

Health and Wellbeing Board

Wednesday, 11 March 2015

Item 14 – Health and Wellbeing Board Terms of Reference

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Health and Wellbeing Board Terms of Reference and Governance Arrangements

Health and Wellbeing Board

Date: 11 March 2015

Author:	Director of Public Health
Wards:	All
Locality Affected:	All
Parishes Affected:	All

1. Purpose and Reasons

- 1.1 The purpose of this report is to present to the Health and Wellbeing Board members an update to the Health and Wellbeing Board's current Terms of Reference and provide clarity around the governance arrangements that support the board.
- 1.2 In light of the responsibilities of the Health and Wellbeing Board in relation to joint commissioning and the Better Care Fund, it is proposed that the Health and Wellbeing Board leads joint commissioning with strategic decision taken by Swindon Borough Council cabinet and the CCG Governing Body.
- 1.3 Over the past three years the Joint Commissioning Board has monitored the Section 75 Agreements. The existing Section 75 Agreements were for a period of three years and expire on 31st March 2015. Furthermore In December 2014 the Better Care Fund Plan was agreed by NHS England. There is now a requirement to develop a new NHS Act 2006 Section 75 Agreement covering adult and children as well as the Better Care Fund.

2. Recommendations

The Board is recommended to:

- 2.1 Discuss the proposal, make any amendments and recommend to full Council the adoption of the revised Health and Wellbeing Board Terms of Reference as set out in **Appendix 1**.

3. Detail

- 3.1 The Health and Social Care Act 2012 establishes health and wellbeing boards as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities. Swindon's Health and Wellbeing Board was established in April 2013.
- 3.2 The Swindon Health and Wellbeing Board's primary role is to provide strategic leadership to improve the health and wellbeing of Swindon's population (both adults and children) and to reduce the inequalities in health experienced by some communities. It aims to:

Further information on the subject of this report can be obtained from Cherry Jones, 01793 444681, cherryjones@swindon.gov.uk.

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- 3.2.1 Ensure delivery of improved outcomes for the people of Swindon bringing together national health and social care policy in conjunction with local priorities.
 - 3.2.2 Achieve democratic legitimacy and accountability, and empower local people to take part in decision-making about local health and wellbeing.
 - 3.2.3 Ensure the development of integrated working across the health and care system.
 - 3.3 HWB members are required to collaborate to understand their local community's needs, agree priorities and encourage commissioners to work in a more joined-up way
 - 3.4 More specifically, HWBs:
 - 3.4.1 have strategic influence over commissioning decisions across health, public health, children's services and social care;
 - 3.4.2 bring together Clinical Commissioning Groups and councils to develop a shared understanding of the health and wellbeing needs of their communities. This includes the Joint Strategic Needs Assessment (JSNA) and local Pharmaceutical Needs Asses;
 - 3.4.3 develop a Joint Health and Wellbeing Strategy for how these needs can be best addressed to improve the health and wellbeing of local people and reduce inequalities. This includes recommendations for joint commissioning and integrating services across health and care. Commissioners are required to ensure that their commissioning plans adequately take account of the joint health and wellbeing strategy;
 - 3.4.4 strengthen democratic legitimacy by involving democratically elected representatives and patient representatives in decision making. The boards also provide a forum for challenge, and discussion;
 - 3.4.5 have powers to bring together commissioners of any services that impact on the wider determinants of health, to work with the Board and other commissioners of health and social care.
 - 3.5 Following a review of the experience of the HWB's operation it is proposed to change the existing governance arrangements. This is because of its interaction with other existing forums including the local safeguarding boards and the Community Safety Partnership Executive and the changes to the new National Health Services Act 2006 Section 75 Agreements starting 1st April 2015.

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- 3.6 The proposed revised Terms of Reference for the Health and Wellbeing Board are attached as Appendix 1.
- 3.7 Also attached as Appendix 2 is a structure chart indicating the governance arrangements that support the Health and Wellbeing Board and how the HWB will operate within the Council's structure and its relationship to other forums.

