Derbyshire STP – Joined Up Care Derbyshire (JUCD) Board
Terms of Reference (ToR)
Review October 2018 – Draft For approval

1. Purpose

The purpose of the JUCD Board is to bring health and social care system leaders together to oversee delivery of the Derbyshire STP strategic direction including the agreed Derbyshire model of care, ensuring system wide clinical and financial sustainability. The Board will enable collaborative working across the health and social care system overseeing delivery of the JUCD STP work-streams. It will lead the system journey to becoming an effective Integrated Care System.

The Board will ensure all parties adhere to the agreed principles as set out in the STP Governance Arrangements, June 2017 (Appendix A).

2. Remit

The JUCD Board remit is:

1. Designing, leading and driving the development and transition to an Integrated Care System through effective system management; ensuring transformation and robust operational delivery is embedded throughout the STP and in constituent organisations.
2. Ensuring delivery of a sustainable (clinically, professionally and financially) Derbyshire health & care system by agreeing the strategic direction and development of one system, one plan and one control total.
3. Agreeing a robust framework to clarify decision making authority and accountability, aligned with the governance of Place Alliances and individual organisations.
4. Acting as the forum where decisions are made affecting more than one and maybe all member organisations; which are then ratified by each unitary Board of constituent organisations, following a recommendation agreed by the JUCD Board.
5. Empowering and supporting the health and care system to deliver the model of care by ensuring effective collaboration and trust between health and care organisations and Places.
6. Overseeing the development of the system level plan and its deliverables and agreeing any changes to the STP.
7. Receiving and approving recommendations from sub-groups or constituent organisations and delegating tasks as necessary in furtherance of STP objectives.
8. Ensuring that Place-based plans and STP work-streams are aligned and aggregated to the overall outcomes of the STP.
9. Receiving assurances from groups accountable to the Board and constituent organisations in relation to cross organisational and programme level issues, risks and dependencies; ensuring these are managed effectively.
10. Having a clear and shared understanding of system performance and holding organisations (each other) to account for delivery of the system aims and outcomes; recognising and supporting joint responsibility for cross performance.
11. Monitoring delivery of the system plan at the strategic level and mandating groups accountable to the Board to undertake any remedial actions required where delivery is off plan.
12. Agreeing and directing the strategic and tactical investment and disinvestment within the care system.
13. Agreeing and adjusting financial management arrangements to enable cross system working.
14. Ensuring transparent communication between a complex network of stakeholders.

15. Ensuring exemplar engagement and consultation are integral to system transformation, system engagement and redesign for a sustainable future.

3. Accountability

The JUCD Board has no stand-alone statutory accountability. The system level commitment and leadership demonstrated through the governance arrangements set out in Appendix B and in these ToR will ensure effective reporting and responsibility to statutory bodies in order to deliver the agreed collective ambitions of the Derbyshire STP.

Joined Up Care Derbyshire STP Governance arrangements can be found at Appendix B.

4. Delegated Authority

This group does not have delegated authority to make decisions as we continue to operate in and environment where individual sovereign organisations exist. However the executive leadership and seniority of the members will ensure that system recommendations are made to respective organisations as required.

5. Membership
    JUCD STP Board Chair
    JUCD STP Director
    Chiefs and Chairs of Providers and Commissioners
    Directors of Adult Social Care
    GP provider (LMC)
    Derbyshire GP Federations representative
    System Director of Finance
    CPRG Chair
    Engagement Forum Chair
    Directors of Public Health
    NHS England
    NHS Improvement
    Specialised Commissioning representative
    JUCD Senior Programme Manager
    JUCD Communications & Engagement Lead
    CQC representative
    East Staffordshire CCG representative

    By invitation:
    •   Programme Leads as may be required
    •   Sub-group Chairs as may be required
    •   Programme SROs where these individuals are not already represented

6. Quoracy

The Chair must be satisfied that there are enough representatives in the room to give a good cross system balanced opinion with regards to the matter for consideration in order for a firm decision to be made. For the Board to be quorate at least fifty present (50%) of the constituent organisations must be present.

7. Decision-making and Behaviours
    •   The JUCD Board has no powers other than those included in its ToR.
    •   The group will seek to reach consensus in deciding its recommendations. Where consensus cannot be reached, views which oppose the majority view will be recorded to ensure transparency and feedback to unitary Boards as necessary.

- Members are expected to model collective leadership and act as facilitators; providing effective communication to engage their respective organisations in the developments

8. Meeting Arrangements and Frequency
   - Meetings will be held monthly for duration of 3 hours; more frequently if required to consider matters in a timely manner.
   - Where necessary delegated authority for approval and decision making will be agreed by the Board. Members may be required to feedback to 'virtual' electronic communications..

9. Review

The JUCD Board shall keep its membership and responsibilities under review in light of the development of the programme and transition to an Integrated Care System to ensure they remain fit for purpose.

These ToR will be reviewed at least annually to ensure good governance practice.

