



## Oxfordshire Health & Wellbeing Board Thursday, 15 November 2018

### ADDENDA

#### 7. Draft Joint Health & Wellbeing Strategy and New Priorities for the Health & Wellbeing Board (Pages 1 - 2)

Please find attached the following document which was omitted in error from the main Agenda:

7(c)2 Planning for future population Health and Care needs – Proposed Framework Approach – Appendix 1

***The Board is RECOMMENDED to approve the framework approach to meeting current and future population needs, as set out in the report.***

#### 9. Terms of Reference of Health & Wellbeing Board (Pages 3 - 34)

Please find attached the following draft Terms of Reference for all the sub-groups and Partnership Board to accompany the Terms of Reference of the Health & Wellbeing Board itself, which is attached to the main Agenda:

- Children's Trust
- Health Improvement Board
- Cover report and Terms of Reference for the Integrated System Delivery Board
- Terms of Reference for Adult Joint Management Group & Better Care Fund Joint Management Group

***The Board is RECOMMENDED to approve the refreshed Terms of Reference.***

#### 11. Reports from Health & Wellbeing Board Sub-Groups (Pages 35 - 36)

Please find attached the report from the Joint Management Groups for Adults.

**15. Director of Public Health Annual Report 2017-18 (Pages 37 - 38)**

A draft letter to the Secretary of State for Health regarding fast food advertising and alcohol pricing and fast food advertising is now attached for approval by the Board.

## Planning for Future Population Health and Care Needs

### Proposal for a framework approach

This framework aims to provide an evidence-based approach to planning for the design and delivery of services, engaging the public and key stakeholders at an early stage in order to fully understand the health and care needs of our populations. Once we have collectively understood these challenges, we can develop solutions together for the future delivery of services to meet those needs.

The framework and the stages within it can be practically applied at the most appropriate geographic or population level. There is a clear emphasis within this approach on locally developed solutions.

There will be a balance to addressing challenges locally with those that impact on a wider geography or population and need to be addressed at a broader level or for a greater population. Work to establish the most appropriate level at which to plan and deliver services will support this balance. Decisions will not be made in isolation.

Public involvement and engagement will be critical throughout, along with the involvement of clinicians and care professionals. The specific design of these engagement approaches will be bespoke to the population or geographical area covered in the scope of the use of the framework.

### Principles of the approach – what we will and will not do

In line with the overarching principles of the Health and Wellbeing Board, we will uphold the triple aim for the people of Oxfordshire:

**Better Health and wellbeing** – improved population health and wellbeing

**Better Care** – transformed care delivery, improved quality and experience

**Better Value** – sustainable finances and optimal use of the Oxfordshire Pound

This is a **system approach** –partners will work together involving and engaging local communities to determine how best to meet future health and care needs. Solutions will be developed as a system not as individual organisations;

- **Population health management** principles will be followed – planning will include prevention and a focus on the wider social determinants of health;
- We will promote and enable **community and patient involvement** and engagement throughout - this will include co-design of approaches and co-production of key outputs;
- We will promote and enable **clinical\* leadership**;
- Our work will be based on **parity of esteem** and address both physical and mental health;
- Future solutions and models of care will be **based on evidence** and will consider innovation and best practice from elsewhere;
- We will undertake appropriate reality checks – **are proposals realistically affordable, attainable**, can we be sure of a workforce to deliver the model(s), are the proposals right for Oxfordshire or a specific community within our County;
- We will sense check the level (geographic or population) at which solutions are being planned and developed – **we will not fragment or isolate decision making**;
- All planning approaches will be supported by robust **clinical and business cases** in the development of possible options;
- We will follow **best practice** and locally agreed change management approaches

The key stages of the framework have been summarised in the diagram overleaf. This should not be read as a set of prescriptive guidance or considered as the approach that will be applied to the whole of the County. It should be regarded as a support tool – the principles of which will inform how the planning and design for the future delivery of services will be approached.

\*The term 'Clinical' in this context is used in an all encompassing way and refers to leadership provided by social care experts, Drs, Nurses, Allied Health Professionals