Joint Commissioning Group

- 3.8 Over the past three years the Joint Commissioning Board has monitored the Section 75 Agreements. In light of the responsibilities of the Health & Wellbeing Board in relation to joint commissioning and the Better Care Fund, it is proposed that the Health & Wellbeing Board leads joint commissioning with strategic decision taken by Swindon Borough Council cabinet and the CCG Governing Body and that the Joint Commissioning Board (Children and Adults) will discontinue from 31st March 2015.
- 3.9 Strong governance has been in place through the Joint Commissioning Board which has monitored the existing Section 75 Agreements since April 2012. Since then the Health & Wellbeing Board has been established in April 2013.
- 3.10 In order to ensure good governance, it is proposed that an officer group of the Council and the Clinical Commissioning Group monitors the Section 75 Agreements on a monthly basis and reports to the Health & Wellbeing Board. As the Health & Wellbeing Board would be accountable for the delivery of the section 75 Agreements, the Joint Commissioning Board would no longer be required.
- 3.11 The statutory guidance for Health & Wellbeing Boards places the lead for joint commissioning, promotion of integrated working and prevention and early intervention to improve the health and wellbeing of the population with the Board.
- 3.12 This has been reinforced through the Care Act 2013 as well as the lead role of the Board in the development of the Better Care Fund Plan.
- 3.13 It is therefore proposed that the Health and Wellbeing Board becomes responsible for the monitoring of the section 75 Agreements with changes to its Terms of References to incorporate this duty.
- 3.14 As the Health and Wellbeing Board is a strategic body, it is proposed that the day to day joint commissioning is monitored by a Joint Commissioning Group of SBC and CCG officers. The Joint Commissioning Group will meet monthly, monitor progress against financial and performance targets and prepares reports for the Health and wellbeing Board. There will be an annual review and additional reports outlining changes to the joint commissioning arrangements would be presented to the Health and Wellbeing Board by the Joint Commissioning Group.

Further information on the subject of this report can be obtained from Cherry Jones, 01793 444681, cherryjones@swindon.gov.uk.

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- 3.15 The Terms of Reference for the Joint Commissioning Group are attached as Appendix 3.
 - 3.16 This would mean that there is no longer a need for a member led Joint Commissioning Board as the function will be undertaken by the Health and Wellbeing Board.
 - 3.17 The proposed changes will be discussed by the Health and Wellbeing Board in March 2015 before recommendation to FULL Council and the CCG Governing Board.
 - 3.18 The proposed start date is 1st April 2015.

Children's Trust

- 3.19 The Children's Trust operates as a sub-group reporting through to Cabinet and has undertaken the role of developing the work around our 'Early Help' support in particular and linking closely with the LSCB regarding safeguarding issues. Due to in particular, the changing dynamic and position the council now finds itself in regarding the increasing conversion of our Schools to Academies and the increasing pressure by Ofsted upon increasing standards of attainment, the attendance by Secondary Schools/Academies in particular at the Children's Trust has diminished greatly over the last 18 months or so.
- 3.20 As suggested below, due to the proposal to develop an Education Strategy Board which helps to hold to account our Schools and Academies in a more collaborative way, then the Children's Trust should be disbanded. The initial focus on the Education Strategy Board will be concerning raising standards and ensuring that our supportive work and challenge is undertaken to achieve this, with the desire to also bring in a wider discussion concerning Early Help support such as Health, Social care input etc

Education Strategy Board

- 3.21 An Education Strategy Board has been established made up of a range of partners, including academies (which are independent), state funded schools, directly responsible to the secretary of state. As the Department for Education has made it clear in statutory guidance that it is for an academy to determine its relationship with a local authority not vice versa this board does not have formal accountability to Cabinet.
- 3.22 The Education Strategy Board will help harness the work of the Teaching School; SBC support where applicable; best practice; examine collaboration across Schools; provide a focus upon cohorts and/or areas of development etc. It has already been agreed that the SW Regional Schools Commissioner has agreed to

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be the independent chair of the Board, who is best placed in his role to support/challenge our Academies

Community Safety Partnership Executive

- 3.23 Swindon Community Safety Partnership fulfils the requirements of the Crime and Disorder Act 1999, Police and Justice Act and other supporting legislation including the Police Reform Act 2002 and the Police Reform and Social Responsibility Act 2011. Its purpose is to drive a partnership approach to reduction of crime, disorder and fear of crime.

