Report of:	SCC Lead Officer: Greg Fell, Director of Public Health SCCG Lead Officer: Nicki Doherty, Executive Director of Delivery, Care Outside of Hospital
Report to:	Joint Commissioning Committee
Date of Decision:	29 April 2019
Subject:	Joint Commissioning for Health and Care – Terms of Reference

Is this a Key Decision? If Yes, reason Key Decision:-	Yes		No	x
- Expenditure and/or savings over £500,000				
- Affects 2 or more Wards				
Has an Equality Impact Assessment (EIA) been undertaken?	Yes	x	No	
If YES, what EIA reference number has it been given? 533				
Does the report contain confidential or exempt information?	Yes		No	x
Which Scrutiny and Policy Development Committee does this relate to? Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee				

Purpose of Report:

This report updates on progress to date on delivering the Sheffield City Council and Sheffield Clinical Commissioning Groups (SCCG) integrated commissioning agenda. It sets out the enhanced governance arrangements that will drive forward a truly joint approach to commissioning in a way that secures the transformational change that is required to realise our ambitions.

Questions for the Joint Commissioning Committee:

Recommendations for the Joint Commissioning Committee:

The Committee is asked approve the Terms of Reference.

Background Papers:

<table>
<tr><td colspan="4">Lead Officer(s) to complete:-</td></tr>
<tr><td rowspan="4">1</td><td colspan="2" rowspan="4">I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.</td><td>Finance: Liz Gough, Interim Director of Financial and Commercial Services</td></tr>
<tr><td>Legal: Sarah Bennett, Service Manager (Commercial)</td></tr>
<tr><td>Equalities: Bashir Khan, Equalities Officer</td></tr>
<tr><td>Other Consultees:

Sheffield Clinical Commissioning Group
• Brian Hughes - Executive Director of Commissioning,
• Nicki Doherty - Executive Director of Delivery, Care Outside of Hospital
• Julia Newton – Director of Finance
• Jennie Milner – Integration and Better Care Fund Programmes Lead

SCC
• Cllr Chris Peace
• Greg Fell – Director of Public Health
• John Doyle – Director of Business Strategy, People Portfolio</td></tr>
<tr><td colspan="3">Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</td></tr>
<tr><td>2</td><td colspan="2">EMT member who approved submission:</td><td>Greg Fell</td></tr>
<tr><td>3</td><td colspan="2">CCG lead officer who approved submission:</td><td>Nicki Doherty</td></tr>
<tr><td rowspan="3">4</td><td colspan="3">I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Joint Committee by the officers indicated at 2 & 3 above. In addition, any additional forms have been completed and signed off as required at 1.</td></tr>
<tr><td colspan="2">Lead Officer Names:

Greg Fell
Nicki Doherty</td><td>Job Titles:

Director of Public Health
Executive Director of Delivery, Care Outside of Hospital</td></tr>
<tr><td colspan="3">Date: (Insert date)</td></tr>
</table>

Joint Commissioning for Health and Care – Terms of Reference

1. Introduction/Context

1.1 Shared commissioning arrangements and positive joint working have been in place for some time via the Better Care Fund (BCF) programme and the Mental Health Transformation Plan supported by the risk share arrangement. The established joint commissioning commitments focus on integrating services to improve the experience of people, to remove duplication in services and to redesign our health and social care system to reduce reliance on hospital and long term care through commissioned models of care that promote prevention and early intervention; models that seek to reduce health inequalities through care that recognises the need of local populations.

1.2 The recent Care Quality Commission (CQC) Local System Review, and the CQC / OFSTED SEND inspection recognised that some good, preventative interventions are happening, but at neither scale nor pace and thus there is more to do to scale up our response in the community and primary care to keep people as well as possible and reduce the need for more acute services. This in turn will drive a different system and balance of investment across the system.

1.3 We have not yet achieved our stated goal of greater emphasis on prevention at all levels of complexity. The main purpose of the joint commissioning committee is to ensure we maintain a focus on a preventative model that aims to keep people living independent, healthy, active lives is what is required to sustainably reduce demand for hospital care and ensure that Sheffield remains a healthy and successful city.

