

KIRKLEES HEALTH & WELLBEING BOARD	
MEETING DATE:	22nd March 2018
TITLE OF PAPER:	Arrangements for Integrated Commissioning Board
1. Purpose of paper	<p>To update the Health and Wellbeing Board on arrangements for the new Integrated Commissioning Board (ICB) that will begin to meet from April 2018 replacing the Integrated Commissioning Executive and Better Care Fund Partnership Board.</p>
2. Background	<p>The Health and Wellbeing Board received a report on the Case for Change for integrated commissioning and provision within Kirklees in June 2017 (here). The Board endorsed the direction of travel set out in the case for change and supported the development of a programme plan to further develop and implement the proposed approach.</p> <p>At the December meeting of the Board we provided an update on proposals for revised integrated governance arrangements to support integrated commissioning and to allow us to move forward with integration of service delivery. The Board supported the proposals to combine the Integrated Commissioning Executive and the Better Care Fund Partnership Board.</p> <p>This paper provides an update on progress since December 2017 including terms of reference for the Integrated Commissioning Board.</p>

3. Proposal

The Figure below shows how the Integrated Commissioning Board fits into the revised integrated governance arrangements which were supported by the Board in December 2017.

Figure 1: Revised Integrated Governance Arrangements



Terms of reference for the Integrated Commissioning Board have been developed through the Integration Steering Group during January and February 2018. A draft set of terms of reference were taken to the January meeting and following amendments were signed off in the February meeting.

The existing terms of reference of ICE and the BCFPB already included many of the responsibilities that are required to move forward with integrated commissioning so it has been a case of refining these for future use rather than wholesale change. In addition the membership has been reviewed in light of the fact that the Chief Officers Group no longer meets and to reflect changes in the senior roles within the Council and CCGs.

A copy of the Terms of Reference is included in Appendix A.

The new arrangements will be in place from April 2018, and will initially operate in safe mode which includes undertaking the existing functions of ICE and BCFPB. In addition the Integrated Commissioning Board will:

- Build on existing trust, working relationships and confidence
- Develop the integrated commissioning:
 - Strategy and plan
 - Outcomes framework
 - Unified approach to quality
 - Unified approach to engagement and public involvement
- Receive finance, performance and quality information on existing services
- Agree the scope for integrated provision and manage delivery on early initiatives
- Agree the aspiration for further pooling of commissioning funds

The Integrated Commissioning Board is therefore responsible for a number of important functions which both continue to deliver on existing plans whilst developing plans to further integrate commissioning arrangements and the overseeing of plans for integrated provision. Any further pooling of funds is envisaged to be covered by existing or new s75 arrangements and the Integrated Commissioning Board would then be in place to manage these alongside the existing Better Care Fund.

The terms of reference have an early review date of 6 Months (October 2018) to reflect the ongoing evolution of integrated commissioning and this allows them to be reviewed in light of experiences gained from operating the new arrangements for 6 months.

In addition to the establishment of the new Integrated Commissioning Board progress has also been made on underlying arrangements to support its work. These include:

- Identifying lead officers and project teams to take forward work in the priority areas set out in the Terms of Reference. These will begin to report into the Integrated Commissioning Board from April.
- Beginning to review the work of the Integrated Commissioning Groups and other arrangements to ensure these are aligned with priority areas of work. This will continue during 2018/19.

4. Financial Implications

There are no financial implications arising directly from this paper.

5. Sign off

Richard Parry, Strategic Director for Adults and Health, Kirklees Council
Carol McKenna, Chief Officer Greater Huddersfield and North Kirklees CCGs

6. Next Steps

If the Board supports the commencement of the new Integrated Commissioning Board this will begin to meet in April 2018.

Updates on the progress of the will then be provided to the Health and Wellbeing Board during 2018/19

7. Recommendations

The Board is asked to:

- Continue to support the proposed changes to integrated governance arrangements
- Note and approve the Terms of Reference for the Integrated Commissioning Board and support the commencement of this from April 2018.
- Note the progress being made to support the work of the ICB.
- Request further updates as it feels necessary.

