

HAMPSHIRE COUNTY COUNCIL**Information Report**

Committee/Panel:	Health and Wellbeing Board
Date:	22 October 2013
Title:	Terms of Reference of the Integrated Commissioning Group (Adults)
Reference:	5270

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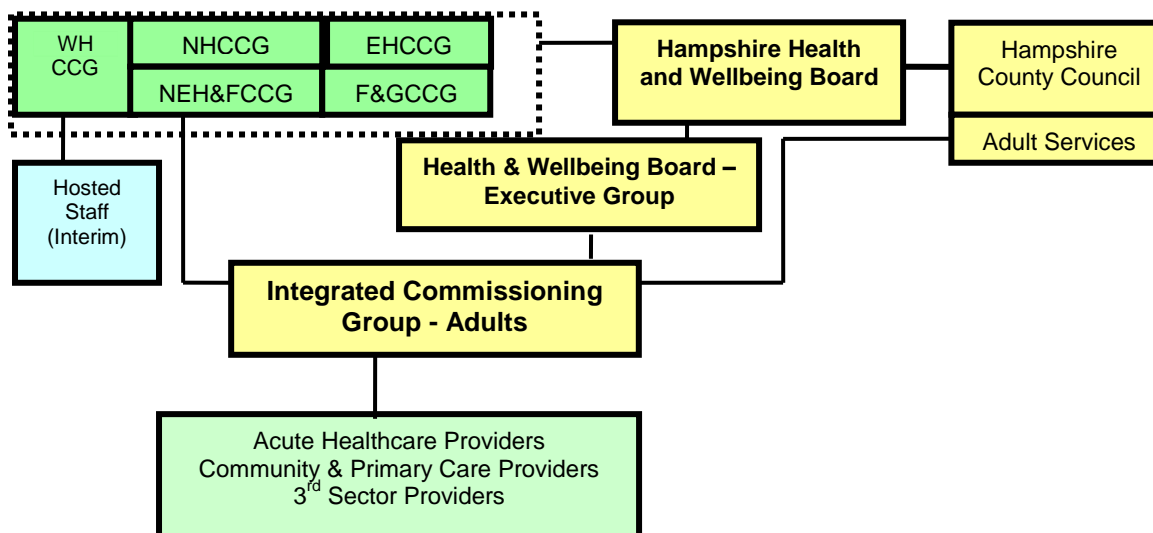
TERMS OF REFERENCE – AS AGREED 09. 09.13**HAMPSHIRE INTEGRATED COMMISSIONING GROUP - ADULTS****1. PRINCIPLES**

- 1.1 All members of the Integrated Commissioning Group shall be committed to applying the following principles in order to support successful partnership and joint working:
- Work to ensure that the acknowledged differences between the “Hampshire 5” CCGs and Hampshire County Council are respected and do not impede collaboration
 - Be committed to increasing understanding and awareness and improving joint working through developing a relationship built on integrity, trust, transparency and learning. This will be achieved through open communication and using the Board as a vehicle to build improved accountability through a shared governance structure
 - Maximise benefits of joint working through improved commissioning to ensure increased productivity and taking full advantage of joint opportunities and resources
 - Take an evidence based approach that enables improved quality and ensures continuous improvements in outcomes across health and local government

2. THE STRUCTURE OF THE INTEGRATED COMMISSIONING GROUP – ADULTS (ICG)

- 2.1 The ICG will work within the delegation and accountability arrangements of the Hampshire Health and Well Being Board.
- 2.2 The ICG is commissioner led and operates within the context of joint commissioning between the Hampshire 5 CCGs and Hampshire County Council Adult Services.
- 2.3 The review of the ICG will refocus existing structures to ensure better alignment during transition and beyond.
- 2.4 The ICG will be supported through a number of implementation projects. Project membership will balance the need for inclusiveness with the need for strategic effectiveness.

Figure 1: Accountability Model



3. PURPOSE

3.1 To develop integrated commissioning responses between Hampshire County Council and the Hampshire 5 CCGs to drive up quality, achieve value for money, increase productivity and improve outcomes by:

- Developing a joined up commissioning intentions to support implementation of the Joint Health and Well Being Strategy recommending
- To develop a blueprint for change by producing costed action plans to support delivery of the joint HWBB strategy
- Engage providers through Implementation Projects in order to ensure timely, appropriate service change takes place and new models of service are put in practice.
- Take an evidence based approach to promoting innovation to improve services outcomes
- Propose changes to the processes of integrated commissioning so that stakeholders can commission better together.