1.4 In the March 2019 the Clinical Commissioning Group (CCG) Governing Body and Sheffield City Council (SCC) Cabinet approved the creation of the Joint Committee to give local accountability to this important agenda.

1.5 The Cabinet approved:

- The amendment of the existing Better Care Fund partnership arrangements under s75 NHS Act 2006 to establish a joint committee to:
- take responsibility for the management of the partnership arrangements;
- lead on shaping the development of joint health and care commissioning
- provide advice and guidance on ways in which the partnership arrangements could be strengthened and developed and on appropriate engagement of all relevant stakeholders, this should include guidance on specific areas of service improvement.

1.6 The CCG governing body approved:

- The establishment of the proposed Joint Committee be in place from April to lead development of health and care commissioning
- The development of a process to confirm the CCG Governing Body representatives to be on the Joint Committee
- To delegate the development of more detailed implementation and spending plans to Executive Management Group in consultation with Joint Committee

2. Main body of report and matters for consideration

2.1 Purpose of the Joint Commissioning Committee

2.1.1 The Committee will bring a single commissioning voice to ensure new models of care deliver the outcomes required for the city and will support SCC and the CCG to deliver national requirements, including but not limited NHS Long Term Plan, Social Care Green Paper and Spending Review.

2.1.2 The Committee will also ensure in the first instance delivery of outcomes in the three priority areas of focus; Frailty, Send and Mental Health.

2.1.3 It is proposed that initially authority to make decisions regarding the partnership arrangements will continue to be reserved to the respective organisations. However, this could be reviewed in the future. Procurements will continue to be able to be undertaken jointly or led by one organisation or the other. The existing arrangements are based on good joint commissioning principles. Please see related paper about principles of good joint commissioning.

2.2 Membership

2.2.1 The Committee is made up of the following members Cabinet Members and CCG Governing Body members. The proposed terms of reference at Appendix 1 provide more information.

2.3 Overarching Governance

2.3.1 The committee operate in the context of a wider Governance framework which includes the Sheffield Health and Wellbeing Board, Executive Management Group (EMG) and the Accountable Care Partnership.

2.3.2 The Joint Committee will be accountable to the Clinical Commissioning Group (CCG) Governing Body and Sheffield CC Cabinet. The Health and Wellbeing Board will set the overall direction.

2.3.3 The proposed terms of reference at Appendix 1 set out more information in relation to Governance arrangements.

3.0 What does this mean for the people of Sheffield?

3.1 Better Health and Wellbeing Outcomes

3.1.1 The aims of the Joint Commissioning Committee directly align with the current Health and Wellbeing ambitions 2019-2024 for Sheffield set out below:

- Starting Well – where we lay the foundations for a healthy life
- Living Well – where we ensure people have the opportunity to live a healthy life
- Ageing Well – where we consider the factors that help us age healthily throughout our lives

And the principles are very well aligned to support our ambitions for Ageing Well

- Everyone has equitable access to care and support shaped around them

- Everyone lives the end of their life with dignity in the place of their choice

3.2 Improved Collective Response to Future Changes

3.2.1 There is no intention to change existing stated priorities, nor to move away from any of our joint commitments within the Better Care Fund (for e.g. CHC or Children's services). The intention is to add pace into areas where we know we need to make improvements and build on successful joint arrangements. The possibility of developing a single commissioning function at officer level, to complement the Cabinet / Governing Body level arrangements, around frailty and SEND will be explored. The model established in mental health may be the template for this.

3.2.2 It is likely NHS England, through the Long Term Plan will seek to reshape NHS commissioning arrangements, this will change the way in which the CCG delivers its business. A Sheffield oriented joint committee will ensure there remains a place based orientation of commissioning of NHS and social care.

4.0 Implications

4.1 Equality of Opportunity Implications

4.1.1 The Equality impact assessment indicates that there will be a positive implication for Older People, People with Learning Disabilities and Long Term Conditions and Children and Young People with SEND

4.1.2 For staff working in services that will be part of the joint commissioning plan it is expected that implications will be neutral.

