

## Meeting: Governing Body

<b>Meeting Date</b>	23 May 2018	<b>Action</b>	Approve
<b>Item No.</b>	9	<b>Confidential</b>	No
<b>Title</b>	Terms of Reference - Shadow Partnership Commissioning Board		
<b>Presented By</b>	Dr Jeff Schryer, CCG Chair		
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<b>Clinical Lead</b>	-		

### Executive Summary

The partner organisations have together set out principles for the establishment of a single integrated commissioning function. It was agreed that a Shadow Partnership Commissioning Board would be established from April 2018.

The following document sets out the Terms of Reference for the Shadow Partnership Commissioning Board, to be called the Bury One Commissioning Organisation Partnership Board (“the Board”).

It can be noted that the Board is not a statutory body. It is not intended to replace any of the existing statutory bodies in the locality; instead it is a shadow joint committee of the two statutory organisations Bury Metropolitan Borough Council (“the Council”) and NHS Bury Clinical Commissioning Group (“the CCG”).

### Recommendations

It is recommended that the Governing Body:

- Approves the Terms of Reference for the Shadow Partnership Commissioning Board.

### Links to CCG Strategic Objectives

To empower patients so that they want to, and do, take responsibility for their own healthcare. This includes prevention, self-care and navigation of the system.	<input type="checkbox"/>
To deliver system wide transformation in priority areas through innovation	<input type="checkbox"/>
To develop Primary Care to become excellent and high performing commissioners	<input type="checkbox"/>
To work with the Local Authority to establish a single commissioning organisation	<input type="checkbox"/>
To maintain and further develop robust and effective working relationships with all stakeholders and partners to drive integrated commissioning.	<input type="checkbox"/>

To deliver long term financial sustainability in partnership with all stakeholders through innovative investment which will benefit the whole Bury economy.	<input type="checkbox"/>
To develop the Locality Care Organisation to a level of maturity such that it can consistently deliver high quality services in line with Commissioner's intentions.	<input type="checkbox"/>
Supports NHS Bury CCG Governance arrangements	<input checked="" type="checkbox"/>
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:	No
GBAF – n/a	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any financial Implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any associated risks?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are the risks on the CCG's risk register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

Governance and Reporting		
Meeting	Date	Outcome
Shadow Partnership Commissioning Board	17/04/2018	Approved with minor changes.

# **BURY ONE COMMISSIONING ORGANISATION PARTNERSHIP BOARD TERMS OF REFERENCE**

## **Context**

1. The partner organisations, the Bury Metropolitan Borough Council and the NHS Bury Clinical Commissioning Group have together set out principles for the establishment of a single integrated commissioning function. It was agreed that a Shadow Partnership Commissioning Board would be established from April 2018.
2. The following document sets out the Terms of Reference for the Shadow Partnership Commissioning Board, to be called the Bury One Commissioning Organisation Partnership Board ("the Board").
3. The Board is not a statutory body. It is not intended to replace any of the existing statutory bodies in the locality; instead it is a shadow joint committee of the two statutory organisations Bury Metropolitan Borough Council ("the Council") and NHS Bury Clinical Commissioning Group ("the CCG").

## **Purpose**

4. To set the strategic direction, vision and values for a single integrated commissioning function for the Borough of Bury.
5. To provide leadership and direction to the development of integrated commissioning across the Council and CCG and with other stakeholders.
6. To set a framework to describe how all stakeholders can work together across organisations.
7. To provide a joint forum to oversee and hold to account the Council and the CCG for the development and delivery of strategies and plans to develop and maintain a diverse and vibrant health and care economy that meets the needs of local people and improves outcomes for all.

## **Role of the Board**

8. The Board has been established to develop a single commissioning function and enable members to make recommendations on the design, commissioning and overall delivery of health and care services, including the oversight of their quality and performance.

9. Members of the Board have a collective responsibility for its operation. In undertaking its role, clinical and democratic accountability will be implicit within all decisions, as will respect for all professional areas of knowledge and expertise.

## **Approach**

10. The Board will work in an open and transparent way to facilitate, enable, discuss and support the development of key priorities and to recommend items for decision to the CCG Governing Body, the Council's Cabinet and any other relevant decision making forums. Recommendations made will be acted upon by each organisation to secure appropriate decisions as quickly as possible.
11. The Board will scrutinise and challenge plans, performance and strategies with mutual respect and hold to account the constituent partnership organisations for delivery of purpose.

## **Key Priorities**

12. Key priorities will be the development of:
  - i) a commissioning and decommissioning strategy
  - ii) a joint financial plan and reporting
  - iii) pooled and aligned budgets and management arrangements
  - iv) a performance and outcomes framework
  - v) a risk and quality assurance framework
  - vi) developing a governance structure for the partnership, to be incorporated into a partnership agreement

## **Membership**

13. The Board shall consist of the following members: The Leader of the Council, the Clinical Chair of the CCG, the Deputy Leader of the Council (Cabinet Member for Health and Well Being), Chief Executive of the Council, one Lay Member of the CCG, one Clinical Director of the CCG, three CCG Executive Directors from the following: the Chief Accountable Officer, Deputy Chief Officer/Director of Commissioning and Business Delivery, Chief Finance Officer and the Director of Quality. From the Council the membership will include the Executive Director for Communities and Well Being, Executive Director for Children, Young People and Culture, and Chief Finance Officer ("Section 151 officer").
14. The Joint Chairs of the Board shall be the Leader of the Council and the Clinical Chair of the CCG. In the event of one or other of the Chairs being unavailable for a meeting the other Joint Chair will assume the chairing of the Board meeting. In the event that both Joint Chairs are unavailable or conflicted regarding an agenda item and leave the meeting; then the Deputy Leader of the Council (or a nominated deputy Member) or the Lay

Member of the CCG will assume the chairing of the meeting.

The following will have a standing invitation to attend the meetings of the Board:

Council Monitoring Officer

### **Meetings and Voting**

15. The Board will give no less than five clear working days' notice of its meetings. This will be accompanied by an agenda and supporting papers and sent to each member no later than five days before the date of the meeting (unless there is agreement from the Joint Chairs).
16. The aim of the Board will be to achieve consensus decision-making in respect of any recommendations made, wherever possible. However, should a vote be required it will be by a simple majority of members present (and if necessary the Joint Chairs will have a second or casting vote).

### **Conflict Of Interest**

17. As a Joint Committee formed by the two statutory organisations, when making decisions as the Board, all members must comply with the standards set by the Local Government Act 2000, as set out in Part 5(a) of the Council's Constitution; the NHS Act 2006, as set out in section 140 and all expected standards of conduct and constitutional requirements.
18. Members of the Board will be asked at each meeting to declare any conflicts of interest for any items of business for that meeting. In addition a Single Register of Interest will be maintained for the members of the Board.

### **Quorum**

19. The quorum will be four of the Board members, to include an Executive Director and a Clinician from the CCG and an Officer and a Member of the Council.

### **Frequency of meetings**

20. It is anticipated that the Board will routinely meet at monthly intervals.
21. The meetings of the Board shall be held in private.