Stages can be run concurrently

	Planning and Co-design	Population Health and Care Needs	Review of Services and Assets	Innovation and Good Practice	Meeting Population Needs	Development of options
Key Activities	<ul style="list-style-type: none"> <li>• <b>Co-design the detailed approach with particular emphasis on local involvement</b></li> <li>• Informed by JSNA and community profiles confirm the scope of the focus of the work – neighbourhood / Town / locality etc</li> <li>• Establish a core project team</li> <li>• Establish a stakeholder group</li> <li>• Establish a clinical / professional group</li> <li>• Develop involvement strategy and communications plan</li> <li>• Hold a community event(s) to introduce and kick off the project</li> </ul>	<ul style="list-style-type: none"> <li>• Start population health management approach</li> <li>• Build on existing work to understand the current and future population needs</li> <li>• Identify key leads to be engaged in development of specific aspect of the needs assessment work</li> <li>• Segment the population to identify and consider need use modelling to predict trends and changes</li> <li>• Identify any urgent or immediate concerns that require action</li> <li>• Plot out timescale for significant population changes linked to growth deal</li> </ul>	<ul style="list-style-type: none"> <li>• Identify key individuals and organisations to undertake review</li> <li>• Map what services are provided by whom, where and when</li> <li>• Map which population accesses the services</li> <li>• Identify physical assets and the services provided from those assets</li> <li>• Capture any sustainability issues – workforce, physical condition of buildings, non recurrent funding etc</li> <li>• Where possible highlight activity - what population segments access which services</li> </ul>	<ul style="list-style-type: none"> <li>• Identification of innovative approaches to the future delivery of services</li> <li>• Identify and understand the successes and impact that early adopter sites have achieved</li> <li>• Consideration of latest ideas and clinical good practice</li> <li>• Establish local views and ideas from those delivering services on how services could be provided differently in the future with innovation and integration</li> <li>• Work to identify initiatives and programmes that will address wellbeing and prevention</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Co-design a range of small solution building events or a significant accelerated event</b></li> <li>• Draw up suggestions and proposals directly informed by the preceding stages that will meet the identified population needs</li> <li>• Test whether or not all challenges or gaps can be addressed locally</li> <li>• Considering population health management what impact and benefit could wellbeing and prevention initiatives have for the future</li> <li>• Challenge – are emerging solutions / proposals affordable and deliverable</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Further refine options informed by local engagement events</b></li> <li>• Any additional detailed modelling and analysis to test proposals</li> <li>• Present options tested against deliverability, operational sustainability, affordability</li> <li>• Utilise a recognised Outline Business Case approach such as a 5 case model to summarise options for consideration</li> <li>• Identify any quick wins</li> <li>• <b>Confirm any potential significant service changes</b></li> </ul>
Page 2 Key Questions to be answered	<ul style="list-style-type: none"> <li>• <b>How can co-design be enabled?</b></li> <li>• <b>How will the approach be organised?</b></li> <li>• <b>Who will lead the project from the system?</b></li> <li>• <b>Who should be involved in this work locally?</b></li> <li>• <b>How do people want to be involved?</b></li> </ul>	<ul style="list-style-type: none"> <li>• What are the needs of the population across health and care?</li> <li>• What are the specific needs of segments of the population?</li> <li>• What future developments are planned that may change population requirements?</li> <li>• Is any immediate action required?</li> <li>• <b>What are local views of need?</b></li> </ul>	<ul style="list-style-type: none"> <li>• What, where and when services are provided?</li> <li>• Where do patients that access the services travel from?</li> <li>• What are the physical assets in the system?</li> <li>• <b>What services do local people value and why?</b></li> <li>• <b>What do we understand about local groups and schemes?</b></li> </ul>	<ul style="list-style-type: none"> <li>• What emerging clinical and professional best practice is relevant to this population?</li> <li>• What future opportunities should we consider with respect to innovation and new models of care?</li> <li>• How could a less fragmented more integrated approach to health and care be if benefit?</li> </ul>	<ul style="list-style-type: none"> <li>• How could we work together as a system to best provide services to meet the needs of the population and at what scale?</li> <li>• What provider delivery models, commissioning approaches, clinical and service delivery models support that?</li> <li>• What can wellbeing and prevention support?</li> </ul>	<ul style="list-style-type: none"> <li>• What are the possible options for the future delivery of services that meet tests for deliverability</li> <li>• Do any options meet a test for significant service change?</li> <li>• What options are there for initiatives that will support and promote healthy living in the longer term?</li> </ul>
Community Involvement	<ul style="list-style-type: none"> <li>• Co-design of approach</li> <li>• Initial public event with the community</li> <li>• Co-production local communications and engagement plan</li> <li>• Establishment of stakeholder group</li> </ul>	<ul style="list-style-type: none"> <li>• In line with co-designed approach e.g public events</li> <li>• Delivery in line with co-produced communications and engagement plan e.g. use of local Area Committees or similar to highlight findings</li> </ul>	<ul style="list-style-type: none"> <li>• In line with co-designed approach e.g public events</li> <li>• Delivery in line with co-produced communications and engagement plan e.g. use of local Area Committees or similar to highlight findings</li> </ul>	<ul style="list-style-type: none"> <li>• In line with co-designed approach e.g public events</li> <li>• Socialise emerging case for change locally</li> <li>• Innovation events</li> </ul>	<ul style="list-style-type: none"> <li>• 2 day 'Open Space' solution building event</li> <li>• Delivery in line with co-produced communications and engagement plan</li> </ul>	<ul style="list-style-type: none"> <li>• Continued involvement with community</li> <li>• Development of options</li> </ul>
Deliverables	<ul style="list-style-type: none"> <li>• <b>Co-production a project plan including timeline</b></li> <li>• Confirmation of a core team</li> <li>• Establishment of local clinical and professional steering group</li> <li>• Establishment of local community stakeholder group</li> <li>• <b>Initial public event</b></li> </ul>	<ul style="list-style-type: none"> <li>• Understanding of population summarised specific to area</li> <li>• Specific trends and trajectories for population segments</li> <li>• Summary of known population changes plotted over years</li> <li>• <b>Understanding of local views of need</b></li> </ul>	<ul style="list-style-type: none"> <li>• Clear picture of what services are provide where, when and by which organisation</li> <li>• An understanding of those services provided by the third sector</li> <li>• Picture of social capital</li> <li>• A summary of physical assets</li> <li>• Understanding of distance travelled to access services</li> </ul>	<ul style="list-style-type: none"> <li>• Options and opportunities for what innovative approaches across health and care can meet the needs of the population</li> <li>• Ideas for how to work in a more integrated way</li> <li>• Ideas for a longer term approach to the management of health and wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>• Ideas and proposed solutions / options appropriate for the population and realistic scale</li> <li>• Options for new models of care</li> <li>• Suggestions for integrated delivery</li> <li>• <b>Community involvement in solution building</b></li> <li>• Scale of service delivery</li> </ul>	<ul style="list-style-type: none"> <li>• A set of possible options for the future delivery of services across health and care, linked to key time or population change triggers</li> <li>• Proposals for longer term approaches that address wellbeing and prevention to improve overall healthy living</li> </ul>

## Children's Trust Board

### Terms of Reference (2018 - 19)

FINAL

		Date
Prepared by	Nina Bhakri	October 2016
Reviewed by:	Children's Trust Board	23 November 2016
Reviewed by:	Children's Trust Board	14 December 2017
Approved by:	Children's Trust Board	
Review Date:		March 2019

# THE CHILDREN'S TRUST BOARD

## TERMS OF REFERENCE

### 1. Introduction

- 1.1 The Children's Trust Board brings together the public, private and voluntary sectors to improve outcomes for all children and young people who live in the county.
- 1.2 This document sets out the strategic, decision making and operational structure of the Children's Trust Board and sets out the roles and responsibilities of partners.
- 1.3 This document will be reviewed and updated annually.

### 2. Objectives

- 2.1 The Children's Trust Board primary objectives are to ensure that effective multi agency working is in place at a strategic level across children's services and that the voice of children, young people and their families contributes to these arrangements and to decision making.

### 3. Purpose

- 3.1 The purpose of the Trust is to:
  1. Oversee key areas of multi-agency strategic planning for children and young people.
  2. Improve outcomes for children in relation to being successful, keeping safe, staying healthy, and being supported in relation to the agreed priority areas.
  3. Drive the integration agenda where there is evidence that integrated working will improve outcomes for children and young people.
  4. Champion the involvement of children, young people, parents and carers in partnership working with senior managers and politicians.
  5. Ensure the Health and Wellbeing Board and other partnerships are sighted on the key challenges facing children and young people in Oxfordshire.

### 4. Role

- 4.1 The Role of the Children's Trust Board is to:
  1. To identify and agree its shared priorities for children and young people
  2. Agree actions for improvement
  3. Agree systems and procedures for effective information sharing and collaboration
  4. Implement an agreed approach to involving children and young people.

## **5. Values**

5.1 The Children's Trust Board will be:

1. Strategic - members of the Trust are in a position to take a strategic overview and to influence decision making and delivery within their organisation.
2. Inclusive – the Trust will be a partnership of equals, actively involving all the key players in the public, private, voluntary and community sectors and children and young people.
3. Outcome focused – The Trust will establish common priorities together with agreed actions and milestones that lead to demonstrable improvements against measurable baselines.
4. A body that promotes equality – the Trust will serve the needs of all children and young people regardless of age, sex, disability, race, religion, belief or sexual orientation.

## **6. Responsibilities**

6.1 The responsibilities of the Trust are to:

1. Produce an annual Business Plan setting out the Trust's strategic vision, mission, priorities and goals.
2. Oversee and refresh the Children and Young Peoples Plan which commissioners must have regard to when carrying out their functions.
3. Review performance via the Children's Trust dataset which is overseen by the Performance, Audit and Quality Assurance Sub Group of both the Trust and OSCB.
4. Encourage and promote integrated working between children's services, health and social care and other local services including voluntary and public sector services and commissioners.

## **7. Structure**

7.1 Membership:

7.1.1 Members of the Trust are required to be of sufficient seniority to be able to:

- Speak for their organisation;
- Commit their organisation on policy and practice matters;
- Hold their organisation to account.