4.1.3 We anticipate a targeted positive impact on those who are experiencing greater inequality in deprived areas.

4.1.4 Individual EIAs will be drafted for each new service proposition that will be part of the joint commissioning plan.

4.1.5 A single workforce development plan, focussed on preventative outcomes and shared principles, will optimise our collective strengths, skills and resources, and develop our staff to give the best care and support. This will be co-developed by representatives from Sheffield City Council, the CCG and ACP members.

4.2 Financial and Commercial Implications

4.2.1 We will use our shared principles to look for ways to invest more in prevention, reducing demand on acute services. Short term additional funding will be required and it is anticipated that we will need to pool resources. Current local delivery plans show that social care will still require funding to balance and therefore the proposed financial risk share agreement that will underpin the proposed integrated commissioning plan is the only way that the outcomes can be met. We are intending to consider different funding sources such as:

- Using existing spending differently within the Sheffield health and care system;
- Using one off money from within the Sheffield health and care system,

- Seeking new, one-off money from beyond Sheffield or social investment arrangements

4.3 Legal Implications

4.3.1 S75 of the National Health Service Act 2006 and the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (as amended) set out the basis on which NHS bodies and local authorities can work together. Regulation 10(2) specifically provides that this may include establishment of a joint committee to take responsibility for the management of partnership arrangements including monitoring the arrangements and receiving reports and information on the operation of the arrangements.

4.3.2 The terms of reference are consistent with the requirements of the Regulations and the decisions previously taken by the Council's Leader and Cabinet and the CCG's Governing Body to establish the Joint Committee.

4.4 Other Implications

4.4.1 There are no other implications arising directly out of this Report.

5.0 Reasons for Recommendations

5.1 The recommended terms of reference are consistent with the requirements of the Regulations and the decisions previously taken by the Council's Leader and Cabinet and the CCG's Governing Body to establish the Joint Committee and provide a clear purpose and direction for the Joint Committee.

Appendix 1 - Joint Commissioning Committee Terms of Reference

Terms of Reference

Name of Committee/Group	Joint Commissioning Committee
Type of Committee/Group	Committee of CCG's Governing Body and SCC's Cabinet

1.	**Purpose of Committee/Group**
	The Committee will bring a single commissioning voice to ensure new models of care deliver the outcomes required for the City. The committee will support Sheffield City Council (SCC) and NHS Sheffield Clinical Commissioning Group (CCG) to deliver national requirements, including but not limited NHS Long Term Plan, Social Care Green Paper and Spending Review. The Committee will ensure in the first instance delivery of outcomes in the three priority areas of focus; Frailty, SEND and Mental Health.

2.	**Authority/Accountability**
	The Joint Committee is a meeting of the Council Cabinet and CCG's Governing Body representatives with the purpose of agreeing joint health and social care commissioning plans for the City. In discharging this, the Committee will not have direct decision making powers delegated to it in the first instance: all decisions will still be ratified separately via in accordance with statutory requirements. However, by meeting jointly the joint decision making will be simplified. Any future delegations would have to be agreed by SCC and CCG The Committee is also authorised to create working groups as necessary to fulfil its responsibilities within these terms of reference. The Committee may not delegate executive powers (unless expressly authorised by the Governing Body) and remains accountable for the work of any such group. The existing Executive Management Group (EMG) of CCG and SCC officers will report to and support the Joint Committee.

