

Title of meeting: Governing Body in Common										
Date of Meeting		19 July 2017		Paper Number			2.2			
Title				Terms of Reference for all Delegated Committees						
Sponsoring Director (name and job title)				John Lisle Accountable Officer						
Sponsoring Clinical / Lay Lead (name and job title)				Dr. William Tong Dr. Jim O'Donnell Dr. Adrian Hayter						
Author(s)				Anshu Varma Head of Corporate Services						
Purpose				To finalise governance structures and to agree the Terms of Reference for the Committees.						
The Audit Committee is required to (please tick)										
Decision	<input checked="" type="checkbox"/>	Review	<input type="checkbox"/>	<input type="checkbox"/>	Discuss	<input type="checkbox"/>	Note	<input type="checkbox"/>	Recommend	<input type="checkbox"/>
Risk and Assurance <i>(outline the key risks / where to find mitigation plan in the attached paper and any assurances obtained)</i>				There is a risk that local ownership might be diminished as we move to a joint governance structure. This has been mitigated by a strong commitment to Members meetings, Local Performance Review Groups to review practice level variation and clinical leadership of the development of ideas through local innovation forum.						
Legal implications/regulatory requirements				Amendments will need to be made to the CCG Constitutions, following approval from member practices.						
Has an equality impact screening been undertaken? If so please attach				No						
Links to the NHS Constitution (relevant patient/staff rights)				This proposal will have a positive impact on the three CCGs ability to commission services to meet the NHS Constitutional Standards.						
Strategic Fit				This proposal fits with Sustainability Partnership Plan						
Commercial and Financial Implications <i>(Identify how the proposal impacts on existing contract arrangements and have these been incorporated?)</i> <i>Include date Deputy CFO has signed off the affordability and has this been</i>				Not quantified, although this proposal should support a more efficient and effective use of management and clinical time.						

<p><i>incorporated within the financial plan. Include details of funding source(s)</i></p>	
<p>Quality Focus <i>(Identify how this proposal impacts on the quality of services received by patients and/or the achievement of key performance targets</i></p> <p><i>Include date the Director of Nursing has signed off the quality implications)</i></p>	<p>The arrangements for the monitoring of the quality of commissioned services and primary care have not changed.</p> <p>Date Director of Nursing sign off.....</p>
<p>Clinical Engagement <i>Outline the clinical engagement that has been undertaken</i></p>	
<p>Consultation, public engagement & partnership implications/impact</p>	<p>There has been discussion on updating the Terms of Reference at each of the committees and at Governing Body meeting in 24 May 2017 & 21 June 2017</p>
<p>NHS Outcomes <i>Please indicate (highlight) which Domain this paper sits within by highlighting or ticking below: Please note there may be more than one Domain.</i></p>	<p>Domain 1 Preventing people from dying prematurely;</p> <p>Domain 2 Enhancing quality of life for people with long-term conditions;</p> <p>Domain 3 Helping people to recover from episodes of ill health or following injury;</p> <p>Domain 4 Ensuring that people have a positive experience of care; and</p> <p>Domain 5 Treating and caring for people in a safe environment; and protecting them from avoidable harm.</p>
<p>Executive Summary This paper provides the Governing Bodies with the Terms of Reference for the sub-committees and seeks agreement to these. They are as follows: Appendix 1 : Business Planning and Clinical Commissioning Committee Appendix 2 : Quality and Constitutional Standards Committee Appendix 3 : Primary Care Commissioning Committees, Committees in Common Appendix 4 : Information Management and Technology Committee Appendix 5 : Finance & QIPP Committee Appendix 6 : Audit Committee Appendix 7 : Remuneration Committee Appendix 8 : A& E Delivery Board Appendix 9 : Draft Frimley Health & Care Sustainability & Transformation Partnership Board Appendix 10 :Draft Better Care Fund Bracknell Forest Appendix 11 :Draft Better Care Fund Slough Appendix 12 :Draft Better Care Fund Royal Borough of Windsor Ascot & Maidenhead</p>	
<p>Recommendations The Governing Body in Common is asked to approve the sub committees Terms of Reference as set out in the Appendices.</p>	

Appendix 1

Business Planning and Clinical Commissioning Committee (Formerly the STRATEGIC PLANNING AND DEVELOPMENT COMMITTEE)

Terms of Reference

1. PURPOSE OF THE COMMITTEE

The Business Planning and Clinical Commissioning Committee will act as a formal joint sub-committee of the Bracknell & Ascot, Slough, and Windsor Ascot & Maidenhead CCG Governing Body in Common.

