**Lancashire and South Cumbria ICS**

**ICS Community Health Services Programme Board**

**TERMS OF REFERENCE**

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| **Document Control** |
| **Title** | ICS Community Health Services Programme Board |
| **Executive Lead** | ICB Chief Nursing Officer and ICB Director of Health and Care Integration – South Cumbria |
| **Date of Approval** |  |
| **Approved By** | ICS Transforming Community Care Board |
| **Author** | Lindsay O’Dea – Senior Programme Manager |
| **Date Created** | 30th March 2023 |
| **Date Last Amended** |  |
| **Version** | 0.5 |
| **Next Review Date** |  |
| **Publish on Public Website** | **Yes**  | **No C:\Users\allanj1\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\VTRDMN8N\Afkrydsningsboks_%28_check_box_%29_2.svg[1].png** |
| *The version of the policy posted on the intranet must be a PDF copy of the approved version* |
| **Constitutional Document** | **Yes**  | **No C:\Users\allanj1\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\VTRDMN8N\Afkrydsningsboks_%28_check_box_%29_2.svg[1].png** |
| **Requires an Equality Impact Assessment** | **Yes** | **No C:\Users\allanj1\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\VTRDMN8N\Afkrydsningsboks_%28_check_box_%29_2.svg[1].png** |

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| **Amendment History** |
| **Version** | **Date** | **Changes** |
| 0.1 | 30th March 2023 | Initial draft |
| 0.2 | 12th April 2023 | Amendments from Sarah O’Brien |
| 0.3 | 15th May 2023 | Amendments from the CHS Programme Board meeting |
| 0.4 | 9th May 2023 | Updated membership |
| 0.5 | 26th June 2023 | Updated membership |

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| 1. **The Purpose of the Community Health Services Programme Board**
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| 1.1 | **The ICB Board and the Provider Collaborative have agreed the need to strengthen our programme management and delivery capability across the ICS so that we can better deliver the challenging stabilisation, recovery and transformation agenda as well as meeting our financial recovery targets.**The Community Health Services programme has been established as one of the priority areas within the ICS transforming community care portfolio, and will drive the delivery of this strategic programme of work.  |

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| 1. **Authority, Accountability and Governance**
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| 2.1 | The Community Health Services Programme Board is established under the ICS transforming community care portfolio to ensure the delivery of its key strategic programmes. The Programme Board is accountable to the Transforming Community Care Board for delivery of the programme and projects, and where appropriate to statutory organisations. |
| 2.2 | The Programme Board has the authority to require all stakeholders involved in delivery of the programme and projects to engage fully in this process, and to implement under direction from the Transforming Community Care Board changes to the way it is established to deliver system programme priorities. |
| 2.3 | May authorise deployment of staffing, financial and advisory resources necessary to develop and implement plans under its purview and within any delegated levels from the ICS via the Transforming Community Care Board.  |
| 2.4 | Statutory BodiesICS Transforming Community Care BoardLinks to Place Based Partnership Boards and Place CCPL GroupsLinks to PPI groups and service user forumsCommunity Health Services Programme BoardClinical Reference Group |

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| 1. **Key Functions and Objectives**
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| 3.1 | The Community Health Services Programme Board will ensure that the community services transformation programme is delivered successfully with the conditions and timelines agreed by the ICS Transforming Community Care Board. |
| 3.2 | The Programme Board’s key objectives will be:* Provide oversight for the development and delivery of the transforming community services programme of work
* Be accountable for the delivery of key projects within the programme, initially defined as:

Project 11. Complete *a comprehensive baseline mapping of existing services in relation to funding, service model, workforce and clinical pathways (including service footprints and flows within place-plus boundaries).*
2. Develop any necessary business cases to address resource gaps identified in the baseline mapping
3. Work with service users and staff to co-produce, develop and agree system wide ‘principles and outcomes’ to underpin delivery of community health services in each of the four places, including clinical models for nursing and therapy

