

Democratic Services

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To: All Members of the Health and Care Board

Bath and North East Somerset Councillors: Bowden, Cox, Edwards, Charles Gerrish, Grabham, Harvey, S James, Paul May, I Orpen, Power, Vic Pritchard, Rothery, Shields and Tim Warren

Co-opted Voting Members:**Co-opted Non-voting Members:**

Chief Executive and other appropriate officers
Press and Public

Dear Member

Health and Care Board: Wednesday, 6th March, 2019

Please find attached a **SUPPLEMENTARY AGENDA DESPATCH** of late papers which were not available at the time the agenda was published. Please treat these papers as part of the agenda.

Papers have been included for the following items:

8. JOINT WORKING FRAMEWORK (Pages 3 - 90)

Yours sincerely

Jack Latkovic
for Chief Executive

If you need to access this agenda or any of the supporting reports in an alternative accessible format please contact Democratic Services or the relevant report author whose details are listed at the end of each report.

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MEETING	HEALTH AND CARE BOARD
DATE	6th March 2019
TYPE	An open public item

Report summary table	
Report title	Joint Working Framework
Report author	Julie-Anne Wales, Head of Corporate Governance and Planning
Summary	<p>The Joint Working Framework is a document that expresses the commitment to and arrangements under which Bath and North East Somerset Clinical Commissioning Group (BaNES CCG) and Bath and North East Somerset Council (B&NES Council) will work together for the benefit of local people.</p> <p>In addition to setting out aspirations around common goals and shared working practices the framework includes specific legal, employment and financial agreements in support of joint management and commissioning.</p> <p>The Framework also identifies opportunities for the further development of joint working arrangements and this provides the basis for a future programme of work.</p> <p>The Joint Working Framework was first agreed in April 2013 and has recently been reviewed by legal experts who have provided advice regarding the updates required to reflect the establishment of the Health and Care Board and the new integrated management structures.</p> <p>The Joint Working Framework also makes use of section 113 agreements which allows us to offer one party's employees to the other party for the purposes of joint commissioning services.</p> <p>To support individuals who will be working in the new integrated structures, a range of training and support sessions have been arranged.</p>
Recommendations	The Board is asked to approve the updated Joint Working Framework to be signed on behalf of individual organisations by the Chief Executive of the Council and the Chief Officer of the CCG.
Rationale for recommendations	The Joint Working Framework provides clarity regarding the arrangements to ensure effective operation of our partnership and specifies the powers under which joint work is being undertaken. It sets out the scope of our joint working arrangements and the arrangements for review.
Resource implications	The arrangements for pooling funds to support integrated commissioning, including the Better Care Fund are detailed within

	the Joint Working Framework.
Statutory considerations	Legal advice has been provided regarding the legal basis of our joint working arrangements.
Consultation	Appropriate Officers have been involved in the review of this Joint Working Framework.
Risk management	A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.
List of attachments	<p>Appendix 1 – Scope of Joint Working</p> <p>Appendix 2 – Health and Care Board Terms of Reference</p> <p>Appendix 3 – Joint Commissioning Committee Terms of Reference</p> <p>Appendix 4 – Overview of the governance and leadership arrangements and linkages to the Health and Wellbeing Board</p> <p>Appendix 5 – Diagram of Joint leadership and management arrangements</p> <p>Appendix 6 - Section 113 agreement including HR Protocols and sample 113 agreement for individual post holders</p> <p>Appendix 7 – Schedule of Financial Arrangements</p>
Background papers	Not applicable.

Please contact the report author if you need to access this report in an alternative format

JOINT WORKING FRAMEWORK

[April 2013
Updated January
2019]

Section 1 - Nature and purpose of Joint Working

1. What is The Joint Working Framework?

The Joint Working Framework (the Framework) is a document that expresses the commitment to and arrangements under which Bath and North East Somerset Clinical Commissioning Group (BaNES CCG) and Bath & North East Somerset Council (B&NES Council) will work together for the benefit of local people.

In addition to setting out aspirations around common goals and shared working practices the framework includes specific legal, employment and financial agreements in support of joint management and commissioning.

The Framework also identifies opportunities for the further development of joint working arrangements and this provides the basis for a future programme of work.

2. Purpose of Joint Working

B&NES Council and BaNES CCG have complementary responsibilities in respect of the local population. Each organisation has its own constitution and separate accountabilities but has a common interest in the health and wellbeing of local people. BaNES CCG and B&NES Council share an ambition to work together to seamlessly plan, commission and deliver better quality services in order to improve the health and care of the population of Bath & North East Somerset.

B&NES Council and the local NHS have a long history of constructive joint working. A Partnership Board for Health & Wellbeing Board was established in 2008 to oversee, monitor and make recommendations in respect of the development of strategy and performance management of adult health and social care, children's health and social care and public health in Bath & North East Somerset.

2.1 *Our Shared Vision*

We are outcomes driven working to provide the right services and solutions for our communities. Our culture is open, owns decisions and is resilient. We trust each other to act in the best interest of residents, customers and colleagues.

2.2 *Our Shared Priorities*

- Protecting and caring for our most vulnerable
- Nurturing residents' health, safety and wellbeing
- Providing ways for everyone in the community to reach their full potential

2.3 *Our Shared Values*

- **Accountable** - we all take responsibility for our actions

- **Acting with Integrity** - we are transparent and build trusting relationships
- **Collaborative** - we work together to create efficient and sustainable solutions
- **Caring** - we do our best for each other and the people of Bath & North East Somerset
- **Curious** - we ask questions and listen to understand and improve
- **Outcomes driven** - we create solutions and deliver

2.4 Our Aims and Intended Outcomes¹

Aims:

- To align strategy, service plans and use of resources
- To commission, manage and deliver high quality Services which understand and respond to the needs of individual Service Users and their carers;
- To ensure integrated delivery of seamless care through effective commissioning
- To make the best use of management and professional skills and knowledge;
- Efficiency and value for money

Expected outputs:

- Shared strategy and priorities
- A shared understanding of need and demand for health and care
- Joint development and investment plans
- Aligned business planning and performance management arrangements
- Clearer and more efficient communication with stakeholders
- Greater opportunities to influence
- Efficiency savings

Expected outcomes:

- Better services for local people
- Delivery of key priorities set out in the Joint Health and Wellbeing Strategy
- Effective delivery of the CCG's and LA's respective published plans, capitalising on synergies and interdependencies between the two organisations
- Sustaining and improving both CCG and LA performance against a range of national outcome indicators

Achieved through:

- An integrated leadership structure and joint management teams
- Alignment of systems and policies
- Building on positive relationships
- Sharing space and support services

¹ Please review and confirm if these outcomes are correct and up to date.

3. Why is a Joint Working Framework needed?

The level of joint working described above requires underpinning by clear arrangements to ensure its effective operation. These arrangements need to specify the powers under which joint work is being undertaken and the mechanics of its operation. This Framework fulfils that purpose.

The B&NES Council and the BaNES CCG wish to continue to achieve integrated arrangements through a process of alignment and joint working rather than through the appointment of a lead body and the delegation of functions or through a single formal contract for commissioning services. This Framework is intended to signal a commitment to the continuation and further development of joint working. By clarifying accountabilities, agreeing joint management arrangements and ways of working it allows the two organisations to work together efficiently and effectively towards their common aims.

4. Scope of Joint Working

The commitment to partnership working covers the full extent of both organisations responsibilities. This Framework specifically relates to joint working arrangements to deliver the aims and objectives of the Health and Wellbeing Board and the range of services covered by the BaNES CCG and the B&NES Council's People and Communities Department, which includes public health following its transfer into B&NES Council. A schedule describing the functions/ activities covered is attached at [Appendix 1]².

The Health and Social Care Act 2012 requires the establishment of a Health and Wellbeing Board to bring together local commissioners of health and social care, elected representatives and representatives of Health Watch to agree a joint strategy for improving local health and wellbeing. It places a duty of on both BaNES CCG and B&NES Council to consider integrated approaches to meet this objective. The existing Health and Wellbeing Board reviewed its membership and remit in light of national guidance and now continues to operate in a refreshed form at a strategic level approving plans and priorities and promoting strategic coherence.

4.1 Content of framework

This Framework sets out:

- A commitment to working together and creating a joint culture and vision;
- Expectations of ways of working;
- Mechanisms in support of joint working including specific legal arrangements; and
- Opportunities for developing further and arrangements for reviewing.

Section 2 - Creating a Culture

Developing a shared vision and culture and environment to support and encourage joint working is a key factor in achieving effective arrangements. History and experience tells us that even where organisations formally merge, different cultures and values, lack of trust and communication can seriously impair effectiveness and obstruct benefits realisation. In operationalising the Framework it will be critical to pay attention to the on-going development of strong relationships.

² Please review appendix 1 and confirm whether this needs to be updated.

As stated in Section 1 BaNES CCG and B&NES Council's vision for joint working is that by working together, both organisations are stronger; we can achieve more together; and effectively drive forward the delivery of the strategic aims of the Health and Wellbeing Board.

Fortunately the BaNES CCG and B&NES Council are able to build on the history of effective joint working and existing strong relationships. Collaborative and supportive working has become the norm and is facilitated by the co-location of teams in [Keynsham and St Martins]³. The continuing development of a shared culture will be specifically supported by four activities:-

- The operation of shared leadership arrangements (see section below);
- The ongoing review and development of joint working arrangements as both organisations mature into their new roles and their new partnership;
- Promoting co-location of staff where it would be beneficial and where it can be achieved without compromising the wider needs of either organisation; and
- A shared organisational development programme.

Section 3 - Mechanisms to support Joint Working

Under the following arrangements both the B&NES Council and the BaNES CCG retain their statutory functions. No responsibility or authority is delegated from one party to another.

3.1 Governance and Leadership

B&NES Council and BaNES CCG will achieve a significant degree of joint working by bringing together their governance and leadership arrangements in so far as that is consistent with maintaining their independence and autonomy in the exercise of their statutory duties. General delegation arrangements are not part of the model of joint working although included in the Framework is a schedule of all formal delegation and/or cross charging arrangements that are in operation under specific statutory powers.

A new Health and Care Board will oversee the operation of all joint working arrangements. Further details of its role, function and Terms of Reference are provided at Appendix 2.

3.2 Aligned Decision Making

In order for joint working to be effective, decision making needs to be timely, transparent, and unambiguous. Where organisations work together the requirements of their separate governance structures and ways of working can inhibit these outcomes. To counter this it is essential to maximise the alignment of decision making processes.

The Health and Wellbeing Board offers a vehicle to assist in contemporaneous decision making. The HWB is made up of senior officers from the Council, local councillors, and senior members from the CCG, the Director of Public Health and representatives from Health Watch. The HWB is co-chaired by B&NES Council's Cabinet Member for Wellbeing and the Chair of BaNES CCG. The Health and Wellbeing Board's role is to ensure there is a joined up approach to service delivery, to develop a joint Health and Well-being Strategy for B&NES and to approve strategic

³ Please confirm whether this needs to be updated i.e. to include new locations.

plans and priorities, including those for substantial service change, and oversee their implementation.

BaNES CCG's Integration Committee and B&NES Council's Cabinet Committee will meet jointly as the Health and Care Board, making the same decisions, at the same time. The Health and Care Board will act as a single health and wellbeing commissioning body for Bath and North East Somerset.

The Health and Care Board will develop and oversee the programme of work to be delivered by the Joint Commissioning Committee and review and define the integrated commissioning arrangements between BaNES CCG and B&NES Council. The Joint Commissioning Committee is a sub-committee of the Health and Care Board. The Joint Commissioning Committee will be authorised by BaNES CCG to act within its terms of reference through the BaNES CCG's scheme of delegation and B&NES Council's officers will be able to take decisions on behalf of B&NES Council subject to B&NES Council's scheme of delegation – the Terms of Reference for the Joint Commissioning Committee are attached at Appendix 3.

The Integration Committee and the Cabinet Committee will have delegated responsibilities to manage commissioning responsibilities for the areas in the agreed scope. Each organisation will retain responsibility for decisions on the use of resources which will be made in line with that organisations scheme of delegation and reserved powers. Operational matters will be the responsibility of a joint management team. The next section of this paper describes how joint management arrangements will be achieved.

It is noted that where the Cabinet Committee needs to make 'key decisions', it will need to publish the forthcoming key decision in accordance with the access to information rules.

The Health and Care Board will work in partnership with the Health and Wellbeing Board and the Joint Commissioning Committee. Appendix 4 provides an overview of the governance and leadership arrangements and linkages to the Health and Wellbeing Board.

The scope of joint working arrangements may be amended (either to add services or remove services from the scope of services set out at Appendix 1) by either a resolution of the Health and Care Board, or by decisions of BaNES CCG and B&NES Council separately. BaNES CCG and B&NES Council consider any changes to the scope should be annual (and aligned with the financial year), however, it is noted that in certain circumstances additional changes to the scope may be necessary and the parties will work together to implement the changes.

3.3 Shared and Coordinated Management arrangements

B&NES Council and BaNES CCG entered into a Joint Working Framework in April 2013. The development of this Framework has been possible under Section 75 of the Health and Social Care Act 2006, which allows local authorities and health organisations to pool funds. This Framework provides the legal framework in which B&NES Council and BaNES CCG work together in order to achieve their strategic objectives of commissioning and providing cost effective, personalised, quality services to the people of Bath & North East Somerset. As part of this arrangement, B&NES Council and BaNES CCG have entered into a number of pooled budget arrangements, totalling circa £111million.

The joint management teams continue to operate under Section 113. Both B&NES Council and BaNES CCG have worked together on a coordinated approach which results in the arrangements set out at Appendix 5.

These arrangements will:

- create a single team responsible for integrated commissioning across the whole remit of health, people and communities in Bath and North East Somerset
- enable each organisation to conduct its business separately where appropriate, allowing BaNES CCG to maintain a small corporate core sufficient for critical mass and sustainability in the event of the need to exit from these arrangements.
- minimise duplication of effort and administration
- work on day one, but be developed over time with the potential for them to be funded through a Pooled budget.

Those posts which will operate under S113 arrangements are highlighted, as are posts which have been designated as those where the employer must either be B&NES Council or BaNES CCG.

Historically the relative contributions of B&NES Council and BaNES CCG were assessed as offsetting each other and recharging was not implemented. This position has been reviewed in the light of the proposed new management arrangements and it has been confirmed that the net recharge between the two organisations remains minimal.

The scope and complexity of the teams' roles and responsibilities is recognised. Effective leadership, coordination and communication will be critical. Central to this will be the operation of the Health and Care Board which will be accountable to B&NES Council's Cabinet and BaNES CCG's Board.

A Section 113 (S113) agreement is attached at Appendix 6 and requires specific approval by both B&NES Council and BaNES CCG. It is supported by an agreed HR Protocol. These arrangements:

- allow specified individuals to act on behalf of both organisations;
- emphasise that the agreement does not affect any transfer of power between the organisations;
- provide for the extension of arrangements through the appointment of new posts;
- require both parties to consult before changing management structures;
- deal with the obligations of parties to support S113 posts;
- set out how performance issues, disciplinary arrangements, conflicts of interest will be dealt with; and
- describe the arrangements for dealing with disputes and termination.

Also included in the S113 agreement is a HR framework for managing staff within the joint team, and guidelines for determining which party should be the employer for new posts. The purpose of the HR framework is to set out how employment issues will be dealt with particularly where staff are managed by an employee of the partner organisation.

The guidelines cover the decision making process for determining whether B&NES Council or BaNES CCG shall be the employer in circumstances when new posts are created, reorganisations occur or there is a need to replace staff within the integrated partnership.

The guidelines supplement, but do not replace the policies and procedures of the parties and in no way affects their statutory obligations or the terms and conditions of staff of BaNES CCG and/or B&NES Council.

