision intentions, strategies and plans via an agreed programme of work.
- 4.2 To build relationships and trust between partner organisations.
- 4.3 To share and discuss the commissioning and provision plans of partners, identifying opportunities and making recommendations for greater efficiency, effectiveness and economy from integrated commissioning and provision. This includes working with partners outside of Kirklees where services are commissioned on larger footprints including, dental, pharmacy and opticians.
- 4.4 To provide the forum for open and transparent sharing, discussion and debate regarding utilisation of health and social care resources to benefit the people of Kirklees and to help the health and social care economy make the best use of available resources.
- 4.5 Through a common and innovative approach to areas such as planning, performance, consultation and resource allocation, unblock system-wide barriers to integration and develop new models for integrated commissioning and the delivery of services.
- 4.6 The partners will work together to ensure that the local commissioning and provision of health, social care and public health is, unless it can be evidenced that it is not appropriate or feasible, integrated and:
- Complies with the underpinning Guiding Principles attached at Appendix 2
 - Delivers the aims and objectives of the Kirklees Joint Strategic Needs Assessment, the Kirklees Joint Health and Wellbeing Strategy, and the Kirklees Health and Wellbeing Plan.
 - Is in line with national policy and guidance for the integrated commissioning and provision of health, social care and public health and supports the development of the West Yorkshire & Harrogate Health and Care Partnership in so far as its relates to IPB's remit
 - Delivers quality outcomes that make the most efficient and effective use of collective resources.
- 4.7 The Board will be responsible for:
- the strategic commissioning and provision of health and social care services, within the remit of the Board, that meet the reasonable needs of our population;
 - agreeing and monitoring the annual work programme to support the delivery of the Kirklees Health and Wellbeing Plan
 - reducing health inequalities, by identifying high risk, high priority populations and targeting resources, prevention and care to meet their needs
 - making efficient and effective use of our collective resources

- ensuring continuous improvement in the quality of services through the development of a common quality assurance and reporting framework and quality improvement strategy;
- ensuring that arrangements are in place to secure public involvement in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements;
- supporting organisational development by establishing a shared culture where our staff adopt common sets of values and behaviours;
- promoting the integration of health and social care services by driving new provider approaches and service models;
- driving a consistent approach to understanding the needs of our population through the better use of business intelligence and technology;
- ensuring that the wider determinants of health and wellbeing are properly taken into consideration
- setting up and overseeing the effectiveness of working groups deemed necessary, agreeing terms of reference and membership of any such groups.

4.8 Areas of focus identified by the Board are:

- Oversee the development and implementation of an:
 - Integrated Delivery Plan to support the delivery of the Kirklees Health and Wellbeing Plan.
 - An outcomes framework including receiving information on progress towards achieving these outcomes in support of the 7 Kirklees Shared Outcomes,
 - Integrated approach to quality including oversight of the Integrated Quality Group
 - Integrated approach to communications, engagement and equality
 - Integrated approach to intelligence.
 - Integrated approach and scope for integrated provision and supporting the delivery of specific initiatives
 - Integrated approach to workforce development including oversight of the Integrated Workforce Development Steering Group
 - Integrated approach to use of digital technology including oversight of the Kirklees Digital Transformation Board
 - Integrated approach to use of estates including oversight of the Kirklees Estates Group
- Agreeing the aspiration for further pooling of budgets with size and scope to be determined. This could include providing a forum for joint consideration of funds received via the West Yorkshire and Harrogate Health and Care Partnership to support Kirklees Place Working.
- Receiving financial, performance and quality information on existing services and in particular where these are dependent on cross organisation working and co-operation.
- Building working relationships, trust, mutual understanding and confidence.

5. MEMBERSHIP

5.1 The membership of the Board is listed below. Where members are unable to attend they may nominate a deputy in advance to the Chair. Other individuals may be asked to attend meetings where appropriate to provide specialist knowledge and advice.

5.2 Members [21 members]

Kirklees CCGs	Chief Officer
Kirklees Council	Strategic Director Health and Care Director of Public Health Strategic Director Children's Services
Mid Yorkshire Hospitals NHS Trust	Chief Executive
Calderdale and Huddersfield NHS FT	Chief Executive
South West Yorkshire Partnerships NHS FT	Chief Executive
Kirkwood Hospice	Chief Executive
Locala CIC	Chief Executive
Third Sector Leaders	Chair
Domiciliary Care Providers Forum	Chair
Care Home Provider Forum	Chair
Curo GP Federation	Chief Executive
My Health Huddersfield GP Federation	Strategic Programme Manager
Primary Care Network	Clinical Director Representative North Clinical Director Representative South
Kirklees Neighbourhood Housing	Chief Operating Officer
Local Care Direct	Chief Executive
Community Pharmacy West Yorkshire	Chief Executive Officer
Health Watch Kirklees	Chief Executive
West Yorkshire Fire and Rescue	Kirklees District Commander

