

## Scoping Group for developing the Integration Transformation Fund Action Plan

### Terms of Reference

#### 1. Purpose

- To deliver integration transformation through partnership
- Targeting the pool budget to maintain independence
- To manage the service change effectively to ensure minimal adverse impact on customers
- To review current plans/services attached to identified funding streams and agree continuation of plans/services or changes as appropriate
- To undertake analysis of local needs and customers views on how these needs may best be met
- To agree priorities against the needs assessment and develop outcome focused specifications
- To create plan for 2014/15 against specified outcomes for people
- To present the plan to the Joint Commissioning Forum
- To submit the Plan to the Health and Wellbeing Board for sign off by 15th February 2014.
- To align with 'The NHS belongs to the people: a call to action'

#### 2. Objectives

- that there is truly integrated multi-agency working so that local health and social care systems work as a whole system to respond to the needs of local people
- to ensure current social care services are protected
- to further develop a 7 day working approach for both health and social care to support patients being discharged from inpatient provision and prevent unnecessary admissions and re-admissions
- to develop better information sharing between health and social care
- to ensure a joint approach to assessments and care planning
- to ensure that where funding is used for integrated packages there is an accountable professional
- agreement on the consequential impact of changes in the acute sector and how these will be managed
- to ensure an integrated preventative offer is developed and easily accessible to the customer
- to ensure an integrated carers strategy

### 3. Outcomes

- people are in control and are central to the planning of their care so they receive a service that is right for them
- people get the right support, at the right time in the right place and at the right cost
- carers get the right support, at the right time in the right place and at the right cost

### Frequency, Structure and Administration

To meet fortnightly to produce the plan, and at agreed intervals thereafter to monitor implementation

### 4. Membership

Cathy Mitchell (Chair)	Local Chief Officer, Borderline and Peterborough LCGs
Housing/DFG Rep	TBC
Jana Burton	Executive Director of Adult Social Care, Health & Wellbeing, Peterborough City Council
Wendi Ogle-Welbourn	Director for Communities, PCC
Chris Rowland	Older People Project Lead, B&PLCG's
John Ellis	MH Contract Lead, C&PCCG
Area Team Rep.	TBC
Paul Grubic	Asst Director Commissioning, PCC
Debbie McQuade	Asst Director Care Service Delivery, PCC
Tina Hornsby,	Asst Director Quality, Improvement & Performance, PCC
Paul Stevenson	Head of Adult Social Care Finance, PCC
Margaret Osibowale	System Finance Lead, B&PLCG's
Dr Richard Withers	Clinical Lead, Borderline LCG

Substitutes may attend if required

### 5. Quorum

Where appropriate, identify what is required in terms of a Quorum to enable meeting to go ahead.

### 6. Reporting Arrangements

Local Commissioning Groups and Health & Wellbeing Board

---

**Author: Cathy Mitchell, Local Chief Officer, B&P LCGs**