The purpose of the Business Planning and Clinical Commissioning Committee is to ensure a strategic approach to commissioning across the three CCGs. Approve proposals for new commissioning activities and recommend the CCGs Operating Plan to the Governing Body in Common.

2. ACCOUNTABILITY

Accountable to:

Bracknell & Ascot, Slough, and Windsor Ascot & Maidenhead CCG via the Governing Body in Common.

3. OBJECTIVES

The objectives of the Business Planning and Clinical Commissioning Committee are to:

- To review the CCGs Operating Plan and make a recommendation for approval to the Governing Body in Common, ensuring that clinically led commissioning underpins the development of the document and associated work programmes.
- Review clinically led proposals for new innovative commissioning activities generated by key commissioning groups including the Planned Care Programme, and Mental Health Programme Boards and the CCGs Clinical Innovation Forums/Groups.
- Instigate clinically led commissioning programmes linked to the achievement of the strategic aims of the CCGs with the aim of developing clear commissioning proposals for approval by the Committee.
- Under delegated authority from the Governing Body in Common **to approve** commissioning proposals, business cases and tenders up to a maximum value of £1m per CCG
- For commissioning proposal, business cases and tenders greater than £1m per CCG, to review and scrutinise the proposals and **make recommendations** to the CCGs Governing Body in Common as appropriate.
- To ensure alignment with agreed joint commissioning activities with the three east Berkshire Unitary Authorities.
- To identify the interdependencies between programmes of work to ensure strategic alignment and management of any unintended consequences.
- To ensure that commissioning decisions are directly related to the recommendations resulting from the Commissioning for Value packs and that the CCG's commissioning team are adopting the Right care Methodology in all its work.

- To review the clinical and financial impact of existing innovation projects and agrees the process to either spread or cease according to outcomes.
- To approve policies relating to clinical commissioning including those recommended by wider clinical forum.
- To oversee the work of the Children and Young Peoples Transformation Programme Board; this has delegated decision making from the BP&CC for the delivery of the CAMHs transformation plan and associated commissioning budgets.
- To approve the policies relating to Communications and Patient engagement
- To ensure that all commissioning decisions meet the CCGs duties for Equality and Diversity, and patient public consultation and engagement.

4. DECISION MAKING AND REPORTING

The Committee acts as a decision making group and provides the opportunity for discussions to enable decisions to be shaped for approval by the Governing Body in Common.

The Committee has specific delegated authority to:

- Approve commissioning proposals, business cases and tenders up to a maximum value of £1m per CCG.
- Approve policies relating to clinical commissioning
- Approve the policies relating to Communications and Patient engagement

Reporting arrangements:

The Committee is a formal sub-committee of each CCG's Governing Body in Common. The agreed minutes of Committee meetings will be formally recorded and submitted to the CCGs Governing Body in Common.

5. MEMBERSHIP

Accountable Officer (Chair)
 Director of Finance and Performance (Vice Chair)
 Director of Nursing and Quality
 Director of Strategy and Operations
 Medical Director
 Clinical chairs x3
 Clinical representative from each CCG x3
 Lay member for PPI x3

Other key representatives may be invited by the Chair to attend the meetings as required.

6. QUORACY AND VOTING

The Committee will be considered quorate when at least 4 members are present, including at least the Accountable Officer or the Director of Finance and Performance and one clinical representative from each CCG.

Should a vote need to be taken, only the members of the committee identified above shall be allowed to vote. In the event of a tied vote, the Clinical Chairs shall have a second and casting vote.

If the Clinical Chairs and/or the Clinical representatives have declared a conflict, they will be excluded from the discussion and voting on that item

7. MEETING FREQUENCY AND CONDUCT

The Committee will normally meet on a monthly basis

The meeting will be coordinated by the Director of Strategy and Operations with meeting papers sent out members at least 5 days prior to the meeting.

The Committee will review its own performance, membership and terms of reference annually and make proposals for any changes to Governing Body in Common.

The Committee will submit an annual report to the CCG Governing Body in Common at the end of each financial year summarising achievement against its agreed workplan.

Appendix 2

Quality and Constitutional Standards Committee

Terms of Reference

1. PURPOSE OF THE JOINT COMMITTEE

The Quality and Constitutional Standards Joint Committee is a joint sub-Joint Committee of Bracknell and Ascot CCG Governing Body, Slough CCG Governing Body and, Windsor, Ascot and Maidenhead CCG Governing Body.

The Joint Committee will provide assurance to and challenge on behalf of the three CCG Governing Bodies of the constitutional standards and quality of commissioned services.