3.	**Objectives of Committee**
	3.1 The Committee shall strengthen the way that we commission health and social care between the CCG and SCC. 3.2 In particular, the Committee shall focus on: i. Giving a single commissioning voice

ii. Single commissioner plan;

iii. Ensure new models of care deliver the outcomes required by the city;

iv. Building on Better Care Fund and Section 75, driving forward change;

This would be based on the following principles

3.2.1 A preventive model built into delivery at all levels of complexity

3.2.2 Care closer to home or a home via neighbourhood, localities

3.2.3 Reduction health inequalities in Sheffield

3.2.4 Person centred commissioning joined up with placement and brokerage

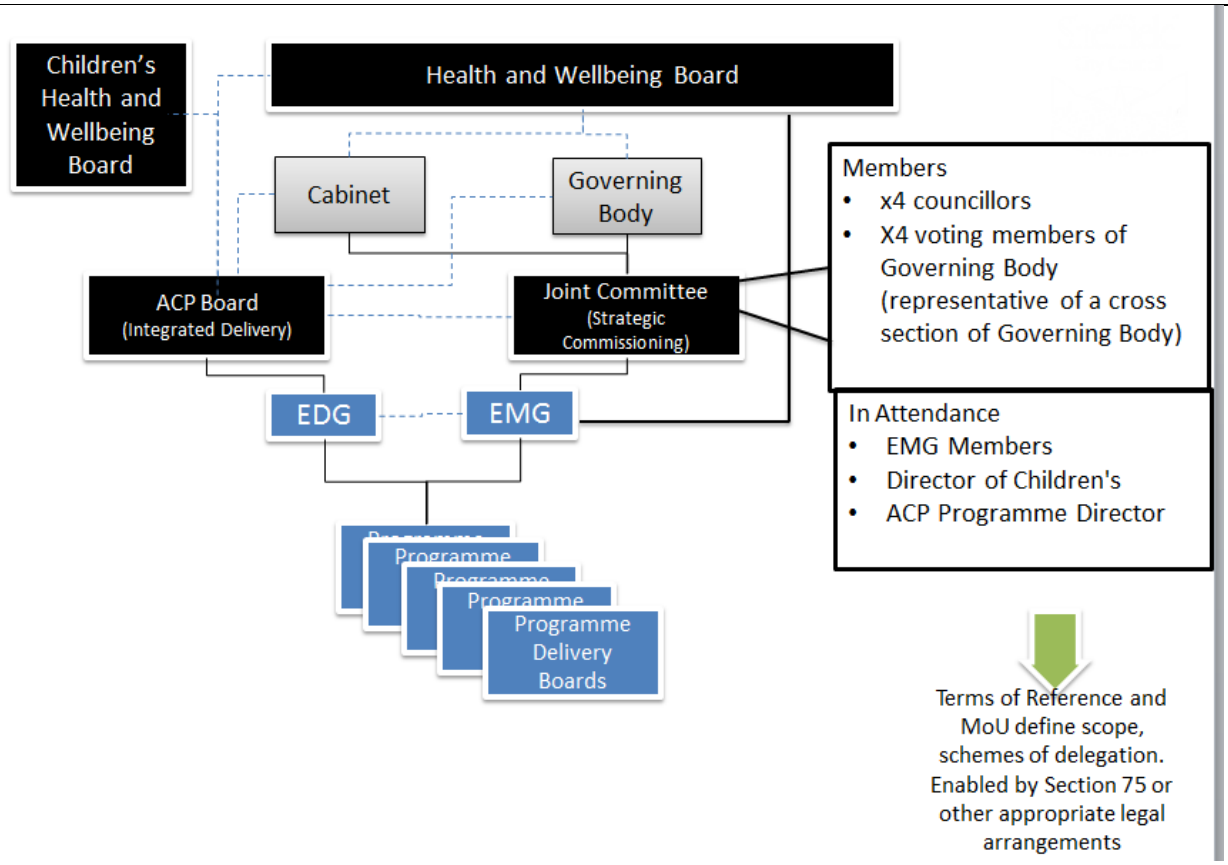
3.2.5 Improved people experience

3.2.6 Effective and efficient use of resources whilst ensuring safe and effective standards of service

3.2.7 Collective management of risk and benefits

These Terms of Reference should be read in the context of the Health and Wellbeing Board, Executive Management Group (EMG) and the Sheffield Accountable Care Partnership (ACP) Board and the ACP's Executive Delivery Group (EDG)

Figure 1. The Joint Committee in the context of overall governance framework and arrangements



4. Membership

The Committee shall consist of the following 8 members:

- From the CCG, to reflect the composition of the 19 voting Members of Governing Body:
  - one executive Member of the Governing Body;
  - two GPs who are Members of the Governing Body;
  - one Lay person who is a Member of the Governing Body, from Lay Members and out of area Secondary Care Doctor;

  As part of this, the clinical Chair of the CCG shall be one of the GP Members and Accountable Officer shall be the executive Member. The Finance Director will deputise for the Accountable Officer.