3.4 Financial Framework

The B&NES Council and the BaNES CCG will continue to retain separate accountability for their use of financial resources, and will have separate director level finance representation and audit arrangements. With the exception of pooled budgets, health and social care funding will be held in separate budgets, although these may be managed in an aligned way to facilitate joint approaches.

Where practical and cost-effective, shared or hosted financial arrangements, including policies, procedures, processes and staffing will be developed by B&NES Council and BaNES CCG. Audit outcomes will be shared, where they relate to joint areas of responsibility and where this would be beneficial in delivering improvements.

The following principles will be applied in reaching a decision on joint working of any type which has a financial impact on one or both parties:

- The proposed arrangement should bring qualitative, productivity or direct financial benefits which demonstrate a sound return on any investment required
- The balance of risk between the parties should be clearly articulated along with plans for mitigation or sharing of risk
- The mechanism for either party to withdraw from the arrangement and the allocation of responsibility for exit costs and residual liabilities should be explicit

B&NES Council and BaNES CCG have entered into a number of financial arrangements over recent years. As part of the current assessment of joint working, all arrangements have been reviewed to ensure their continuing relevance and the appropriateness of the underpinning financial mechanism. These are scheduled at Appendix 7. Arrangements for monitoring and providing assurance in respect of the use of these monies have also been reviewed and strengthened where necessary. There are three main types of arrangements, as follows:

- Section 75/Section 10 agreements where B&NES Council and BaNES CCG agree to operate pooled funds for specific purposes, with responsibility for hosting and managing the pooled budget undertaken by B&NES Council;
- Recharges connected to Section 113 posts, which have formal joint accountability; and

- Other arrangements by which B&NES Council or BaNES CCG either provides services to the other or effectively acts as paymaster for the other in respect of specific areas of commissioned service

3.5 Alignment of Business Systems

Efficient and effective working is enabled by organisations using the same or having common business systems. This applies particularly to common business planning systems, performance and risk management arrangements and corporate support. Ideally the BaNES CCG and B&NES Council will move towards common working practices where possible, however both practical considerations, e.g. existing contracts and external requirements such as the need for the BaNES CCG to respond to wider NHS requirements make this challenging. Scope to move to common or shared systems are therefore limited in the short term.

Where possible the alignment of business systems will be a significant element of the organisational development programme going forward. Priority will be given to developing an integrated approach to performance management. Every effort will also be made to align Standing Orders, Standing Financial Instruction and Schemes of Delegation to enable the joint teams to operate as smoothly and efficiently as possible.

3.6 Support and Other Functions

In support of joint commissioning arrangements and as part of the wider commitment to joint working B&NES Council and BaNES CCG will continue to explore opportunities for sharing common functions and support services. This work forms part of the future organisational development programme. Decisions on whether services and functions can be shared will have to take account of:

- the opportunity to maximise the efficiency and effectiveness of commissioning arrangements by simplifying cross-organisational working;
- value for money; and
- any regulatory or national policy requirement particularly with regard to procurement arrangements.

Section 4 – Oversight and Terms of the Framework

It is intended that this Framework will be in place until such time as the BaNES CCG and B&NES Council decide otherwise. The operation and development of the Framework will be reviewed twice annually by the Health and Care Board (Terms of Reference attached at Appendix 2).

Each specific legal agreement appended to this framework includes its own terms and conditions under which it operates.

Conclusion

This Framework reflects the aspiration and commitment of the B&NES Council and BaNES CCG to maximise the benefits of joint working, and sets out both the intent around joint working and the mechanisms by which this can be achieved.

Tracey Cox – Chief Officer Bath and North East Somerset Clinical Commissioning Group	Ashley Ayre – Chief Executive Bath and North East Somerset Council

Schedule of Appendices

1. Appendix 1 Scope of joint working ⁴
2. Appendix 2 Health and Care Board Terms of Reference
3. Appendix 3 Joint Commissioning Committee Terms of Reference
4. Appendix 4 Overview of the governance and leadership arrangements and linkages to the Health and Wellbeing Board.
5. Appendix 5 Diagram of Joint leadership and management arrangements⁵
6. Appendix 6 S113 agreement including HR Protocols and sample 113 agreement for individual postholders
7. Appendix 7 Schedule of Financial Arrangements for 2017/18 and 2018/19

⁴ It is noted that the scope of joint working will be as annexed to the Health and Care Board's Terms of Reference

⁵ This will be the updated diagram with the Health and Care Board (as annexed to the CCG Board report (March 2018))

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Scope of Joint Working Arrangement

1. Adult Services

The strategic planning, commissioning, performance management and procurement of health, social care and housing services for adults, including the across the following range of services:

- Health services for the whole population including acute care, primary health care and other community services
- Older people services
- Mental health services for adults of working age
- Services for adults with physical and sensory impairments
- Services for adults with learning difficulties
- Strategic housing services for the whole population including Supporting People Services

2. Children Services

The strategic planning, commissioning, performance management and procurement of strategic education, health, and social care services for children, across the following range of services:

- Early Years, Schools, inclusion support and extended services
- Health services for children including acute services and therapy services
- Mental health services for children
- Social care services for children and families
- Youth services

3. Public Health

Assessing the health needs of the local population; strategic planning, commissioning and procurement of services which will help to promote the health and well-being of the population and reduce health inequalities including:

- Services and initiatives to deliver priority health improvement objectives
- Drugs and alcohol services through the Responsible Authorities Group's pooled budget
- A range of health improvement services in partnership with other services and agencies

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HEALTH AND CARE BOARD TERMS OF REFERENCE

1 INTRODUCTION

- 1.1 Bath and North East Somerset Council ("**B&NES Council**") and Bath and North East Somerset Clinical Commissioning Group ("**BaNES CCG**") have a shared ambition to work together seamlessly to plan, commission and deliver better quality services. More joined up services help improve the health and care of the local populations and may make more efficient use of available resources.
- 1.2 A Health and Care Board will jointly commission health and social care in Bath and North East Somerset. The establishment of the Health and Care Board will encourage collaborative planning and improve outcomes through a unified approach to health and care planning and funding.
- 1.3 BaNES CCG established a committee of BaNES CCG Governing Body ("**the Integration Committee**") and B&NES Council created a Cabinet committee ("**the Cabinet Committee**"). The Integration Committee and the Cabinet Committee have delegated responsibilities to manage the commissioning responsibilities for the areas in the agreed scope. The Integration Committee and the Cabinet Committee will meet jointly as the Health and Care Board.
- 1.4 The Health and Care Board has been established to ensure effective collaboration, assurance, oversight and good governance across the integrated commissioning arrangements between B&NES Council and BaNES CCG. The Health and Care Board will develop and oversee the programme of work to be delivered by the Joint Commissioning Committee and review and define the integrated commissioning arrangements between B&NES Council and BaNES CCG. The frequency of meetings (para 9.1 of the terms of reference) has been left flexible to allow the working of the board to evolve, but dates will initially be set at bi-monthly intervals.
- 1.5 B&NES Council and BaNES CCG have established the new committees to enable the Health and Care Board to function as intended with the intention that the terms of reference of those committees substantially match, taking into account any necessary changes as a result of the different constitutions of B&NES Council and BaNES CCG.
- 1.6 The relationships between the Health and Wellbeing Board, the Health and Care Board, B&NES Council, and BaNES CCG are detailed in a diagram in Annex B.

2 SCOPE

- 2.1 The Health and Care Board will act as a single health and wellbeing commissioning body for Bath and North East Somerset. The scope of the Health and Care Board is set out in Annex A.
- 2.2 The Health and Care Board may, where appropriate, propose a wider range of services subject to final approval of B&NES Council and BaNES CCG Governing Body (Board).

3 ROLE AND RESPONSIBILITIES

- 3.1 To support the delivery of the Vision, the role and responsibility of the Health and Care Board will include:
- 3.1.1 Oversee the performance of the current pooled budgets and consider arrangements for further alignment of budgets proposed by the Joint Commissioning Committee.

- 3.1.2 Review the development of an organisational structure and organisational development plan for the services identified as being in scope for implementation in April 2019 for approval by B&NES Council and BaNES CCG. This is intended to enable the full integration of commissioning functions together with the delivery of Children's Services, and relevant support services.
- 3.1.3 Oversee delivery of the agreed transformation plan in relation to health and care service provision across the system.
- 3.1.4 Work towards delivering an approach to aligned savings plans for 2019/20
- 3.1.5 Commission a single plan for Bath and North Somerset for 2019/20 onwards which delivers the strategic objectives of B&NES Council and BaNES CCG and recommend to B&NES Council and BaNES CCG Board for approval.
- 3.1.6 Commission the Joint Commissioning Committee to develop an Operational Plan which acts as a work programme for delivery of the commissioning strategy and recommend to the Health and Care Board.
- 3.1.7 Provide assurance to B&NES Council and BaNES CCG Board regarding the performance, costs and outcomes of all commissioned services, ensuring statutory obligations are met.
- 3.1.8 Oversee the development of a fully developed governance structure to support integration of the services identified in scope in Annex A.
- 3.1.9 Approve a workplan and a development plan for the Health and Care Board as an entity to facilitate understanding of the responsibilities that B&NES Council and BaNES CCG Board are planning to delegate to the Health and Care Board (through the Integration Committee and the Cabinet Committee).
- 3.1.10 To maintain oversight of the section 113 arrangements between B&NES Council and BaNES CCG.

4 MEMBERSHIP

Organisation	Post	Power to Vote
B&NES Council	4 Cabinet Members	Yes
	3 Council Officers	No
BaNES Clinical Commissioning Group	3 Clinical Members	Yes
	1 Lay member	Yes
	3 Executive members	Yes

- 4.1 Members with delegated authority for the purposes of the Health and Care Board may only exercise such authority during meetings, save in cases of urgency where a decision may be taken outside the board meeting, but should be done in consultation with representatives of the other party where possible and appropriate. In the case of an urgent decision taken on behalf of the Council Committee, this must also be compliant with Rule 15 or 16 of the Council's Access to Information Procedure Rules. All such decisions should be reported to the next Board meeting.
- 4.2 The chair for one partnership organisation and the chair for the other partnership organisation can each appoint a substitute to attend in the place of any member of their respective organisation if the member unavailable to attend a meeting gives notice of substitution to them. (In respect of the Council Committee only Cabinet members can be appointed as substitutes) The effect of notice shall be that the member giving notice of the substitution shall cease to be a member of the body for the duration of the meeting (including any adjournment of it to another date). The substitute member shall be a full member of the body for the same period.
- 4.3 The members of the Health and Care Board will act as the overall communication links to their organisation and relevant departments.

- 4.4 BaNES CCG scheme for the appointment of substitute members or nominated deputies is attached at annex C. The Health and Care Board shall be supported by:
- 4.4.1 appropriate secretarial support;
 - 4.4.2 key senior managers from B&NES Council and BaNES CCG as required; and
 - 4.4.3 the relevant commissioning lead for each of the pooled budgets under the S75 Better Care Partnership Agreements will attend as appropriate to present the performance report for the S75 Partnership Agreement.
 - 4.4.4 Managers from the Integrated Commissioning Team and supporting services as appropriate

4.5 Subject to the agreement of B&NES Council and BaNES CCG Board, the Health and Care Board membership may be amended to include any other partner who jointly commissions with the B&NES Council or BaNES Clinical Commissioning Group and other agency representatives may be co-opted as necessary.

5 CHAIR

5.1 There will be alternate chairing arrangements, shared between the Leader of B&NES Council and the CCG Chair.

6 DECISION MAKING AND VOTING

- 6.1 The Cabinet Committee and the Integration Committee will meet jointly as the Health and Care Board.
- 6.2 Majority decisions on the same resolution by each Committee are required to effect a decision of the Health and Care Board. Decisions will be demonstrated by a show of hands by the Cabinet Committee and Integration Committee voting separately. For a Council led item, the Cabinet Committee will vote first and vice versa. In circumstances where a majority decision on the same resolution of each Committee cannot be reached, the matter will be deferred for further consideration by B&NES Council and BaNES CCG and will be reconsidered after discussions between the Chair and respective partner lead.
- 6.3 In no circumstances may an absent member vote by proxy. Absence is defined as being absent at the time of the vote. See arrangements for substitution in para 4.2.
- 6.4 Functions outside the decision making scope of the Health and Care Board, but related to health and social care may be discussed for information only at any meeting of the Health and Care Board. Any decisions regarding such matters shall be made by the relevant partner organisation (B&NES Council or BaNES CCG).
- 6.5 B&NES Council Cabinet decisions are subject to the Council's 'call-in' procedures and therefore the Health & Care Board's decisions 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 or an urgent decision has been taken pursuant to either Rule 15 or 16 of the Council's Access to Information Procedure Rules.

7 QUORUM

- 7.1 No business will be transacted at a meeting of the Health and Care Board unless at least:
- 7.1.1 Four representatives from B&NES Council, and at least three of them are elected Cabinet Members; and
- Three representatives from BaNES CCG, and at least one of them is a Clinical Member and one an Executive Member
- are present at the meeting.

- 7.2 If the Chair or another member of the Health and Care Board has been disqualified from participating in the discussion on any matter by reason of a declaration of a conflict of interest, that individual will no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be voted upon at that meeting. Such a position will be recorded in the minutes of the meeting.

8 GOVERNANCE AND REPORTING

- 8.1 The Health and Care Board will be accountable to B&NES Council's Cabinet and BaNES CCG Board.
- 8.2 The Health and Care Board will work in partnership with the Health and Wellbeing Board and the Joint Commissioning Committee.

9 MEETINGS

- 9.1 The Health and Care Board will meet at least twice a year, with frequency of meetings being determined by the business need. Formal minutes will be taken.
- 9.2 Before each meeting of the Health and Care Board, a written notice of the meeting specifying the business proposed to be transacted at it, and signed by the Chair, will be sent to every member (by email) so as to be available at least 5 working days before the meeting. Want of service of the notice to any member will not affect the validity of a meeting.
- 9.3 Agendas will be jointly agreed with support from the Joint Commissioning Committee. A member who desires a matter to be included on an agenda, other than items agreed pursuant to paragraph 9.6 (which details arrangements for urgent decisions), should make a request to the Chair at least 28 working days before the meeting.
- 9.4 The meetings of the Health and Care Board will be held in public, but members of the public may be excluded from any part of the meeting on the grounds that publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted, or for other special reason stated in the minutes, and arising from the nature of the business or of the proceedings.
- 9.5 The Minutes of the proceedings of a meeting of the Health and Care Board will be drawn up by B&NES Council and submitted for agreement at the next meeting of the Health and Care Board, to be signed by the Chair presiding at it. No discussion will take place upon the minutes except upon their accuracy or where the Chair considers discussion appropriate. Any amendments to the minutes must be agreed and recorded at the next meeting.
- 9.6 In the event an urgent decision of the Health and Care Board is required, the request will be communicated to the Chairs, the Corporate Director (Council) and Chief Officer (CCG). The Chair may share common papers by email to the members of the Health and Care Board and request the agreement of each Committee in accordance with their urgent business procedure rules within a specified period of time. If agreement within the time period is reached, the Chair will record the decision and the decision will be presented at the next meeting of the Health and Care Board. Where agreement cannot be reached, or time does not permit, the partner organisation with statutory responsibility for the function being exercised will make the decision in accordance with its own urgent business procedure rules. At the discretion of the Chair, items of urgent business can be noted for information but not decision.

Freedom of Information

- 9.7 It is acknowledged the agendas, minutes, decision notices and briefing papers of the meetings of the Health and Care Board are subject to the provisions of the Freedom of Information Act 2000, the Environmental Information Regulations, the and the General Data Protection Regulation (Regulation(EU) 2016/679).
- 9.8 If either B&NES Council or BaNES CCG receives a request for information under the Freedom of Information Act 2000 regarding the Health and Care Board, the relevant organisation shall notify the

other; however, the recipient organisation shall be responsible for determining whether specific issues are exempt from publication under the Freedom of Information Act 2000.