7.1.2 The Trust membership is drawn from each of the agencies or organisations set out below:

1. Oxfordshire County Council: Education and Learning, Children's Social Care, Adult Social Care, Public Health, Joint Commissioning, Cabinet member for Children and Families, Cabinet member for Education and Public Health
2. Oxfordshire Clinical Commissioning Group

3. The City and District Council Members
4. Thames Valley Police
5. Oxfordshire Safeguarding Children Board
6. Oxford Health NHS Foundation Trust
7. Safer Oxfordshire Partnership
8. Oxford University Hospitals NHS Trust
9. Representation from schools and colleges
10. Representation from the local Voluntary and Community Sector
11. Parents/carers appointed by Healthwatch Oxfordshire as Healthwatch ambassadors
12. Voice of Oxfordshire Youth (VoXY)

7.1.2 Membership will be reviewed and agreed annually

7.1.3 The meetings will require attendance by 7 of the 12 organisations listed above to be considered quorate.

7.2 The Chairman:

The Trust will be chaired by the Cabinet Member for Children and Family Services, Oxfordshire County Council.

7.3 Vice Chairman:

The Vice Chairman will be a representative from Oxfordshire Clinical Commissioning Group.

## **8. Accountability**

8.1 How the Trust is held to account:

The Trust will present regular reports to the Oxfordshire Health and Wellbeing Board, Oxfordshire Safeguarding Children Board and the Voice of Oxfordshire Youth.

8.2 How the trust holds others to account:

The Trust is not a formal decision making body in the commitment of resources. The Trust does, however, hold partners to account by the way in which it operates to build influence with partners.

## **9 How the Trust will Operate**

9.1 The Trust will focus its resources on the following three areas where it has identified it can make a difference:



1. Early Help and Early Intervention
2. Educational Attainment for vulnerable children and young people
3. Managing transitions into adulthood

## 9.2 Forward Plan

The Trust will produce an annual Forward Plan to ensure clearer oversight of key risks and issues across the system. The Forward Plan will support the overall strategic direction of service delivery and escalation of issues as appropriate.

## 9.3 Time limited task and finish groups:

9.3.1 The Trust may, from time to time, establish working groups to pursue particular projects. These groups will be set up on a “task and finish” basis and will be dissolved once the project has been completed.

9.3.2 These groups are responsible to the Trust for delivering against agreed objectives. They will be expected to report their achievements against priorities to the Trust on a regular basis.

## 9.4 Meetings:

9.4.1 The Trust will meet four times a year and publish an annual plan for its meetings.

9.4.2 The agenda for three of the meetings will include a focus on at least one of the priorities listed above and also include time to consider emerging and core business.

9.4.3 Core business includes:

1. Performance monitoring and management
2. Updates from the Trust’s Task and Finish Groups
3. New and emerging national, regional and local developments which impact on the business of the Trust.

9.4.4 Agendas will be presented using the “standing agenda” template in **Appendix 1**.

9.4.5 Annual Business Planning Meeting:

The Trust will review and update its business plan and terms of reference at its annual business planning meeting.

## 10 Communication, Consultation and Engagement

10.1 The Trust is responsible for engaging and involving children, young people, their families, carers and other local stakeholders to help shape plans and decisions about children’s services.

10.2 To achieve this, the Trust will work with the Voice of Oxfordshire Youth to ensure that the voice of children, young people and families influence and inform the business of the Trust.

10.3 Responsibility for communications for the Trust will be delegated to the Policy Team of Oxfordshire County Council.

## 11. Code of Conduct

11.1 A code of conduct is designed to promote public confidence in the actions of the Children's Trust Board.

11.2 Members of the Trust must comply with this code whenever they:

1. Conduct Trust business
2. Act as representative of the Children's Trust Board

(This code is available in **Appendix 2**).

## **12. Decision making arrangements**

12.1 Where an item is placed for decision, that decision will be taken by agreement of the Trust members, by vote if necessary.

12.2 The Chairman of the Trust may initiate and coordinate out of session decision making, via written (electronic or hardcopy) communication with all Trust members.

## **13. Performance Management**

13.1 The Trust has an agreed performance management framework that details how performance against the Children and Young People's Plan will be managed and monitored throughout the year. This is reviewed and updated annually.

## **14. Confidentiality and Information Sharing**

14.1 Information used by the Children's Trust Board and provided to external bodies will be accurate, timely and fit for purpose.

14.2 Members of the Trust are encouraged to share information as required for the purpose of planning, developing and monitoring partnership projects and services by ensuring all data is in line with the Data Protection Act 1998.

14.3 All members of the Trust are responsible for communicating any relevant information to their organisation, unless that information is deemed confidential to a particular meeting.

## Appendices

## Appendix 1:

### Children's Trust Board - Standing Agenda Template

**Date:**

**Time:**

**Venue:**

**Chair:**

**Enquiries: (contact name, telephone number, email address)**

### Agenda

- 1 Welcome and introductions
- 2 Apologies
- 3 Notes from previous meeting and matters arising
- 4 Children's Trust Board Business:
  - (i) Children and Young People's Plan (2018 -21)
  - (ii) Oxfordshire Children's Trust and OSCB Dataset  
Performance report for 2018 - 19
  - (iii) Feedback from OSCB on emerging issues
  - (iv) Voice of Oxfordshire Youth (VOXY) – feedback, update and emerging issues
- 5 Children's Trust Board Priorities:
  - (i) Early Help Strategy
  - (ii) Educational Attainment for Vulnerable groups of children:  
High Needs Review: Progress Report
  - iii) Managing Transitions: OSCB and OSAB priority area for joint work: "Transitions from Children's to Adults' Services"
- 6 Forward Plan items and Strategic issues
- 7 Any other Business
- 8 Close

For information:

Future meetings:

## Appendix 2:

### The Children's Trust Board member code of conduct

The principles underlying this code of conduct are those of the Relevant Authorities (General Principles) Order 2001 which expanded on the Nolan Principles and form the basis of the Local Authority Members' Code of Conduct:

**Selflessness** - Members should serve only the public interest and should never improperly confer an advantage or disadvantage on any person.

**Honesty and integrity** - Members should not place themselves in situations where their honesty and integrity may be questioned, should not behave improperly and should on all occasions avoid the appearance of such behaviour.

**Objectivity** - Members should make decisions on merit.

**Accountability** - Members should be accountable to the public for their actions and the manner in which they carry out their responsibilities and should co-operate fully and honestly with any scrutiny appropriate to their particular office.

**Openness** - Members should be as open as possible about their actions and should be prepared to give reasons for them.

**Personal judgement** - Members must take account of the views of others, including the groups they represent, but should reach their own conclusions on the issues before them and act in accordance with those conclusions.

**Respect for others** - Members should promote equality by not discriminating unlawfully against any person and by treating people with respect, regardless of their race, age, gender, sexual orientation or disability.

**Duty to uphold the law** - Members should uphold the law and on all occasions act in accordance with the trust that the public is entitled to place in them.

**Stewardship** - Members should do whatever they are able to do to ensure that the Board uses its resources prudently and in accordance with the law.

**Leadership** - Members should promote and support these principles by leadership, and by example, and should always act in a way that secures or preserves public confidence.

**Duty to abide by the law** - Members should not engage in conduct which constitutes a criminal offence

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**Oxfordshire Health and Wellbeing Board**  
**Health Improvement Partnership Board**

**Terms of Reference**

**Purpose**

The Oxfordshire Health and Wellbeing Board is the principal structure in Oxfordshire with responsibility for promoting the health and wellbeing of the people of the county.

The Health Improvement Partnership Board exists to support the Health and Wellbeing Board in this purpose by delivering service change and improved outcomes through partnership working.

