

## **INTEGRATED COMMISSIONING BOARD TERMS OF REFERENCE**

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1. To commission high quality all age health, social care and related services for the people of the Borough of Rochdale in order to meet assessed population, community and individual need, within the financial resources over which the Board has control.
2. To agree the Health, Social care and Well-being commissioning strategies and commissioning outcomes for Rochdale Borough Council (RBC) and NHS Heywood, Middleton and Rochdale Clinical Commissioning Group (HMRCCG) in accordance with the agreed delegations from RBC and HMRCCG.
3. To manage all the pooled budgets established under section 75 of the National Health Service Act 2006.
4. To agree the allocation of resources for the delivery of the integrated commissioning strategies through the use of pooled or aligned budgets from HMRCCG and RBC. This will ensure that the wellbeing, social care and health-related functions of RBC and the prescribed functions of HMR CCG in commissioning health-related services are undertaken.
5. To approve the associated strategic plans and work programmes prepared by the integrated commissioning programme leads
6. To approve integrated workforce development strategies and plans and associated resource allocations.

### **STATUTORY AND PROCEDURAL BASIS**

The Integrated Commissioning Board has been established by NHS Heywood, Middleton and Rochdale Clinical Commissioning Group (HMR CCG) and Rochdale Borough Council (RBC) pursuant to the the NHS Bodies and Local Authorities Partnership Regulations 2000 as amended, and derives its authority and decision-making powers from these two organisations.

The Integrated Commissioning Board is established as a joint committee under the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (as amended) whereby prescribed NHS bodies and local authorities may form such a joint committee to take responsibility for the management of partnership arrangements established in accordance with that Order.

The Local Authorities (Executive and Alternative Arrangements) (Modification of Enactments and Other Provisions) (England) Order 2001 provide that where a local authority operates executive arrangements, the terms “executive” and “executive arrangements” have the same meaning as in Part II of the Local Government Act 2000.”

### **ACCOUNTABILITY**

1. The Integrated Commissioning Board will report to the Health and Wellbeing Board on the achievement of outcomes for commissioned services in meeting the agreed

objectives. The Health and Wellbeing Board shall report concerns that cannot be resolved with the Integrated Commissioning Board to RBC and the HMRCCG.

2. The Integrated Commissioning Board will report to RBC and HMRCCG on the performance of the commissioning strategy and implementation and on the effective use of resources

Members of the Integrated Commissioning Board who have the delegated accountability on behalf of RBC and HMRCCG to manage the functions of the Board shall be responsible for reporting to their respective bodies any concerns with regard to the functioning of the Board and the capacity of the Board in fulfilling their constitutional or statutory functions.

## **INTEGRATED COMMISSIONING BOARD working arrangements**

In pursuance of the terms of reference, the Integrated Commissioning Board shall:

1. Assure the HWBB on the delivery of commissioning for outcomes identified in the Joint Strategic Needs Assessment (JSNA) and specifically those identified as priority outcomes.
2. Oversee the development and establishment of integrated commissioning arrangements in the Borough, ensuring that the requirements of both HMRCCG and RBC are met, that they are based on best practice, and strategic alignment to the intent of the Greater Manchester Devolution Agreement, and specifically that the Greater Manchester Health and Social Care Partnership, is maintained.
3. Govern the arrangements for all age integrated commissioning providing assurance to HMRCCG and RBC so that their statutory responsibilities are being met, their strategic objectives are being addressed and that their combined resources are being used to best effect.
4. Govern the arrangements with strong clinical assurance and democratic accountability.
5. Be accountable for the achievement of the agreed commissioning strategies and plans on behalf of HMRCCG and RBC.
6. Ensure that the integrated commissioning strategies describe how the outcomes and objectives set out in the s75 Agreements and aligned budget arrangements and the high-level strategic goals and outcomes of HMR CCG and RBC are to be achieved.
7. Be accountable for the commissioning of a Local Care Organisation (LCO) and for the assurance of the effectiveness of the LCO to meet the health, care and wellbeing outcomes for Rochdale
8. Commit the resources within the pooled fund to achieve the objectives of the integrated commissioning strategies, within the level of delegated resources assigned to it.
9. Be responsible for developing a joint financial plan to underpin the overall commissioning strategy and providing direction in relation to investments and savings to be made by both partners.
10. Undertake an annual work-plan within the agreed budget to implement the integrated commissioning strategies. The work-plan will include the priorities for each operational commissioning programme for that year.

11. Set the standards for, and to monitor and review the outcomes and performance of all age commissioned services in line with the integrated commissioning strategy and work-plan, identifying areas for improvement and areas of good practice, taking action where outcomes and performance fall short of requirements
12. Ensure the engagement of stakeholder groups, including users, patients and carers, providers and community organisations, in the commissioning cycle including where appropriate the co-design of commissioned services, the formulation of the integrated commissioning strategy and the annual work-plan.
13. Hold the Integrated Commissioning Directorate and the individual commissioning teams of the Partners to account for the performance and delivery of commissioning programmes as required by the agreed commissioning plan/strategy, the annual work-plan, and the s75 Agreements.
14. Identify, record, mitigate and manage all risks associated with integrated commissioning, including the maintenance of a risk register which shall be included on the corporate risk registers of both HMRCCG and RBC.
15. Review regular performance and financial monitoring reports and ensure, if required, appropriate actions are taken to ensure annual delivery of expected performance targets and approved schemes within permitted budget for the financial year.

## **Meetings of the Integrated Commissioning Board**

Formal meetings of the Integrated Commissioning Board are held in public and shall be held on a bi-monthly basis, alternate bi-monthly meetings will be strategy and/or development meetings. . If the business to be considered involves confidential or exempt business, the Board can resolve to exclude the public during consideration of that business.