10 SCRUTINY

- 10.1 Decisions of Members and Officers with delegated authority for the purpose of the Health & Care Board will be subject to formal scrutiny and call in normally undertaken by the Health and Wellbeing Select Committee for health and adult social care and Children and Young People Policy Development and Scrutiny Panel for children's social care, on behalf of B&NES Council.

11 CONFLICT OF INTERESTS

- 11.1 The Health and Care Board will be bound by the Standing Orders/Standing Financial instructions and Codes of Conduct of both B&NES Council and BaNES CCG. If there are any conflicts between the codes/policies of B&NES Council and BaNES CCG, the Health and Care Board will be bound by the higher standards.
- 11.2 Members will be required to make annual declaration of interests and at each meeting of the Health and Care Board in accordance with paragraph 11.1.
- 11.3 Notwithstanding paragraph 11.2, the Chair will ask at the beginning of each meeting whether any member has an interest about any item on the meeting agenda. If a member has a direct or indirect conflict with an issue on the agenda, it should be declared at the meeting and recorded in the minutes. Depending on the topic under discussion and the nature of the conflict of interest, appropriate action will be taken and recorded in the minutes.

12 REVIEW

- 12.1 B&NES Council and BaNES CCG may agree from time to time to modify, extend or restrict the remit of the Health and Care Board.
- 12.2 The terms of reference will be reviewed at the request of the Chair.
- 12.3 The work of the Health and Care Board is subject to both organisation's internal audit work plan and programme to review its effectiveness.

Health and Care Commissioning

Health and Care Integrated Commissioning	Public Health	Education Transformation	Safeguarding Assurance and QA	Acute and Primary Care Commissioning	CYP Targeted & Specialist Services (Service Delivery)
<p>Commissioning of Adult Care & Community Health Services including:</p> <ul style="list-style-type: none"> • Long Term Conditions (Respiratory Conditions, Diabetes, Dementia, Neurology/Neuro-rehab & Stroke) • Care Homes (Nursing & Residential) • Domiciliary Care • Adult Community Health Services inc community and specialist nursing, community hospital in-patient services & specialist health services • Learning Disabilities, Physical Disabilities, PSI (including placements and packages; employment development; personalisation & roll out of personal budgets) • Older People & Frailty 	<p>Commissioning of Children's public health services</p>	<p>Strategic Planning for schools (Admissions, Transport, Place Planning, Capital Strategy)</p>	<p>Adult and child Safeguarding & Assurance</p>	<p>Elective/Planned Care Services including:</p> <ul style="list-style-type: none"> • Demand Management (Referral Support Service, Map of Medicine & Health Optimisation) • RTT Planning & Management • MSK (inc orthopaedics, pain management, rheumatology) • Gastroenterology • Dermatology • General Surgery (sub-specialties) • Gynaecology • Cardiology • Urology • ENT (inc audiology) • Ophthalmology 	<p>Child Protection Services</p>

<p>Commissioning of Acute Specialist Adult Mental Health Services including:</p> <ul style="list-style-type: none"> • in-patients, early intervention recovery, crisis intervention, eating disorders, etc. • Primary Care Mental Health services (Talking Therapies and Primary Care Liaison) • Health and Social Care commissioning for adults with Autism • Specialist mental health (secure) service spend and placements – oversight for return pathway 	<p>Commissioning of Adult public health service</p>	<p>School Improvement and Achievement</p>	<p>CYP Safeguarding Assurance (including Independent Reviewing Services (LAC), Independent Child Protection Chairing Service & Local Authority Designated Officer function)</p>	<p>Primary Medical Services including:</p> <ul style="list-style-type: none"> • Locally Commissioned Services (Medical, Optometry) • PMS Review Commissioning • GP Forward View implementation • Improving Access implementation • Local transformation/strategy implementation • Delegated Commissioning responsibilities • 	<p>Children in Need Services</p>
<p>Commissioning of Substance Misuse Services for adults, children and young people</p>	<p>Sexual Health Services</p>	<p>Virtual School for Looked After Children</p>	<p>Local Safeguarding Adults Board</p>	<p>Urgent & Emergency Care including:</p> <ul style="list-style-type: none"> • A&E (inc four-hour delivery, winter planning & OPEL system escalation management) • Ambulance services (STP) • Integrated Urgent Care Service (NHS111 & OOHs - STP) • Urgent Treatment Centre (formerly known as Urgent 	<p>Looked After Children's Services (including Fostering Care & Residential Care)</p>

				<p>Care Centre)</p> <ul style="list-style-type: none"> Falls & Bone Health (inc falls rapid response service) Early Home Visiting Service (five schemes) Gypsies & Travellers Service Community DVT Service Homeless Healthcare Service 	
<p>Commissioning of preventative & early help services for CYP and families including:</p> <ul style="list-style-type: none"> Southside Family support services and Bath Area Play Project, First Steps, Mentoring Plus, Brighter Futures, Theraplay and Bath Opportunity Pre-School. Children's Centres and Youth Connect 	<p>Health improvement & health Inequalities</p>	<p>Specialist Educational Needs Policy & Planning (with Targeted and Specialist Division)</p>	<p>Local Safeguarding Children Board</p>	<p>Maternity Services including:</p> <ul style="list-style-type: none"> Pre-natal and post-natal services Transformation plan implementation 	<p>Adoption & Permanence Services</p>
<p>Commissioning of specialist social care services for CYP and families including:</p> <ul style="list-style-type: none"> placements for children and young people Range of residential short break services for children and young people with disabilities TCP re children with learning 	<p>Emergency Planning & Resilience</p>	<p>Leading the work to support schools, & to transform the council's support services to schools, in light of shifting national policy & legislation/ academisation.</p>	<p>Deprivation of Liberty (DoLS) Safeguards</p>	<p>Cancer Services & Delivery of Cancer Transformation Plan including:</p> <ul style="list-style-type: none"> Early diagnosis & improving one year survival rates Increasing capacity to meet demand and waiting time standards Improving services for people 	<p>Youth Connect</p>

<p>difficulties and transitions</p> <ul style="list-style-type: none"> • Advocacy services for vulnerable groups to include SEND • Independent visitors services for children and young people in care 				<p>living with and beyond cancer</p>	
<p>Commissioning of Child Health Services including:</p> <ul style="list-style-type: none"> • Community • Acute paediatrics (Occupational Therapy/Physiotherapy/Audiology/Handy App) • Childrens Hospice 	<p>Health visiting & Family Nurse Partnership</p>		<p>Approved Mental Health Practitioner Service</p>	<p>Medicines Management commissioning and service redesign including:</p> <ul style="list-style-type: none"> • Primary Care prescribing • High Cost Drugs in Acute contracts • BCAP Formulary 	<p>Connecting (Troubled) Families</p>
<p>Commissioning of CYP specialist Mental Health Services including PCAMHS and CAMHS</p>	<p>Advice, consultancy & guidance to CCG</p>		<p>Mental Health Social work</p>	<p>Abortion services</p>	<p>Early Years & Children's Centre Services</p>
<p>Better Care Fund including:</p> <ul style="list-style-type: none"> • Preventative services including housing related support, supporting people funded services including domestic violence housing support information and advice, assistive technology • Specifically jointly funded services under the Better Care Fund including integrated reablement services, community 	<p>Advice, consultancy & guidance to Local Authority</p>		<p>Social Care Complaints Management (adults & children)</p>	<p>Infertility services</p>	<p>Early Help & Preventative Services</p>

equipment					
	Health Intelligence (Joint Strategic Needs Assessment)			Non-Emergency Patient Transport Service including: <ul style="list-style-type: none"> • eligibility criteria review • on-day transport service provision (current winter scheme) • pre-planned transport (out-patients, renal dialysis and elective treatment) 	Youth Offending Services
				Home Oxygen Service including: <ul style="list-style-type: none"> • assessment service 	Education Inclusion Service (Children Missing Education, SEND Services, Hospital Education & Reintegration, Educational Psychology, Alternative Provision)
				Treatments for infectious diseases	Disabled Children's Services
					Care Leaving Services

Text in yellow denotes services which in future may be commissioned at scale

Governance Arrangements

Decision Making
Page 29

Decision Making



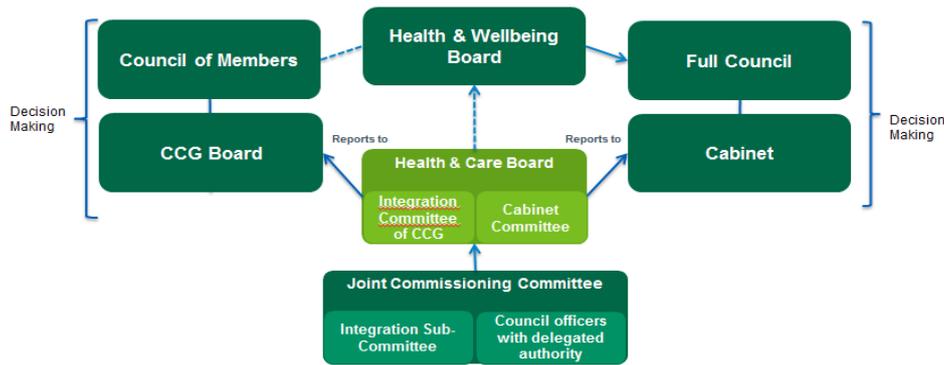
Substitution Scheme – CCG Members of Health and Care Board

Member of the Committee	Substitution arrangements
Ian Orpen, CCG Clinical Chair	GP CCG Board Member
Ruth Grabham, CCG Medical Director	GP CCG Board Member
Lisa Harvey, CCG Director of Nursing and Quality	Deputy Director of Nursing and Quality
Tracey Cox, CCG Chief Officer	Chief Financial Officer
Sarah James, CCG Chief Financial Officer	Deputy Chief Financial Officer
Corinne Edwards, CCG Director of Acute and Primary Care Commissioning	Senior Commissioning Manager most relevant given topics on the agenda
Suzannah Power, Lay Member	Katie Hall, Lay Member

JOINT COMMISSIONING COMMITTEE TERMS OF REFERENCE

1 INTRODUCTION

- 1.1 Bath and North East Somerset Council ("**B&NES Council**") and Bath and North East Somerset Clinical Commissioning Group ("**BaNES CCG**") have a shared ambition to work together seamlessly to plan, commission and deliver better quality services. More joined up services help improve the health and care of the local populations and may make more efficient use of available resources.
- 1.2 A Health and Care Board will jointly commission health and social care in Bath and North East Somerset. The establishment of the Health and Care Board will encourage collaborative planning and improve outcomes through a unified approach to health and care planning and funding.
- 1.3 BaNES CCG established a committee of BaNES CCG Governing Body ("**the Integration Committee**") and B&NES Council created a Cabinet committee ("**the Cabinet Committee**"). The Integration Committee and the Cabinet Committee have delegated responsibilities to manage the commissioning responsibilities for the areas in the agreed scope. The Integration Committee and the Cabinet Committee will meet jointly as the Health and Care Board.
- 1.4 The Health and Care Board has been established to ensure effective collaboration, assurance, oversight and good governance across the integrated commissioning arrangements between B&NES Council and BaNES CCG.
- 1.5 The Joint Commissioning Committee will be a sub-committee of the Health and Care Board. The Health and Care Board will develop and oversee the programme of work to be delivered by the Joint Commissioning Committee and review and define the integrated commissioning arrangements between B&NES Council and BaNES CCG.
- 1.6 B&NES Council and BaNES CCG have established the new committees to enable the Health and Care Board to function as intended with the intention that the terms of reference of those committees substantially match, save for any necessary changes as a result of the different constitutions of B&NES Council and BaNES CCG, those terms of reference.
- 1.7 The relationships between the Health and Wellbeing Board, the Health and Care Board, The Joint Commissioning Committee, B&NES Council, and BaNES CCG are detailed in the diagram below.



Health & Care Board – an executive body with both senior Council and CCG member representation overseeing the transition to a single integrated commissioning function
The Health & Care Board will be the single health and wellbeing commissioning body for Bath and North East Somerset. Moving towards transparency of joint decision making for health and care across the council and CCG, the members of the Board will be accountable to their constituent organisations and will be responsible for developing joint commissioning strategies within the overall direction set by the health and wellbeing board; implementing commissioning plans; operation of the section 75 partnership; overseeing individual schemes and service contracts, and would "hold" accountability for all pooled resources.

- 1.8 These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Joint Commissioning Committee.
- 1.9 The Joint Commissioning Committee (JCC) is authorised by BaNES CCG to act within its terms of reference through the BaNES CCG Scheme of Delegation. The B&NES Council members of the JCC shall also be able to take decisions on behalf of B&NES Council in the Committee subject to B&NES Council Scheme of Delegation.
- 1.10 All members of the Joint Commissioning Committee (JCC) are directed to co-operate with any request made by the Health and Care Board.

2 REMIT AND RESPONSIBILITIES OF THE JOINT COMMISSIONING COMMITTEE

- 2.1 The JCC shall :
- 2.1.1 Develop the overarching vision and development of further joint working between B&NES Council and BaNES CCG and make recommendations to the Health and Care Board.
- 2.1.2 Review joint service strategies, plans and performance and risk across the partnership.
- 2.1.3 Review savings and delivery plans by both organisations to ensure a shared understanding, to agree areas for an integrated approach and to mitigate against any negative impacts.
- 2.1.4 Develop integrated commissioning e.g. through exploring further options for pooled budgets and sharing of commissioning support functions.
- 2.1.5 Provide a forum for delegated decision-making on specific commissions and/or oversight of decisions being recommended to other decision-making bodies.
- 2.1.6 Recommend to the Health and Care Board the strategic, business and financial plan for B&NES Council and BaNES CCG;
- 2.1.7 Ensure that both partner organisations are aware of and comply with their legal and statutory obligations, and operate in a safe and legally compliant manner, taking appropriate professional advice where necessary;
- 2.1.8 Recommending to the Health and Care Board a financial strategy to include any risk sharing or management arrangements;

- 2.1.9 Initiate and sign off procurement processes and outcomes for services in line with agreed strategy, within agreed financial limits, as set out in the appropriate organisations' delegated financial limits;
- 2.1.10 Make decisions to commission services in line with agreed strategy within agreed financial limits as set out in the appropriate organisations' delegated limits.
- 2.1.11 Manage and co-ordinate the overall communication and consultation process for B&NES Council and BaNES CCG health and social care commissioning activities.
- 2.1.12 Ensure that the Health and Care Board is well supported in its work.
- 2.1.13 Approve key operational policies

3 MEMBERSHIP¹

3.1 The JCC shall be appointed by BaNES CCG in consultation with the B&NES Council. The membership shall consist of:

3.1.1

B&NES Council	Corporate Director for People and Communities Director of Public Health Director of Integrated Health and Care Commissioning Director of Safeguarding and Quality Assurance Finance Manager
BaNES CCG	Chief Officer Chief Financial Officer Medical Director Director of Nursing and Quality Director of Acute and Primary Care Commissioning GP and Practice Manager Board Members will be expected to be present for the clinical agenda

In attendance:

Strategic Finance Business Partner, Joint Commissioning

Other members of staff from the CCG and Council as appropriate

3.2 The Chair and Vice Chair of the JCC will rotate annually between the [Chief Officer] BaNES CCG and [Corporate Director for People and Communities] B&NES Council.

¹ It is intended that this will be a sub-committee of the Integration Committee established by the CCG.