**Responsibilities**

To achieve its purpose, the Health Improvement Partnership Board has the following responsibilities:

- To demonstrate effective partnership working across Oxfordshire to meet peoples' health and social care needs and to achieve effective use of resources.
- To drive the development and delivery of services across Oxfordshire that meet agreed priorities and objectives, as determined from the Joint Strategic Needs Assessment (JSNA).
- In particular to:
  - *Bring a coordinated and coherent approach to influencing a broad range of determinants of health to bring about health improvement,*
  - *Work together to recommend priority areas to improve health in order to make a real and measurable difference to outcomes,*
  - *Recommend actions and responsibilities to make that improvement a reality,*
  - *Hold each other to account for making the agreed change and for reporting progress.*
- To meet the performance measures agreed by the Oxfordshire Health and Wellbeing Board.

**Membership**

The core membership of the Health Improvement Partnership Board is:

- Five district/city councillors – one of whom will be Chairman and another Vice-Chairman
- County Council Cabinet Member for Public Health
- Two Clinical Commissioning Group representatives (one clinical representative and one commissioner representative)
- Director of Public Health for Oxfordshire
- Public Health Specialist

- District Council officer representative
- Healthwatch Ambassador

In attendance

- District Councils' officer for Partnership Development

Representatives from Thames Valley Policy and Oxfordshire County Council Children's Services will also be invited to relevant Board meetings to participate in discussions around Domestic Abuse.

It is proposed that a wide range of stakeholders can be invited to Board meetings at the discretion of the Chairman. They may attend as expert witnesses and to report on implementation of plans.

### **Governance**

The meetings of the Health Improvement Partnership Board and its decision-making will be subject to the provisions of the County Council's Constitution including the Council Procedure Rules and the Access to Information Procedure Rules, insofar as these are applicable to the Partnership Board.

The Health Improvement Partnership Board will also be subject to existing scrutiny arrangements with the Oxfordshire Joint Health Overview and Scrutiny Committee providing the lead role.

Members of the Board will be subject to the Code of Conduct applicable to the body which they represent.

The Partnership Board will meet at least once a year in public. Dates, times and places of meeting will be determined by the Chairman of the Partnership Board.

Officers from the County Council will service meetings of the Partnership Board including the preparation and circulation of agendas and minutes.

The Health and Wellbeing Board will agree terms of reference and membership for the Partnership Board. It will also agree its priorities, proposed outcomes and performance measures. The Partnership Board will review the terms of reference on an annual basis.

These terms of reference were accepted by the Oxfordshire Health and Wellbeing Board at their meeting in March 2018



## Oxfordshire Health and Wellbeing Board

<b>Date of Meeting:</b> 15 November 2018
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<b>Title of Paper:</b> Integrated System Delivery Board – Terms of Reference
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<b>Paper for:</b>	<b>Discussion</b>	✓	<b>Decision</b>	✓	<b>Information</b>
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**Purpose and Executive Summary:**

The Integrated System Delivery Board has developed the attached Terms of Reference setting out the membership and purpose of the Board as a sub group of the Health and Wellbeing Board.

The key purpose of the Integrated System Delivery Board is to advance integration of health and social care in Oxfordshire as set out in the Health and Wellbeing Strategy.

Membership of the ISDB spans health and social care; commissioners and providers. Mental and physical health commissioners and providers are included. The work of the ISDB will plan for both now and the future delivery of services. Existing delivery structures will be used, where possible to advance this system focussed work.

All system partners are committed to working with key stakeholders and our local communities to ensure a transparent and evidenced based approach to future service provision decisions. ISDB members will champion this approach, solutions will be developed as a system; not as individual organisations.

Clinical leadership in terms of insight, influence and expertise is critical throughout the delivery structure. In this context ‘clinical’ is used in an all-encompassing way and refers to social care experts, Drs, Nurses, Allied Health Professionals and those involved in both the design and delivery of the services.

As a subgroup of the Health and Wellbeing Board, the ISDB will report progress to the Health and Wellbeing Board and to individual organisations’ respective Boards/Cabinet as appropriate.

**Recommendations:**

It is recommended that the Health and Wellbeing Board approves the Terms of Reference for the Integrated System Delivery Board.

**Financial Implications of Paper:**

None

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**Author:** Jo Cogswell, Oxfordshire CCG [jo.cogswell@nhs.net](mailto:jo.cogswell@nhs.net)

31 October 2018



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**Oxfordshire  
Integrated System Delivery Board**

**Terms of Reference**

**October 2018**

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**Version History**

Version	Prepared by	Reviewed by	Date	Action
0.1	Louise Patten	ISDB	15 May 2018	Work up further content with partners
0.2	Jo Cogswell	ISDB	16 October 2018	Request approval ahead of Health and Wellbeing Board
0.3	Jo Cogswell	ISDB	18 October 2018	Amended following ISDB feedback 16 October
0.4	Jo Cogswell	ISDB	24 October 2018	Amended following ISDB feedback on version 0.3 Presented for final ISDB sign off
1.0	Jo Cogswell	Health and Wellbeing Board	15 November 2018	To seek approval of final draft

## 1. Purpose

The key purpose of the Integrated System Delivery Board is to advance integration of health and social care in Oxfordshire as set out in the Health and Wellbeing Strategy. The vision of the Board is:

**To work together in supporting and maintaining excellent health and wellbeing for all the residents of Oxfordshire**

This vision will enable ISDB partners to advance the triple aim for Oxfordshire:

- **Better Health and Wellbeing** – improved population health and wellbeing
- **Better Care** – transformed care delivery, improved quality and experience
- **Better Value** – sustainable finances and optimal use of the Oxfordshire Pound

There is strong consensus that greater levels of integrated working across health and social care is critical to a sustainable future that best meets the health and care needs of the population. All organisations are committed to making this happen. The ISDB will enable us to focus on specific workstreams that will advance this integration in Oxfordshire at pace.

## 2. Key Objectives and Deliverables

The main functions of the ISDB will be to:

- Deliver the Health and Wellbeing Board's vision for integrated health and social care in Oxfordshire
- Develop a single system plan and timescales for an integrated health and care system
- Maintain focus on implementing the plan, taking into account any factors that may impact its successful delivery
- Keep up to date with contemporary thinking from health and care systems elsewhere including new commissioning and delivery systems to incentivise change and fresh thinking to tackle system challenges
- Ensure the Oxfordshire health and social care system maintains a consistent approach that remains aligned with wider and at-scale system working such as the BOB STP and other footprints (Ca Alliance, specialist commissioning)
- Work with the other Health and Wellbeing Board Sub-Groups and Sub-Committees to ensure that its vision is fully delivered

### 3. Principles

ISDB members have developed and agreed the following principles:

- **Ensure our vision and values are known and aligned at all levels of our system**
- **Maintain a collective responsibility for our health and care system**
- **Keep governance simple, with clear lines of accountability**
- **Recognise and nurture leadership at all levels**
- **Strive for system- wide continuous quality improvement**
- **Communicate regularly with our system colleagues and stakeholders**

System partners across health and care are committed to working together to best meet the health and care needs of our populations now and in the future. ISDB will champion this approach and is committed to working with key stakeholders and our local communities to ensure a transparent and evidenced based approach to future service provision decisions. Solutions will be developed as a system; not as individual organisations.

The work of the ISDB will plan for both now and the future delivery of services. As system partners we will follow a model that will see us address issues at the most appropriate and effective geographical or population level – together with neighbouring Counties, across Oxfordshire, sub County and neighbourhood.

The impact of the Oxfordshire Growth deal and what we know about our population changes will be a significant factor in our planning and delivery.