4. Alternative Options

- 4.1 Not to agree the changes to the proposed governance arrangements outlined.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 There are no financial implications arising from this report

Legal and Human Rights Implications

- 5.2 Legal or human rights implications were fully taken into account in the preparation of this report and it is considered that the recommendations and proposed terms of reference are compatible with Convention Rights.

All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

- 5.3 There are no other implications as a result of this report

Diversity Impact Assessment

- 5.4 A Diversity Impact assessment has not been completed for this report as this report does not introduce new priorities

Risk Management

- 5.5 There are no unmitigated risks identified as a result of this report

6. Consultees

- 6.1 The Board Director, Resources (Section 151 Officer) and Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

7. Background Papers

- 7.1 None.
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8. Appendices

- 8.1 Appendix 1. Health and Wellbeing Board Terms of Reference
- 8.2 Appendix 2. Health and Wellbeing Board governance structure chart
- 8.3 Appendix 3. The Joint Commissioning Group Terms of Reference

Swindon Health and Wellbeing Board

Terms of Reference amendment 11 02 2015

1 Introduction

The Health and Social Care Act 2012 establishes Health and Wellbeing Boards as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities.

The Swindon Health and Wellbeing Board is made up of a collection of people from different organisations (including the NHS, the local authority officers and elected members, the Clinical Commissioning Group and the voluntary sector), who will work together on issues to do with being healthy and feeling well. The board aims to find out what people in Swindon need to be healthy and feel well and work together to agree a strategy (plan) that will promote positive change towards making things happen. The health and wellbeing strategy will help the Health and Wellbeing Board plan services to do with being healthy and feeling well and that make it easier for everyone to get the care they need. The board also aims to reduce the health differences between poorer and better off groups across Swindon (health inequalities).

It is the responsibility of commissioners (who hold the budget) that their commissioning plans are supportive of the priorities identified in the Health and Wellbeing Strategy and the local needs of our population and It is the responsibility of the Health and Wellbeing Board to ensure that they do.

The Health and Wellbeing Strategy will provide the priorities and objectives against which the success of the Health and Wellbeing Board can be measured.

The Health and Wellbeing Boards primary role is to provide strategic leadership to improve the health and wellbeing of Swindon's population (both adults and children) and to reduce the inequalities in health experienced by some communities. It aims to:

- Ensure delivery of improved outcomes for the people of Swindon bringing together national health and social care policy in conjunction with local priorities.
- Achieve democratic legitimacy and accountability, and empower local people to take part in decision-making about local health and wellbeing.
- Ensure the development of integrated working across the health and care system

2 Purpose

The purpose of the board is to improve the health and wellbeing of people of all ages resident in the borough of Swindon and to reduce health inequalities in Swindon.

3 Underlying Principles

- shared leadership of a strategic approach to the health and wellbeing of our local communities
- a commitment to driving real action and change to improve services and outcomes
- parity between board members in terms of their opportunity to contribute to the board's deliberations, strategies and activities
- shared ownership of the board by all the members (with commitment from their nominating organisations) and accountability to the communities it serves
- openness and transparency in the way that the board carries out its work
- inclusiveness in the way it engages with patients, service users and the public
- Recognition of safeguarding (adults and children) as everyone's business and a cross cutting theme ensuring that all people in Swindon are safe and their wellbeing protected
- Promotion of integrated commissioning and working across health and social care

4 Key responsibilities

The key responsibilities of the Board are;

- To provide collective leadership, set strategic direction, prioritise local activity and present comprehensible plans of what will be done locally, where possible and deemed appropriate by the board, to address needs and improve health and wellbeing in alignment with the One Swindon priorities, outcomes and principles
- To prepare the Swindon Joint Strategic Needs Assessment which identifies the local health and wellbeing needs of our population ensuring
 - effective and meaningful engagement and dialogue with local communities and service users
 - joined up intelligence from local partners and stakeholders
 - Inclusion of comprehensive safeguarding data analysis
- To prepare the Swindon Joint Health and Wellbeing Strategy
- To promote partnership and integration of commissioning and service delivery across health, social care, public health and other service areas including but not limited to housing, leisure and transport in conjunction with One Swindon and the Health and Wellbeing Strategy
- To ensure that the plans of local and regional commissioners, including the NHS Swindon Clinical Commissioning Group commissioning plan, promote the delivery of the Swindon Joint Health and Wellbeing Strategy wherever appropriate
- To monitor, evaluate and annually report on the NHS Swindon Clinical Commissioning Group performance as part of the Clinical Commissioning Group's annual assessment by NHS England
- To measure progress against local plans including NHS Swindon Clinical Commissioning Group Plan, the Joint Health and Wellbeing Strategy and

other supporting plans and request action is taken to improve outcomes when monitoring indicators show plans or initiatives are not working

