

TERMS OF REFERENCE FOR THE RUTLAND INTEGRATED DELIVERY GROUP

December 2022

Purpose of the Integrated Delivery Group

The Integrated Delivery Group is a sub-group of the Rutland Health and Wellbeing Board (HWB). The purpose of the Integrated Delivery Group (IDG) is to provide leadership, direction and assurance, on behalf of the Rutland HWB, so that the place and neighbourhood based vision for integrated health and care in Rutland is delivered, in line with national policy and local priorities.

Terms of Reference

The IDG, as a subgroup of the HWB, has a role and duties which include:

1 General

- To propose the scope for integrated health and care programmes in Rutland and to drive forward and oversee their delivery on behalf of the HWB.
- To deliver a report on IDG activity to each of the quarterly HWB meetings.
- To use data and evidence to inform plans and action.
- To quality assure business cases for developments intended to further the integration of health and care.
- To oversee the management of risks to the health and care integration programme and to escalate risks to the HWB and/or to the corporate governance systems of partner organisations as appropriate.
- To make recommendations to relevant partner governing bodies on the allocation of the resources necessary to deliver the integration programme as a whole and its individual components.
- To ensure alignment between the integration programme and the strategic plans of partner organisations and the health and care system as a whole, and to support the planning cycles of partners.
- To identify and promote opportunities for innovation, research and evaluation within the health and care integration programme.
- To work on the development of data sharing, integration and technology to support the integration of health and social care in Rutland, ensuring alignment with the Local Digital Roadmap and Business Intelligence priorities of partners.
- On behalf of the HWB, to support a communication and engagement plan about health and care integration, engaging a wide range of stakeholders across the health and care system, with particular emphasis on the needs of the public.

- To receive assurance that joint commissioning priorities are being delivered and that risks are being appropriately managed/mitigated.

2 Joint Health and Wellbeing Strategy (JHWS)/Place Based Plan

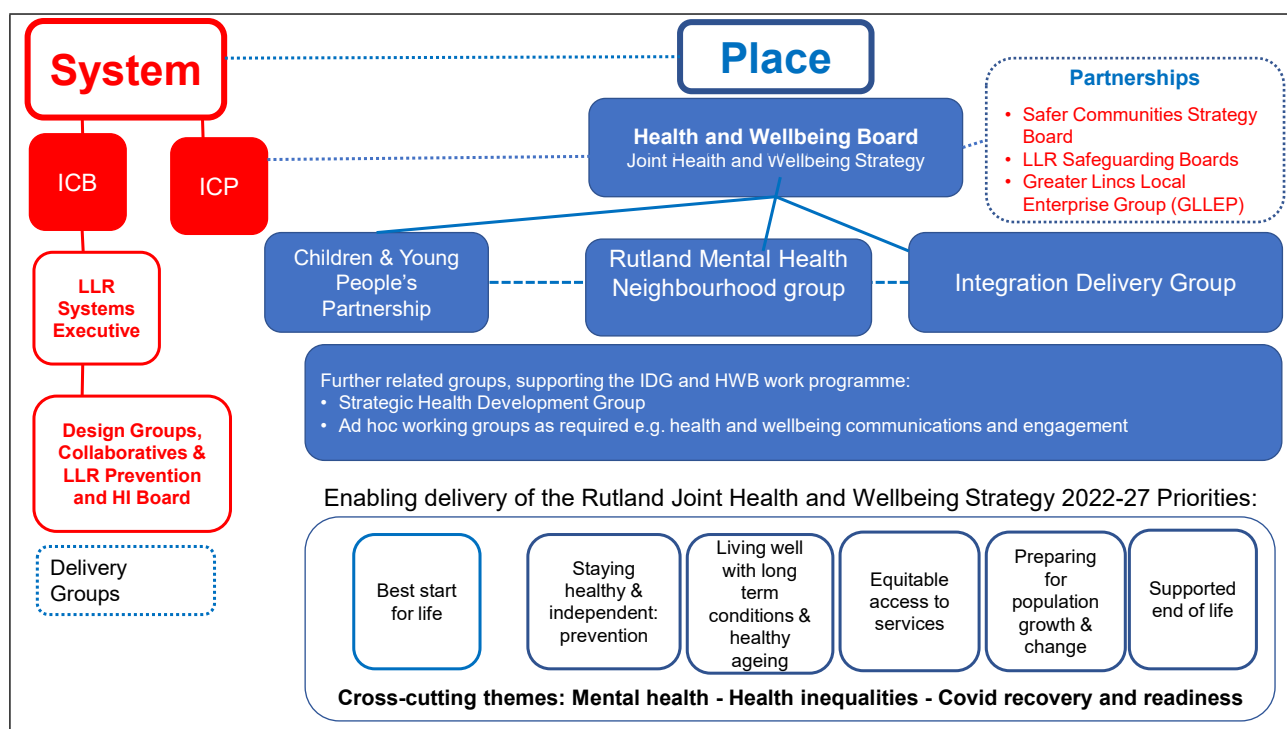
- To support the development of the Rutland JHWS for approval by the HWB, and to lead its delivery on behalf of the HWB.
- To undertake monitoring of the JHWS and take any necessary remedial action as required and escalate risks to the HWB.
- To make recommendations to the HWB on the operation of the JHWS.