### 5. Membership

The ISDB will be chaired by a Chief Executive Officer from the health and social care system as determined by the membership of the group. At the time of writing this is the Chief Executive of the Clinical Commissioning Group.

Membership of the ISDB spans health and social care; commissioners and providers. Mental and physical health commissioners and providers are included. As a member of the Board each individual CEO or member is responsible for ensuring delivery within their organisation. All members will be held to account for system delivery, system behaviours and system working.

As work to deliver an integrated health and care system advances the membership of the group will be reviewed to ensure effective and appropriate representation and delivery. The following table (Table 1) sets out membership as at October 2018, membership of the Board will be reviewed as appropriate as the progress towards the delivery of integrated care advances.

Clinical leadership in terms of insight, influence and expertise is critical throughout the delivery structure. In this context ‘clinical’ is used in an all-encompassing way and refers to social care experts, Drs, Nurses, Allied Health Professionals and those involved in both the design and delivery of the services. The Clinical Leadership Group will be established and clinical leadership representation will be confirmed throughout the ISDB delivery structure.

Organisation	ISDB Member	Comment
<b>Oxfordshire County Council (OCC)</b>	Chief Executive Director of Adult Services	Commissioner and Provider
<b>Oxfordshire Clinical Commissioning Group (OCCG)</b>	Chief Executive (Chair)	Commissioner
<b>Oxford University Hospitals Foundation Trust (OUH)</b>	Chief Executive	Provider
<b>Oxford Health Foundation Trust (OH)</b>	Chief Executive	Provider
<b>South Central Ambulance Service</b>	Deputy Chief Executive	Provider
<b>GP Federations</b>	GP Federation Chief Executives <sup>1</sup> <ul style="list-style-type: none"> <li>• OxFed</li> <li>• PML</li> <li>• SEOx</li> <li>• Abingdon Healthcare</li> </ul>	Providers
<b>Clinical Leadership Group</b>	OCCG Clinical Chair <sup>2</sup>	Commissioners and Providers
<b>Buckinghamshire, Oxfordshire and Berkshire West STP (BOB)</b>	STP Executive Lead	Strategic Partner

Table 1 ISDB Membership October 2018

## 6. Governance

The ISDB is a subgroup of the Health and Wellbeing Board. The ISDB will report progress to the Health and Wellbeing Board and to individual organisations’ respective Boards/Cabinet as appropriate.

The ISDB will operate in accordance with the governance arrangements delegated to it by its constituent partners within the scope of the health and care system plan.

<sup>1</sup> The GP Federation Chief Executives will each attend ISDB. Oxfordshire Care Alliance is expected to include OH and the 4 GP Federations in Oxfordshire. Representation will be reviewed when the OCA is formally established.

<sup>2</sup> The Clinical Leadership Group is a part of the governance and delivery structure providing a forum for ‘clinicians’ health and social care practitioner experts. The CCG Clinical Chair will lead work to develop the group and sit on the ISDB as representative.



The ISDB will be supported by a number of system wide delivery and enabling workstreams / delivery boards. A formal programme management structure will be developed to advance this.

All partners have committed to a consistent approach to the development, reporting and assurance in relation to the delivery of projects. This will enable a clear picture of progress and delivery, supporting a system view and assurance of delivery.

Existing delivery structures will be used, where possible to advance this system focussed work. As the new system approaches develop we will challenge 'old' structures to ensure that duplication or dilution of resources is avoided.

The scope and terms of reference of the workstream /delivery boards will be approved by ISDB. The workstream /delivery boards will be **accountable** for delivery; reporting through to the ISDB. The projects will be **responsible** for delivery and report through to the workstreams – at their delivery boards.

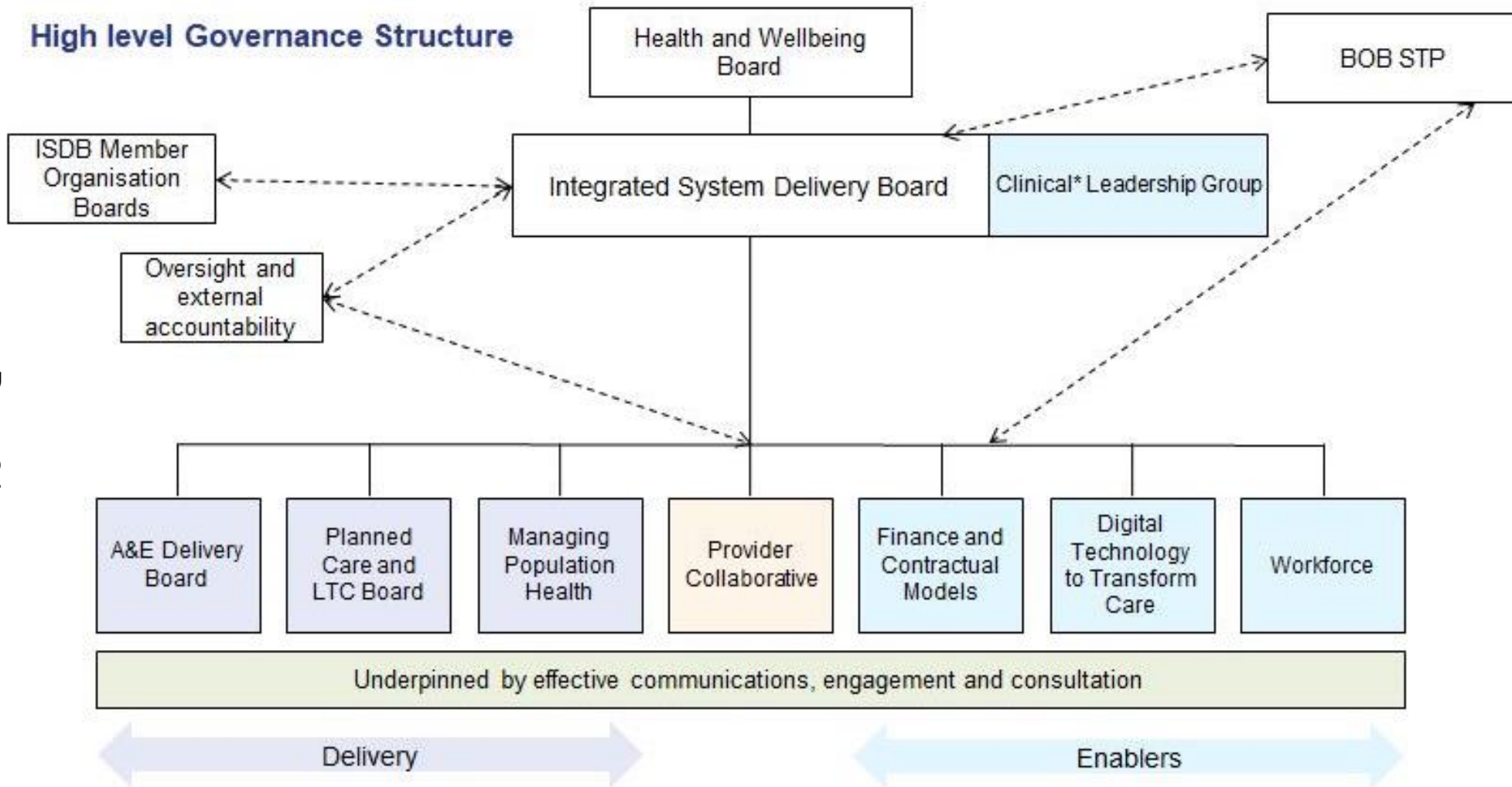
There are wider governance relationships with:

- the decision making bodies of each of the ISDB organisations
- external bodies with scrutiny, oversight, regulatory and / or external accountability functions including but not limited to the Health Overview and Scrutiny Committee, NHS England, NHS Improvement the CQC
- the STP and their delivery structure

It is not anticipated that the Integrated System Delivery Board will become the Integrated Care System or the Integrated Care Provider. Work to establish a provider collaborative or Integrated Care Provider will be the remit of the Provider Collaborative workstream. The terms of reference, membership and timescale for delivery for this aspect of the work will be overseen by the ISDB.