8. Contact Officer

Steve Brennan, SRO Working Together, steve.brennan@northkirkleescg.nhs.uk, 01924 504913

Kirklees Integrated Commissioning Board

Terms of Reference

Version No	Changes Applied	By/Date	Circulation
0.1	Initial draft based on discussion document	Laura Ellis 24.10.16	Pat Patrice / Richard Farnhill
1.0	Revised Draft	SPB 30.11.17	PP/LE/PL
1.1	Further revised draft	SPB 18.12.17	Phil Longworth
1.2	Amended for Comments	SPB 19.12.17	Integration Steering Group
1.3	Amended for comments from Jan Steering Group.	SPB 29.01.18	Integration Steering Group
1.4	Amended for comments from Feb Steering Group	SPB 19.02.18	

1. INTRODUCTION

- 1.1 There is a strong history of joint working in Kirklees, across Kirklees Council, NHS Greater Huddersfield Clinical Commissioning Group (GHCCG), and NHS North Kirklees CCG (NKCCG).
- 1.2 A new Integrated Commissioning Board to support further joint working arrangements is being created. The aim is to encourage a strong collaborative and integrated relationship, with formalised integrated commissioning arrangements that enable timely decision making, between Kirklees Council, NHS Greater Huddersfield CCG and NHS North Kirklees CCG.
- 1.3 Appendix 1 shows the relationship of the Board to the Kirklees Health and Wellbeing Board, programmes of work, partnership forums and other meetings.
- 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.
 - Ensure that a productive and constructive relationship continues to be developed and maintained, by:
 - Recognising, respecting and supporting each other's roles in the commissioning of health, social care and public health.
 - Being open, honest, constructive, transparent and communicative in all dealings with each other.
 - 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.

4. SCOPE AND OBJECTIVES

- 4.1 The Council and the CCGs will work together on the identification, negotiation, implementation, and monitoring of integrated health, social care and public health commissioning opportunities and initiatives. These will include the existing joint arrangements for Better Care Fund, Healthy Child Programme and those arising from wider opportunities for integrated commissioning. The purpose of the Board is to provide strategic direction and co-ordination to support the development and delivery of integrated commissioning intention, 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 plans of partners, identifying opportunities and making recommendations for greater efficiency, effectiveness and economy from integrated commissioning.
- 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 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 Commissioning Principles attached at Appendix 2
 - Delivers the aims and objectives of the Kirklees Joint Strategic Needs Assessment and the Kirklees Joint Health and Wellbeing Strategy.
 - Is in line with national policy and guidance for the integrated commissioning 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 ICB 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 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 by developing new financial flows
 - ensuring continuous improvement in the quality of services commissioned on behalf of the CCGs and Council through the development of a common quality assurance and reporting framework and quality improvement strategy;

- ensure 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 single culture where our staff adopt one set 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 are 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 During the initial phase of running in 'Safe Mode' the focus will be on:

- Developing an integrated Commissioning Strategy and Implementation Plan to support the delivery of the Kirklees Health and Wellbeing Plan.
- Overseeing the development of an outcomes framework, an integrated approach to quality and an integrated approach to engagement and public involvement.
- Agreeing the aspiration for further pooling of budgets with size and scope to be determined.
- Receiving financial, performance and quality information on existing services.
- Agreeing the scope of integrated provision and manage delivery of early initiatives.
- Building working relationships, trust, mutual understanding and confidence.

5. MEMBERSHIP

5.1 The membership of the Board is listed below. Other individuals may be asked to attend meetings where appropriate to provide specialist knowledge and advice.

5.2 GHCCG & NKCCG

Members:

1. Chief Officer Greater Huddersfield and North Kirklees CCGs
2. Chief Financial Officer GH&NKCCGs
3. Head of Strategy, Business Planning & Service Improvement Greater Huddersfield CCG
4. Head of Transformation and Integration NKCCG
5. Chief Quality and Nursing Officer GH&NKCCGs
6. Clinical Chair Greater Huddersfield CCG
7. Clinical Chair North Kirklees CCG

In Attendance:

8. Head of Corporate Governance (for Greater Huddersfield and North Kirklees CCGs)
9. SRO Integration Greater Huddersfield and North Kirklees CCGs

5.3 The Council

Members:

1. Strategic Director for Adult and Health
2. Director of Public Health
3. Service Director Adult Social Care Operations
4. Head of Market Development & Sufficiency (Adult Social Care)
5. Assistant Director Financial Management, Risk and Performance Kirklees Council
6. Service Director Integration Kirklees Council
- 7.

In attendance:

8. Health Policy Officer
9. Head of Health Improvement - Public Health
10. Joint Commissioning Manager (Children)
11. Head of Housing Services
12. Governance Lead

6. DECISION MAKING

6.1 The Integrated Commissioning 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 and the Strategic Director for Adults and Health, Kirklees Council in rotation.

7.2 Quorum

7.2.1 The Board is quorate when 6 members are present, including:

- One of the Chairs (or Deputy nominated by them)
- At least one member from the CCGs
- At least one representative from Kirklees Council

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 both CCGs and the Council's existing governance arrangements through the sharing of minutes and by attendance at meetings where appropriate.