West Yorkshire Police	Chief Superintendent Kirklees District
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5.3 In Attendance [6 In Attendance]

Kirklees Place	Kirklees Place Programme Director Health Policy Officer Kirklees Council Head of Housing Services Kirklees Council Head of Strategy, Business Planning & Service Improvement GH/NKCCG Service Director – Integrated Commissioning GH/NKCCG/Kirklees Council CCG Chief Quality and Nursing Officer GH/NKCCG Communication Lead (TBC)
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6. DECISION MAKING

6.1 The Integrated Partnership Board has the power to make decisions within the limits of delegated authority for its members, through the authority delegated to those members from their employing organisations. It is expected that decisions will be reached by consensus.

6.2 Each Partner has secured internal reporting arrangements to ensure the standards of accountability and probity required by each Partner's own statutory duties and organisation are complied with.

7. ARRANGEMENTS FOR THE CONDUCT OF BUSINESS

7.1 Chairing

7.1.1 The Board will be chaired by the Chief Officer GHCCG and NKCCG. The deputy chair will be the Strategic Director for Health and Care, Kirklees Council.

7.2 Quorum

7.2.1 The Board is quorate when 8 members are present, including:

- The Chair or Deputy Chair (or another member nominated by them).

7.3 Frequency of Meetings

- 7.3.1 The Board will meet as at least once per month. Five clear working days' notice must be given for all meetings. An agenda must be issued five clear working days in advance of a meeting.

7.4 Conduct of Business

- 7.4.1 Agendas and papers will be sent to members prior to the meeting and where possible 5 working days before the meeting. Minutes of the meeting will be circulated no later than 5 working days after the meeting. Action points will be recorded as an 'Action Log' and circulated with the minutes of the meeting.
- 7.4.2 This Board will observe the requirements of the Freedom of information Act 2000, which allows a general right of access to recorded information held by GHCCG, NKCCG and Kirklees Council, including minutes of meetings, subject to specified exemptions.
- 7.4.3 All members must declare any conflict of interest they may have regarding an agenda item at the start of the meeting.
- 7.4.4 If an individual in attendance at a meeting of the Board has an interest, financial or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and act in accordance with their own organisation's conflicts of interest policy. This may include requiring the individual to withdraw from the meeting or part of it.
- 7.4.5 All declarations of interest, and agreed arrangements for managing the interest, will be recorded in the minutes.
- 7.4.6 Nolan Principles of Public Life are to be followed.
- 7.4.7 Members will abide by their information sharing agreements of their respective organisations and respect the confidentiality of partner organisations' information whilst undertaking their duties as part of this Board.

7.5 Administrative Support

- 7.5.1 The Board will be supported by the CCGs and Council.

8. REPORTING ARRANGEMENTS

- 8.1 The Board will report into the Kirklees Health and Wellbeing Board.