The ISDB is committed to effective communication, engagement and consultation throughout the delivery structure associated with the work towards integrated care. Resources will be specifically focussed to support and enable this; across all of the delivery and enabling workstreams / delivery boards.

### High level Governance Structure



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\*Clinical Leadership in this context is used in an all-encompassing way and refers to leadership provided by social care experts, Drs, Nurses, Allied Health Professionals

## 7. Meetings

ISDB will meet on a monthly basis. In light of the fact that the content of the meeting will include items that will be 'commercial in confidence' these meetings will be open only to ISDB members and invited attendees.

The meetings will be action oriented and the ISDB will focus efforts on advancing work to support delivery of the Health and Wellbeing Strategy and the delivery of integrated health and care for Oxfordshire.

The ISDB meetings will be supported by the CCG who will provide meeting secretariat services. Elements of the agenda may be supported by a wider group of attendees; typically drawn from the represented organisations on ISDB. This wider group of attendees will join the meeting for only the invited section.

The ISDB is a CEO membership Board. ISDB members are listed in Table 1; where a member is unable to attend no substitution or delegation is supported. Representation of the organisation in question can be made only during the invited attendees section of the meeting.

The ISDB will report progress to the Health and Wellbeing Board and to individual organisations' respective Boards/Cabinet as appropriate. ISDB paperwork will not routinely be made available within the public domain. This is due to the content of the papers and the discussions.

The ISDB will operate in accordance with the governance arrangements delegated to it by its constituent partners within the scope of the health and care system plan. The ISDB will make recommendations for decision by the Health & Wellbeing Board on matters within the Board's remit.

## 8. Delivery Structure

Existing delivery structures will be used, where possible to advance this system focussed work. As the new system approaches develop we will need to challenge 'old' structures to ensure that duplication or dilution of resources is avoided or minimised.

To facilitate effective working the system will adopt a number of roles that will work within the governance and delivery structure. The details of these are included in appendices to these Terms of Reference.

Sponsors and SROs will work to ensure that there are effective mechanisms to unlock barriers to delivery, to address interdependencies and provide clear links into organisations.

## Appendix One – Key roles

### ISDB Sponsor

- From the core ISDB membership
- **Accountable** for the workstream
- Provides ISDB representation and leadership to that workstream
- Leads and advocates for the workstream at ISDB
- Ensures the workstream delivers the required outputs and benefits
- May Chair the workstream delivery board
- Works with the workstream SRO to resolve risks and issues

### Workstream SRO

- Likely to be from Exec level
- Works closely with the ISDB Sponsor and the Clinical lead to advance delivery of the workstream
- **Responsible** for the workstream - delivery of the outputs and benefits within it
- Provides leadership and oversight of the delivery projects
- May be involved with other workstreams
- Supported by Project Leads / Project SROs for the discrete project / delivery areas

### Clinical Lead

- The term 'Clinical Lead' in this context is used in an all encompassing way and refers to leadership provided by social care experts, Drs, Nurses, Allied Health Professionals
- Brings insight, innovation and good practice examples
- Champions an integrated approach
- Works to provide a clinical voice and clinical leadership to a workstream
- Works closely with the ISDB Sponsor and the SRO to advance delivery of the workstream
- Provides a link to the Clinical Leadership Group

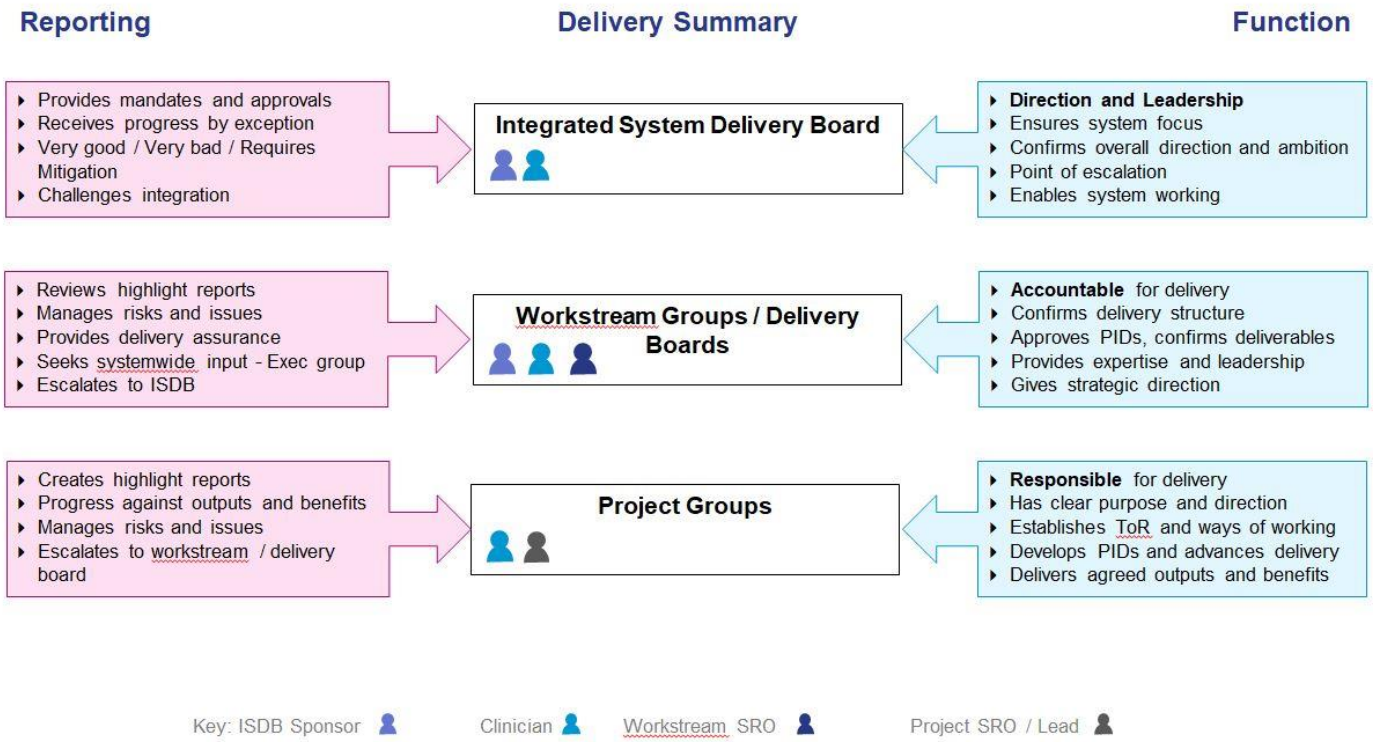
### Consistent ways of working

- Workstreams will follow consistent approaches to the establishment of their delivery programmes
- All workstreams (and projects under them) will use the Verto support tool to drive common standards for Mandates, PIDs, Milestones, risks and issues, highlight reports etc
- Scope and terms of reference for each workstream to be approved by ISDB

## Appendix Two – Summary of function

The ISDB will provide leadership in the programme structure to advance integration of health and social care in Oxfordshire as set out in the Health and Wellbeing Strategy.

