

Better Together Programme Board

Terms of Reference

1. Purpose

The purpose of this group is to steer and drive the transformation of health and social care services (for children and adults) into a holistic integrated operating model across Luton.

2. Background and Context

There are significant national and local drivers for the development of whole system integration.

At a national level, the Health and Social Care Act 2012 puts a responsibility on health and wellbeing boards to promote integration and the government is committed to introduce a national minimum eligibility threshold for care and support in England by April 2015. The 2013 Children and Families Bill includes the duty on local authorities to draw up single (or integrated) education, health and care plans for children with special education needs or who are disabled, and to set out a 'local offer' of services available to parents and young people.

At a local level, integration is identified in the Health and Wellbeing strategy as one of the key factors in improving health and reducing health inequalities. Additionally

There is a considerable body of evidence that supports the idea that holistic health and care services organised around a person (patient, service user or carer) leads to better health outcomes and has the potential to cost less. Luton Council's prospectus says: "We know that achieving good health outcomes comes from more than having good health services and that housing, education, work, diet, lifestyle and social activities make a big and sometimes decisive difference to health inequalities." This view is supported in the public health white paper 2010 and Marmot report "Fair Society, Healthy Lives", also 2010.

We know that service users, patients, their families and carers sometimes find that the different systems they have to navigate work against them rather than for them.

The proposition at the heart of this programme is that services designed and delivered around the person enable them and their family to stay independent for longer and that this not only improves their immediate and longer term health outlook, it also cost the public purse less money because it delays or avoids the need for expensive residential or hospital in-patient care.

3. Responsibilities

The Better Together board sets the strategic direction of the programme and is responsible for overseeing high level delivery. As such it will not sign-off operational matters such as service redesign options; rather it will have the opportunity to require

changes to priorities and pace and to scrutinise and decide how they might contribute to strategic programme aims.

- Shape the future of the whole systems economy in Luton, reporting up to the health and wellbeing board.
- Agree the vision for the future integrated services
- Governance function
- Monitor programme progress
- Realising the project outcomes / benefits
- Monitoring the budgets
- Make recommendations to the health and wellbeing board for sign-off
- Agree the scope of the programme and its deliverables
- Steer and oversee the development of the strategic vision ensuring communication and engagement takes place with citizens and patients, clinicians, staff and providers
- Steer and oversee the development of a robust implementation plan with clear and ambitious milestones and timelines for delivery
- Ensure the development and delivery of a communication and engagement plan for citizens and patients, clinicians, staff and providers linked to the implementation plan.
- Monitor and oversee the delivery of the programme in accordance with the final version of the agreed implementation plan (21/6/13)
- Ensure the development of a risk register and monitor mitigation actions
- Identify and resolve escalated barriers and obstacles to delivery
- Oversee the establishment of robust evaluation and performance management framework to identify benefits and measure outcomes and impact

4. Accountability

The board is accountable to the health and wellbeing board and will provide it with a regular summary of progress and performance, key issues and recommendations requiring ratification or decision. The board will link with the senior management teams in the Council and the CCG as required in relation to the development of policy changes or other decisions that will require member or trustee approval.

5. Membership (roles and responsibilities)

There will be multi-agency representation on this board and each representative member will be responsible for communication of key decisions and actions through their respective organisations.

In the event that the usual attendee from an organisation is unable to attend a meeting they will ensure that a substitute is sent in their place.

CCG chief officer;
CCG director of commissioning and integration;
GP board member;
NHS England area team
LBC finance director;
CCG director of finance;

LBC corporate director of housing and community living;
LBC director of children's services;
LBC director of public health;
Luton and Dunstable university hospital ;
CCS;
SEPT;
Healthwatch.

The chair of the board and two deputy chairs will be elected by a simple majority of those members of the board present at the first board meeting or at subsequent meeting following the resignation of any office holder.

6. Frequency of Meetings and Minutes

The Better Together Board will meet a minimum of five times a year synchronised with the health and wellbeing board. Formal minutes and a log of key actions and agreements will be maintained.

7. Operational Subgroups

This is a complex programme of work and operational subgroups will be established to take forward individual projects and to provide day to day programme and project management.

A voluntary sector representative group will be established and it will be invited to put forward a sector representative to the board and to the sub-groups.

8. Quorum

This is a commissioner led programme therefore a director level representative from the CCG, NHS England area team and the Council is required to be present or otherwise able to input the views of their organisation into the meeting in order for key decisions to be ratified.

9. Declarations of interest

Any declarations of interest will be declared and recorded at the beginning of each programme board meeting.

10. Review Dates

Reviews will take place at the end of each key phase as follows:

- Analysis – December 2013
- Service model and implementation plan development – Jan 2014
- Implementation phases – from April 2014