

DRAFT TERMS OF REFERENCE – BRENT INTEGRATION TRANSFORMATION BOARD

1. PURPOSE

The Brent Integration Transformation Board is collectively accountable to the Brent Health and Wellbeing Board. Its main purpose is to provide system wide leadership and accountability for delivery of integration within Brent's health and care economy. The Brent Integration Transformation Board will implement the vision and direction for integrated care as set out in the Health and Wellbeing Board and the Integration Transformation Fund.

It will provide advice and recommendations to the Health and Wellbeing Board and seek its support in achieving rapid and dynamic change. It will be informed by Brent Health and Wellbeing Board, along with national priorities, local priorities, communities, users of services and clinical priorities.

Key success criteria are:

1. Achieving a framework and ability for different models of integration to emerge
2. Ensuring that the whole system benefits from integration, demonstrates efficiencies and that we improve outcomes
3. Ensuring that the system delivers the both national voices definition of integration and translates them into integration of local service delivery

2. AGREED PRIORITIES

2.1 Integrated STARRS, Reablement and Rehab

2.2 Integrated Frequent Attenders MDT / ICP

2.3 Delayed Transfers of Care

2.4 Alcohol and Homeless

2.5 Learning Disabilities

2.6 Mental Health Primary Care Plus

3. RESPONSIBILITIES

3.1 To develop the vision for integration of health and care with clear aspirations and outcomes, maintaining the health, well-being and independence of the citizens of Brent.

3.2 To develop a health and social care system which commissions and provides different models of integration through innovation and transformation to deliver more co-ordinated care in the community to enable people to live longer and live better.

3.3 To oversee the development of a system of care which co-ordinates in hospital and out of hospital services, including 7 day availability, across Brent to achieve better outcomes which will enable people to live longer and live better

3.4 To take an economy wide approach to managing difficult issues and where appropriate to use freedoms and flexibilities available to maximum advantage locally and challenge the system where barriers exist and seek solutions at the necessary level.

3.5 To understand the total NHS and Local Authority resources and directing those resources to support integration as required. This will include advising and informing the Health and Wellbeing Board on the targeting of transferred NHS resources to social care (including the Integration and Transformation Fund) and creating opportunities for supporting integration.

3.6 To support the move to towards a joint health and social care information system and joined up information technologies, maximising the benefits of a single shared record users of services and staff

3.7 To support the Health and Wellbeing Board and develop a two way relationship to inform and support the delivery of integrated health and care.

3.8 To establish relationships for engaging with local communities, the public and users of services and assure itself that any changes to the system reflect the views and experience of local people and users of services.

3.9 To develop a financial model which supports the spectrum of integration, including risk and benefit sharing, proposing changes to existing payment mechanisms and contractual arrangements where necessary.

3.10 To work to the following principles, as reflected in Integration Pioneer:

We will ensure person focused services by...

- Working better together is first and foremost about what is best to add value for the people we care for
- Improving the quality of care and support available
- Looking for improvement through the eyes of the people we care for and the staff providing the care

We will ensure collective ownership by...

- Continuing to create a culture of trust, openness and transparency, including demonstrating a collective stewardship of resources
- Putting the interests of the people we serve ahead those of our individual organisations

We will ensure learning and development by...

- Sharing our learning from working together with one another, and others as well as learning from elsewhere and will share our learning more widely
- Building on existing work that has established strong foundations for integration e.g. NWL WSIC
- Ensuring our clinicians, social care professionals, managers and others will work together to make change happen we will ensure pace and focus by.
- Collectively agreeing our future priorities as a whole system
- Adopting a positive mind-set – 'we can, we will'
- Committing to working at pace, to achieve rapid progress, make decisions and see them through

3.11 Promote learning that could be shared with other programmes and/or applied to different client groups

3.12 To oversee service development and a culture change to deliver integration, innovation and transformation.

4. MEMBERSHIP, FREQUENCY OF MEETINGS AND QUORUM

4.1 The Brent Integration Board will comprise the main partners as core member as follows:

| | | |
|--------------|---|--------------|
| Chair | } | To be agreed |
| Deputy Chair | } | |
| Membership | } | |

4.2 Frequency – To be agreed

4.3 Quorum – To be agreed

4.4 Administration – To be agreed

5. CONFLICTS OF INTEREST

5.1 As commissioners and providers will be jointly developing new models of integration, careful consideration will need to be given to potential conflicts of interest.

5.2 Members of the Integration Board are expected to conduct themselves in an appropriate manner. They must refrain from actions that are likely to create any real or perceived conflict of interest, save those that are inherent in the institutional interests of the organisations that members represent.

5.3 Members are expected to protect and maintain as confidential any privileged or sensitive information divulged during the work of the Board. Where items are deemed to be privileged or particularly sensitive in nature, these should be identified and agreed by the Chair.

6. REPORTING

6.1 The Brent Integration Transformation Board is collectively accountable to the Brent Health and Wellbeing Board. It will report to the Brent Health and Wellbeing Board through its Chair and will develop a two way relationship and feedback from the Health and Wellbeing Board.

6.2 The minutes of the Brent Integration Transformation Board will be made available to the Health and Wellbeing Board and to constituent organisations.

6.3 Minutes with clear sets of actions from both will be received at each Brent Integration Transformation Board Meeting.

7. REVIEW

7.1 The Brent Integration Transformation Board Terms of Reference will be formally reviewed in November 2014.

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