Key stakeholders and relationships:

- Bracknell & Ascot CCG Governing Body
- Slough CCG Governing Body
- Windsor, Ascot & Maidenhead CCG Governing Body
- CCG Quality and Performance teams
- Healthwatch Bracknell Forest
- Healthwatch Slough
- Healthwatch Windsor & Maidenhead
- NHS England South (South Central)
- Chiltern CCG
- North East Hampshire and Farnham CCG
- Surrey Heath CCG
- Commissioned Services

2. ACCOUNTABILITY

Accountable to:

Bracknell and Ascot CCG Governing Body, Slough CCG Governing Body and, Windsor, Ascot and Maidenhead CCG Governing Body and will provide reports to the Governing Body in Common.

3. OBJECTIVES

The objectives of the Quality and Constitutional Standards Joint Committee:

- Ensure appropriate mechanisms are in place to monitor and drive forward the constitutional standards and quality of services commissioned by the three CCGs, agreeing courses of action where concerns have been identified.
- Receive and mandate action on reports on quality in respect of the services commissioned by the three CCGs; the reports will include but not limited to provider performance against CQUINs, patient experience (including complaints and compliments received as commissioners) and clinical performance indicators.
- Ensure the patient voice is listened to in order to understand the diversity of the patient experience.
- Receive, review and scrutinise reports on themes and trends of serious incidents (SIs) occurring in commissioned services and note the minutes of the SI panels.

- Receive regular safeguarding reports and note the minutes of the safeguarding groups to ensure that there are robust systems and processes in place to safeguard adults and children.
- Consider national quality reports and results from relevant national audits.
- Review performance against constitutional standards and quality indicators in the NHS Outcomes Framework.
- Receive internal and external audits reports relating to quality and follow up action plans.
- Ensure adequate systems are in place for the governance of research in line with the Department of Health's requirements.
- Monitor arrangements in place within the three CCGs relating to equality and diversity issues, ensuring compliance with statutory obligations and implementation of equality action plans.

The Collaborative CCGs Objectives:

- We will commission services that improve the outcomes and experience of all our residents by consistently delivering the NHS Constitutional Standards.
- We will play a pro-active role in the development and delivery of an innovative and united Sustainability and Transformation Plan.
- We will ensure that clinical Leadership and patient engagement is at the heart of everything we do, and develop a culture that brings to life "thinking locally, working together".

4. DECISION MAKING AND REPORTING

The Joint Committee acts as a co-ordination Committee and provides the opportunity for discussions about constitutional standards and quality. The Joint Committee will provide assurance to and challenge on behalf of the Governing Bodies on the monitoring and improvement of constitutional standards and quality in commissioned services.

Reporting arrangements:

The Joint Committee is a formal sub- Committee of the Governing Bodies. The agreed minutes of Joint Committee meetings will be formally recorded and submitted to the Governing Bodies at the Governing Body in Common meetings.

5. MEMBERSHIP

Director of Nursing (Chair)
 Clinical Chair, Bracknell & Ascot CCG
 Clinical Chair, Slough CCG
 Clinical Chair, Windsor, Ascot & Maidenhead CCG
 Accountable Officer
 Medical Director
 Healthwatch Bracknell Forest
 Healthwatch Slough
 Healthwatch Windsor & Maidenhead

Secretariat: Senior Quality Administrator and PA

Supported by:
 Relevant Clinical Leads

Head of Performance
Associate Director of Safeguarding & Infection Prevention and Control
Associate Director of Quality and Safety
Quality Improvement Manager
Infection Prevention and Control Nurse
Named Professional Safeguarding
Public Health Consultant
Associate Directors of Operations
Head of Corporate Affairs
Head of Medicines Optimisation
Associate Director of Communications and Engagement
Quality & Safety Manager, NHS England South (South Central)
Director of Nursing and Quality, Chiltern CCG
Director of Nursing and Quality, North East Hampshire and Farnham CCG
Director of Nursing and Quality, Surrey Heath CCG
Others co-opted as required

Other representatives may be invited by the Chair to attend the meetings on an ad hoc basis.

6. QUORACY AND VOTING

The Joint Committee will be considered quorate when at least 4 members are present, consisting of the Chair or a Deputy, the Director of Nursing, and Quality or a Deputy, a Clinical Lead, the Associate Director of Nursing – Quality and Safety, and a member from Healthwatch.

Should a vote need to be taken, all of the members of the Joint Committee identified above shall be allowed to vote. This does not include supporting members. In the event of a tied vote, the Chair shall have a second and casting vote.

