

COMMISSIONING PARTNERSHIP BOARD

(S75 JOINT COMMITTEE)

TERMS OF REFERENCE

1. Purpose

The Commissioning Partnership Board is the integrated strategic commissioning body for health and social care services established under section 75 of the NHS Act 2006 between NHS Oldham Clinical Commissioning Group (the CCG) and Oldham Metropolitan Borough Council (the Council or OMBC).

The Commissioning Partnership Board is a joint committee of the Council and the CCG established under Regulation 10(2) of the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (the Partnership Regulations). The Commissioning Partnership Board is established in accordance with the CCG's constitution, standing orders and scheme of delegation and in accordance with the Council's constitution. The Commissioning Partnership Board shall be accountable to the CCG and the Council in accordance with the arrangements set out in CCG Standing Orders and the Council's Constitution.

The Commissioning Partnership Board shall exercise on behalf of the CCG and the Council such integrated commissioning functions as may be delegated to it pursuant to such agreement or agreements that they may enter into from time to time pursuant to the Partnership Regulations (section 75 agreement).

The Commissioning Partnership Board may appoint sub-committees as it considers appropriate to exercise any functions that are exercisable by it insofar as any such functions may be sub-delegable. The Commissioning Partnership Board may delegate tasks to such sub-committees and to officers in accordance with the delegation arrangements set out in the section 75 agreement between the CCG and Council.

These terms of reference outline how the Commissioning Partnership Board will direct and drive the commissioning function of 'Oldham Cares', they also describe the membership, remit, responsibilities and reporting arrangements of the Commissioning Partnership Board and shall have effect as if incorporated into the CCG's constitution and standing orders.

2. Accountability

The Commissioning Partnership Board is the commissioning body for the services in scope of integrated commissioning. The Commissioning Partnership Board has delegated executive responsibility and may exercise executive decision making for these services.

The Commissioning Partnership Board can, on behalf of the CCG and the Council:

- commit resources within agreed limits
- decide policy within the scope of services
- commission research or reviews to inform decision making
- oversee integrated commissioning action plans.

Ultimate legal accountability for the provision of statutory services will however be unaffected and will remain with NHS Oldham CCG and Oldham Council through the Governing Body and Cabinet respectively. Due to the nature of the decisions, the Commissioning Partnership Board may therefore be required to seek additional approvals from the CCG Governing Body and Cabinet in accordance with the terms of a section 75 agreement or otherwise as directed.

The Commissioning Partnership Board will also provide a quarterly update to the Health and Wellbeing Board, providing information on key issues it has considered over the last quarter, and issues on the horizon.

3. Membership

The composition of the Commissioning Partnership Board is the core and advisory members of the Commissioning Committee made up of officers and members from the CCG and the Council, as well as the Single Accountable Officer, in post from time to time, save that when the Commissioning Partnership Board exercises commissioning functions related to extended primary care, its core members shall exclude GP member representatives.

The role of Chair of the Commissioning Partnership Board will be shared by the Governing Body Lay Chair and a Council Cabinet Elected Member. This will be by way of alternative meetings unless otherwise mutually agreed between the Chairs. Should neither Chair be available for the meeting then a deputy Chair will be nominated from the joint deputies.

Core Members (voting)

CCG

- Governing Body Lay Chair (Joint Chair)
- Chief Clinical Officer (CCO) / Deputy CCG Accountable Officer
- Deputy Chief Clinical Officer (DCCO)
- Chief Finance Officer

Council

- Leader of the Council and Cabinet Member for Economy and Enterprise
- Deputy Leader of the Council and Cabinet Member for Neighbourhoods
- Cabinet Member for Children's Services
- Cabinet Member for Health and Social Care

Advisory Members (non-voting)

Joint roles

- Joint Accountable / Chief Executive Officer
- Strategic Director of Joint Commissioning / Chief Operating Officer

CCG

- Executive Nurse
- Hospital Consultant Representative
- GP Governing Body Member – North Cluster
- GP Governing Body Member – East Cluster
- Lay Member for Patient and Public Involvement (Deputy Joint Chair)
- Director of Performance and Delivery
- Director of Primary Care and Community Enablement

Council

- Strategic Director of Reform
- Deputy Chief Executive – People and Place
- Deputy Chief Executive – Commercial and Corporate
- Director of Adult Social Services (DASS)
- Director of Children's Services (DCS)

Other officers may be invited to support any agenda items as agreed by the chair of the meeting. When considering a confidential matter, the chair of the meeting may ask non-voting members to leave the meeting. The voting members may decide that a matter is confidential if in their view publicity about it would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons that they specify arising from the nature of that business or of the proceedings.

4. Nominated deputies

The CCG and Council may nominate deputies for Core Members and Advisory Members provided they notify the Joint Chairs in writing of the identity of the deputies.