- From SCC
  - four Cabinet Members

It will be important that nominated members commit to attend the Joint Committee but Members may appoint a deputy to act in their absence in advance of the meeting.

The Joint Committee will be jointly chaired by SCC's Lead Cabinet Member for Health and Social Care and by the Chair of NHS Sheffield CCG, with chairing responsibility rotated between meetings. The Joint Chairs will agree the agenda.

5. Attendees

Note: Attendees should be referred to by title or where appropriate by name. Minute

	taker should be stated either as member or in attendance.
	In addition to the Committee members, the following executive directors shall be in attendance: • on behalf of the CCG: Director of Finance, Director of Delivery, Care Out of Hospital, Director of Commissioning & Performance and Chief Nurse • on behalf of SCC: Executive Director of People, Director of Public Health, Director of Commissioning, Director of Adults Services and Director of Business Strategy. • Accountable Care Partnership Programme Director • Integration and Better Care Fund Programmes Lead Others may also be invited to attend the Joint Committee as necessary on an ad-hoc basis to inform discussions and in addition, may cover areas including administration and communications.

6.	**Quorum**
	As the Joint Committee will be making recommendations that will provide direction for work being undertaken by officers it is important that meetings are quorate. The Joint Committee will be quorate providing 50% of the membership is in attendance, with at least two members in attendance from each of the CCG and SCC. The Joint Committee will aim to achieve a consensus for all recommendations and so formal Voting would be a last resort. Given the nature of the programme, securing the support of both partners will be critical to the success of the Joint Commissioning for Health and Care. Members will be aware of what may constitute a conflict of interest, will ensure that conflicts of interest are formally disclosed and will ensure they are subsequently managed in adherence with the organisations' respective policies. In addition, relevant Codes of Conduct will be followed at all times alongside adherence to the Nolan Principles and compliance with any statutory bar on participation and/or voting in particular circumstances.

7.	**Frequency and Notice of Meetings**
	Meetings in Public will be held at least quarterly. However, additional meetings may be required and the members of the Joint Committee can determine the exact frequency of meetings. In addition, the Chairs of the Joint Committee may call extraordinary meetings at their discretion. A minimum of five working days' notice will be required. The agenda and papers will be distributed by democratic services to members of the Committee at least 5 days working days in advance of the meeting, unless otherwise agreed by the Joint Chairs of the Committee. Papers for Meetings in Public will be available on both organisations' websites 5 working days in advance of the meeting.

8.	**Minutes and Reporting Arrangements**
	The Joint Committee will formally record its deliberations within relevant minutes/action notes. This function will be undertaken by the designated officer support, alongside the management of paperwork and version control. For the CCG the minutes will be presented to the next available Governing Body meeting for information.

9.	**Meeting Effectiveness Review**
	Members of the Joint Committee have a collective responsibility for its operation. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view. Members of the Joint Committee will behave in a manner consistent with the Core Principles outlined in of these Terms of Reference and will adhere to the behaviours highlighted in the Nolan Principles, recognising that the success of the work programme will depend upon relationships and an environment of integrity, trust, collaboration and innovation. These Terms of Reference **may be amended by mutual agreement between both parties at any time to reflect changes in circumstances which may arise.**

10.	**Review to be conducted by Committee/Group Chair**	
	Date Committee/Group established	
	Terms of Reference to be reviewed e.g. Annually	The terms of reference of the committee shall be reviewed when required, but at least annually.
	Date of last review	April 2019
	Date of next review	April 2020

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