4 DECISION MAKING AND VOTING

- 4.1 Authority to make decisions is vested in the personal authority of the Officers of the Council and the delegated authority given to the members of the Joint Commissioning Committee which is a sub-committee of the '**Integration Committee**' established by the CCG Board.
- 4.2 Majority decisions on the same resolution by both CCG and Council representatives are required before the Joint Commissioning Committee can make a decision. Consensus will be required prior to any delegated decisions being taken; consensus will be demonstrated by a show of hands by a majority vote of the authorised parties. GP and Practice Manager members of JCC have voting rights in respect of clinical and service delivery agenda items. For a Council led item, Council Officers will vote first and vice versa. In circumstances where a majority decision on the same resolution of each Committee cannot be reached, the matter will be deferred for further consideration by B&NES Council and BaNES CCG and will be reconsidered after discussions between the Chair and respective partner lead.
- 4.2 Clarity is required and must be recorded in the minutes, when a decision is made, noting who has the authority to make the decision. For Council decisions, authority will be vested in individual officers present at the meeting and for CCG decisions, authority is vested in the Joint Commissioning Committee (which is a sub-committee of the **Integration Committee** of the Board) and at least 3 members (of whom 1 must be clinical) must vote in favour of the decision. For clinical and service delivery agenda items, 5 CCG members must vote in favour of the decision, of whom 3 must be clinical.

5 QUORUM

- 5.1 No business will be transacted at a meeting of the JCC unless at least three members of B&NES Council and three members of BaNES CCG, one of whom must be a clinician and one of whom must be an executive member, are present at the meeting. Decisions must be made in accordance with the arrangements detailed above in paragraph 4.

Members may appoint a deputy to attend in their place if they are unable to attend the meeting. Attendance of a deputy with voting rights must be agreed with the Chair of the meeting.

6 MEETINGS

- 6.1 Meetings of the JCC shall be held monthly.
- 6.2 Before each meeting of the JCC, a written notice of the meeting, specifying the business proposed to be transacted at it, will be delivered to every member (by email) so as to be available to them at least 5 working days before the meeting. Want of service of the notice to any member will not affect the validity of a meeting.
- 6.3 Agenda planning discussions will take place in advance of each meeting and include the Chair and the Vice Chair as a minimum. The agendas and supporting papers will be circulated at least 5 working days in advance of the meeting.
- 6.4 The meetings of the JCC will be in private but will provide reports to the [B&NES Council Cabinet, BaNES CCG Governing Body and] Health and Care Board.
- 6.5 The name of the Chair, Vice Chair and members of the JCC present at the meeting shall be recorded in the minutes of the meeting.
- 6.6 The Minutes of the proceedings of a meeting of the JCC shall be circulated within a week of the meeting taking place. Their approval shall be considered as an agenda item at the next ensuing meeting of the Joint Commissioning Committee, to be signed by the person presiding at it. No discussion will take place upon the minutes except upon their accuracy or where the Chair considers discussion appropriate. Any amendments to the minutes must be agreed and recorded at this meeting.

- 6.7 In the event an urgent decision of the Joint Commissioning Committee is required, the Chair may share common papers by email to the members of the JCC and request agreement within a specified period of time. If a majority of the members reply in accordance with the agreed decision making arrangements set out in paragraph 4, within the time period, the Chair may make the decision and record this to be presented at the next meeting of the Joint Commissioning Committee.

7 ACCOUNTABILTIY

The JCC shall be accountable to the Health and Care Board.

8 SUB-GROUPS

- 8.1 The JCC may establish sub-groups or short life groups as appropriate to deliver the responsibilities detailed above, however, this must be clearly documented within the minutes of the meeting of the JCC and governed by adequate monitoring arrangements.

9 DISPUTE RESOLUTION

- 9.1 If there are any disputes, the disputes will be referred to the Health and Care Board.

10 CONFLICTS OF INTEREST

- 10.1 The Joint Commissioning Committee will be bound by the Standing Orders/Standing Financial instructions and Codes of Conduct of both B&NES Council and BaNES CCG. If there are any conflicts between the codes/policies of B&NES Council and BaNES CCG, the JCC will be bound by the higher standards.
- 10.2 Members will be required to make annual declaration of interests and at each meeting of the Joint Commissioning Committee in accordance with paragraph 10.1.
- 10.3 Notwithstanding paragraph 10.2, the Chair will ask at the beginning of each meeting whether any member has an interest about any item on the meeting agenda. If a member has a direct or indirect conflict with an issue on the agenda, it should be declared at the meeting and recorded in the minutes. Depending on the topic under discussion and the nature of the conflict of interest, appropriate action will be taken and recorded in the minutes.

11 REVIEW

- 11.1 BaNES CCG and B&NES Council may agree from time to time to modify, extend or restrict the remit of the Joint Commissioning Committee.
- 11.2 These terms of reference will be reviewed at least annually or sooner at the request of the Chair or Vice Chair. Changes to the Terms of Reference must be approved by the Health and Care Board.

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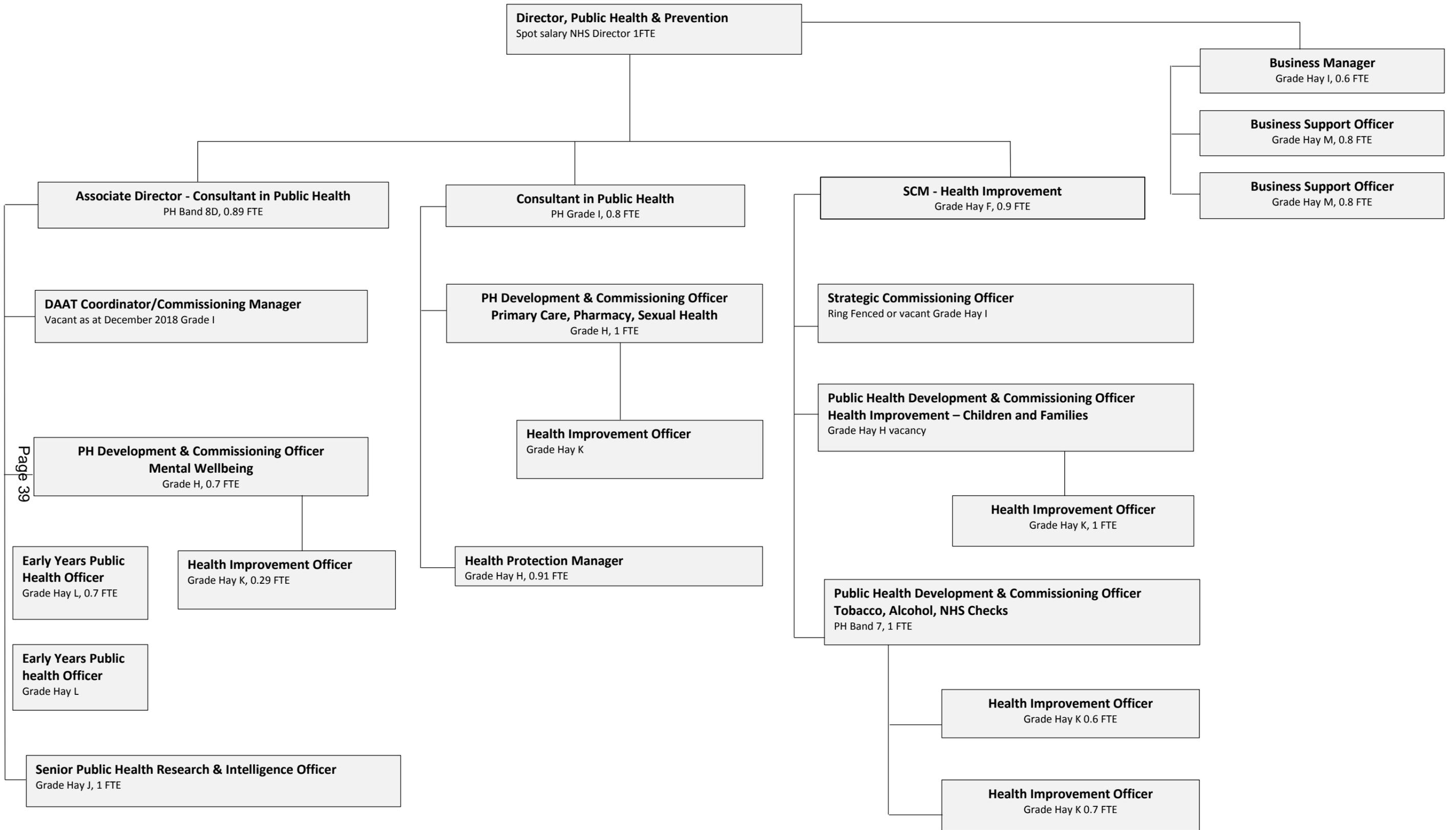
Proposed Governance Arrangements

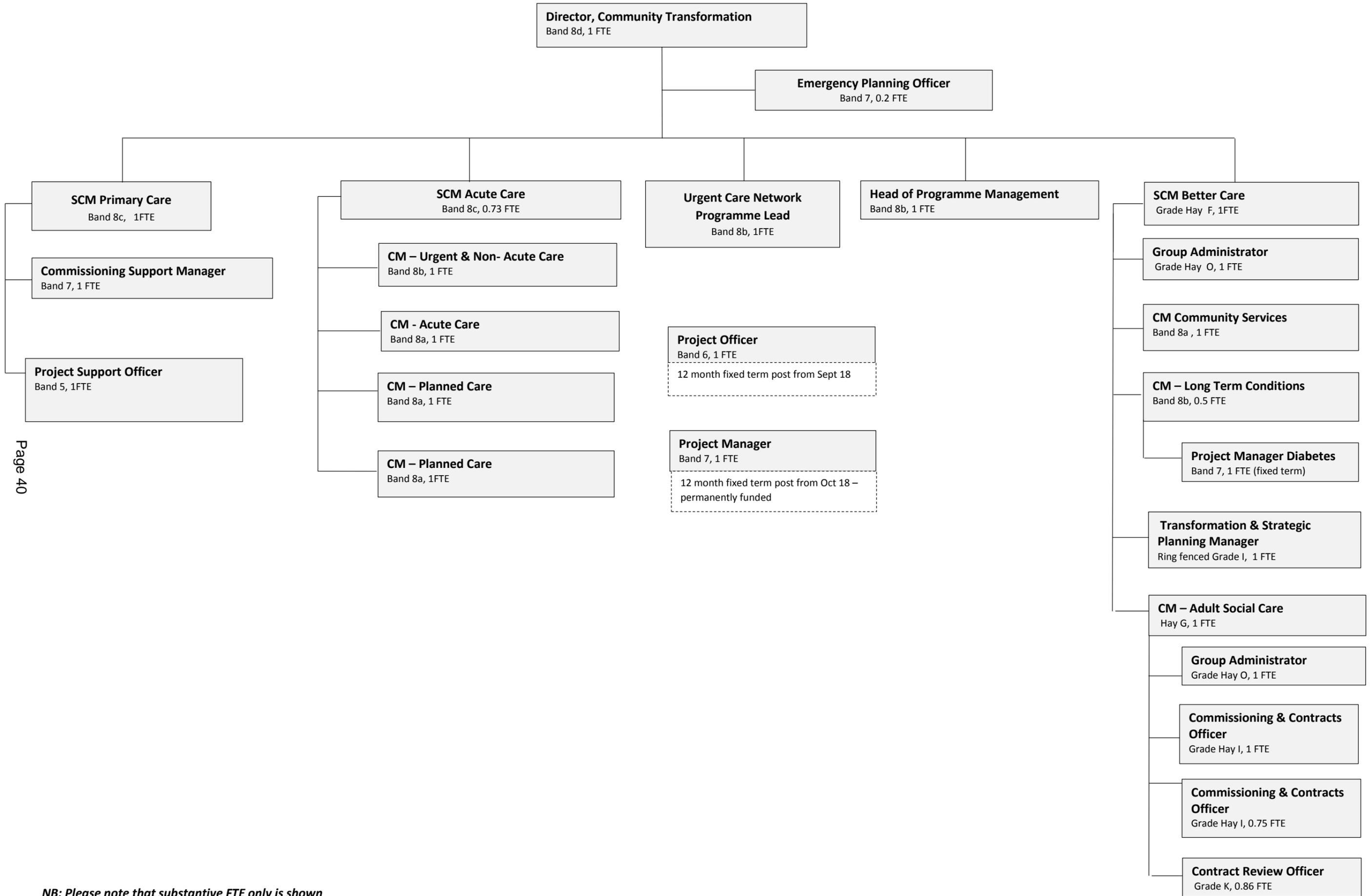


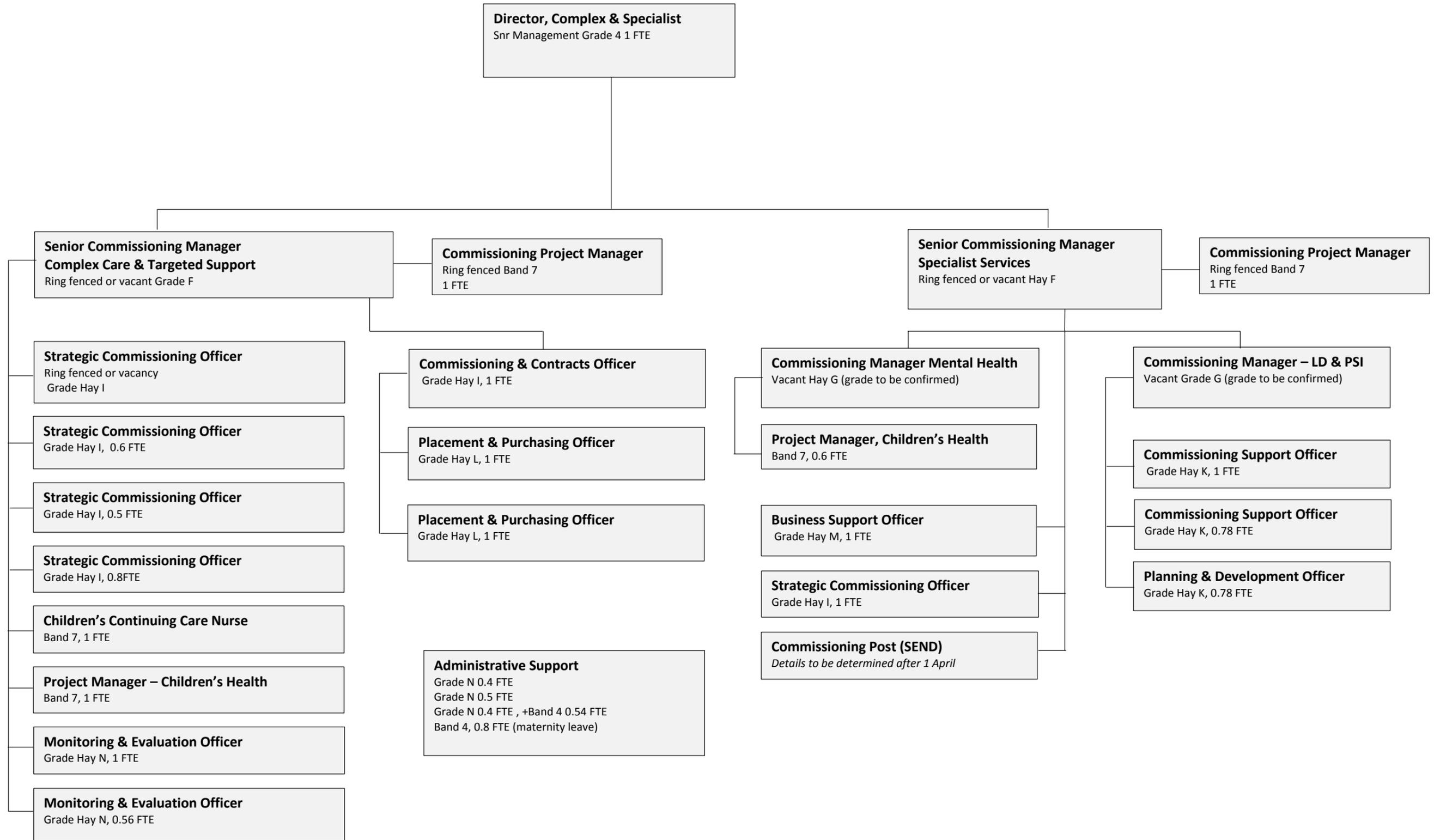
Health & Care Board – an executive body with both senior Council and CCG member representation overseeing the transition to a single integrated commissioning function

The Interim Integrated Health & Care Board will transition towards being the single health and wellbeing commissioning body for Bath and North East Somerset. Moving towards transparency of joint decision making for health and care across the council and CCG, the members of the Interim Board will be accountable to their constituent organisations and will be responsible for developing joint commissioning strategies within the overall direction set by the health and wellbeing board; implementing commissioning plans; operation of the section 75 partnership; overseeing individual schemes and service contracts, and would "hold" accountability for all pooled resources.