5. Quorum and voting

The quorum will be six core members (or their nominated deputies), 3 from each of the CCG and Council. The three CCG Core Members or their deputies must include one CCG Lay Member, either Chief Clinical Officer or Deputy Chief Clinical Officer and one CCG Executive Officer. The Council Core Members or their nominated deputies must be Council Cabinet Elected Members.

Should the GPs (CCO/DCCO) be conflicted then quoracy and voting will be assigned to the Executive Nurse and Hospital Consultant Representative.

Should either of the GPs (CCO/DCCO) be absent from the meeting, their vote will be given to another GP in attendance at the discretion of the Chair.

The Lay Member for Patient & Public Participation will deputise as Joint Chair in the absence of the CCG Chair. Should the Council Joint Chair be absent then a deputy will be nominated from the Council Cabinet Elected Members.

Decisions made by the Commissioning Partnership Board shall be made on a simple majority basis. In the event of a tied vote, the Chair of the day has a casting vote.

6. Decision-making

The Council and the CCG are delegating their functions to the Commissioning Partnership Board and not to their individual representatives on the Commissioning Partnership Board.

Through its decision making processes the Commissioning Partnership Board will adhere to the decision making processes of both Council and the CCG.

Where a decision of the Council is required at a Commissioning Partnership Board meeting then the requirements of the Local Government Act 2000 and the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 must be adhered to (publication of notice of key decisions 28 days in advance, publication of reports 5 clear working days in advance, formal decision notice signed by decision maker and Proper Officer (Constitutional Services must attend for this purpose for these items).

Decisions that are 'key decisions' are subject to the Council's 'call-in' procedures and cannot be implemented until the time for call-in has expired or the matter has been dealt with in accordance with Overview & Scrutiny Procedure Rules. The activities of the Commissioning Partnership Board may be subject to enquiry by the Council's overview and scrutiny committees including the Pennine Acute Hospitals NHS Trust Joint Health and Overview Scrutiny Committee and the Pennine Care NHS Trust Joint Mental Health Overview and Scrutiny Committee.

A decision will be a "key decision if it falls within the definition set out in:

- 1) Regulation 8 of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012; and
- 2) the Council's Constitution,

as both may be amended from time to time, The definition of a key decision, as at the date of these terms of reference, is set out in the Appendix to these terms of reference.

The Commissioning Partnership Board will be accountable to the Council's Cabinet and / or Council as appropriate and the CCG's Governing Body. It will work in partnership with the Health and Wellbeing Board and the CCG Commissioning Committee.

7. Remit and Responsibilities

The Commissioning Partnership Board shall:

- a. Take responsibility for the management of partnership arrangements in accordance with such section 75 agreement or agreements that the CCG and the Council may from time to time agree, including monitoring the arrangements and receiving reports and information on the operation of the arrangements;
- b. Together with the Commissioning Committee provide assurance to the Governing Body, CCG members and other relevant parties on delivery of statutory functions and responsibilities exercisable by the CCG.

The Commissioning Partnership Board will:

- a. Set the high-level commissioning strategy and health & wellbeing outcomes for the Borough in order to meet assessed population, community and individual need within the financial resources of the pooled funds over which the Commissioning Partnership Board has control.
- b. Make commissioning recommendations for the financial resources not controlled by the Commissioning Partnership Board
- c. Support the dissolving of traditional boundaries between commissioning and provision of services in Oldham to improve outcomes for Oldham population against the agreed Oldham Cares Outcomes Framework.
- d. Have responsibility for all matters relating to the pooled funds as may be set out in a Section 75 agreement.
- e. Develop, implement and monitor those elements of the Alliance contract for the Oldham Integrated Care Organisation that relate to the provision of services that are subject to the integrated commissioning arrangements.
- f. Make recommendations regarding the other elements of the Alliance contract for the Oldham Integrated Care Organisation.
- g. Recommend the high level parameters for the Strategic Commissioning Function
- h. Recommend the high level parameters for the Primary Care and Community and Social Care Clusters within the ICO
- i. Recommend that appropriate contracting mechanisms are in place within the ICO Alliance and outside of ICO arrangements e.g. specialist hospital services
- j. Maintain a strategic overview and assurance role on behalf of the Health and Wellbeing Board to ensure implementation and delivery of the agreed high level strategies and outcomes set jointly between Oldham CCG and Oldham Council.
- k. Monitor and review high level outcomes and performance data to ensure that the ICO is achieving the goals established by commissioners for the transformation of health and social care services against the Oldham Cares Outcomes Framework.