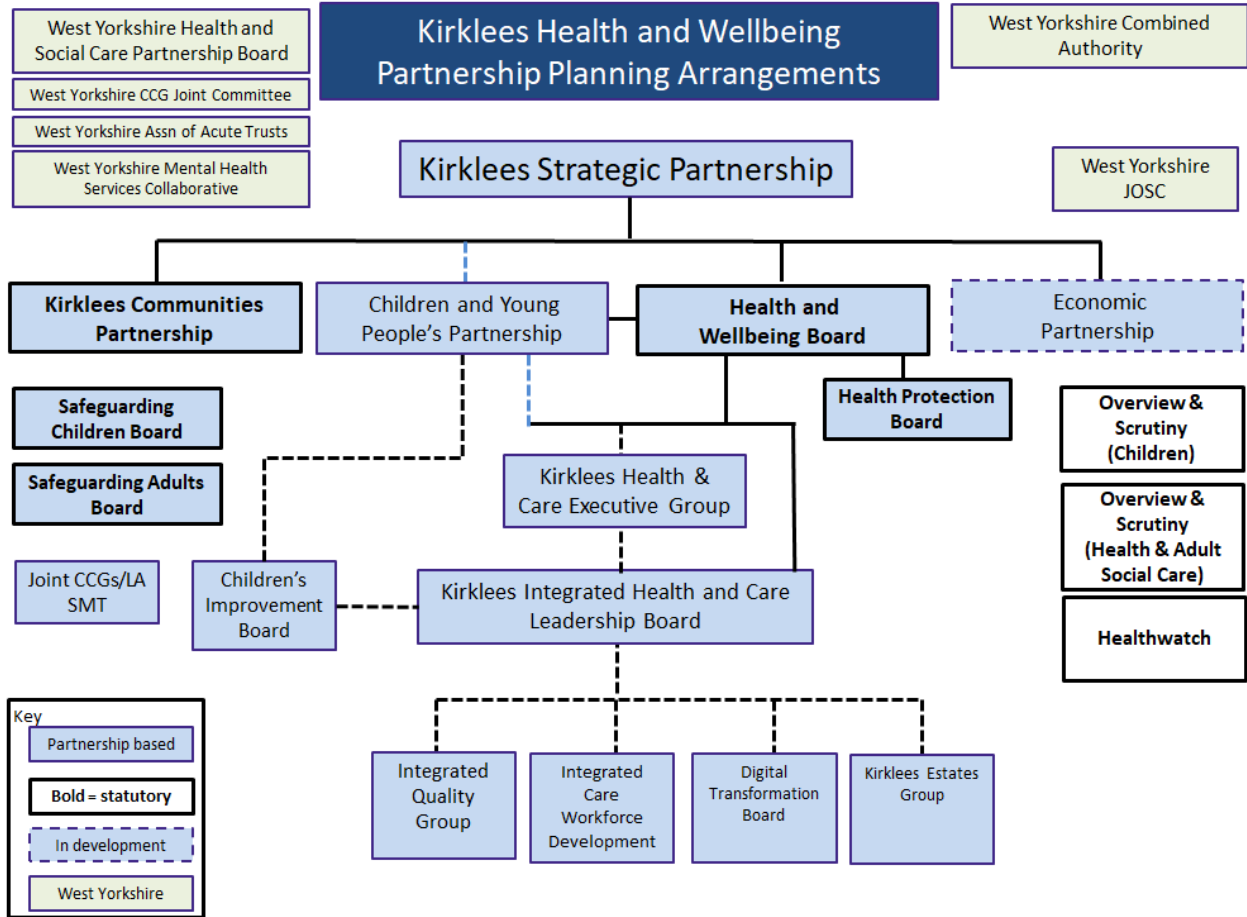
- 8.2 Organisations represented at the Board will ensure that the work of the Board is reported into their own governance arrangements in the appropriate way.

9. Review Date

9.1 These Terms of Reference are valid from July 2020 and will be reviewed in 12 months or sooner if required.

9.2 Next Review Date: March 2021

Relationship of Board to the Kirklees Health and Wellbeing Board and Other Meetings and Programmes of Work



GUIDING PRINCIPLES

Our processes should:

- be person centred – keep the individual user / patient / family at the heart of the process
- involve users / patients / carers / families / children and young people in the whole process actively seeking and considering their views
- support co-production and innovative approaches to service design and delivery encouraging users and professionals to work together to design and deliver public services in equal partnership
- make the most of what is there – build on existing assets (and support their further development) - both in the community and the business sectors, encouraging community capacity building wherever possible
- involve close working / collaboration between providers and commissioners – to build on our collective experience and knowledge and wherever possible do the work once to avoid the duplication of systems, processes, and work
- undertake shared analysis of problems and issues as the basis for taking action
- be simple, transparent, fair and open, stand up to scrutiny and be compliant with the legal duties and responsibilities of the partner organisations
- be outcome focused and based on needs– always remembering the end point we are trying to get to is to improve outcomes for local people
- ensure that all partner organisations take equal responsibility for managing risk

Our health, social care and public health services should:

- focus on prevention: stopping issues starting; detecting and dealing with issues if they do arise; and minimising their consequences. We should balance our investment and action across each of these stages
- promote health and wellbeing in their widest sense – thinking of the person as a whole, in their own and wider context; increase coping skills and resilience by giving people greater control over the support they need to manage their own conditions / situation
- promote personal choices – supporting people to make their own, informed decisions about how to meet their needs
- work as a whole health and social care economy where appropriate to: provide effective services that are timely, flexible and seamless and have a ‘can do’ attitude;
 - minimise variation in the quality of, and access to, services;
 - create integrated services where this delivers best outcomes for people, makes sense and achieves best value for money.
- be affordable and achieve Best Value – recognising the financial pressures we are all facing (and identify where working collaboratively will achieve better value for money and achieve better outcomes)
- focus on whole systems, taking account of the impact of actions in one area on the rest of the system,
- be evidence based – commissioning what we know works and/or ensuring good evaluation is in-built to any new models/approaches

- keep people safe – whilst promoting positive risk taking
- be sensitive to the ethnic, religious and cultural needs of all the people living in Kirklees