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**Appendix to Joint Working Framework
(Appendix 5)**

BATH AND NORTH EAST SOMERSET COUNCIL

AND

BATH AND NORTH EAST SOMERSET CLINICAL COMMISSIONING GROUP

**JOINT WORKING ARRANGEMENT:
SECTION 113 AGREEMENT**

1st APRIL 2013 (Updated August 2017 & January 2019)

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SECTION 1 - DATE OF AGREEMENT, PARTIES AND BACKGROUND

THIS AGREEMENT is made on **1st** day of April 2013, which is the Commencement Date and updated in August 2017 7 January 2019

PARTIES

- (1) **BATH AND NORTH EAST SOMERSET CLINICAL COMMISSIONING GROUP** of Trust
Headquarters, St Martin's Hospital, Clara Cross Lane, Bath, BA2 5RP (the "**CCG**")
- (2) **BATH AND NORTH EAST SOMERSET COUNCIL** of Guildhall, High Street, Bath, BA1 5AW (the "**Council**")

1 BACKGROUND

- 1.1 This Agreement forms a part of a joint working framework which expresses the commitment to the arrangements under which the Council and CCG will work together for the benefit of local people.
- 1.2 The arrangements set out in the Agreement facilitate the operation of a Joint Management Team which supports integrated commissioning of local services.

SECTION 2 - INTERPRETATION, DURATION & THE ARRANGEMENTS

2 DEFINITIONS AND INTERPRETATION

This Agreement shall be interpreted in accordance with Appendix 1.

3 DURATION OF THE AGREEMENT

This Agreement shall commence on the Commencement Date and shall continue in force until it is terminated in accordance with clause 13.

4 THE ARRANGEMENTS

- 4.1 With effect from the Commencement Date it is agreed that in exercise of the powers contained in Section 113 of the 1972 Act
 - 4.1.1 the Council will make those individuals identified in Appendix 2 (and any other individual made available in accordance with and for whom the Council is the Employing Partner) available to the CCG;

4.1.2 the CCG will make those individuals identified in Appendix 3 (and any other individual made available in accordance with and for whom the CCG is the Employing Partner) available to the Council:

for the purposes of enabling each Post Holder to commission services **for health, people and communities** through the combined performance of their Employee Duties and, in accordance with their Individual Agreement, their S113 Duties.

4.2 Each Partner agrees to take no action to change the terms and conditions of any Post Holder's Employment Contract without prior consultation and agreement with the other Partner, such agreement may not be unreasonably withheld or delayed.

The Parties shall be entitled to make further individual(s) available to the other Partner for the purposes set out in this Agreement at any time provided that:

- the New Post Holder has been consulted and has agreed to being made available in accordance with Section 113 of the 1972 Act;
- an Individual Agreement is signed by both Parties and the New Post Holder and arrangements are put in place which define the accountability of the New Post Holder; and
- an updated version of **Appendix 2 and 3** (as applicable) is completed and appended to a letter signed by both Parties.

The Arrangements shall not affect the liabilities of the Parties to any third parties for the exercise of their respective functions and obligations.

4.3 The aims, benefits and intended outcomes of the Parties in entering into the Arrangements are as set out in the **Joint Working Framework**.

4.4 It is agreed that the availability of Post Holders pursuant to **Clauses 4** of this Agreement shall be subject to the provisions contained in **Appendix 4 (HR protocols)**

4.5 In entering into this Agreement, neither Party is exercising powers contained in Section 75 of the 2006 Act. As such, nothing in this Agreement has (or is intended to have) the effect of:

4.5.1 transferring statutory functions from one to the other; and/or

4.5.2 establishing a Pooled Fund.

4.6 The performance by a Post Holder of their S113 Duties is done in their capacity as an officer of the Non-Employing Partner. That Post Holder is not exercising functions delegated by the Non-Employing Partner to the Employing Party

SECTION 3 – ACCOUNTABILITY, MONITORING AND REVIEW

5 ACCOUNTABILITY

5.1 For the purposes of these Arrangements, the Post Holders will be accountable to the Non-Employing party for the performance of their S113 Duties and the Employing Party for the performance of their Employee duties in accordance with Appendix 5.

6 MONITORING AND IMPLEMENTATION

6.1 Overall responsibility for the monitoring and implementation of the arrangements will lie with the Health and Care Board, a committee of BaNES CCG Governing Body ("**the Integration Committee**") and B&NES Council Cabinet committee ("**the Cabinet Committee**"). The Integration Committee and the Cabinet Committee meet jointly as the Health and Care Board. The Health and Care Board will review the operation of the Agreement on an annual basis.

6.2 Any recommendations of the Health and Care Board will be reported to the Clinical Commissioning Group Board and the Council's Cabinet.

SECTION 4 - FINANCIAL & HR ARRANGEMENTS

7 FINANCIAL ARRANGEMENTS FOR POST HOLDERS

7.1 In respect of each Post Holder, the Employing party shall be responsible for the payment of all sums due and payable to that Post Holder in accordance with their Employment Contract

7.2 The Non-Employing party will contribute to the costs of employment in accordance with funding arrangements scheduled in the Joint Working Framework

8 HUMAN RESOURCES (HR) POLICIES AND PROCEDURES

- 8.1 The Parties agree to operate under the jointly agreed HR protocol included at Appendix 4. These are designed to support the Arrangements but are not intended to be (and, unless the Parties expressly agree otherwise in writing, will not have the effect of being) a substitute for existing HR policies and procedures.
- 8.2 Appendix 4 may be varied by agreement between the Parties from time to time.

SECTION 5 - LIABILITIES AND INSURANCE

9 INDEMNITIES, LIABILITIES AND INSURANCE (legal guidance needed on the following)

- 9.1 The Parties agree that they will meet liabilities to third parties and each other arising out of the activities of the Post Holder as follows:
- 9.1.1 the Non-Employing Partner will meet liabilities arising out of the acts or omissions of any Post Holder when performing their S113 Duties or otherwise acting in their capacity as an officer of the Non-Employing Partner, and will indemnify the Employing Partner against any costs, claims or damages incurred in respect of any such liability;
- 9.1.2 the Employing Partner will meet liabilities arising out of the acts or omissions of any Post Holder when performing their Employee Duties or otherwise acting in their capacity as an officer of the Employing Partner and will indemnify the Non-Employing Partner against any costs, claims or damages incurred in respect of any such liability.
- 9.2 Subject to **Clause 9.6** any costs and expenses incurred in relation to a Post Holder's employment following termination of employment of a Post Holder or termination of this Agreement including any award by a court or tribunal shall be the responsibility of the Employing Partner. The Non-Employing Partner shall have no liability in respect of such costs expenses or awards and the Employing Partner agrees to indemnify the Non-Employing Partner against any costs, claims or damages incurred in respect of any such liability.

TUPE

- 9.3 The Partners hold the view that TUPE will not apply on the commencement of this

Agreement, during the Agreement Term or on the expiry of this Agreement (in whole or in part). However if TUPE operates so as to transfer the contract of employment of any Post Holder due to a Relevant Transfer from one Partner (“the Transferor Partner”) to the other Partner (“the Transferee Partner”), the Partners shall comply with their legal obligations under TUPE and, if applicable, shall comply with the Statement of Practice and the Code of Practice.

- 9.4 Subject to Clause 9.6, the Transferor Partner shall be liable for and shall indemnify the Transferee Partner against any Employee Liabilities incurred by the Transferee Partner which arise before on or after the Relevant Transfer and out of an act or omission of the Transferor Partner in connection with:
- 9.4.1 the Post Holder’s employment with the Transferor Partner;
 - 9.4.2 any failure to comply with the obligations under Regulations 13 and 14 of TUPE (including any claim brought by an employee representative for breach of Regulations 13 and / or 14 of TUPE) except where such failure arises from the Transferee Partner’s failure to comply with its obligations under Regulations 13 and / or 14 of TUPE; or
 - 9.4.3 any failure to comply with the Statement of Practice or the Code of Practice.
- 9.5 Subject to clause 9.6, the Transferee Partner shall be liable for and shall indemnify the Transferor Partner against any Employee Liabilities incurred by the Transferor Partner which arise before on or after the Relevant Transfer and out of an act or omission of the Transferee Partner in connection with:
- 9.5.1 the Post Holder’s employment with the Transferee Partner;
 - 9.5.2 any failure to comply with the obligations under Regulations 13 and 14 of TUPE (including any claim brought by an employee representative for breach of Regulations 13 and / or 14 of TUPE) except where such failure arises from the Transferor Partner’s failure to comply with its obligations under Regulations 13 and / or 14 of TUPE; or
 - 9.5.3 any failure to comply with the Statement of Practice or the Code of Practice.
- 9.6 Where any Employee Liabilities arise partly as a result of any act or omission of the Transferee Partner and partly as a result of any act or omission of the Transferor Partner whether before on or after the date of the Relevant Transfer, the Partners shall indemnify each other against only such part of the Employee Liabilities sustained by the other Partner as is reasonably attributable to the act or omission of that Partner.

MITIGATION

9.7 In relation to the indemnities in this **Clause 9**, the Parties agree to co-operate with each other and take all reasonable steps to mitigate any costs and expenses and any adverse effect on industrial or employee relations.

10 INSURANCE

10.1 Each Partner shall ensure that they maintain policies of insurance (which, in the case of the CCG, may include equivalent arrangements through the schemes operated by the National Health Service Litigation Authority) in respect of all potential liabilities arising from these Arrangements.

10.2 Each Partner agrees to ensure that:

- where they are the Non-Employing Partner, the insurance policies maintained pursuant to Clause 10.1 cover liabilities that may be incurred through the performance, by a Post Holder, of their S113 Duties;
- where they are the Employing Partner, the insurance policies maintained pursuant to Clause 10.1 cover liabilities that may be incurred through the performance, by a Post Holder, of their Employee Duties.

SECTION 6 - DEFAULT, DISPUTES AND TERMINATION

11 DEFAULT

11.1 In the event of a Partner (the “**Defaulting Partner**”) being, in the reasonable opinion of the other Partner (the “**Other Partner**”), in breach of its obligations under this Agreement and such breach being capable of remedy, the following procedure will apply:

11.1.1 the Other Partner may request a meeting with the Defaulting Partner by giving five (5) Working Day’s written notice to that effect. The meeting will include the CCG Representative and the Council Representative;

- 11.1.2 following such a meeting, where it is accepted that there has been a default, the Parties will discuss and agree an action plan under which the Defaulting Partner will be given a reasonable period of time to remedy the default to the satisfaction of the Other Partner (the “**Remedial Action Plan**”);
- 11.1.3 where the Other Partner is not reasonably satisfied that the Defaulting Partner has complied with the Remedial Action Plan, the Other Partner will have the right, at its discretion, either to initiate the Dispute Resolution Procedure or to exercise its right to terminate this Agreement in accordance with **Clause 13**.

12 DISPUTES

- 12.1 In the event of a dispute between the Parties in connection with this Agreement the Parties shall refer the matter to the CCG Representative (or a nominated deputy) and the Council Representative (or a nominated deputy) who shall endeavour to settle the dispute between themselves.
- 12.2 In the event that the Council and CCG representatives cannot resolve the dispute between themselves within a reasonable period of time having regard to the nature of the dispute, the matter will be referred to the Joint Commissioning Committee.
- 12.3 Neither Party may commence any court proceedings/arbitration in relation to any dispute arising out of this Agreement until it has attempted to settle the dispute by mediation and either the mediation has terminated or the other Partner has failed to participate in the mediation, provided that the right to issue proceedings is not prejudiced by a delay.

13 TERMINATION

- 13.1 This Agreement may be terminated (in whole or in part) at any time by written agreement between the Parties or by one party giving the other party 12 Months written notice to the other Partner.
- 13.2 This Agreement, in respect of any individual Post Holder, will terminate forthwith in respect of that particular Post Holder upon the dismissal or resignation of the Post Holder from their Employing Partner or upon the Post Holder withdrawing their consent to being made available pursuant to these Arrangements.

13.3 This Agreement will terminate in respect of any individual Post Holder upon any re-organisation or reconstruction affecting either Partner whereby the Post Holder no longer holds office with their Employing Partner.

13.4 Either Partner may at any time by notice in writing to the other Partner terminate this Agreement upon service of 20 Working Days written notice if:

13.4.1 the other Partner commits a material breach of any of its obligations hereunder which is not capable of remedy; or

13.4.2 the other Partner commits a material breach of any of its obligations hereunder which is capable of remedy but has not been remedied in accordance with **Clause 11**.

13.5 Either Partner may by written notice to the other Partner in accordance with **Clause 13** terminate this Agreement if:

13.5.1 as a result of any change in law or legislation it is unable to fulfil its obligations under this Agreement;

13.5.2 its fulfilment of its obligations hereunder would be in contravention of any guidance from any Secretary of State issued after the Commencement Date;

13.5.3 its fulfilment of its obligations would be ultra vires,

and the Parties shall be unable to agree a modification or variation to this Agreement (which may include termination in part only) so as to enable the Partner to fulfil its obligations in accordance with law and guidance.

13.6 In the case of notice pursuant to **Clause 13.5.1 or 13.5.2**, the Agreement shall terminate after such reasonable period as shall be specified in the notice having regard to the nature of the change referred to in **Clause 13.5.1** or the guidance referred to in **Clause 13.5.2** as the case may be. In the case of notice pursuant to **Clause 13.5.3**, the Agreement shall terminate with immediate effect.

13.7 Notices served pursuant to **Clause 13.4 or 13.5** will result in termination of the whole of the Agreement unless the Parties agree otherwise in writing

14 CONSEQUENCES OF TERMINATION

14.1 Termination of this Agreement in whole or in part (whether by effluxion of time or otherwise) shall be without prejudice to the Parties' rights in respect of any antecedent breach and the provisions of this Clause and **Clauses 2, 9, 10-12 inclusive and 15-21 inclusive** shall continue in full force and effect.

14.2 In the event of termination of this Agreement, the Parties will use all reasonable endeavours to agree arrangements which will minimise disruption to staff working within the Arrangements.

14.3 In the event that this Agreement is terminated in part only, the Parties will agree appropriate variations to the Agreement. Such variations will be documented in writing and signed by both Parties.

14.4 Where the Agreement is terminated in part, then except for that part of the Agreement that has been terminated, this Agreement shall continue in full force and effect.

SECTION 7 - GENERAL PROVISIONS

15 NOTICES

15.1 Any notice of communication shall be in writing.

15.2 Any notice or communication to the relevant Partner shall be deemed effectively served if sent by registered post or delivered by hand at an address set out in **Clause 16.4** and marked for either the CCG Representative or Council Representative (as applicable) or to such other addressee and address notified from time to time to the other Partner.

15.3 Any notice served by hand delivery shall be deemed to have been served on the date it is delivered to the addressee. Where notice is posted it shall be sufficient to prove that the notice was properly addressed and posted and the addressee shall be deemed to have been served with the notice 48 hours after the time it was posted.

15.4 For the purposes of this **Clause 15**, the addresses at which notice must be served are, unless either Partner is notified otherwise in writing, as follows:

15.4.1 Bath & North East Somerset CCG
Trust Headquarters
St Martin's Hospital
Clara Cross Lane
Bath
BA2 5RP

15.4.2 Bath & North East Somerset Council
Guildhall
High Street
Bath
BA1 5AW

WAIVERS

15.5 The failure of either Partner to enforce at any time or for any period of time any of the provisions of this Agreement shall not be construed to be a waiver of any such provision and shall not in any way affect the right of that Partner thereafter to enforce such provision.