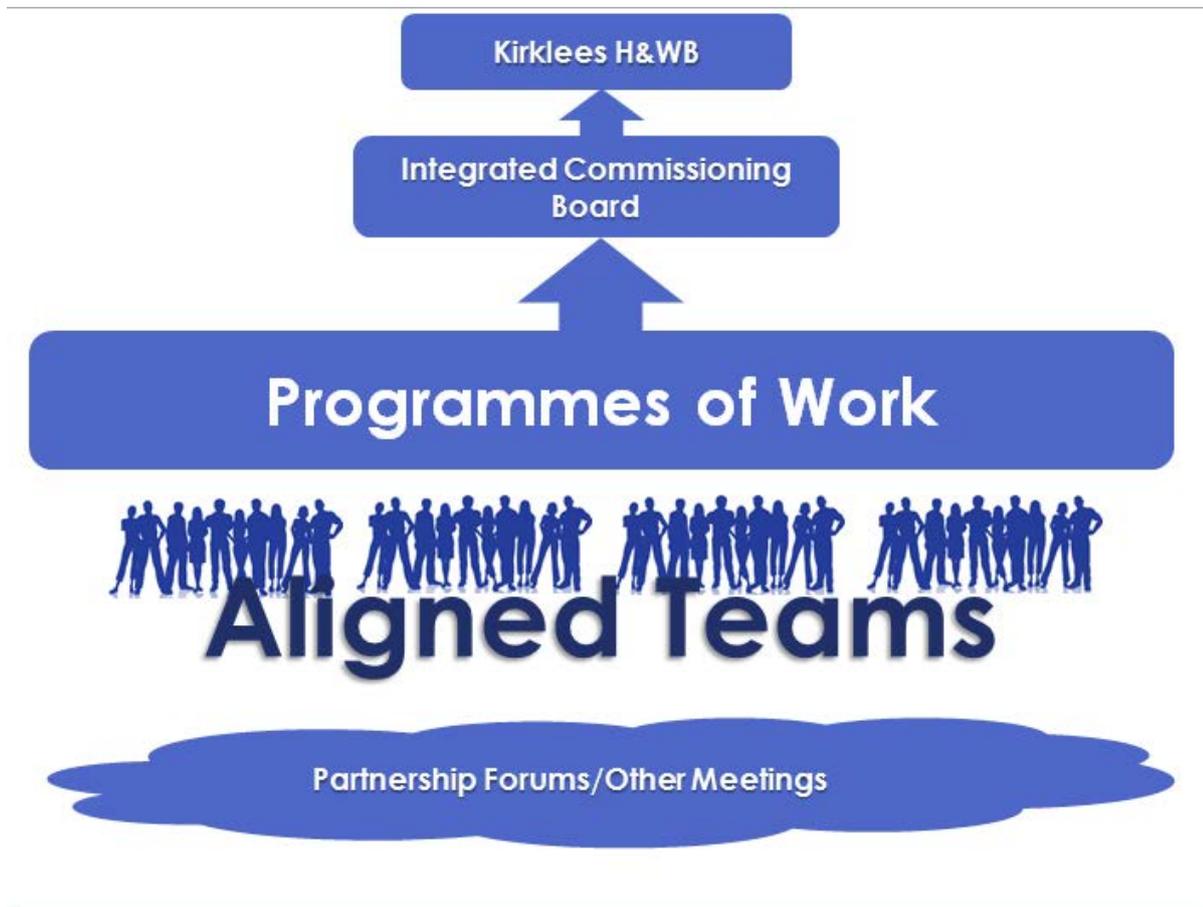
8.2 For North Kirklees Clinical and Greater Huddersfield CCGs the Board minutes will be formally reported into the Finance, Performance and Contracting Committees.

9. Review Date

9.1 These Terms of Reference are valid from 1st April 2018 and will be reviewed in 6 months or sooner if required.

9.2 Next Review Date: October 2018.

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



COMMISSIONING PRINCIPLES

Processes should:

- **be person centred** – keep the individual user / patient / family at the heart of the process
- **involve users / patients / 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 with providers** – to build on their experience and knowledge
- **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 commissioning organisations take equal responsibility for 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 (eg personal budgets)
- **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;
 - Provide care closer to home;
 - Direct the money flow across the health and social care system to reflect the Increase use of community based care;
 - Create integrated services where this delivers best outcomes for people, makes sense and achieves best value for money.
- **be affordable** – recognising the financial pressures we are all facing (and identify where working collaboratively will save 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, even when single agency commissioning is taking place
- **achieve Best Value** - for all Kirklees residents in terms of outcomes and value for money
- **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