Members of the Board shall meet on an informal basis on further occasions to consider matters such as policy and strategy development, operational issues arising etc. in order to formulate recommendations, where appropriate, for formal consideration and determination by the Board.

### **1. Membership**

The voting membership of the Integrated Commissioning Board shall comprise an Independent Chair and membership drawn from the HMRCCG and RBC.

Independent Chair

An Independent Chair of the Board shall be appointed by the partners. The Independent Chair shall vote only to determine a matter in the event of an equality of votes.

A Vice Chair of the Board shall be appointed on a rotating annual basis between a HMRCCG member and an RBC member to chair meetings of the Board in the absence of the Chair. The Vice-Chair shall not have a second or casting vote.

The Partners have determined their voting memberships of the Board as follows –

#### HMRCCG

- *Two lay members*
- *Clinical Chair*
- *Clinical lead*

#### RBC

- Cabinet member with responsibility for Adult Services
- Cabinet member with responsibility for Children's Services
- Cabinet member with responsibility for Health and Wellbeing
- Cabinet member with responsibility for Finance

A nominated substitute is permitted to attend and vote in the absence of a Board member provided that notification of the substitution arrangement is given to RBC Governance Services by noon on the working day prior to the meeting and the nominated substitute is eligible to serve.

The voting membership shall be supported by the following attending Advisors –

- The Joint Director for Integrated Commissioning
- RBC Chief Executive/HMR CCG Accountable Officer
- Chief Finance Officer – Health & Social Care

#### HMRCCG

- Director of Operations / Executive Nurse
- Chair of the Clinical and Professional Advisory Board

#### RBC

- Director of Children's Services
- Director of Public Health and Wellbeing
- Chief Finance Officer
- Director of Resources
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- Any further persons, including further Officers of HMRCCG and RBC, as the Board consider appropriate
- Healthwatch Rochdale

## **2. Quorum**

The quorum shall be three voting members from each partner organisation.

## **3. Voting**

The Board shall seek to determine matters by consensus. If there is no dissent, decisions will be taken by the affirmation of the meeting.

If consensus cannot be achieved and in the event of a vote, each voting member from the partner organisations shall have one vote and a decision reached by simple majority. In the event of an equality of votes, the Independent Chair shall exercise a casting vote.

## **4. Conduct and Declarations of Interest**

Members of the Integrated Commissioning Board shall comply with the requirements of the Codes and Protocols of their respective organisations.

With regard to the business being conducted at meetings of the Board, Members of Rochdale Council shall have regard to the Council's Code of Conduct for Councillors and Voting Co-opted Members at Part 5A to the RBC Constitution and shall declare such interests as are required under that Code and shall, where required, withdraw from the meeting.

With regard to the business being conducted at meetings of the Board, Members of HMRCCG shall have regard to Part 8 "Standards of Business Conduct and Managing Conflicts of Interest" of the HMR CCG Constitution and shall declare such interests as are required under that Part and shall, where required, withdraw from the meeting.

With regard to the business being conducted at meetings of the Board, the Independent chair shall comply with the Constitutional requirements of both RBC and HMRCCG and shall declare such interests as are required of either or both partner's process and shall, where required, withdraw from the meeting

## **5. Meetings Procedure Rules**

Formal meetings shall be convened and conducted in accordance with the provisions of the Procedure Rules at Part 4 of the RBC Constitution, particularly the Procedure Rules that provide the statutory basis for the conduct of meetings and business, and with the Standing Orders at Appendix C to the HMRCCG Constitution.

Where the statutory or procedural requirements for the conduct of meetings differ between partners, the option which addresses the statutory position of each partner, or which accords greater public access, shall apply.

The following provisions shall apply to the formal meetings of the Integrated Commissioning Board

- Agenda and reports will be published on the appropriate websites, and made available at least five clear working days prior to the day of a meeting.
- Papers and meetings will be open to the public except in circumstances where confidential and/or exempt matters are likely to be considered.
- Confidential information means information provided by a Government Department on terms which forbid its public disclosure or information which cannot be publicly disclosed by Court Order.
- Exempt information means
  - (i) Information relating to any individual
  - (ii) Information which is likely to reveal the identity of an individual
  - (iii) Information relating to the financial or business affairs of any particular person (including the authority holding that information)
  - (iv) Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or officer-holders under, the authority
  - (v) Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings
  - (vi) Information which, if disclosed to the public, would reveal that the authority proposes to give under any enactment a notice under or by

virtue of which requirements are imposed on a person; or to make an order or direction under any enactment

- (vii) Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime.

Information is exempt if and so long, as in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information. In all cases, before the public is excluded the meeting must be satisfied that, in all circumstances, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

- 28 days public notice of when Key Decisions, as defined at Part 4B of the RBC Constitution, are to be taken shall be given. In the event of less than 28 days notice being provided, the General Exception or Special Urgency provisions of Part 4B of the RBC Constitution shall apply.
- 28 days public notice of the proposed consideration of business in private shall be given. In the event of less than 28 days notice being provided provisions to permit consideration on grounds of urgency as provided for in Part 4B of the Council's constitution shall apply.
- The Integrated Commissioning Board shall be subject to the Council's overview and scrutiny arrangements, including the eligibility of decisions for call-in and review, and the requirement to attend overview and scrutiny meetings.

## **6. Support**

The Integrated Commissioning Board shall establish such operational sub-groups as it considers necessary to ensure the delivery of commissioning outcomes. Such sub-groups shall be kept under review to ensure their relevance going forward.

At present these are:

- Quality and Safeguarding Group
- Finance, Performance and Risk Sub Group

## **7. Review of Arrangements**

The Integrated Commissioning Board shall review operational arrangements in the final quarter of March each year and, where necessary, make recommendations for amendments to the parent organisations.