15.6 No waiver in any one or more instances of a breach of any provision hereof shall be deemed to be a further or continuing waiver of such provision in other instances.

16 SEVERANCE

If any provision of this Agreement becomes or is declared by any court of competent jurisdiction to be invalid or unenforceable in any way, such unenforceability shall in no way impair or affect any other provision of this Agreement all of which will remain in full force and effect.

17 TRANSFERS

The Parties may not assign, mortgage, transfer, sub-contract or dispose of this Agreement or any benefits and obligations hereunder without the prior written consent of the other except to any statutory successor in title to the appropriate statutory functions.

18 NO PARTNERSHIP

- 18.1 Nothing in this Agreement shall create or be deemed to create a legal partnership or the relationship of employer and employee between the Parties or render either Party directly liable to any third for the debts, liabilities or obligations of the other.
- 18.2 Save as specifically authorised under the terms of this Agreement neither Party shall hold itself out as the agent of the other.

19 ENTIRE AGREEMENT

- 19.1 The terms contained in this Agreement together with the contents of the Schedules and Appendices constitute the complete agreement between the Parties with respect to the Arrangements and supersede all previous communications, representations, understandings and agreement (including previous S113 Agreements) and any representation, promise or condition not incorporated herein shall not be binding on either Partner.
- 19.2 No agreement or understanding varying or extending any of the terms or provisions hereof shall be binding upon either Partner unless in writing and signed by a duly authorised officer or representative of the Parties.
- 19.3 For the avoidance of doubt, nothing in this Agreement shall affect the continuation of the existing Section 75 Arrangements.

20 THE CONTRACTS (RIGHTS OF THIRD PARTIES) ACT 1999

Unless the right of enforcement is expressly provided, no third party shall have the right to pursue any right under this Contract pursuant to the Contracts (Rights of Third Parties) Act 1999.

21 GOVERNING LAW

This Agreement shall be governed by and construed in accordance with English Law and, without prejudice to **Clause 2**, shall be subject to the exclusive jurisdiction of the English courts.

IN WITNESS whereof this Agreement has been executed by the Parties on the date of this Agreement

EXECUTED by
BATH AND NORTH EAST SOMERSET CLINICAL COMMISSIONING GROUP

by:

Signed (Authorised Officer):.....

Name/Position:.....

Signed (Authorised Officer):.....

Name Position:.....

EXECUTED BY
BATH AND NORTH EAST SOMERSET COUNCIL

by:

Signed (Authorised Officer):.....

Name/Position:.....

Signed (Authorised Officer):.....

Name/Position:.....

LIST OF APPENDED DOCUMENTS

- Appendix 1 Definitions and interpretations
- Appendix 2 Council Section 113 Post Holders
- Appendix 3 CCG Section 113 Post Holders
- Appendix 4 HR Protocols
- Appendix 5 Operational Arrangements

APPENDIX 1

DEFINITIONS AND INTERPRETATION

In this Agreement the following expressions shall have the following meanings:

"1972 Act"

the Local Government Act 1972;

"2006 Act"

the National Health Service Act 2006;

"Agreed HR Protocol"

the protocol appended to this Agreement and (appendix 3).

"Agreement"

this S113 agreement in support of Joint Working arrangements;

"Agreement Term"

the duration of this Agreement as determined in accordance with **Clause 3**;

"Arrangements"

the arrangements made by the Parties for the use of S113 powers pursuant to this Agreement, as summarised in **Clause 4**;

"CCG Representative"

the individual appointed by the CCG from time to time (and notified to the Council) as its representative for the purposes of the Arrangements;

"CEDR"

Centre for Effective Dispute Resolution;

"Child Services"

the child services described in **Schedule 7**;

“Code of Practice”

the Code of Practice on Workforce Matters in Local Authority Service Contracts as currently contained in ODPM Circular 3/03 Annex D OR such of this document as may be from time to time in force in respect of such matters;

"Commencement Date"

1 April 2013

“Council Representative”

the individual appointed by the Council from time to time (and notified to the CCG) as its representative for the purposes of the Arrangements;

“Delegated (CCG) Functions”

any function delegated to the Council by the CCG pursuant to an Existing Section 75 Arrangement or any New Section 75 Arrangement;

“Delegated (Council) Functions”

any function delegated to the CCG by the Council pursuant to an Existing Section 75 Arrangement or any New Section 75 Arrangement;

“Dispute Resolution Procedure”

the procedure set out in **Clause 25**;

"Employee Duties"

the duties which a Post Holder performs on behalf of the Employing Partner as determined in accordance with their Employment Contract;

"Employing Partner"

in respect of each individual Post Holder, the Partner that employs that Post Holder. For the Original Post Holders this shall be the Partner identified as such in **Schedule 3 or 4** (as applicable) and for all New Post Holders this will be the Partner agreed between the Parties in accordance with **Paragraph 8 of Schedule 5**;

"Employment Contract"

the contract of employment between the Post Holder and the Employing Partner;

“Existing Section 75 Arrangements”

the arrangements described in **Schedule 11**;

"Financial Year"

a year commencing 1st April in one calendar year and ending on 31st March in the subsequent calendar year;

“FOIA”

the Freedom of Information Act 2000;

“HR”

human resources;

“Individual Agreement”

the agreement made between each Post Holder, the Employing Partner and the Non-Employing Partner describing the terms on which the Post Holder will be made available by the Employing Partner to the Non-Employing Partner and the scope of their Section 113 Duties;

“Information Sharing Protocol”

the protocol agreed between the Parties to govern the sharing of information for purposes connected with the Arrangements (as amended or replaced from time to time);

“Inspection Authority”

the Care Quality Commission, Ofsted or similar or successor bodies;

Health and Care Board

The Committee responsible for the oversight of joint working arrangements (Called: The Health and Care Board.

Joint Commissioning Committee

The Committee and senior leadership team responsible for the oversight of all joint commissioning activity.

“Month”

a calendar month;

"New S75 Arrangement"

Any arrangement made between the Parties on or after the Commencement Date in exercise of the powers contained in Section 75 of the 2006 Act;

"New Post Holders"

the individuals made available in accordance with APPENDIX 4

"Non-Employing Partner"

in respect of each individual Post Holder, the Partner that is not the Employing Partner;

"Original Post Holder"

the individuals identified in APPENDIX 2 & 3(as applicable) and being the individuals who, as at the Commencement Date, are made available in accordance with Clauses 6, 7 and APPENDIX 4.

"Partnership Regulations"

the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (SI 2000/617);

"Pooled Fund"

a fund within the meaning of Section 75(2)(a) of the 2006 Act or Section 10 of the Children Act 2004;

"Post Holders"

individuals made available by the Parties in accordance with APPENDIX 4;

"Relevant Transfer"

a relevant transfer for purposes of TUPE;

"S113 Duties"

those duties which a Post Holder will perform for and on behalf of the Non-Employing Partner being the duties identified in the job description appended to that Post Holder's Individual Agreement (subject to such variations as may be agreed between the Parties (and, where appropriate, the Post Holder) from time to time);

"Service Users"

individuals who are eligible for the Adult Health, Social Care & Housing, Children and Public Health Services;

"Staff Member"

an individual engaged by either Partner for the purposes of commissioning and/or delivering the Services in accordance with these Arrangements (including any Post Holder);

"Statement of Practice"

the Staff Transfers in the Public Sector Statement of Practice as currently contained in the Cabinet Office statement dated January 2000;

"TUPE"

the Transfer of Undertakings (Protection of Employment) Regulations 2006 (SI 2006 No. 246) as amended;

"Transferee"

the Partner who immediately before the Relevant Transfer was the employer of a Staff Member whose contract of employment, subject to Regulations 4 (7) and 4 (9) of TUPE, is subject to a Relevant Transfer or of a Staff Member who contends that, subject to Regulations 4 (7) and 4 (9) of TUPE, his or her contract of employment is subject to a Relevant Transfer;

"Transferor"

the Partner to whom, subject to Regulations 4 (7) and 4 (9) of TUPE, a Staff Member's employment contract transfers, or a Staff Member contends that his or her employment contract transfers, due to a Relevant Transfer

"Working Day"

8.30am to 5.00pm on any day except Saturday, Sunday, Christmas Day, Good Friday or a day which is a bank holiday (in England) under the Banking & Financial Dealings Act 1971.

APPENDIX 2 (to the S113 Agreement)**S113 POST HOLDERS*****Council Post Holders***

1 In accordance with Clause 4 of this Agreement, the following individuals are made available by the Council to the CCG for the purposes of commissioning the Adult Health, Social Care & Housing, Children's and Public Health Services:

- 1.1 Corporate Director,
- 1.2 Director of Safeguarding & Quality Assurance
- 1.3 Director Complex & Specialist
- 1.4 Director of Public Health & Prevention
- 1.5 Consultant in Public Health
- 1.6 Associate Director, Public Health
- 1.7 Senior Commissioning Manager – Better Care
- 1.8 Senior Commissioning Manager – Specialist Services
- 1.9 Senior Commissioning Manager – Complex Care & Targeted Support
- 1.10 Senior Commissioning Manager – Health Improvement
- 1.11 Commissioning Manager Adult Social Care
- 1.12 Commissioning Manager LD & PSI
- 1.13 Commissioning Manager Mental Health
- 1.14 Finance Business Partner Joint Commissioning
- 1.15 Head of Contracting & Performance Management
- 1.16 Senior Data & Performance Officer
- 1.17 Head of HR & OD
- 1.18 Head of Management Accounts

APPENDIX 3 (to S113 Agreement)

S113 POST HOLDERS***CCG Post Holders***

2 In accordance with Clause 4 of this Agreement, the following individuals are made available by the CCG to the Council for the purposes of commissioning the Adult Health, Social Care & Housing, Children's and Public Health Services:

- 2.1 Accountable Officer
- 2.2 Director of Nursing and Quality
- 2.3 Director of Community Transformation
- 2.4 Deputy Director of Nursing & Quality
- 2.5 Deputy Chief Financial Officer
- 2.6 Senior Commissioning Manager – Primary Care
- 2.7 Senior Commissioning Manager -Acute
- 2.8 Commissioning Manager – Children's Health
- 2.9 Commissioning Manager – Community Services
- 2.10 Performance Manager

APPENDIX 4 (to Section 113 Agreement)

HR PROTOCOL

PURPOSE OF THE FRAMEWORK

The purpose of the framework is to set out how employment issues will be dealt with in the context of staff from the Council and the CCG working together in an integrated team and in particular, where the staff are managed by an employee of the other organisation.

Staff employed in the integrated team will continue to be contracted to their *current* employer on the terms and conditions provided under their respective individual contract of employment. The employing organisation remains responsible for exercising the rights and duties of the employer and for maintaining the terms and conditions of employment and HR policies and procedures of the employing organisation except where changes are negotiated in accordance with relevant policies and procedures.

Under this arrangement, a member of staff in a joint team may be line managed by a manager from the other organisation, in which case the member of staff shall be informed in writing. In this situation, there should be a named link from the employing organisation who will advise the line manager/member of staff on policies and procedures relating to payroll and personnel matters.

1. INTRODUCTION

1.1 This framework compliments but does not replace the Human Resource Policies and Procedures of Bath and North East Somerset Council or Clinical Commissioning Group i.e., the Party organisations.

1.2 This framework in no way affects the statutory obligations of either Party organisation.

1.3 This framework in no way affects the contracts of employment or terms and conditions of the staff of the Party organisations.

1.4 This framework is designed to support all staff working in joint teams.

2. MANAGEMENT ARRANGEMENTS AND SUPPORTING ROLES

The framework clarifies the roles and responsibilities of operational managers and named employer links as follows:

Line Manager / Staff

The member of staff reports directly to the line manager of the team/service/department. This includes agreeing annual work objectives within the integrated team which would be monitored via regular supervision/update meetings with an associated performance management review process, and agreeing an annual personal / professional development plan.

The line manager is responsible to the member of staff for listening to and acting appropriately on any concerns or incidents reported by them, for providing safe and suitable facilities and equipment

to enable staff to fulfil their role, for ensuring team cohesion and local operational protocols, including standards and quality, and to facilitate the smooth running of the team.

On a day to day basis the parties agree the Manager of an integrated service:

- Shall have the right to give any reasonable instructions to staff of both parties but shall not be entitled to instruct a member of staff in any way which contravenes their terms and conditions of employment;
- Will collect and provide to the Council, the CCG, the Care Quality Commission or the Department of Health or any Government body or agency such information as shall be required to review and monitor the performance of the integrated service and support the parties duty to secure Best Value, Clinical Governance and good Workforce monitoring requirements and other initiatives in accordance with the General Data Protection Regulations 2018.
- Will manage staff in accordance with the expectations of the Party organisations employment policies, all legal requirements and good employment practice.
- Will recognise and understand the professional support and accountability arrangements for staff and their own and staff's responsibility to regulatory bodies.

Named Employer Link / Line Manager / Staff

Where a member of staff is employed by a different organisation to the line manager, the manager will continue to be the first point of contact for resolving any queries, but will work closely with a nominated HR Business Partner t within the employing Party to obtain advice on terms and conditions of employment and HR policies and procedures as necessary. The HR Business partner will also advise on upholding the arrangements applicable to the Employing Partner.

The member of staff can seek clarification and advice on terms and conditions and HR policy and procedure issues by contacting the HR Business partner directly, although in the first instance they should contact their line manager.

3. RECRUITMENT

Where, during the Agreement Term, a Post Holder leaves the employment of the Employing Party and a new appointment is required, the recruitment process will be undertaken by the CCG and/or the Council in accordance with Guidelines for Determining the Employer set out in paragraph 22 below or such alternative arrangements as may be agreed in writing between the Parties from time to time.

The Employing Party of any Designated Joint Appointment in accordance with Paragraph 22 below shall be as agreed by the Parties and that Employing Party agrees to make the New Post Holder available to the Non-Employing Party in accordance with the terms of this Agreement.

In all cases, whether for new posts, reorganisations or replacements both parties agree that the terms of the employing organisation will prevail and the integrity of the terms and conditions will be upheld. No individual shall be subject to a hybrid set of terms and conditions.

Regardless of the source of funding for posts within the service, all staff will be treated fairly and equitably and in accordance with the policies of the Party organisations.

When handling reorganisations; the need to replace staff or to recruit to a new post, the relevant line Manager will work in conjunction with HR and follow the guidance notes on 'Determining the Employer' set out at paragraph 22 below, to develop proposals for consideration and agreement by the other Party about:

- Which organisation is to become the employer.
- How the vacancy is to be managed and the nature of the replacement post
- The process of advertising; and
- How the recruitment costs will be met.

The recruitment process will be in accordance with the employing organisations policies and procedures and will conform to the principles for safer recruitment.

All staff within the integrated service in the position of leading on the Recruitment and Selection will be appropriately skilled and familiar with the Policies and Procedures of the Party organisations.

There are separate job evaluation schemes in place in the two organisations. The relevant employers' scheme will apply.

4. INDUCTION

All staff within the integrated service will be provided with an induction programme in accordance with the procedure of their contractual organisation. As far as is practicable induction programmes will be developed and carried out jointly.

Line Managers will determine what induction element of the Party organisations it would be appropriate to provide. It is expected that Health staff who manage Council staff attend the Council Corporate Induction event and vice versa.

All new managers who are managers of staff across the Party organisations must familiarise themselves with the key policies, procedures and systems of both organisations.

5. APPRAISAL

The two organisations have separate but similar Personal Development Review/Appraisal processes to meet staff needs. Everyone will have an annual appraisal which will be reviewed on an on-going basis through supervision.

Key objectives will be set which support the aims of the team, the service and the Health and Wellbeing Partnership and individual training and development needs will be identified through the process. The Parties will provide appropriate training to supervisors to enable them to effectively undertake the relevant appraisal processes for their staff.