4. ROLE

4.1 As a sub group of the Hampshire Health and Well Being Board, we are committed to accelerating the transformation and integration of our commissioned services so that they better serve the people and communities in our county and reduce inappropriate reliance on public sector funding. Our plans will result in integrated care teams becoming the bedrock of person-centred, co-ordinated care. Through clinical leadership and engagement these teams will be rooted in our communities and have a strong capability to prevent and intervene earlier. In pursuit of this goal, we will draw on all the assets available from individuals, communities and organisations to achieve five objectives:

4.1.1 Giving people a bigger say in their health and care by being involved when we set our priorities, when we engage with people to commission services on behalf of the communities we serve and by supporting and enabling people to take greater responsibility for their own and their children’s health and well being. This will

reduce the reliance on public services required to improve people's long term wellbeing.

- 4.1.2 Commissioning services to meet people's needs and give them better experiences of health and care services¹. In practice, this means designing care and providing services around people's needs to remove duplication at every stage so that people who need care can be supported to stay in their homes and return to their communities for as long as possible.
- 4.1.3 Commissioning services to reduce inequalities in access to health and care service access and hence outcomes². Each of our eleven districts have communities who experience health and social inequalities with some ranking within the 20% most deprived in England. These are often very small geographical areas hidden by the more affluent communities that surround them. We know that people from more deprived communities experience a poorer quality of life, poorer health and lower life expectancy. Our services must be part of a common goal to reduce this deprivation.
- 4.1.4 Commissioning services to continue to support and develop a motivated, flexible workforce with the right staff and resources in the right places.
- 4.1.5 Commissioning in a way that ensures we manage demand. We have a sustainable and financially stable health and care system that harnesses the contribution of the third sector and local communities so that our residents can plan for their future with confidence.

4.2 Strategic Intent

- 4.2.1 Make recommendations to the Hampshire Health and Well Being Board on the integrated commissioning intentions of the key service areas and develop a work programme.
- 4.2.2 Make connections and integrate cross cutting areas of work and programmes to deliver improved outcomes for people, reduce waste and eliminate duplication
- 4.2.3 Develop good practice to improve the quality of integrated commissioning and commissioning expertise across the system

4.3. Processes

- 4.3.1 Over see the stages of the integrated commissioning process and achieve engagement at both a county and local level.
- 4.3.2 Develop a robust programme and project management process with clear deliverables, timescales and identify risks.
- 4.3.3 Ensure adequate performance monitoring is in place to ensure outcomes are delivered and risks are managed

4.4 Communication & Involvement

- 4.4.1 Engage with key stakeholders and providers to ensure strategic fit and local needs are reflected in commissioning intentions.
- 4.4.2 Ensure citizens are engaged appropriately and that they are able to influence service developments.

¹ www.nationalvoices.org.uk

² <https://www.gov.uk/government/publications/improving-health-and-care-the-role-of-the-outcomes-frameworks>

5. DECISION MAKING

- 5.1 The ICG - Adults will be accountable to the Hampshire Health and Well Being Board and respective executive decision making structures of Hampshire County Council and “Hampshire 5” CCGs.
- 5.2.1 The ICG - Adults will be advisory and make recommendations to the Health and Well-Being Board. It will provide detailed proposals so that informed decisions can be made. Proposals will be specific and individual organisational support will be needed at the appropriate times.
- 5.3 The ICG – Adults will be responsible for performance managing implementation projects. The Implementation Projects will be responsible for delivering service transformation plans.

6. OPERATION OF THE ICG - ADULTS

- 6.1 **Frequency** – The ICG - Adults will meet bi- monthly and be convened by the Chair in consultation with the nominated representatives of “Hampshire 5” CCGs and Adult Services Department Hampshire County Council
- 6.2 **Quorum** – At least 2 members must be present form “Hampshire 5” and Adult Services for a decision to be taken.
- 6.3 **Servicing Arrangements** – Action notes of meetings will be shared with ICG - Adults. Papers will be published five working days before each meeting. Where the ICG is required to make a decision a written report will be provided and the lead officer requested to attend the meeting to present and answer questions.

7. MEMBERSHIP

Chair	To alternate between CCGs Strategic / Clinical Lead and Hampshire County Council
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7.1 Core Members:

Organisation	Position
Hampshire County Council	Director of Adult Services Director Public Health Finance Business Partner
Hampshire 5 CCGs	Strategic Lead – Chief Officer, West Hampshire CCG Clinical Lead – Chair, North Hampshire CCG Finance Lead – Chief Finance Officer, West Hampshire CCG
Hampshire 5 CCGs/ Hampshire County Council	Officers leading programmes of joint work: Chief Commissioning Officer, PF&G&SE CCGs Integrated Services Programme Manager, NCCG Interim Director Strategic Partnerships, NE&F CCG Director of Commissioning, Long term Conditions and Community, WCCG Deputy Director, Commissioning and Care, HCC Strategic Commissioning Director, Joint Commissioning, HCC Operational & Commissioning Director, Mental Health and Learning Disabilities Services, HCC

	Area Director, HCC Head of Health Partnerships, HCC
Voluntary Sector Consortium Representatives	Director, Age Concern Hampshire Enham, Andover

7.2 In attendance:

Lead officer	
Note taker	

8. REVIEW DATE

March 2014