

## 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 &amp; Community Health Services including:</p> <ul style="list-style-type: none"> <li>• Long Term Conditions (Respiratory Conditions, Diabetes, Dementia, Neurology/Neuro-rehab &amp; Stroke)</li> <li>• Care Homes (Nursing &amp; Residential)</li> <li>• Domiciliary Care</li> <li>• Adult Community Health Services inc community and specialist nursing, community hospital in-patient services &amp; specialist health services</li> <li>• Learning Disabilities, Physical Disabilities, PSI (including placements and packages; employment development; personalisation &amp; roll out of personal budgets)</li> <li>• Older People &amp; Frailty</li> </ul>	<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 &amp; Assurance</p>	<p><b>Elective/Planned Care Services including:</b></p> <ul style="list-style-type: none"> <li>• Demand Management (Referral Support Service, Map of Medicine &amp; Health Optimisation)</li> <li>• <b>RTT Planning &amp; Management</b></li> <li>• <b>MSK (inc orthopaedics, pain management, rheumatology)</b></li> <li>• Gastroenterology</li> <li>• Dermatology</li> <li>• <b>General Surgery (sub-specialties)</b></li> <li>• <b>Gynaecology</b></li> <li>• Cardiology</li> <li>• <b>Urology</b></li> <li>• <b>ENT (inc audiology)</b></li> <li>• <b>Ophthalmology</b></li> </ul>	<p>Child Protection Services</p>

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

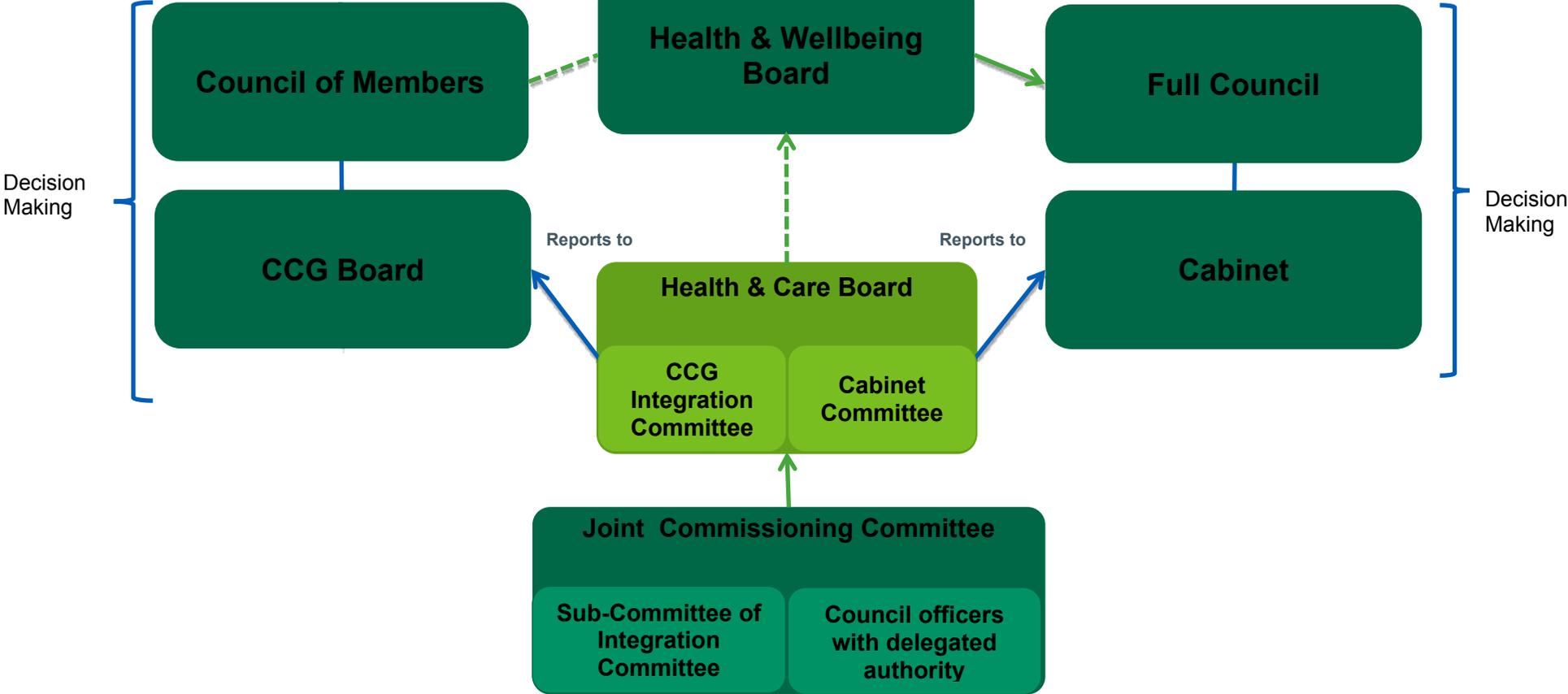
				<p>Care Centre)</p> <ul style="list-style-type: none"> <li>• Falls &amp; Bone Health (inc falls rapid response service)</li> <li>• Early Home Visiting Service (five schemes)</li> <li>• Gypsies &amp; Travellers Service</li> <li>• Community DVT Service</li> <li>• Homeless Healthcare Service</li> </ul>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

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

equipment					
	Health Intelligence (Joint Strategic Needs Assessment)			Non-Emergency Patient Transport Service including: <ul style="list-style-type: none"> <li>• eligibility criteria review</li> <li>• on-day transport service provision (current winter scheme)</li> <li>• pre-planned transport (out-patients, renal dialysis and elective treatment)</li> </ul>	Youth Offending Services
				Home Oxygen Service including: <ul style="list-style-type: none"> <li>• assessment service</li> </ul>	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



**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