Date of Review: October 2019

APPENDIX A

<u>Agreed Principles (from the Derbyshire STP Memorandum of Understanding, June 2017)</u>

These principles are taken from the agreed Memorandum of Understanding for System Governance, June 2017. The memorandum itself remains unchanged other than the review of the Terms of Reference for the key group as set out in the Governance section.

Derbyshire STP Principles

1. The current health and care system is typically reactive and characterised by organisation and role boundaries; it must be replaced by a system that is centred on people and communities.
2. The STP is about sustainable services – not making the current organisations sustainable.
3. Both working as a system and the STP development process are complex and ambiguous. The process will identify / highlight / surface difficult issues and conflicting interests within the system. These will be addressed as a system and be driven by the interest of the people served by the system.
4. The STP will take account of existing patient flows in and out of neighbouring STP footprints. It will also take account of the demands of other footprints and regional networks and their impact on our providers.
5. It is recognised that the current governance arrangements of statutory organisations 'lag behind' the system governance necessary to drive transformational change, and are therefore likely to be challenged through the process. Partners involved will need to be willing to be flexible about how system governance arrangements evolve over time.
6. In addition, existing commissioning and contract arrangements are likely to need to change.
7. System leaders will support each other to address the barriers to system sustainability and transformation posed by existing governance arrangements and existing commissioning and contracting including 'managing up' to the regulators.
8. System leaders will challenge themselves and each other to reduce transactional bureaucracy and duplication. This will require trust between each other and their teams to ensure things are done as efficiently and effectively as possible, including 'open book' data sharing and transparency.
9. The STP process will challenge the way organisations across Derbyshire are currently configured.
10. The STP is not about 'one size fits all'. Derbyshire is made up of many diverse communities. These differences will be embraced, however the outcomes of what good looks like will not vary across them.
11. Development and implementation of the STP will necessarily be through 'learning by doing'. This is because we need to (i) better understand people's needs; (ii) learn how we can better work together; (iii) build on where we have already made progress; (iv) consequently do more of what works and adapt what could be done better.
12. Place Based Systems of Care (Place) will be the fulcrum of our work programme; we recognise the determinants of Place will differ for some services; more specialist services will require larger populations to ensure safe effective and financially sustainable care.

13. Primary Care provision will play a key role in the design and delivery of the emergent new models of care, mechanisms to secure the involvement of non-statutory body providers must be developed.

14. All parties agree that costs may be taken out of the system, which may differentially impact on organisations. This in turn may mean higher costs in short term for individual organisations and the STP Programme will oversee this to ensure unsustainable and unplanned pressures are not created.

15. We agree that the right thing to do is to take costs out of system and therefore we will not engage in activities that primarily aim to transfer deficits.

APPENDIX B

Joined Up Care Derbyshire STP Governance Arrangements as at October 2018

The governance arrangements established in 2017 have been reviewed and refined to ensure our governance supports delivery and is effective in driving forward positive change as a system. The diagram below sets out the modified governance arrangements. As we continue to progress to an ICS, it is recognised that further development may be required.

Governing Bodies

Derbyshire and Derby City H&WBs (Public), OSC

System Regulators NHSE & NHSI

Provider Boards

(Emerging) Single Strategic Commissioner
- Sets pan-Derbyshire outcomes
- Commissions acute care and specialist mental health care at scale
- Sets standards to guide 8 Place Alliances
- Coordinates & agrees local (Place) core offer
- Develops standardised pathways

JUCD STP Board
Bringing system leaders together to hold organisations to account for delivery of the system plan aims and outcomes by agreeing the Derbyshire strategic direction to deliver clinical and financial sustainability.

A strategic group which designs and enables transformation to an effective Integrated Care System

Engagement Forum
Ensures the changes are developed and delivered through effective engagement with the people of Derbyshire.

PMO
Co-ordinate the development and delivery of the CCGs QIPP Plan ensuring this is underpinned by high quality programme and project delivery plans, providing assurance within the CCG, the system and to external regulators

CEO System Executive/ Finance Directors Group
- Enable collaborative working across health and social care
- System wide decision making
- System wide vehicle for delivery of the agreed model of care
- Oversee and support delivery of STP work-streams
- Coordinates and supports regulatory assurance framework response

Assurance & Delivery Group
Oversee delivery of the single Derbyshire Plan; aligning and monitoring performance improvement and transformation outcomes through a standardised reporting framework

System Directors of Finance Group
- Coordinate system financial alignment
- Monitor system wide financial performance aligned to activity
- Support delivery of system financial recovery inc. CIP and QIPP
- Developing the longer term system financial strategy

Clinical and Professional Reference Group (CPRG)
Direct and assure that cross system transformation delivers sustainable patient benefits

Provider Alliance Group (PAG)
Provider partners (including LAs) deliver integrated health and care services, complementing statutory organisations by providing a 'system' based body for inter related provider issues to be planned, agreed and monitored.

Local Workforce Advisory Board (LWAB)
Bring together health and care organisations across a broad range of workforce issues, current and future, to develop solutions and agree a workforce work programme to support the STP

Delivery & Implementation Workstreams