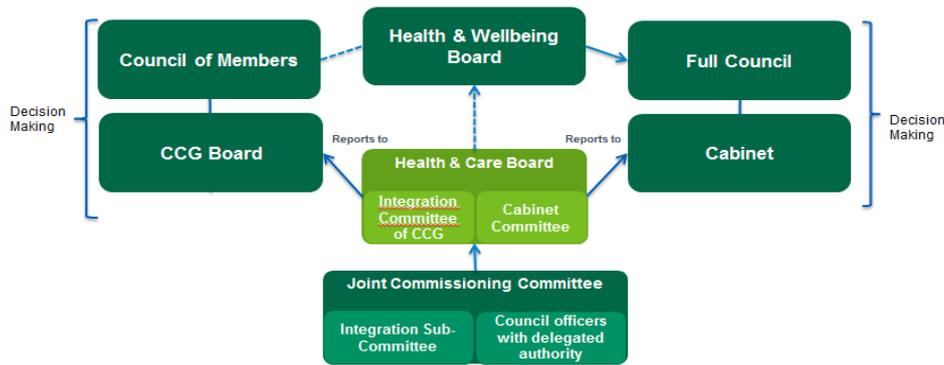


JOINT COMMISSIONING COMMITTEE TERMS OF REFERENCE

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 ACCOUNTABILITY

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.