- The One Swindon Partnership Board will be accountable for ensuring that One Swindon and the One Swindon Delivery Plan support the delivery of the Swindon Joint Health and Wellbeing Strategy.
- The Board will advise the One Swindon Partnership Board on strategic matters of health and wellbeing.
- The Board will refer the Commissioning Plans back to the Clinical Commissioning Group or to NHS England if they do not take sufficient account of the Swindon Joint Health and Wellbeing Strategy
- Board members are accountable to each other for mobilising and co-ordinating partners and identifying available resources to deliver agreed priorities.
- To ensure the development and implementation of the National Health Services Act 2006 Section 75 Agreements including the Better Care Fund. Manage these partnership arrangements and in particular:
 - a. Make recommendations to Cabinet and the CCG Board as to commissioning of services.
 - b. Monitor and ensure delivery of and evaluate health, social care, education and other related services for adults, children and young people in Swindon on behalf of CCG and SBC and such other relevant services as CCG and SBC may from time to time agree

The work programmes of the Swindon Health and Wellbeing Board, Health Overview and Scrutiny Committee (HOSC) and Healthwatch Swindon will be shared and loosely aligned to create pathways for influence, whilst maintaining independence and the role of scrutiny.

5 Role of the board

In order to deliver its responsibilities, the board may decide to establish a subcommittee and delegate functions to them.

The board will do the following:

Coordinate partnership working

- Bring together NHS, public health and social care leaders with members of the local population and democratically elected representatives.
- Promote integration of business action plans of partner organisations where appropriate.
- Coordinate information sharing across partners
- Coordinate commissioning decisions to reflect the priorities identified by the board including the use of joint commissioning and pooled budgets where appropriate.
- Provide regular reports to the One Swindon Partnership Board.

- Consult with service users and carers about service developments which will affect them.
- Work with the Local Safeguarding Children and Adult Boards to ensure all partners promote the safety and welfare of children, young people and vulnerable adults and receive an annual report from the LSCB and the LSAB and the SCTB.
- Monitor the performance of the National Health services Act 2006 section 75 Agreements including:
 - a. Overseeing the work of the Joint Commissioning Group by reviewing and monitoring of the six monthly performance reports which will be provided to them by the Joint Commissioning Group
 - b. carrying out an Annual Review, which will describe how commissioned services have performed and include commentary on performance of providers, financial pressures and changes in need or service delivery. It will also set out commissioning intentions for the coming year and agreements for developing joint working.
- Optimise effective and efficient working to avoid partner organisations duplicating each others' work.
- Link with the voluntary and community sector

Identify local needs

- Lead the development of the Joint Strategic Needs Assessment which identifies local health and wellbeing needs and priorities.

Set strategic direction and prioritise and communicate actions

- Prioritise actions, based on the agreed strategic direction, joint commissioning strategies and Joint Strategic Needs Assessment, to meet the needs of the current population and avoid compromising the wellbeing of future generations.
- Communicate actions in publically available action plans.

Performance monitor

- Evaluate performance against locally agreed priorities.
- Evaluate performance against nationally set outcomes frameworks for the NHS, public health and social care.
- Scrutinise any local major service redesign of the NHS.
- Produce annual reports of progress in relation to above action plans, in order that the board is publically accountable for delivery of these actions.

6 Membership

The membership will consist of:

The Leader of the Council (Chair)

Chief Executive of Swindon Borough Council

Cabinet Member for Health and Social Care

Cabinet Member for Children's Services

Shadow Member for Health and Social Care or Children

Director of Adult Social Care/ Children's Services

Director of Public Health

Healthwatch Swindon Executive representative
NHS Swindon Clinical Commissioning Group (CCG) Accountable Officer
NHS England Executive representative
Third Sector representative
NHS Swindon Clinical Commissioning Group Clinical Chair (Vice-Chair)
Police and Crime Commissioner (Wiltshire)
Executive Nurse NHS Swindon Clinical Commissioning Group

All members of the Swindon Health and Wellbeing Board are voting members except for officers of SBC and as such will be governed by Swindon Borough Councils code of conduct.