3 Better Care Fund (BCF)

- To support development of the Rutland BCF Plan and associated metrics and expenditure plan for approval by the HWB and funding partners, and to lead its effective delivery.
- To undertake and feed into BCF monitoring locally, regionally and nationally including statutory returns at intervals required by NHS England and take any necessary remedial action in order that plans demonstrate and maintain all statutory requirements.
- To make recommendations to the BCF Partnership Board and/or the HWB on the operation of the BCF Plan as appropriate.

4 Wider Governance

The position of the Integrated Delivery Group in wider system and place governance is set out below:



Membership of the Integrated Delivery Group

Name		Organisation
1.	Debra Mitchell (CHAIR)	Deputy Chief Operating Officer NHS Leicester, Leicestershire & Rutland (LLR) Integrated Care Board (ICB)
2.	John Morley (VICE CHAIR)	Director of Adult Services and Health, Rutland County Council (RCC)
3.	Adhvait Sheth	Planning Manager, Strategy and Planning Directorate, LLR ICB
4.	Adrian Allen	Assistant Director - Delivery, Public Health (Rutland Lead), Leicestershire County Council (LCC)
5.	Bernadette Caffrey	Head of Early Intervention, SEND and Inclusion, RCC – attendance by exception
6.	Charlotte (Charlie) Summers	Integration and Transformation Manager, LLR ICB
7.	Dawn Godfrey	Strategic Director Children and Families, RCC
8.	Duncan Furey	Chief Executive Officer, Citizens Advice Rutland
9.	Emma Jane Perkins	Head of Service Community Care Service, RCC
10.	James Burden (Dr)	Clinical Director, Rutland Health Primary Care Network
11.	Sammi Le-Corre	Senior Anticipatory Care Project Officer, LLR ICB
12.	Joanna Clinton	Head of Strategy & Planning, LLR ICB
13.	Katherine Willison	Health and Wellbeing Integration Lead, RCC
14.	Kim Sorsky	Head of Service Adult Social Care, RCC
15.	Mat Wise	Hospital and Clinical Integration Lead, RCC
16.	Mayur Patel	Senior Integration & Transformation Manager, LLR ICB
17.	Mark Young	Senior Mental Health Neighbourhood Lead Community Care Services, RCC
18.	Melanie Thwaites	Head of Women's and Children's Transformation, LLR ICB
19.	Mitch Harper	Strategic Lead – Rutland, Public Health, LCC
20.	Nikki Beecher	Leicestershire NHS Partnership Trust
21.	Susan Venables	Head of Engagement and Insights, LLR ICB
22.	Tracey Allan-Jones	Manager, Healthwatch Rutland

Meetings

Meetings will take place monthly in private.

Chair

The Chair is the Deputy Chief Operating Officer, LLR ICB, and the Vice Chair is the Director of Adult Services and Health, RCC.

The Group may also meet for workshops and development sessions. These meetings will be informal and not held in public.

Meeting Administration

Meetings will be administered by the ICB Integration and Transformation Directorate.

The Agenda will be maintained by the Chair, supported by the Officers of the HWB (Katherine Willison and Charlie Summers).

The agenda and papers will be issued no later than 4 working days in advance unless later circulation has been authorised by the Chair (exceptional circumstances).

Location of Meetings

Meetings will be held via MS Teams. Face to face or hybrid meetings, when required, will be held in a suitable nominated venue.

Quoracy and Decision-making

To conduct routine business and take decisions, including on joint commissioning, 6 members must be present of which at least:

- 1 must be a representative of Rutland County Council
- 1 must be a representative of the LLR ICB
- 1 must be a clinical representative
- 1 must be a provider

The preferred route to decision-making will be consensus without the need for formal voting. Where voting is to be used for decision-making, all members of the Group are allowed to vote.

Decisions can be taken by the Chair or Vice Chair where necessary for reasons of urgency outside of formal meetings. Any decisions taken outside formal meetings shall be recorded at the following meeting along with the reasons for the urgency and the basis for the decision.

Reporting Arrangements

The IDG will provide the following to the HWB:

- Quarterly reports on the performance of health and care integration programmes, notably the BCF and JHWS;
- Annually, a report on the use of resources in support of the BCF and JHWS.
- Reports or updates on specific work commissioned by the HWB, as and when requested.

Terms of Reference Review

There will be a review of the scope, conduct, composition and effectiveness of the Board at 12 months, then annually unless circumstances require more frequent review, with any significant changes put to this group for decision.