7. MEETING FREQUENCY AND CONDUCT

The Joint Committee will meet on at least a bi-monthly basis.

The meeting will be coordinated by the Director of Nursing with meeting papers sent out members at least 5 days prior to the meeting.

The Joint Committee will review its own performance, membership and terms of reference annually and make proposals for any changes to the Governing Body in Common.

The Joint Committee will submit an annual report to the Governing Body in Common at the end of each financial year summarising achievement against its agreed work plan.

Appendix 3

Primary Care Commissioning Committees (PCCC) Committees in Common (CIC)

Terms of Reference

(Important note: When the term CCGs is used, it relates equally to Bracknell & Ascot CCG, Slough CCG and Windsor, Ascot & Maidenhead CCG).

1. PURPOSE OF THE COMMITTEE

NHS England, Bracknell & Ascot CCG, Slough CCG and Windsor, Ascot & Maidenhead CCG have agreed to meet once and 'in common' as part of their strategic commitment to working more closely together when this is possible. This is known as the Primary Care Commissioning Committee, Committee in Common 'PCCC CIC'.

Although this PCCC CIC will operate together as one group meeting, for legal reasons it is NOT possible for the 3 CCGs to form one single committee to deliver joint commissioning, as functions CAN NOT be delegated into "committees-in-common". However, decisions can be made in a more joined up way, simultaneously and reduce the bureaucratic duplication of running 3 meetings, while respecting the individual sovereignty of the individual CCGs.

Statutory Framework

NHS England has delegated to the CCG authority of **Bracknell & Ascot CCG, Slough CCG and Windsor, Ascot & Maidenhead CCG** to exercise the primary care commissioning functions set out in section 3 below (Objectives) in accordance with section 13Z of the NHS Act.

Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCG acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:

- a) Management of conflicts of interest (section 14O);
- b) Duty to promote the NHS Constitution (section 14P);
- c) Duty to exercise its functions effectively, efficiently and economically (section 14Q);
- d) Duty as to improvement in quality of services (section 14R);
- e) Duty in relation to quality of primary medical services (section 14S);
- f) Duties as to reducing inequalities (section 14T);
- g) Duty to promote the involvement of each patient (section 14U);
- h) Duty as to patient choice (section 14V);
- i) Duty as to promoting integration (section 14Z1);
- j) Public involvement and consultation (section 14Z2).

The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those in accordance with the relevant provisions of section 13 of the NHS Act

- Duty to have regard to impact on services in certain areas (section 13O)
- Duty as respects variation in provision of health services (section 13P)

The Committee is established as a committee of the Governing Body of Bracknell & Ascot CCG, Slough CCG and Windsor, Ascot & Maidenhead CCG in accordance with Schedule 1A of the “NHS Act”.

The members acknowledge that the Committee is subject to any directions made by NHS England or by the Secretary of State.

The CCGs have established the Primary Care Commissioning Committee (“Committee”) CIC. The PCCC CIC will function as a corporate decision-making body for the management of the delegated powers and associated functions to deliver the following benefits:

- Put primary care at the centre of Sustainability and Transformation Plans (STP);
- Further enhance patient participation across pathways and the whole commissioning process
- Focus on areas with greater health inequalities by tailoring solutions to our local population, particularly older people with complex needs and working age families groups, and for those with mental health and learning disabilities
- Deliver an Estates strategy that identifies priorities for investment, maximises premises utilisation while aligning with wider community infrastructure to support the STP ambitions
- Locally develop a workforce plan that reflects the current and future workforce challenges, to support a sustainable primary care for the future
- Help deliver our strategy to exploit the opportunities offered by the Digital Road map and we should significantly enhance our use of information and technology through interoperability.

2. ACCOUNTABILITY

Accountable to:

As a delegated committee, the PCCC CIC is directly accountable to the Governing Body of each, Bracknell & Ascot CCG, Slough CCG and Windsor, Ascot & Maidenhead CCG.

3. OBJECTIVES

The objectives of the PCCC, meeting as Committees in Common, shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act, except those relating to individual GP performance management, which have been reserved to NHS England.

This includes the following functions:

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);
- Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”);
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF)
- Decision making on whether to establish new GP practices in an area;
- Approving practice mergers; and

- Making decisions on 'discretionary' payment (e.g., returner/retainer schemes).
- In performing their roles, the Joint Committees will exercise their management of the functions in accordance with the agreement entered into between NHS England and Bracknell & Ascot CCG, Slough CCG and Windsor, Ascot & Maidenhead CCG, which will sit alongside the delegation and terms of reference.
- There is a requirement for the CCGs Governing Bodies to engage with the Primary Care Commissioning Committees on all key strategic areas that have an impact on Primary Care.

