

Oxfordshire Integrated System Delivery Board

Terms of Reference

October 2018

Contents

1.	Purpose.....	2
2.	Key Objectives and Deliverables.....	2
3.	Principles.....	3
4.	Meeting Future Population Health and Care Needs.....	3
5.	Membership	3
6.	Governance.....	4
7.	Meetings.....	7
8.	Delivery Structure.....	7
Appendix One – Key roles		8
Appendix Two – Summary of function		9

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

¹ 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.

² 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.

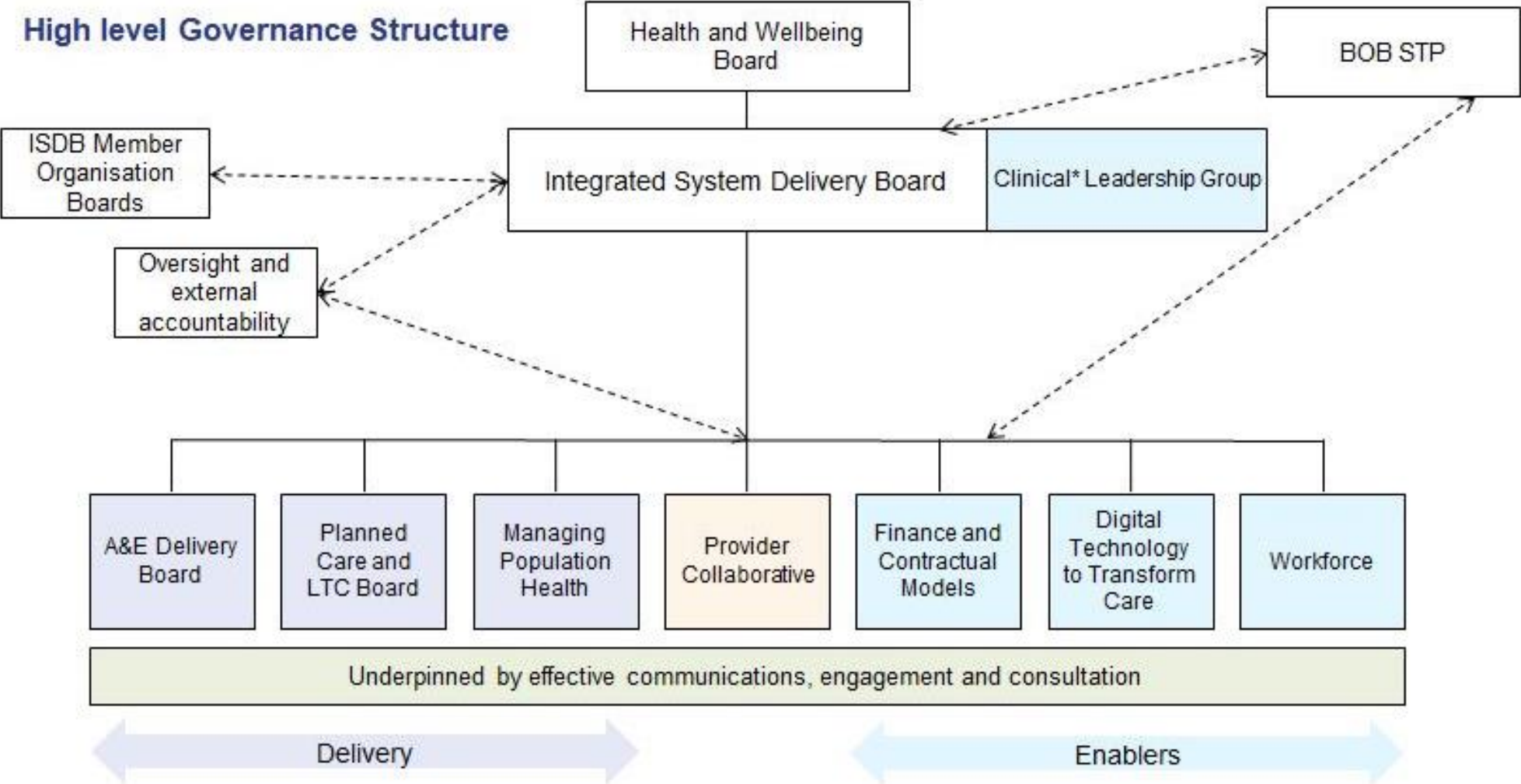
There are wider governance relationships with:

- 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



*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

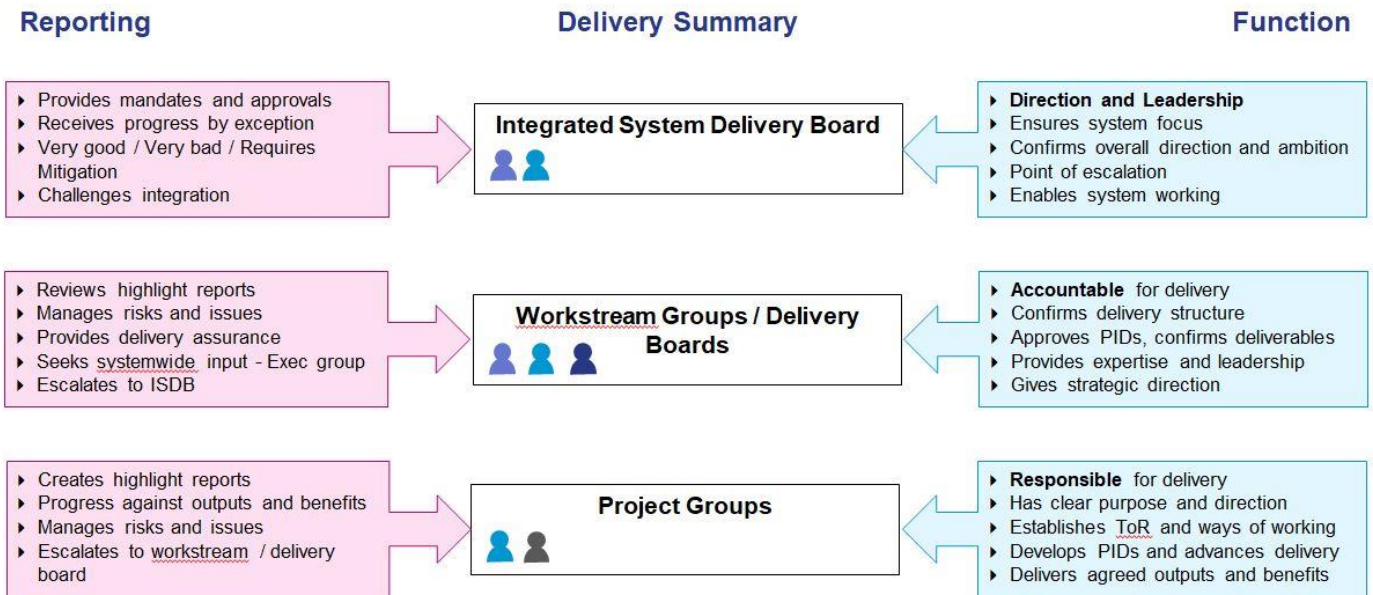
Consistent ways of working

- 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.



Key: ISDB Sponsor 

Clinician 

Workstream SRO 

Project SRO / Lead 

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