Supervisors and supervisees will have access to relevant training to enable them to effectively engage in the processes.

All managers must ensure the timetabled Annual Review/appraisal takes place.

6. CAPABILITY

The capability procedure for the relevant employing organisation will be used to manage any capability / performance problems that arise. Where these procedures identify an immediate line manager, this will mean the member of staff's line manager, regardless of their employing organisation. Normally, the first step to resolving a problem shall be informal.

Managers contemplating taking formal capability action will take advice from the employing organisation to ensure adherence to contractual capability procedures.

Any decision to dismiss can only be taken by the appropriate designated senior manager of the employing organisation following due process in accordance with the policy, procedures and contractual terms of the employing organisation.

For Medical, Nursing & Social Work staff specific advice should be sought from the employing organisation as matters of professional conduct and capability are governed by separate policies and procedures

7. DISCIPLINARY

Any formal action taken against a member of staff will be taken under their employing organisations Disciplinary Policies and Procedures. Where these procedures identify an immediate line manager, this will mean the member of staff's line manager, regardless of their employing organisation

The manager must clarify his/ her responsibilities with regards to the various levels of authority to for example, approve suspension from duty.

Appropriate HR advice from the employing organisation must be sought in all cases of potential gross misconduct; when there is police, fraud or safeguarding involvement; where a trade union representative is involved; where there is an allegation of bullying or harassment made by a member of staff of one organisation against a member of staff of another organisation. If fraud or any financial irregularities are suspected the manager must also inform Audit and/or NHS Counter Fraud immediately, as appropriate. HR advice must also be sought when considering suspension from duty.

Any decision to dismiss can only be taken by the appropriate designated senior manager of the employing organisation following due process in accordance with the policy, procedures and contractual terms of the employing organisation.

8. GRIEVANCE

Any grievance issues will be dealt with under the appropriate employing organisations grievance procedure. Where these procedures identify an immediate line manager, this will mean the member of staff's line manager, regardless of their employing organisation.

It is essential managers of integrated teams make themselves aware of the timescales under the procedure.

Guidance on the grievance process is available via the web pages in both the Council and the CCG. In cases that are particularly complex, HR advice should be sought from the employing organisation of the individual.

Where a health member of staff submits a grievance about a Council member of staff (or vice versa) relevant HR staff should be consulted to agree how the investigation and hearing process best be managed. Adherence to the contractual procedure of the aggrieved is essential.

Wherever possible, and depending on the seriousness, a joint investigation is preferable.

9. GROUP GRIEVANCE OR SHARED DISPUTES

Collective grievances or disputes can only be raised by trade unions / staff representative bodies.

Pay and Terms and Conditions remain the province of the relevant Party; therefore there can be no shared dispute on these grounds.

10. SICKNESS / ATTENDANCE MANAGEMENT

Any issues arising from the sickness and/or absence of a member of staff within the integrated service will be managed in accordance with the employing organisation's policies and procedures and contract of employment.

Managers of integrated teams will need to be mindful of trigger points for consideration under the sickness / attendance policies and procedures.

On issues of long-term sickness line managers will have access to advice from the employing organisation.

11. LEAVE

The immediate line manager, regardless of employing organisation, can authorise flexi/ annual/special/compassionate and other forms of paid and unpaid leave for staff employed by the Party organisation in accordance with the relevant Policy. It is the immediate line managers' responsibility to ensure that this is done in a planned manner where possible according to the requirements of the service. It is the line manager's responsibility to record the leave on the appropriate system and complete the payroll procedure. For matters of Maternity, Adoption and Paternity Leave, sabbaticals or employment breaks the manager must seek advice as soon as possible according to the employing organisation of the member of staff concerned.

12. RESPONDING TO STAFF CONCERNS/WHISTLEBLOWING

Staff may raise an issue under either the Council or CCG Policy .

13. CODE OF CONDUCT

The code of conduct of the employing organisation will apply to staff and where appropriate professional codes of conduct will be referred to as necessary, including the code of conduct for NHS managers.

14. OTHER POLICIES

Other policies including for example, equal opportunities, bullying and harassment, work life balance will continue to apply based on the Employers policy requirements..

15. STAFF CONSULTATION

Staff consultation processes within each organisation will continue and matters applying across the Partnership may need to be raised through both routes

16. SHARING OF INFORMATION

Within the integrated structure some members of staff from the CCG and Council may need to access personal files and computer records of staff employed by the Party organisation. In these instances the principles of General Data Protection Regulations 2018 will apply.

17. HEALTH AND SAFETY FRAMEWORK

This agreement supplements, but does not replace the Health and Safety policies and procedures of the Party organisations.

This agreement in no way dilutes or undermines the statutory duties of each of the Party organisations.

The aim of the local agreement is to ensure that whilst the statutory duties of Health and Safety are met by the Party organisations, they work together in an integrated manner wherever possible and appropriate to assess and manage the risks to the Health and Safety of their staff and others who may be affected by work activities.

The general principles that will be adopted are:

- Any Health and Safety matters relating to premises are dealt with under the policies of the main tenant of those premises.
- Any matters relating to staff are dealt with according to their employer's policies.
- Managers will be responsible for risk assessment and management in line with these principles, for integrated teams.

22. GUIDELINES FOR DETERMINING THE EMPLOYER

The aim of these guidelines is to ensure that the terms of the Section 113 agreement are met by the Parties and that both organisations work together to jointly assess future appointments and arrive at decisions which promote the effective delivery of integrated services whilst safeguarding their individual interests and governance requirements.

The guidelines cover the decision making process for determining whether the Council or the CCG shall be the employer in circumstances when new posts are created, reorganisations occur or there is a need to replace staff within the Joint Management Team.

The guidelines supplement, but do not replace the Policies and Procedures of the Parties and in no way affect their statutory obligations or the terms and conditions of staff of the CCG and the Council.

GUIDING PRINCIPLES

In so far as is possible the Parties will aim to take decisions that:

- Minimise any adverse impact on staff arising from reorganisations.
- Minimise the complexity associated with managing staff from 2 employing organisations.
- Enable productive, harmonious and effective working relationships to develop within integrated teams.
- Involve discussion with the Trade Unions / Staff representative bodies as appropriate.

In all cases, whether for new posts, reorganisations or replacements both parties agree that the terms of the employing organisation will prevail and the integrity of the terms and conditions of employment will be upheld. No individual shall be subject to a hybrid set of terms and conditions.

Where internal reorganisations take place that are caused due to the joint arrangements, posts will be ring fenced to those within the departments/teams affected.

NEW POSTS

For new posts with a joint working role, plans should be documented as a proposal and submitted to the other Party for approval.

The proposal should contain information on the rationale behind the creation of the post; the job description and person spec for the role; the suggested terms and conditions of the post; the proposed division of funding and a reasoned proposal as to which organisation should 'host' and recruit to the post. The proposal will need to be agreed by both Parties.

The following considerations should be taken into account in determining the employing Party:

- Where the job has a requirement for an occupational qualification or has a statutory obligation to provide certain roles specific to either the CCG or Council, then that should determine the employing Party.
- Where the job has no such requirement, an assessment should be made to determine if a majority of the post holder's time will be spent on either CCG or Council duties. The employing Party should be the one where the majority of the duties fall.
- Where the job has no requirement for a specific occupational qualification and the apportionment of time on CCG and Council duties is evenly spread, then either Party could be the employer. In such cases the following should be considered in deciding who the employing Party should be:
 - The composition of the existing team- whether there are other similar positions that it would be sensible to align the new post with.
 - Whether the post is generic and electing one or the other Party to act as employer for the generic roles in question would support the development of harmonious and effective working relationships within integrated teams.
 - Whether the choice of employer is likely to have an effect on the ability to attract the right volume or calibre of staff.
 - Whether there are any economic considerations to take into account.
 - The balance of risk between the Parties – whether there is a need to redress an imbalance regarding the number of employees or particular skills sets between the employing Parties.

The decision regarding who should be the employing Party should be made in advance of any recruitment activity and the recruitment should be handled by the employing Party in accordance with their recruitment policies and practices. In all cases advice on the factors that need to be taken into account to determine the legal employer should be sought from HR, bearing in mind that that the organisation funding the appointment may not necessarily be that legal employer. The post should be evaluated in line with their own job evaluation process and the position advertised on their terms and conditions. Recruiting managers and candidates should be clear that once a considered decision has been made regarding who should be the employing

organisation, there is not a choice of employer. Job Descriptions and advertisements should therefore clearly specify the employing organisation.

REPLACEMENTS

When an individual engaged in joint work leaves one of the Party organisations, this provides an opportunity to review how the post should be filled and how monies are used to deliver an efficient and effective service to best effect.

The relevant manager should submit a proposal regarding their replacement which should include a reasoned recommendation as to which organisation should 'host' and recruit to the post. Any relevant changes to the establishment for either Party must be agreed in accordance with their own procedures.

The same considerations as above for new employees should be taken into account in determining the employing Party – with the default being that the employing Party should remain unchanged unless the other considerations outweigh that.

REORGANISATIONS

For reorganisations, any potential change which affects joint working arrangements must be documented as a proposal and submitted to the other Party for approval.

The proposal should contain information on the rationale behind the change; job descriptions and person specs for new or changed roles; the proposed division of funding; an assessment of how the reorganisation would impact on the existing structure and post holders and a recommendation regarding the employing Party. If a proposed reorganisation places staff 'at risk' in either organisation the proposal should identify this, outline any ring fenced group and confirm whether they will be given priority consideration in the other organisation. The proposal should also describe the consultative process to be followed paying due regard to the requirement to consult both Trade Unions/ staff representative bodies and staff regarding organisational change. Advice and guidance must be sought from the HR Business Partner(s) and the proposal will need to be agreed by both Parties. For reorganisations the same considerations set out above for new posts should be taken into account in determining the employing Party.

Where either Party could be the employer then the Parties will reach specific agreement on which will act as employer.

To support the possibility of appointing to either Party, in some circumstances positions may be evaluated by both Party organisations in readiness for appointment to either organisation.

To protect staff that may leave one employing Party to join the other as a result of a formal reorganisation and to ensure the Parties are in a position to offer suitable alternative employment and avoid redundancies, the Parties agree to a reciprocal arrangement regarding protecting of service and the adoption of a 'special provisions' regarding the retention of former pension arrangements.

RECRUITING FOR DESIGNATED JOINT APPOINTMENTS

Within the joint working agreement between the Council and CCG there is provision for formal legal arrangements through which Section 113 of the Local Government Act 1972 will be used to enable each Party to make identified employees available to the other Party for the purposes of performing that other Party's functions. Under this arrangement a limited number of very senior posts will be designated and post holders will have dual officer status. For example, where a

person employed by the CCG is exercising Council functions they are doing so as an officer of the Council (and vice versa).

When compiling the business case for a designated joint post, funding arrangements and the level of funding required for the establishment of the post, including advertising or agency costs, should be clear at the outset and agreed jointly.

For joint appointments, applicants will be short listed, interviewed and selected jointly. The employing organisation will have the final decision if consensus is not reached, especially where professional qualifications and experience are crucial to the post.

For joint appointments, the contract of employment should detail the delegated management accountabilities and reflect the integrated nature of the appointment.

The contract will reflect the terms and conditions of the host employer and be underpinned by an individual agreement in accordance with the terms of the Section 113 agreement.

Appointment to a joint post will need to be recorded in an updated version of the schedules appertaining to the formal Section 113 agreement and appended to a letter signed by both Parties.

FUNDING ARRANGEMENTS

The formal agreement to establish a jointly funded post will include the basis for apportioning the costs of the post including expenses incurred by the post holder.

After each appointment, the respective Finance Managers will arrange for the appropriate payments and reimbursements to be made.

The costs of any training which a post holder is required or requested by the Non-Employing Party to attend for purposes connected with the performance of a Post Holder's S113 duties will be funded by the Non-Employing Party.

APPENDIX 5 (TO THE S113 AGREEMENT)

OPERATIONAL ARRANGEMENTS

Governing Principles

This Schedule assumes that the HR policies and procedures of the Employing Party will prevail. Where S113 joint working arrangements dictate the need for particular HR arrangements, guidance is included in the agreed joint HR protocol.

Obligations of the Employing Party

In respect of each of the Post Holders for which they are the Employing Party, each Party agrees to ensure that:

- the Post Holder has been consulted and has agreed to being made available in accordance with Section 113 of the 1972 Act;
- Post Holders perform their S113 Duties for and on behalf of the Non-Employing Party in accordance with the terms of the S113 Agreement, their Individual Agreement and their employee duties in accordance with their agreed joint objectives.
- when performing their S113 Duties, Post Holders (without prejudice to Paragraph 11.1) comply with and are bound by any codes of conduct for the time being applicable to officers of the Non-Employing Party including (without limitation) compliance with:
 - the published policies and procedures of the Non-Employing Party to the extent that they are relevant to the Post Holder's performance of their S113 Duties.
 - such joint policies and procedures as may be agreed between the Parties in writing from time to time
 - the Non-Employing Party's disciplinary and grievance policies and procedures
 - any statutory requirements;

- all relevant national and local guidance on conduct and probity and good corporate governance; and
 - the Non-Employing Party's Standing Orders, Standing Financial Instructions and Schemes of Delegation.
- Post Holders will not disclose to a third party any information however obtained which is confidential by law to the Non-Employing Party or is information the Non-Employing Party is entitled not to disclose except where such disclosure is authorised by the Non-Employing Party or other proper authority;
- Post Holders will notify the relevant Accountable Officer as soon as they become aware that:
 - a Conflict of Interest has arisen;
 - that a potential Conflict of Interest may arise; or
 - they reasonably believe a Conflict of Interest has arisen or that a potential Conflict of Interest may arise

Duties

To enable S113 postholders to perform their duties, it is agreed that each Party will provide

- access to the Premises;
- office accommodation, equipment and, subject to the Non-Employing Party's existing policies and
- administrative, IT and facilities support
- on-going training and professional development relevant to their duties

Suspension

The Non-Employing Party of a Post Holder shall not suspend such Post Holder from performance of their S113 Duties without prior consultation with the Employing Party save where it is not possible to consult due to urgency. In such cases, the Non-Employing Party will inform the Employing Party as soon as possible after the action taken

The Employing Party of a Post Holder shall not dismiss or suspend such Post Holder without prior consultation with the Non-Employing Party. For the avoidance of doubt, although the Employing Party agrees to consult with the Non-Employing Party, the final decision to dismiss or suspend a Post Holder from work will be made at the discretion of the Employing Party.

Following consultation the Non-Employing Party may require the Post Holder to be excluded from its premises and be suspended from undertaking their S113 Duties. Written notice of such requirement will be given by the Non-Employing Party as soon as possible to the Employing Party.

Following consultation, , the Post Holder's Employing Party may suspend the Post Holder from his employment with the Employing Party and shall take such action as its considers necessary in relation to disciplinary procedures applying to the Post Holder.

Suspension (with pay) will occur if

- a breach of discipline is alleged which constitutes gross misconduct under either Party's disciplinary procedure, and the "Risk Assessment" determines that suspension is appropriate;
- the Post Holder is considered incapable of undertaking his S113 Duties and/or Employee Duties in a satisfactory matter;
- there has been a material failure by the Post Holder to declare a Conflict of Interest.
- in the case of the Post Holder's Employing Party it would have a right to suspend the Post Holder under the terms of his Employment Contract.

In the event of a suspension, the financial obligations of the Parties shall remain unchanged.

Grievances & Performance

Performance will be monitored through the appropriate performance and development procedures and regular review meetings.

Any grievance by any employee or officer of the Non-Employing Party in relation to the exercise by the Post Holder of their S113 Duties shall be dealt with according to the grievance procedures of the Non-Employing Party and the determination of the grievance process shall be reported to the Employing Party who shall take such action in consultation with the Non-Employing Party as they deem appropriate.