The diagram below sets out the programme accountabilities and responsibilities that fit with the roles described in Appendix One.



In this context 'clinician' is used in an all-encompassing way and refers to social care experts, Drs, Nurses, Allied Health Professionals and those involved in both the design and delivery of the services.

Final Draft

**Schedule 4: Governance**  
**Terms of Reference for Adults JMG & Better Care Fund JMG**

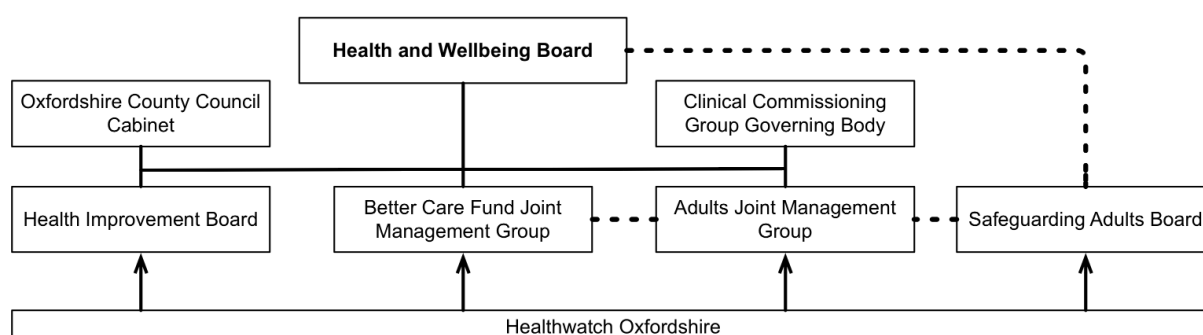
**Section 1 – Provisions common to all JMGs**

**1. Role of JMG**

The role of the JMG is to monitor strategy, governance, finance, performance and risk regarding the management of funding resource.

**Strategy and Governance**

- a) Deliver the commissioning strategies through the Commissioning Intentions agreed annually by the Partners
- b) Managing and overseeing progress against key outcomes for adults within the Oxfordshire Health and Wellbeing Strategy, including reporting to each meeting of the Health and Wellbeing Board.
- c) Work with Healthwatch Oxfordshire to ensure the involvement of service users and carers in the development and delivery of commissioning strategies and intentions.
- d) Review the operation of this Agreement and consider its renewal subject to the terms of any existing contractual commitments
- e) Review and consult on commissioning strategies and intentions, and revise this agreement as appropriate
- f) Annually and formally agree the annual contribution made by each Partner.
- g) Annually and formally agree Commissioning Intentions for the Pooled Fund.



**Finance**

- h) Be responsible for the allocation of budget to cost centres. Budget holders are responsible for delivering the agreed strategy within their allocated budget.
- i) Be responsible for ensuring that spending is contained within the resources available and maximising the use of the resources.
- a) Receive monthly finance reports from the Pool Manager as set out in this Schedule.
- b) Agree such variations to this Agreement from time to time as it sees fit.

- c) Review and agree annually revisions to this agreement as required.
- d) Agree a scheme of financial management with the Pool Manager.
- e) Set such protocols and guidance as it may consider necessary to enable the Pool Manager to approve expenditure from the Pooled Funds.

**Performance**

- f) Receive monthly performance reports from the Pool Manager
- g) Consider progress on key objectives as outlined in this agreement and consult further where necessary.
- h) Approve the monthly, quarterly and annual reports on outcomes as appropriate from the Pool Manager to be submitted by the JMG to the Partners for information.
- i) report on progress to stakeholders through the relevant programme or partnership board

**Risk**

- j) Monitor the appropriate reports quarterly to assess any risk that expenditure might exceed the contributions to the Pooled Fund and that where there is such a risk ensure actions are put in place to address the overspend.
- k) Review risks quarterly in relation to delivery of objectives, performance of commissioned services, and reputation of the Partners in relation to the Pooled Budget
- s) Review any other risks quarterly relating to the performance of this agreement
- t) Review annually the overspend and underspend provisions of Clause 8 and Schedule 3 of the Agreement.

**2. Role of Pool Manager**

The Pool Manager shall retain oversight of the pool as a whole and retain responsibility for the:

- 2.1 Submission of monthly finance and performance reports to the JMG;
- 2.2 Submission of monthly, quarterly and annual reports on finance and performance to JMG for approval and submission to the Partners;
- 2.3 Preparation of an annual budget and commissioning intentions for approval by JMG;
- 2.4 Management of the Pooled Fund on a day-to-day basis; and
- 2.5 Reporting to the JMG immediately any forecast overspend / underspend on Pooled Funds and submit an action plan to bring the budget back into balance or seek guidance from JMG on actions to achieve balance.

**3. JMG Support**

The JMG will be supported by officers from the Council and the OCCG. From time to time and they may be involved in assisting the JMG in implementation of the aims, objectives and intended outcomes set out at Clause 3 and as specified in Schedule 1 and performance targets as agreed by the JMG.



The Pooled Budget Officers Group will report to the JMG and offer a level of integration to both the Council and OCCG regarding the level of activity, management of financial risk and the delivery of the strategic objectives. They will be responsible for reporting to the Joint Management Group on activity, spending and performance that standardises the approach across the pooled budgets.

#### **4. Meetings**

- 4.1 The JMG will meet bi-monthly with at least one meeting annually held in public and used to review the overall pool position
- 4.2 The Joint Management Groups will be supported by a Pooled Budget Officers Group that will meet on the alternating months.
- 4.3 JMG members will receive an agenda and accompanying reports and papers at least 5 working days before each meeting.
- 4.4 However, it is recognised that on occasions and dependent on dates of meetings it may not always be possible to produce financial reports this far in advance, in which case they will be circulated as far in advance of the meeting as possible.

#### **5. Decision Making**

- 5.1 Decision making in relation to the pooled budgets will rest with the Joint Management Groups unless delegated appropriately.
- 5.2 Decisions of the JMG shall be made by those JMG voting members present and shall require the unanimous consent of all voting members. Where there is disagreement between the Partners the Lead Commissioner shall have discretion to take such action or inaction as it decides in accordance with its obligations under this Agreement. All decisions shall be recorded in writing. Minutes of the meetings to include all decisions made shall be kept and copied to the JMG members by the Pool Manager within 14 days of every meeting.
- 5.3 The views of those in attendance will be taken into account for all of the work of the JMG including decision making. These views will be recorded in the minutes of the meeting. This will include agreement or disagreement to the decisions made by voting members.

#### **6. Deputies and Quorums**

- 6.1 All members of the JMG will have named deputies who may attend meetings on behalf of the JMG members. Such deputies will have authorisation from the respective Partners to take any actions that the member is authorised to take. Such deputies should be appropriately briefed and with sufficient authority to fulfil the same role and be able to make similarly informed decisions on behalf of the organisation they represent as the member for whom they are

deputising. In exceptional circumstances an alternative deputy will be allowed subject to this being confirmed in writing from the member to the Pool Manager prior to the meeting and being agreed by the other Partner. Such alternative deputies will have authorisation from the respective Partners to take any actions that the member is authorised to take.

