

**Item 8ii**

## **Terms of Reference**

### **Integrated Care Joint Health and Social Care Steering Group**

Revised March 2014

<b>These terms of reference were approved by:</b>	
<b>Integrated Care Coalition</b>	
<b>These terms of reference will be reviewed by:</b>	
<b>March 2015</b>	

## Membership

Members	
Organisation	Name and Role
Barking and Dagenham CCG	Dr Jagen John, Integrated Care Clinical Lead
Barking and Dagenham CCG	Sharon Morrow, Chief Operating Officer
LB Barking and Dagenham	Bruce Morris, Divisional Director of Adult Social Care
Havering CCG	Dr Gurdev Saini, Integrated Care Clinical Lead
Havering CCG	Alan Steward, Chief Operating Officer
LB Havering	Barbara Nichols, Head of Adult Social Care
Redbridge CCG	Dr Mehul Mathukia, Integrated Care Clinical Lead
Redbridge CCG	Louise Mitchell, Chief Operating Officer
LB Redbridge	Pauline Brown, Principal Officer / Simon Froud, Chief Officer Adult Social Care Services
BHR CCGs	Jane Gateley, Director of Strategic Delivery (Chair)
BHR CCGs	Rob Adcock, Deputy Director of Finance
BHR CCGs	Sarah See, Primary Care Improvement Programme Director
BHRUT	Shelagh Smith, Divisional Manager Medicine and Emergency
BHRUT	Mary Joseet, Director of Planning
North East London Foundation Trust	Jacqui Van Rossum, Executive Director Integrated Care
North East London Foundation Trust	Steve Feast, Medical Director
NHS England	John Atherton (Area Team)
NHS England	Kathie Binysh (Public Health)
NHS England	Sue Sawyer (Specialised Commissioning)
NHS England	Neil Roberts (Primary Care)

Members are permitted to send deputies in their place when they are not able to attend. Others will be invited to attend as appropriate.

## Quorum

The group will be considered quorate when 4 members are in attendance.

## Administration and Handling of Meetings

Administration functions will be undertaken by Programme Management Office, whose duties will include:

- Agreement of the agenda with the Chair of the Group. Once agreed and circulated no further agenda items, without prior warning or discussion with the Chair, will be raised or presented at the meeting.
- The collation and circulation of papers, with papers being circulated within a minimum of three working days in advance of the meeting date.
- Taking action notes/issues to be carried forward.

## Reporting and Communications

Action notes from each meeting will be taken and approved at the subsequent meeting of the Steering Group.

They will be forwarded to all members for them to circulate/report as appropriate within their respective organisations and will be included as a standing item on the Integrated Care Coalition agenda.

## Purpose of the Group

The Group has been established as part of the agreed governance architecture of the Integrated Care Coalition to:

- Draw together clinical, provider, commissioner, managerial and programme management expertise
- Generate recommendations for high impact changes that will deliver integrated care in the BHR economy
- Produce a strategy and work plan for delivering the agreed changes

Following the completion of the Integrated Care Case for Change and Strategic Outline Case, members of the Group will act as a joint health and social care team to support the development and delivery of the resulting work plan.

It is recognised that a significant proportion of the delivery programme will take place at a borough level and that the role of this group is on cross BHR programmes/projects e.g. RIF project, where there are synergies and on shared learning. Members were asked to share work with others, even where they are not directly involved so that there is a joined up understanding of integrated care related projects across the system.

Delegated authority from the Integrated Care Coalition to the ICSG, to co-ordinate on its behalf the production of the 5 year strategic plan, including specific responsibility to:

- Develop, and oversee the production of a 5 year strategic plan, to which each of the CCG 2 year operating plans will reference.
- More closely align direct commissioning across CCGs, Boroughs and NHSE areas of responsibility (public health, primary care, screening, community, acute and specialised and mental health) to ensure a coherent strategic plan that delivers health outcomes improvements to local populations
- Ensure strategic plans coordinate existing streams of work e.g. acute service reconfiguration and integrated care into 5 year plans for transformation
- Co-ordinate activities in response to national programmes in areas of common interest e.g. 'Call to Action' engagement into resulting strategic plans.
- Share intelligence on changes/challenges and developments of local health systems and ensure

information e.g. JSNA is used to underpin strategic commissioning decisions

- Ensure that the Better Care Fund (BCF) is used as the 'game changer' to help reshape the delivery of services and therefore improved health outcomes to local people, acknowledging that these will have been negotiated at CCG and Local Authority level

The Group also provides a forum to discuss system wide changes with local providers.

The Group will report progress to Coalition.

## Frequency of Meetings

The group will meet monthly from March 2014.

## Accountability

The Group will account to the Integrated Care Coalition.