Sandwell and West Birmingham NHS Trust

INTEGRATION COMMITTEE

Terms of Reference

1. CONSTITUTION

1.1 The Board hereby resolves to establish a Committee of the Board to be known as the Integration Committee (The Committee). The Committee has no executive powers, other than those specifically delegated in these Terms of Reference. Its terms of reference are set out below and can only be amended with the approval of the Trust Board.

2. AUTHORITY

2.1 The Committee is authorised by the Board to investigate any activity within its Terms of Reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

2.2 The Committee is authorised by the Board to instruct professional advisors and request the attendance of individuals and authorities from outside of the Trust with relevant experience and expertise if it considers this necessary or expedient to carrying out its functions.

2.3 The Committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.

3. PURPOSE

3.1 The purpose of the Committee is to provide the Board with assurance concerning the strategy and delivery plans to achieve our vision of being the most integrated healthcare provider.

3.2 We recognise there is no one-size fits all model to integrated care, and therefore the committee will ensure:

- How we are working with and through our partners
- How our services are designed with our communities
- How we are transforming our services to deliver more care in the community

- How we are measuring and evidencing our work makes a positive impact on our population

3.2 We recognise that patient outcomes are best served by integrated care that:

- Is planned around the individual
- Provides continuity
- Delivers seamless transitions
- Is responsive to changing need

Therefore, the committee will provide assurance that as we move from hospital to community and sickness to prevention any required service changes improve these aspects of integrated care.

4. RESPONSIBILITIES AND DUTIES

4.1 As the Host provider for the ***Sandwell Health and Care Partnership (SHCP)***, the Integration Committee will be the assurance group connecting the partnership governance to the Trust Board.

- The Committee will provide assurance oversight of the agenda, delivery and performance of the partnership in delivering its purpose.
- The committee will also ensure that the Trust is effectively executing its hosting function and providing the necessary support and leadership to SHCP.

4.2 As the lead organisation, including Executive Senior Responsible Officer status, for the ***West Birmingham Locality Partnership (WLP)*** the Integration Committee will be the assurance group connecting the partnership governance to the Trust Board.

- The Committee will provide assurance oversight of the agenda, delivery and performance of the partnership in delivering its purpose.
- The WLP reports into a wider Birmingham and Solihull (BSoL) Place governance Framework. The Integration Committee will ensure the Trust is appropriately engaging in the wider BSoL programmes, influencing and informing the broader agenda impacting on patient outcomes and hospital performance.
- The committee will also ensure that the Trust is effectively executing its lead organisation status Executive SRO function and providing the necessary support and leadership to SHCP.

4.3 The committee should recognise that not all SHCP and WLP activities are exclusively under the direct management of the Trust and therefore differing levels of assurance will be required together with mitigation.

4.4 The committee will seek assurance and oversight on the wider work of the Trust in delivering its integration vision, including:

- The Trusts' approach to ***Health Inequalities***, including Making Every Contact Count
- The Trusts' ***Primary Care Strategy***, including how we best deliver integrated care with our current provision as well as any plans for further expansion of the in-house model
- The Trusts' relationship with wider primary care, including the formal national requirements within the ***'Interface'*** work programme
- The Trusts ***Community First*** plans and delivery, taking a transformation programme approach across priority pathways.
- The Trusts approach to ***Social Values***, including how we engage with partners and communities, our approach to co-production and how we invest (monetarily and in assets) in the not-for-profit sector
- The Trust's delivery against key ***partnership contracts*** including the Better Care Fund and Public Health Collaborative Agreement

4.5 The Committee will receive regular updates on wider developments that will further enhance our integration and improve population health outcomes including;

- Employing local people
- Economic regeneration

4.6 To seek assurance on any additional matter referred to the Committee from the Board

5. MEMBERSHIP

5.1 The Committee will comprise of not less than three Non-Executive Directors, three Trust Executive Directors and will include the following members.

- Non-Executive Directors x 3 (one nominated as chair)
- Chief Integration Officer
- Chief Nursing Officer
- Chief Operating Officer
- Chief Strategy Officer
- Deputy Chief Medical Officer – integration
- Deputy Chief Integration Officers – Sandwell & West Birmingham

The following members will be invited to attend the committee

- PCCT representation – clinical & operational
- Women's & Children's – clinical & operational
- Head of Public & Community Engagement
- Chief Development Officer – regeneration integration updates (3 x per annum)

- Chief People Officer – employing local people updates (3 x per annum)
- Directors of Public Health, Sandwell and Birmingham– JSNA update (Annually)

5.2 The Chair of the Committee will be a Non-Executive Director and will be appointed by the Trust Chair. If the Chair is absent from the meeting, then another Non-Executive Director shall preside. The lead Executive Director will be the Director of Integration.

5.3 A quorum will be 3 members, of which there must be at least one Non-Executive Director and one Executive Director.

5.4 Members should make every effort to attend all meetings of the Committee and are mandated to attend 80% as a minimum annually.

6. FREQUENCY OF MEETINGS

6.1 Meetings will be held bi- monthly, with committee working groups in the alternate month.

7. DECLARATIONS OF INTEREST

7.1 All members must declare any actual or potential conflicts of interest relevant to the work of the Committee, which shall be recorded in the Minutes accordingly. Members should exclude themselves from any part of a meeting in which they have a material conflict of interest. The Chair will decide whether a declared interest represents a material conflict.

8. REPORTING AND ESCALATION

8.1 Following each committee meeting, the minutes shall be drawn up and submitted to the Chair of the committee in draft format. The draft minutes will then be presented at the next Committee meeting where the person presiding at it will sign them. A highlight report on committee business will be presented by the chair to the next Trust Board meeting

8.2 The Chair of the Committee shall draw to the attention of the Trust Board and issues that require disclosure to the full Board or require Executive action.

8.3 The Committee will provide an annual report to the Trust Board on the effectiveness of its work and its findings, which is to include an indication of its success with delivery of its work plan and key duties.

8.4 In the event that the Committee is not assured about the delivery of the work plan within its domain, it may choose to escalate or seek further assurance in one of five ways:

- insisting on an additional special meeting;

- escalating a matter directly to the full Board;
- requesting a chair's meeting with the Chief Executive, Lead Executive Director and Chair of the Trust Board;
- asking the Audit Committee to direct internal, clinical or external audit to review the position

9. REVIEW

9.1 The terms of reference should be reviewed by the Committee and approved by the Trust Board annually.

March 2025