8. Objectives

The objectives of the Commissioning Partnership Board are;

- a. To govern the arrangements for integrated commissioning in the Oldham borough providing assurance to NHS Oldham CCG and Oldham MBC that their statutory and mandatory responsibilities and strategic objectives are being met and that their combined resources are being utilised to best effect.
- b. To provide assurance to NHS Oldham CCG and Oldham MBC for the achievement of the agreed outcomes, commissioning strategies and plans within the available financial envelope
- c. To prepare an annual integrated commissioning strategy, setting out specific goals and outcomes for commissioning in the Borough and the intentions of the whole system to transform health and social care delivery in order to reflect best practice and value for money.
- d. Within the integrated commissioning strategy, describe how the outcomes and objectives set out in the Section 75 Agreement and the high level strategic goals and outcomes of NHS Oldham CCG and Oldham MBC will be achieved.
- e. To commit resource at high level within the pooled fund(s) to achieve the objectives of the integrated commissioning strategy through the Oldham Cares system structure.

- f. To develop a joint financial plan to underpin the overall commissioning strategy and providing direction in relation to investments and savings to be made jointly by the Council and CCG.
- g. To oversee the implementation of the integrated commissioning strategy.
- h. To set the high level quality standards for, and monitor and review the outcomes and performance for commissioned services within the s.75 agreement, identifying areas of good practice and taking action where outcomes and performance fall short of requirements.
- i. To ensure that the prescribed functions of Oldham Council and Oldham NHS CCG are properly and effectively discharged through the pooled funds and the strategic commissioning arrangements as appropriate.
- j. To ensure the engagement of stakeholder groups - including users, patients, carers, providers and community organisations - in the commissioning cycle and the co-design of commissioned services and the formulation of strategy as appropriate.
- k. To provide assurance to the Health and Wellbeing Board, CCG Governing Body, Oldham Council Cabinet and the Council's Overview & Scrutiny Committees of the quality and safety of commissioned services within the Section 75 agreement, of the proper and effective use of resources in the pooled fund and of the achievement of agreed strategy and outcomes.
- l. To conduct all business in accordance with the provisions of the Section 75 Agreement including the standards on partnership behaviours and the code of conduct on conflicts of interest
- m. To be fully aware of the Greater Manchester integrated commissioning arrangements as they develop in the context of the Greater Manchester Devolution Agreement and ensure full alignment between the arrangements in the Oldham borough, the North East sector, and the city region.
- n. To identify, record, mitigate and manage all risks associated with strategic integrated commissioning, including the maintenance of a risk register which will be included on the risk registers of both NHS Oldham CCG and Oldham MBC.
- o. To review regular high-level performance and financial monitoring reports relating to strategic integrated commissioning and the pooled fund and ensure, if required, appropriate action is taken to ensure annual delivery of expected performance targets and approved schemes within permitted budget for the financial year.
- p. To promote improvement and innovation and demonstrate leadership in pursuing the objectives and upholding the principles underpinning the ways of working in the newly established partnership.

9. Principles

The core principles of the Commissioning Partnership Board are:

- a. to place quality, innovation, productivity and prevention at the heart of its business by considering the impact of decisions on the quality of care and the patient experience;
- b. to ensure that equality is the fundamental principle on which the Commissioning Partnership Board operates in the commissioning of services which address the diversity of needs within the borough
- c. to support the ICO, through the Alliance Board, in its role as a key system leader for health and social care in the borough
- d. to take a holistic, personalised, individualised and integrated approach to people (customers and patients);

- e. to take a holistic and integrated approach to the health and social care system, including for investments and savings. This is to focus on the areas in scope but be mindful of the wider health and social care system;
- f. to ensure transparent information sharing in relation to business planning, and therefore minimising risk from unforeseen unplanned activity;
- g. to ensure transparent information sharing in relation to performance and financial information;
- h. to share strategic and operational good practice;
- i. to provide the leadership of development and reporting of integrated commissioning across health and social care; and
- j. to provide assurance to member organisations to comply with all statutory and mandatory duties, including but not limited to, the duties to involve and/or consult (as appropriate) the public; the duty to consult the Overview and Scrutiny Committee; and relevant procurement guidance;
- k. to undertake such involvement and/or consultation (as appropriate) with patients, users and the public on issues within the Commissioning Partnership Board's scope;
- l. to take a proactive approach to sharing information in order to help partners work more effectively with service users and communities, where this is appropriate and safe to do so.

10. Financial Arrangements for Joint commissioning

One of the core functions of the Commissioning Partnership Board is to oversee the alignment and integration of budgets for the services in scope.

Integrated commissioning will be achieved through pooled budgets; aligning of budgets whereby each partner will control their own budgets and spending will be reduced to a minimum.

The operation of the Commissioning Partnership Board will be underpinned by the section 75 agreement and it will oversee one or more pooled funds.