All members or co-opted members must notify the council's monitoring officer of disclosable pecuniary interests and are prohibited from participating in discussion or voting on any matter relating to their interest

8 Procedures

Meetings of the board will be chaired by the Leader of the Council (or by the Vice-Chair in their absence) and held every two months.

A quorum shall be four members (at least one from NHS Swindon Clinical Commissioning Group and one from Swindon Borough Council) Each member is required to attend at least four of the six scheduled Health and Wellbeing Board meetings per year. Board members of the board will nominate a deputy who will attend in their absence and have delegated authority, wherever possible and appropriate, to make decisions. Nominated deputies will form part of the quorum.

The Board will operate in accordance with the council's existing decision-making framework and normal council budget setting processes. A decision to exercise any further local authority functions by the Health and Wellbeing Board would therefore need to be taken by the appropriate decision-making body (e.g. cabinet or council), and a further report would be required for this.

9 Review Arrangements

The Swindon Health and Wellbeing Board Chair will lead an annual effectiveness review with the initial review being undertaken by May 2014.

APPROVED:

DATE OF REVIEW OF TERMS OF REFERENCE:

NEXT REVIEW:

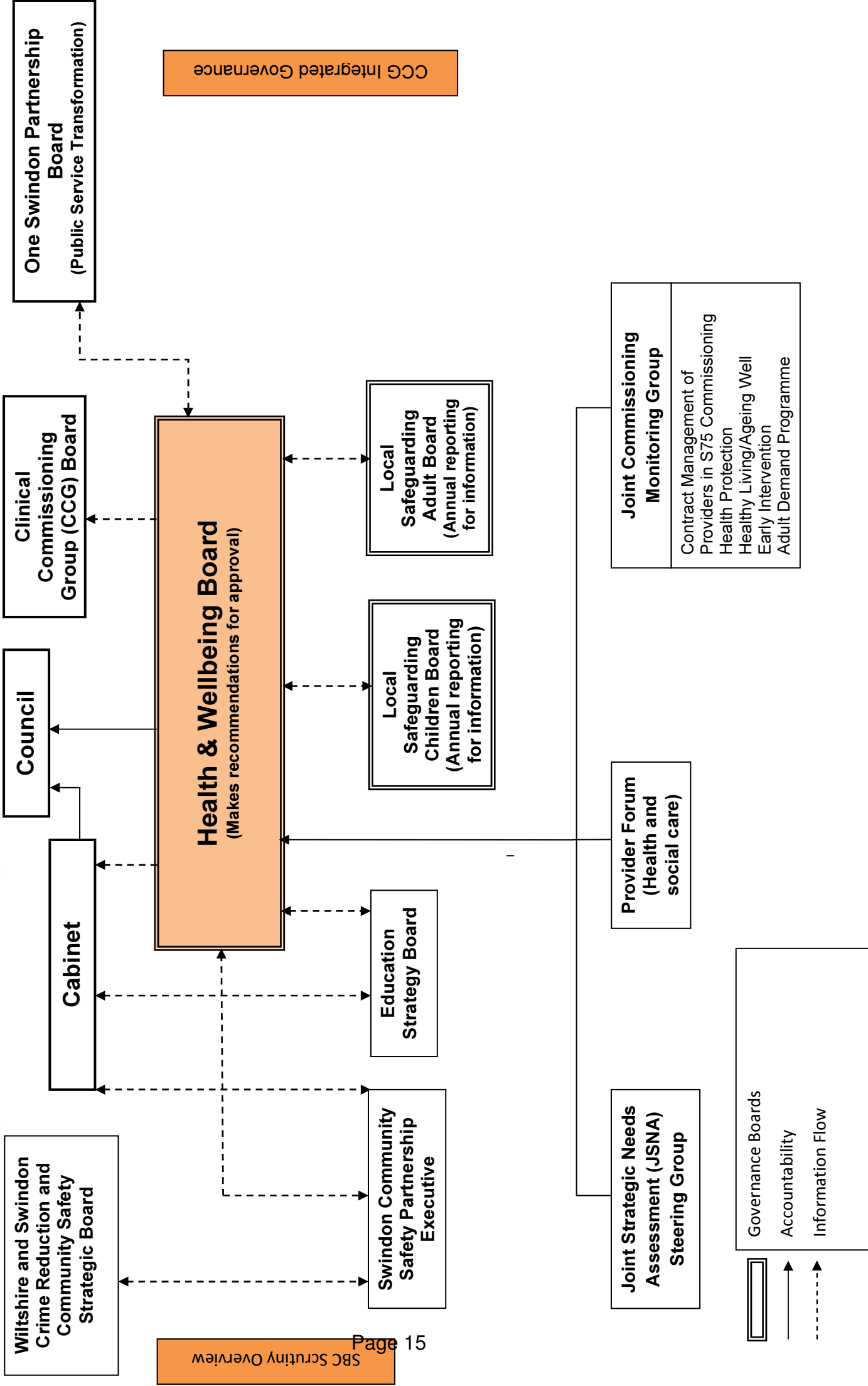
REVIEW HISTORY:

Inaugural Terms of Reference:
First Review: May 2014
Second Review: January 2015

Approved 10th July 2013
Approved Date
Approved Date

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Health and Wellbeing Board Governance Arrangements from 1st April 2015



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Joint Commissioning Group

Terms of Reference

1. Overview

These Terms of Reference observe the principles within the core standards of conduct as defined in the **Code of Conduct for NHS Managers**.

They reflect the role of the Joint Commissioning Group in the compliance with the NHS Act 2006 Section 75 Agreements for the commissioning of services and ensure the use of resources and performance contributes towards putting national policy into practice and delivering targets. This includes compliance with Standards for Better Health, the NHS Constitution, Diversity and Equality and the Care Act 2013

2. Purpose of the Group

The Joint Commissioning Group's primary role is to ensure the CCG and SBC is compliant with the annual joint commissioning intentions and joint commissioning plan.

The objectives of the Joint Commissioning Group are:

- To monitor the section 75 Commissioning
- To set and review priorities based on an effective needs analysis and performance management of the section 75 Commissioning
- To performance manage the targets set for section 75 commissioning and ensure effective management actions are taken by all partners to achieve improvement in outcomes.
- To contribute annually to the review of relevant plans for the NHS and the Council
- To lead the development of commissioning strategies based on analysis of needs and findings from joint strategic needs assessments
- To achieve collaborative working and planning between all partners and with other partnerships.
- To provide reports to the Health & Wellbeing Board and the CCG Governing Body and its successors bodies on progress made against the joint commissioning plan including operational risk assessments, on the content and delivery of plans, and on instances of effective practice.
- To identify all key strategies related to the section 75
- To provide minutes of Joint Commissioning Group meeting to relevant Boards
- To encourage responsible staff to work closely together, preventing duplication of effort and enabling more efficient use of resources

- To develop and implement commissioning support arrangements and provide staff with the appropriate tools to enable them to discharge their responsibilities to consistently high standards.
- To ensure good information and corporate governance practice underpins the performance and contributes towards service improvements in a systematic and effective way.

The Joint Commissioning Group has delegated responsibility for ensuring compliance with CQC core standards (list each one that is relevant, C2 – safeguarding, C6 – Partnerships, C22a&c – children’s partnership arrangements)) and contributing evidence towards other core standards identified in the domains.

The Joint Commissioning Group also has delegated responsibility for ensuring compliance with the core values of the NHS Constitution (list each Element that is relevant at Appendix 1) and contributing evidence towards other Guiding Principles identified in the NHS Constitution Framework.

3. Accountability/Authority

The Joint Commissioning Group is authorised by the Health & Wellbeing Board to investigate any activity within its terms of reference. It is authorised to request any information it requires from any employee and all employees are directed to co-operate with any request made by the Joint Commissioning Group. The Chair of the Joint Commissioning Group is authorised by the Health & Wellbeing Board to obtain outside legal or other independent professional advice in accordance with trust policy and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

The Chair of the Joint Commissioning Group will be directly accountable to the Board Director Commissioning

4. Membership and Quoracy

Membership of the Joint Commissioning Group shall be the named commissioners responsible for ensuring objectives are delivered. A quorum shall be (4) members. Each member is required to attend at least four of the (monthly) scheduled Joint Commissioning meetings and substitute representatives are acceptable as part of the quoracy.