Project 21. Resolve urgently the disjointed provision of community services in BwD / East Lancashire including (if possible) a contract transaction in 2023/24.
2. Undertake a transformation piece of work for services in West Lancashire
3. Undertake transformation piece of work for services in Central Lancashire
* Ensure close alignment and collaboration between the Programme Board and Place Devolution with specific links to the Place Clinical and Care Professional Leadership groups
* Ensure there is full engagement and involvement with members of the public and local communities across the whole programme to ensure services are co-produced, and that any changes are service user led.
* Ensure there is full workforce engagement and involvement across the whole programme
* To provide to the Transforming Community Care Board full visibility of progress being made toward delivery of the agreed projects and outcomes, with a trajectory of expected benefits realization reported by all the contributing initiatives
* Manage alignment of wider stakeholder contributions to the agreed scope of system work ensuring a consistent vision and plan of action that we communicate with all stakeholders.
* Work closely with population health, digital, workforce and organisational development leads to ensure these threads are embedded within the programme.
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| 3.3 | The primary deliverables from the Group will include: -* Agree and confirm the vision, scope, and projects within the programme
* Oversee the development of the programme PIDs and action plans by the programme SROs and PMs and to receive, check and challenge progress against agreed milestones, deliverables and expected project outcomes
* Establish resource requirements for each project and any required subgroups or task and finish groups to support project delivery
* Provide assurance to the Transforming Community Care Board on progress and escalate any key risks to delivery
* Ensure effective communications are in place across all stakeholders
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| 1. **Membership**
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| 4.1 | ICB Chief Nursing Officer – Sarah O’Brien (Chair)ICB Director of Health and Care Integration – South Cumbria – Jane ScattergoodICB Chief Allied Health Professional – Stephen SandfordICB Director of Adult Health and Care – Jane BrennanICB Associate Director of Adult Health and Care – Suzanne HebashyICB Integration Place Leader (Central Lancashire) – Sarah JamesGP leads - Dr Neil Hartley Smith and Dr Lauren DixonELHT Deputy Director of Nursing – Jane PembertonBTH Chief Allied Health Professional – Nick LaneUHMBT Deputy Chief Operating Officer – Dee HoughtonUHMBT Chief Nursing Officer – Tabetha DarmonLTH - Chief Nursing Officer – Sarah CullenHCRG Head of Nursing - Joanne TaylorLSCFT Director of Allied Health Professions – Tracey DeanLCC Associate Director Integrated Commissioning - Kashif AhmedICB Head of Planning, Transformation & Delivery -Heather Crozier Hospice representative - TBCICB Finance lead - TBCICB Business Intelligence lead – TBCWorkforce Lead - TBC Communications & Public Engagement Representative(s) |
| 4.2 | Members should ensure they have a named deputy, a nominated alternative senior officer, who is able to represent the perspective of the absent professional member if they are not able to attend. |
| 4.3 | Quoracy requires the Chair or Vice Chair plus 50% of the core membership |

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| **5. Decision Making** |
| 5.1 | Decision making will usually be by consensus through the Chair. |
| 5.2 | Recommendations for decision will be made to the ICS Transforming Community Care Board and ICS Delivery Board and Statutory bodies as appropriate. |

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| **6.** | **Declarations of Interest** |
| 6.1 | Individuals contracted to work with or appointed to the Programme Board will comply with the standard of business conduct policy including the requirements for declaring any conflicts of interest. |
| 6.2 | To facilitate this process, “Declaration of Interests” will be a standing item on all agendas.  |
| 6.3 | All new declarations of interest must be notified to the Chair within 28 days of a member taking office of any interests requiring registration, or within 28 days of a change to a member’s registered interests. Copies of these notifications should be sent to the Programme Office. |

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| **7.** | **Access and Attendance** |
| 7.1 | The meetings are not held in public. |
| 7.2 | Other ICB colleagues and representatives from partner organisations may be required to attend meetings to speak on specific matters. |
| 7.3 | Access to meeting may be granted to other professional colleagues with the permission of the Chair. |

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| **8.** | **Agenda and Minutes** |
| 8.1 | The agenda and support papers will be circulated by email no later than 3 working days prior to the meeting. |
| 8.2 | Minutes will be taken by the support officer and distributed to the members within 3 working days after the meeting.  |
| 8.3 | Meetings will not be held in public and agenda items and minutes will not be placed in the public domain.  |

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| **9.** | **Meeting Arrangements** |
| 9.1 | Meetings of the Programme Board will be held monthly either virtually via MS Teams or in-person as required by the board. |
| 9.2 | Meetings will be approximately 60 minutes in duration (or as determined by the Chair). |
| 9.3 | The Chair may at any time convene extraordinary meetings to consider business that requires urgent attention or when required to manage significant risks. |

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| **10.** | **Review** |
| 10.1 | The Programme Board will review its purpose, function, terms of reference and performance monthly to ensure relevance and to determine when to finish. |