- 6.2 Meetings will only be considered quorate if there are 2 members/deputies attending from each of the Partners.

## **7. Confidentiality**

From time to time the JMG will be discussing both financially and commercially sensitive information and personal client and carer information. It is important that all members of the JMG and all other attendees are clear that they must treat the information as confidential and that they must discuss and use such information outside the JMG only where it is appropriate to do so in order for them to fulfil their obligations.

## **8. Openness and Transparency**

- 8.1 The JMG will meet once yearly in public.
- 8.2 The public's rights of access to the JMG's public meetings will be subject to the Access to Information Procedure Rules (Part 8.1 of the Council's Constitution). These make provisions for the giving of public notice of meetings, access to agendas, reports and minutes, the supply of copies of such papers, the inspection and purchase of background papers and the circumstances in which the public may be excluded from meetings by virtue of the consideration of confidential or exempt information.
- 8.3 In addition, the Freedom of Information Act 2000 gives a general right of access to information held by public authorities and will extend to information generated by, or for, the Board and held by any public authority.

## **Section 2 – Pool-specific provisions for each JMG**

- A BETTER CARE FUND** including services for older people and for adults with physical disabilities

### **A1 JMG Membership**

- A1.1 Oxfordshire County Council will act as the lead organisation for the Better Care Fund.
- A1.2 The membership of the JMG with voting rights will be as follows:

The Council:  
Director of Adult Social Care  
Director of Finance

The OCCG:  
COO & Deputy Chief Executive  
Director of Finance

A1.3 Each named representative assigned to the roles specified above may be changed by the Partner which is being represented by written notification to the other Partner.

A1.4 In Attendance: (Non-Voting): Others may be invited where JMG consider this appropriate.

## **A2 Chair**

The Better Care Fund Joint Management Group will be chaired by the Council Cabinet Member for Adult Social Care, or by his nominated deputy if absent, unless otherwise agreed by the Partners.

**B. ADULTS WITH CARE AND SUPPORT NEEDS** covering services for people with learning disabilities (of any age), autism, mental health needs and acquired brain injuries.

## **B1 JMG Membership**

B 1.1 Oxfordshire County Council will act as the lead organisation for the Learning Disabilities and Acquired Brain Injury elements within the pool, and Oxfordshire Clinical Commissioning Group will act as the lead organisation for the Mental Health and autism elements.

B1.2 The membership of the JMG with voting rights will be as follows:

The Council:  
Director of Adult Social Care  
Director of Finance

The OCCG:  
COO & Deputy Chief Executive  
Director of Finance

B1.3 Each named representative assigned to the roles specified above may be changed by the Partner which is being represented by written notification to the other Partner.

A1.4 In Attendance: (Non-Voting): Others may be invited where JMG consider this appropriate.

## **B2 Chair**

The Adults with Care and Support Needs Joint Management Group will be chaired by the Clinical Lead from Oxfordshire Clinical Commissioning Group, or by his nominated deputy if absent, unless otherwise agreed by the Partners.

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## Health and Wellbeing Board December 2018 Reports from Joint Management Groups for Adults

The Section 75 pool budget arrangements cover two pooled budgets for *Adults with care and support needs* and for the *Better Care Fund*. These budgets pool commissioning spend, under a section 75 agreement, on people over 18 for both Oxfordshire County Council and Oxfordshire Clinical Commissioning Group.

These budgets are overseen by two joint management groups. Since the last Health and Wellbeing Board there have been two meetings for each of the Joint Management Groups for Adults. This paper summarises the outcomes of those meetings.

### **Adults with Support and Care Needs Joint Management Group**

The Group held meetings in March 2018, May 2018, and September 2018.

As part of the regular agenda the group discussed and considered performance, activity and finance reports. These reports covered detailed performance measures and activity that have been have been agreed and discussed in the Pooled Budget Officers Group

#### **March**

The group discussed the coproduction work on transitions into adulthood, the Transforming Care 3 year priorities and delivery plan, and mental health.

#### **May**

The group discussed the coproduction work on transitions into adulthood, the SEND action plan, the Section 117 protocol, benefits advice for vulnerable people, and the review of the mental health outcomes based contract

#### **September**

The group discussed the Trevor Shipman review of mental health spend in Oxfordshire, mental health act assessments, work on the adults of working age strategy, the review of the outcomes based contract for mental health, and discharge support / admission prevention for people with learning disabilities

### **Better Care Fund Joint Management Group**

The Group held meetings in March 2018, May 2018, July 2018, and September 2018.

As part of the regular agenda the group discussed and considered performance, activity and finance reports. These reports covered detailed performance measures and activity that have been have been agreed and discussed in the Pooled Budget Officers Group

#### **March**

The group discussed Oxfordshire's Care home market, the CQC Action plan, and iBCF proposal for 2018/19.

#### **May**

The group discussed the iBCF proposals 18-19, the HART Improvement plan, system proposals for winter plan, the OCC/OCCG joint workplan for care homes and the impact of new HWBB structure on JMG Terms of Reference.

#### **July**

The group discussed the Provider Conference, fee reviews for care homes and home support providers, winter preparedness, the short stay beds specification, changes to the HUB bed and proposals for a care home strategy.

#### **September**

The group discussed the Continuing Health Care Forecast and Audit, Oxfordshire's Relationship with Voluntary Community Sector – focused on Health & Social Care, the iBCF Outcomes, the HART Position, and the Older People's Strategy.

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Draft letter from HWB and HIB to the Secretary of State for Health

Dear Mr Hancock

The Oxfordshire Health and Wellbeing Board and its sub-partnership, the Health Improvement Board, would like to raise the issues of alcohol pricing and fast food advertising. We perceive that these issues are adversely affecting the health of our population and we would like to ask for your consideration of what can be done at national policy level to address this.

In Oxfordshire we have a systematic approach to reviewing population health through our Joint Strategic Needs Assessment. This has highlighted a range of priority issues which we are addressing through our Joint Health and Wellbeing Strategy. These priorities include alcohol related ill-health and increasing numbers of overweight and obese adults in the population. These topics have also been a subject of discussion at our Health Overview and Scrutiny Committee recently. We realise these are familiar national issues and welcome your recent announcements on the importance of prevention for improved population health.

However, in addition to preparation for the Green Paper, we would specifically like to ask you to consider further national policy options for alcohol harm reduction, including minimum unit pricing. This is likely to have an impact on the most complex and harmful drinkers in our population and would be a welcome national intervention to complement our well-regarded local outreach and treatment services.

In addition, we would welcome a national approach to curtailing advertising and promotion of “unhealthy” foods (containing high levels of fat and/or sugar, including many fast foods). National measures to introduce an advertising ban through a range of media before 9pm would be a good development. The impact of advertising on children and families is well documented and a policy change would give a boost to our local efforts to establish a Whole System Approach to obesity.

I hope you will consider these suggestions for population health improvement.

Yours sincerely

Ian Hudspeth, Chairman, Oxfordshire Health and Wellbeing Board and Leader of Oxfordshire County Council.

Kiren Collison, Vice Chairman, Oxfordshire Health and Wellbeing Board and Clinical Chair, Oxfordshire Clinical Commissioning Group

Cllr Andrew McHugh, Chairman, Health Improvement Board and Cherwell District Council Executive Member for Health and Wellbeing.

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