The Chair of the Joint Commissioning Group is approved by the Board Director Commissioning. One of the members will be appointed Vice Chair of the Group by the Board Director Commissioning

Service representatives from the following teams shall normally attend meetings.

Head of Commissioning Children & Adults (SBC)
Chief Operating Officer (CCG)
Joint Commissioning Managers and Senior/Strategic Commissioners
(Mental health, learning disability, community health, children)
Director of Public Health
Representative Economy & Attainment
Finance representative SBC and CCG
Performance manager as required

If a consensus cannot be reached, decisions will be taken by majority vote – each member organisation represented will have one vote.

If a decision needs to be made that, in the view of the Group cannot await the next meeting of Health & Wellbeing Board, the Board Director Commissioning will be approached.

5. Responsibilities/Duties

Management

The Joint Commissioning Group is accountable for ensuring the CCG and SBC comply with the requirements of the agreed objectives.

The Joint Commissioning Group will ensure that there is an effective audit function established which supports the CCG and SBC in demonstrating compliance with policies and procedures. This will be achieved by:

- Demonstrating Equality Impact Assessments are completed on all new Policies established by this Group.
- Demonstrating policies support CQC core standard requirements and future regulation needs.
- Demonstrating policies support NHS Constitution core principles

Action plans will be implemented and approved by the Group and will be monitored to address any areas of concern in order to ensure compliance across the CCG and SBC. This may involve partnerships with other organisations where relevant. In particular plans shall demonstrate:

- Identified leads
- Agreed action
- Timeframe to complete
- Progress against plan.

Each provider contract is managed through monthly contract meetings, which monitoring performance against the agreed service contract. The commissioners of each of the contracts part of the NHS Act Section 75 Commissioning will meet monthly to review population outcomes and the

budget of the section 75 Commissioning and agree the reports taken forward to the health & Wellbeing Board

OTHER FUNCTIONS OF JOINT COMMISSIONING GROUP

- Takes a leading role to champion the development and delivery of the outcomes.
- Oversees performance and removes barriers to service delivery.
- Informs reports to be delivered to Quality & Performance Review Group.
- Facilitates consultation with potential service users where appropriate.
- Uses plain language for clarity.
- Ensures all the relevant strategies to support this outcome are implemented.
- Establish a number of sub groups and receive reports from these including Health Protection, Healthy Living/Ageing Well, Early Intervention, Adult Demand Programme

6. Frequency of Meetings and Reporting Framework

Meetings shall be held not less than (10) times a year.

The servicing, administrative and appropriate support to the Chair and members of the Joint Commissioning Group will be undertaken by a nominated role who will record formal minutes of the meeting. The planning of meetings is the responsibility of the Head of Commissioning Children & Adults.

The Joint Commissioning Group will receive the minutes of the Quality and Performance Review Group as required to identify progress in relation to agreed plans and strategies

The Joint Commissioning Group will report to the health & Wellbeing Board on its work in fulfilling the purpose of the Group and on completeness of work in association with compliance with CQC core standards and the core values in the NHS Constitution. The frequency will be six monthly.

7. Review Arrangements

The **Joint Commissioning** Group Chair will lead an annual effectiveness review with the initial review being undertaken by (31/3) at the latest

APPROVED:

DATE OF REVIEW OF TERMS OF REFERENCE:

NEXT REVIEW:

REVIEW HISTORY:

Inaugural Terms of Reference:
First Review:
Second Review:
etc

Approved Date
Approved Date
Approved Date

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Joint Commissioning **GROUP**

APPENDIX 1

NHS CONSTITUTION ELEMENTS

(Chair of Parent Committee will identify relevant any elements the Joint Commissioning Group has responsibility for)

- 1. The NHS provides a comprehensive service, available to all**
- 2. Access to NHS services is based on clinical need, not an individual's ability to pay**
- 3. The NHS aspires to the highest standards of excellence and professionalism**
- 4. NHS services must reflect the needs and preferences of patients, their families and their carers.**
- 5. The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population.**
- 6. The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources.**
- 7. The NHS is accountable to the public, communities and patients that it serves.**

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