11. Administration

The CCG and OMBC Corporate Office Teams will provide administrative support to the Commissioning Partnership Board, supporting the chair, as appropriate. They will be supported by the Chief Operating Officer and Strategic Director of Corporate Affairs and Resources to set the agenda.

12. Frequency and notice of Meetings

The Commissioning Partnership Board will normally meet monthly and at least quarterly in public.

Unless otherwise agreed, at least 14 days notice of a date and place of a meeting will be given. In the case of urgent business the chair will call a meeting with notice as they see fit.

Agenda planning meetings will take place in advance of the next meeting and include the Joint Chairs as a minimum. The agenda and supporting papers will be sent to member representatives no less than 5 clear (full) working days before the meeting.

13. Conduct of meetings

Except as outlined in these Terms of Reference, meetings of the Commissioning Partnership Board shall be conducted in accordance with the provisions of the CCG's Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies (as approved by the CCG) and the Council's Scheme of Delegation for Officers and Procedure Rules (as set out in the Council's Constitution and approved by the Council) and reviewed from time to time. Where different rules apply, the higher standard shall be adopted.

The Commissioning Partnership Board shall ordinarily meet jointly with the Commissioning Committee and have shared notices of meetings, agendas, papers and minutes.

The secretary shall minute the proceedings of all meetings of the Commissioning Partnership Board, including recording the names of those present and in attendance and any conflicts of interest declared.

Minutes and action log of each meeting will be circulated within 5 working days of the meeting taking place. Their approval shall be considered as an agenda item at the next meeting.

The representatives of the Commissioning Partnership Board will act as the overall communication links to their organisation and relevant departments. Members shall disseminate the approved minutes for the Commissioning Partnership Board to relevant stakeholders.

14. Reporting Mechanism

The Commissioning Partnership Board shall make any such recommendations to the Governing Body and Commissioning Committee, or OMBC governance it deems appropriate on any area within its remit, where action or improvement is needed.

15. Review and Termination

In the event of a dispute, the disputes procedure within the section 75 agreement shall be followed.

The basis and procedure for termination of the Commissioning Partnership Board is included within the section 75 agreement.

16. Other Matters

The Commissioning Partnership Board is authorised by the Governing Body and Council Cabinet 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 Commissioning Partnership Board.

The Commissioning Partnership Board is authorised by the Governing Body and Council Cabinet to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it

considers this necessary, within its Terms of Reference within a limit determined by the Chief Financial Officer.

The Commissioning Partnership Board shall:

- Have access to sufficient resources to carry out its duties
- Be provided with appropriate and timely training, both in the form of an induction programme for new members and on an on-going basis for all members
- Give due consideration to laws and regulations impacting on the work of the Commissioning Partnership Board
- At least once a year, review its own performance and Terms of Reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Governing Body and Council Cabinet.

Appendix

Article 14.2.2 of the Council's Constitution

14.2.2 Key Decisions

- a. a key decision is any decision which is likely to result in a local Council incurring expenditure which is, or the making of savings which are, significant having regard to the local Council's budget for the service or function to which any decision relates; or
- b. to be significant in terms of its effects on communities living or working in the area comprising two or more wards in the area of the local Council

Key Decision - Definitions

- a. "Significant expenditure or savings" is defined as:
 - i. Revenue expenditure or saving that is neither provided for within the Budget, nor virement permitted by the Constitution.
 - ii. Capital expenditure that is not provided for within:
 - iii. The capital estimate for a specific scheme; or
 - iv. A lump sum capital estimate.
 - v. Of the declaration of land or property, the estimated value of which exceeds £250,000, as surplus to the Council's requirements.
 - vi. Securing approval in principle to the acquisition or disposal of land or property the value of which is estimated to exceed £250,000.
 - vii. Securing approval in principle to the taking of, or the granting, renewal, assignment, transfer, surrender, taking of surrenders, review, variation or termination of any leases, licences, easements or wayleaves, at considerations in excess of £250,000 over the term of the agreement or a premium of £250,000.
 - viii. Any decision which involves expenditure or savings over £250,000.
- b. Key Decisions are also those decisions which:
 - i. Require an application to be made for planning permission, listed building, ancient monument or conservation area consent.
 - ii. Comprise or include the making, approval or publication of a draft or final scheme which may require, either directly or in the event of objection, the approval of the Secretary of State or of a Minister of the Crown.
 - iii. Require the passage of local legislation or the adoption by the Council of national legislation.
 - iv. Propose a response on behalf of the Council to consultation by the Secretary of State or a Minister of the Crown, where the consultation response could have a potential impact upon the Council to the extent defined in Article 15.3.2-15.3.4
 - v. Propose an alteration in the standard charges which the Council makes for any of its services.