Conflicts Of Interest

it is agreed that reference to a Conflict of Interest is intended to refer to a situation where:

- the proper performance by a Post Holder of their Employee Duties will (or has the potential to) restrict, frustrate or improperly influence the performance by that Post Holder of their S113 Duties;
- the proper performance by a Post Holder of their S113 Duties will (or has the potential to) restrict, frustrate or improperly influence the performance by that Post Holder of their Employee Duties

and is not intended to refer to day to day situations where:

- the proper and diligent performance by a Post Holder of their Employee Duties will have a direct or indirect outcome or effect that is not considered to be in the best interests of the Non-Employing Party but which does not fall within Paragraph 22.1;
or
- the proper and diligent performance by a Post Holder of their S113 Duties will have a direct or indirect outcome or effect that is not considered to be in the best interests of the Employing Party but which does not fall within Paragraph 22.2; and/or

- *[the conflict can be appropriately and adequately addressed through a declaration by the Post Holder of that interest at the outset of a meeting and an appropriate course of action being agreed prior to commencement of that meeting].*

For the purposes of Paragraphs 10.6 and 24 where the Post Holder identifying the Conflict of Interest (or to whom such conflict relates) is the Chief Officer of the CCG, references to the CCG Chief Officer shall be deemed to be a reference to the Chair of the CCG or, where it is considered more appropriate, the Chair of the Audit and Assurance Committee of the CCG.

The Parties will use all reasonable endeavours to avoid situations where a Post Holder has a Conflict of Interest arising from their respective responsibilities and, subject to Paragraph 23, shall apply the following principles:-

- following receipt of notification by a Post Holder in accordance with the terms of these arrangements the Party receiving notice will notify the other Party in writing that a Conflict of Interest has arisen or a potential Conflict of Interest may arise. In doing so the notifying Party shall provide to the other Party with full details of such Conflict of Interest or potential Conflict of Interest;
- where notice is given as provided above the Post Holder may not act on behalf of either Party in relation to the subject matter of that Conflict of Interest or potential Conflict of Interest unless appropriate arrangements have been agreed pursuant to Paragraph 24.3. In the interim, the Chief Executive/Chief Officer of each Party shall each nominate separate persons to represent the respective interests of the Parties;
- where notice of a Conflict of Interest (or potential Conflict of Interest) has been served the Chief Executive of the Council and the Chief Officer of the CCG shall agree what action shall be taken and the extent of authority to be delegated to the Post Holder to act in relation to the subject matter of that Conflict of Interest or potential Conflict of Interest; and
- in a case where no notice has been given under Paragraph 24.1 but where the Chief Officer of the CCG and the Chief Executive of the Council jointly agree that a matter may give rise to a Conflict of Interest they shall decide upon the extent of authority which shall be delegated to the Post Holder to act in relation to any such matter.

Appendix 6 to 113 Agreement – Copy of Individual 113 Agreement

SECONDMENT AGREEMENT

DATE OF AGREEMENT, PARTIES AND BACKGROUND

THIS AGREEMENT is made on the ?

BETWEEN:

- (1) **NHS Bath & North East Somerset (CCG)** of Trust HQ, St Martin's Hospital, Clara Cross Lane, Bath, BA2 5RP ("the Host Organisation")
- (2) **Bath & North East Somerset Council** of Guildhall, High Street, Bath, BA1 5AW ("the Employer")
- (3) **Staff name (" the Employee")** **Put the individual's name here and title please**

WHEREAS:

- The Host Organisation wishes to have the benefit of the services of the Employee.
- The Employer has agreed that the Host Organisation may have the services of the Employee upon the terms hereinafter mentioned and the Employee has joined in this Agreement to acknowledge his/her consent to the Agreement.

The Employee should read this document in conjunction with their statement of particulars.

Background – Purpose of Secondment

1. This Agreements forms part of the Joint Working Agreement between Bath & North East Somerset Council and NHS Bath & North East Somerset (CCG).
2. The agreement will apply to all post holders designated within the Joint Working Agreement as having accountability for both Council and CCG functions. Those staff occupying designated posts will be required to perform duties for and on behalf of the non-employing partner ("their S113 Duties") in addition to their employee duties ("their Employee Duties").
3. In order for designated post holders to discharge their responsibilities effectively they will be seconded under Section 113 of the Local Government Act 1972 to work for the Host Organisation part of the time and continue to work for the Employer for the remainder of the time.

Requirements and Expectations

4. The Employee is expected to perform their S113 Duties and, where applicable their Employee Duties in accordance with the aims, benefits and intended outcomes of the Partners joint objectives which are:
 - To commission, manage and deliver high quality Services which understand and respond to the needs of individual service users and their carers;
 - To deliver the joint strategic needs assessment for Bath & North East Somerset;
 - To plan and prioritise together;
 - To improve the health and wellbeing of Service Users and reduce inequalities;
 - To deliver the objectives of the CCG and Council
 - To make access to services and support as easy as possible for Service Users;

- To ensure that care provided streamlined and seamless and responsive to the needs of Service Users;
- To facilitate the development of a skilled and motivated health and social care workforce with access to high quality joint training and support and development opportunities;
- To make the best use of management and professional skills and knowledge;
- To work within and make best use of available resources to deliver efficient, economical and effective services.

The Employee will familiarise themselves with, and comply with the local government and statutory reporting requirements and codes of conduct of both the Employer and the Host Organisation. The Employee is authorised to manage the Host Organisation's staff. In conducting this duty they are required to work within the policies and procedures of the Host Organisation and to ensure that the employment contracts of the Host Organisation's staff are compiled with in full (including, for the avoidance of doubt, the disciplinary and grievance policies and procedures).

5. Employing Organisations

The Employee shall continue to be employed by the Employer and other than as set out in this Agreement their terms and conditions will remain the same.

The resolution of any issues relating to the management of the Employee including pay, pensions, sick leave, discipline and other terms and conditions remain the responsibility of the Employer.

6. Line Management/Accountability

When performing their S113 duties, the Employee shall be subject to the control and direction of the Host Organisation and will be acting as officers of that organisation only.

When performing their Employee Duties, the Employee shall be subject to the control and direction of the Employer and will be acting as an officer of that organisation only.

The Employee shall report to a Line Manager who will be responsible for the allocation of work, management supervision and annual performance review. The Line Manager may be employed by the Employer or the Host Organisation and will uphold the policies applicable to the Employer of the employee in accordance with the agreed framework for managing staff in integrated teams.

Where the Employee's Line Manager is from a different professional background, arrangements will be put in place to provide access to appropriate professional supervision, development and training.

7. Named Manager

If the Employee is employed by a different organisation from that of their line manager they will have a named contact with their Employer who is the person to whom they should direct any questions about their contractual terms or employment arrangements and who is responsible for ensuring they are kept informed of changes to such matters affecting their employment and terms and conditions.

8. Work Base

9. The Employee's work base may vary and the employee may be required to work at locations of either or both the Employer and the Host Organisation within the B&nes geographical area

10. Period of Secondment

The Secondment will continue until such time either the Employer or the Host Organisation seeks to terminate the arrangement in accordance with the terms of the Joint Working agreement.

11. Termination of Agreement

The Employee's Secondment agreement will automatically terminate if their contact of employment is terminated for any reason.

12 Travel and Subsistence

The Employee will reclaim expenses in accordance with their Employers current policy and procedure. The claim will be authorised by their Line Manager.

12. Accommodation and Support.

The Employee will be provided with access to office accommodation at other facilities to enable them to work effectively from both the Employer's and the Host Organisation's premises.

13. Meetings to be attended

The Employee will be expected to attend meetings as required by both the Employer and the Host Organisation for the proper performance of their Employee Duties and S113 Duties.

14. Annual Leave

The Employee must request leave in advance from their Line Manager and advise both the Employer and the Host Organisation of approved leave.

15. Sickness or Absence

The Employee should advise both the Employer and the Host Organisation of any occasions of sickness or other absence.

16. Discipline

The Employer's disciplinary policy and procedure will continue to apply to the Employee. Any issues relating to conduct or performance of the Employee which arise in the performance of their S113 duties must be notified by the Chief Executive of the Host Organisation to the Employer and managed in accordance with their policies and procedures as detailed in the agreed framework for managing staff in integrated teams.

The Employee shall not be suspended from the performance of their S113 duties without prior consultation with the Employer save where it is not possible to consult due to urgency. In such cases, the Host Organisation will inform the Employer as soon as possible after the action taken. The Employer reserves the right to take disciplinary action up to and including dismissal in relation to the Employee's conduct or performance of their S113 Duties carried out on behalf of the Host Organisation.

17. Inappropriate Behaviour at Work

If the Employee has any concerns regarding bullying and harassment or any other inappropriate behaviour they should refer this to their Line Manager or another appropriate manager who will deal with their concerns in accordance with their Employer's policy and procedures.

18. Grievance

The Employer's grievance policy and procedure will continue to apply to the Employee. If a grievance issue involves staff from both organisations, Human Resources will advise on the most appropriate approach which could involve a joint investigation and a single joint grievance hearing.

19. Health and Safety

The Employee must ensure they are familiar with both the Employer's and the Host Organisations' Health and Safety policies and procedures and ensure that Health and Safety legislation, policies and procedures are applied correctly. Appropriate training and support will be provided.

20. Confidentiality

The Employee must observe both the Employer's and the Host Organisations' policies on confidentiality including personal information about patients, service users and staff, and to conform to the General Data Protection Regulations 2018.

The Employee must not disclose to a third party any information however obtained which is confidential by law to the Host Organisation or is information the Host Organisation is entitled not to disclose except where such disclosure is authorised by the Host Organisation or other proper authority.

In addition to the provisions regarding confidentiality in the contracts of employment of the Employee, the Employee must not disclose during or after the Secondment any confidential information to which they become privy during the course of the Secondment.

21. Politically Restricted Post

As the Employee will discharge duties for Bath & North East Somerset Council (B&NES), if their post has a level of seniority equivalent to a Deputy Chief Officer or is giving advice on a regular basis to the Council, including Committees, Sub-Committees or Joint Committees their post is designated as politically restricted or politically sensitive under the provisions of the Local Government and Housing Act 1989 (amended by the Local Democracy, Economic Development and Construction Act 2009) and the Local Government Officers (Political Restrictions) Regulations 1990. An Employee may apply for an exemption from such restriction. Further details of the restriction and the procedure for applying for an exemption are available from Council Human Resources.

22. Codes of Conduct for NHS Managers

As the Employee will discharge duties for NHS Bath & North East Somerset CCG they are required to work within the formal code of conduct for NHS Managers.

23. Conflicts of Interest

A conflict of interest is intended to refer to a situation where:

- The proper performance of the Employee of their Employee Duties (will, or has the potential to) restrict, frustrate or improperly influence the performance by that post holder of their S113 duties.
- The proper performance of the Employee of their S113 Duties (will, or has the potential to) restrict, frustrate or improperly influence the performance by that post holder of their Employee Duties.

The Employer and the Host Organisation will use all reasonable endeavours to avoid situations where an Employee has a conflict of interest arising from their respective responsibilities.

The Employee will notify the Chief Executive of each Partner in writing as soon as they become aware that in relation to themselves:

- A conflict of interest has arisen;
- That a potential conflict may arise; or
- They reasonably believe a conflict of interests has arisen or that a potential conflict may arise
- And will provide details of such conflict or potential conflict

24. Other Policies and Procedures

The Employee is expected to become familiar with and adhere to the local operating policies and procedures of the Integrated Service.

The Employee's attention is particularly drawn to the following Host and Employer policies which are available on request.

25. Data Protection

The Employer and the Host Organisation will need to share and process data relating to the Employee, and by signing this agreement the Employee agrees to the sharing and processing of personal data, and specifically consents to the processing, of such data, including as necessary sensitive data, under the General Data Protection Regulations 2018., by the Host Organisation, both during the period for which they are seconded and following the expiry of the secondment period, as if the Host Organisation were the Employer.

The Employer and the Host Organisation agree to process any personal data held on or relating to the Employee in accordance with the General Data Protection Regulations 2018.

Signed on behalf of Bath & North East Somerset Council

Ashley Ayre
Chief Executive

Signed on behalf of NHS Bath & North East CCG

Tracey Cox
Chief Officer

I confirm that I agreed to the sharing and processing of my personal data, including as necessary any sensitive personal data, as set out in clause 39 above.

I confirm that I understand that my S113 Duties are performed on behalf of the Host Organisation but that I wish to remain employed by the Employer.

I hereby accept the variations to my contract of employment and the terms and conditions of my secondment to the Host Organisation as contained in this agreement

Signed.....

Date.....

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**NHS BATH & NORTH EAST SOMERSET CCG/BATH & NORTH EAST SOMERSET COUNCIL
JOINT WORKING FRAMEWORK - SCHEDULE OF FINANCIAL AGREEMENTS**

Section 75/Section 10 Arrangements

Financial Values for 19/20 to be confirmed

Learning Difficulties Pool
Community Equipment Pool
Children's Placements Pool
Mental Health

Better Care fund

The parties also enter into transactional financial arrangements related to or in support of joint working

NHS BATH & NORTH EAST SOMERSET CCG/BATH & NORTH EAST SOMERSET COUNCIL
JOINT WORKING FRAMEWORK - SCHEDULE OF FINANCIAL AGREEMENTS

Contribution 2017/18 £000			
CCG	Council	Other	Total

Notes

Section 75/Section 10 Arrangements

Learning Difficulties Pool	5,663	18,570	2,524	26,757
Community Equipment Pool	473	203	0	676
Children's Placements Pool	392	2,515		2,907
Better Care fund <i>New</i>	11,205	1,500	4,562	17,267
Virgin Contract <i>New</i>	24,182	19,669		43,851
Youth Offending Service Pool				0
Grants to Voluntary Bodies				0
Carers				0

2016/17 signed April 2017 Target date for 2017/18 July 2017
 2016/17 signed April 2017 Target date for 2017/18 July 2017
 Check with Mary Kearny-Knowles

2016/17 signed April 2017 Target date for 2017/18 August 2017
 Now part of BCF
 All part of Virgin Contract which is now part of BCF
 All part of Virgin Contract which is now part of BCF
 All part of Virgin Contract which is now part of BCF

Public Health CCG Administered		616		616
Public Health Council Administered	138			138

Section 256 Arrangements

National Reablement (via NHS England)	2,619			2,619
Local Reablement	900	3,100		4,000
Disabled Children	529			529
Local Safeguarding Children's Board	20			20
Children's Commissioned Services	33			33

The parties also enter into transactional financial arrangements related to or in support of joint working

NHS BATH & NORTH EAST SOMERSET CCG/BATH & NORTH EAST SOMERSET COUNCIL
JOINT WORKING FRAMEWORK - SCHEDULE OF FINANCIAL AGREEMENTS

Contribution 2013/14 £000			
CCG	Council	Other	Total

Notes

Section 75/Section 10 Arrangements

Learning Difficulties Pool	2,119	19,863	1,166	23,148	signed 4/7/13 including non-recurrent adjustment to contributions
Community Equipment Pool	218	284		502	signed 4/7/13
Children's Placements Pool	131	2,484		2,615	signed 4/7/13
Youth Offending Service Pool	15	18	26	59	target signature date 22/7/13
Public Health CCG Administered		616		616	target signature date 22/7/13
Public Health Council Administered	138			138	target signature date 22/7/13

Section 256 Arrangements

National Reablement (via NHS England)	2,619			2,619	through national process
Local Reablement	900	3,100		4,000	target signature date 22/7/13
Grants to Voluntary Bodies	230			230	target signature date 22/7/13
Carers	266			266	target signature date 22/7/13
Disabled Children	529			529	signed 27/3/13
Local Safeguarding Children's Board	20			20	signed 27/3/13
Children's Commissioned Services	33			33	signed 27/3/13

Collaborative Commissioning

Sirona Contract	21,054	20,365	2,267	43,686	signed 1/7/13
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The parties also enter into transactional financial arrangements related to or in support of joint working

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