The key responsibilities of this committee are to work together to:

- plan, including needs assessment, primary medical care services in the CCGs area;
- undertake reviews of primary medical care services in the CCGs area;
- co-ordinate a common approach to the commissioning of primary care services generally;
- manage the budget for commissioning of primary [medical] care services in CCGs area;
- ensure collaborative working on monitoring and addressing issues of quality in primary care;
- support the development of a joint strategy for primary care estates which meets current and future needs;

4. DECISION MAKING AND REPORTING

The PCCC CIC will make decisions within the bounds of its remit.

NHS England retains accountability for the discharge of its statutory duties in relation to primary care commissioning.

The decisions of the PCCC CIC shall be binding on NHS England and the CCGs.

Where a decision affects all three CCGs, it shall be binding on each of them.

Decisions will be published by the CCGs.

Where it is necessary to make decisions outside of the planned PCCC CIC meetings then the process will follow the Operating Model for commissioning of Primary Care (appendix A)

5. MEMBERSHIP

The PCCC CIC shall consist of:

Voting Core Membership

The voting membership has been allocated to non-practice affiliated members to manage any conflict of interest in instances where decisions are to be made about commissioning from all CCG practices.

Voting membership:-

- Lay Chairs x3 or nominated deputy (1 from each CCG Governing Body)
- CCGs 2 Executive Directors (can be deputised by another Executive Director and/or Accountable Officer)

The Chair of the PCCC CIC shall be a Lay Representative of the CCGs. The role of the Chair is to ensure that the PCCC CIC is run in line with principles of good governance, and acting in the best interests of all three CCGs.

The vice chair will be a lay member.

Non-voting core members will be:

- Assistant Director of Primary Care (or nominated deputy)
- GP Governing Body Member (x1)

Standing Invitations:

- Accountable Officer of 3 CCGs
- Director of Strategy & Operations
- Health and wellbeing Board representatives (x3)
- Local Medical Committee representative (x1)
- Healthwatch representative (x1)
- Public Health representative (x1)
- NHS England representative (x1)

Other attendees and subject matter experts will be invited to support discussions as defined by the items on the agenda.

6. QUORACY AND VOTING

Quoracy of the PCCC CIC will reflect the existing PCCC TOR in each CCG constitution and will require four voting members to be present. There must always be clinical advice available if not already part of voting membership (ie Director of Quality & Nursing or deputy).

- Where there is an issue or decision that impacts only one CCG, then only the ONE CCG voting membership would be required to vote.
- Should any voting members have to exclude themselves from a topic, then the deputy for that member will be required to vote.
- The Chair and at least one lay member for governance will have the final decision on whether exclusion is necessary in the event of uncertainty

7. MEETING FREQUENCY AND CONDUCT

Meetings of the PCCC CIC:

- Shall, subject to the application of (b) below, be held in public every second month. A sub group, the Joint Operations Group (JOG) for Primary Care Co-Commissioning, meets monthly all year.
- The PCCC CIC may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

Members of the PCCC CIC have an individual responsibility to 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 PCCC CIC shall respect confidentiality requirements as set out in the CCGs Standing Orders

The PCCC CIC shall adopt the Standing Orders of the CCGs insofar as they relate to the:

- a) Notice of meetings; (14 days)
- b) Handling of meetings;
- c) Agendas; (5 Days)
- d) Circulation of papers; (5 days)
- e) Conflicts of interest

Secretariat

The PCCC CIC will be supported by the Corporate Service team.

Circulate the minutes and action notes of the committee with 5 working days of the meeting to all members

8. GOVERNANCE AND MANAGEMENT OF CONFLICTS OF INTEREST

The roles of the appointed Lay chair and Vice Lay chairs are of utmost importance to the open and transparent governance arrangements for the PCCC CIC.

The PCCC CIC will ensure that all potential conflicts of interest are managed in an open and transparent manner and following the NHS *England Managing conflicts of interest: statutory guidance for CCGs 2016*¹.

CCGs must maintain a register of interest of the members of the committee and must publish these registers and make arrangements to ensure that members of the public have access to these registers on request.

CCGs must make arrangements to ensure individuals declare any conflict or potential conflict in relation to a decision to be made by the committee as soon as they become aware of it, and in any event within 28 days.

Members must declare any interests at the start of the meeting and will have to exclude themselves from any part of the decision making process in relation to the agenda item in question. This will include discussion beforehand if so requested by the Chair.

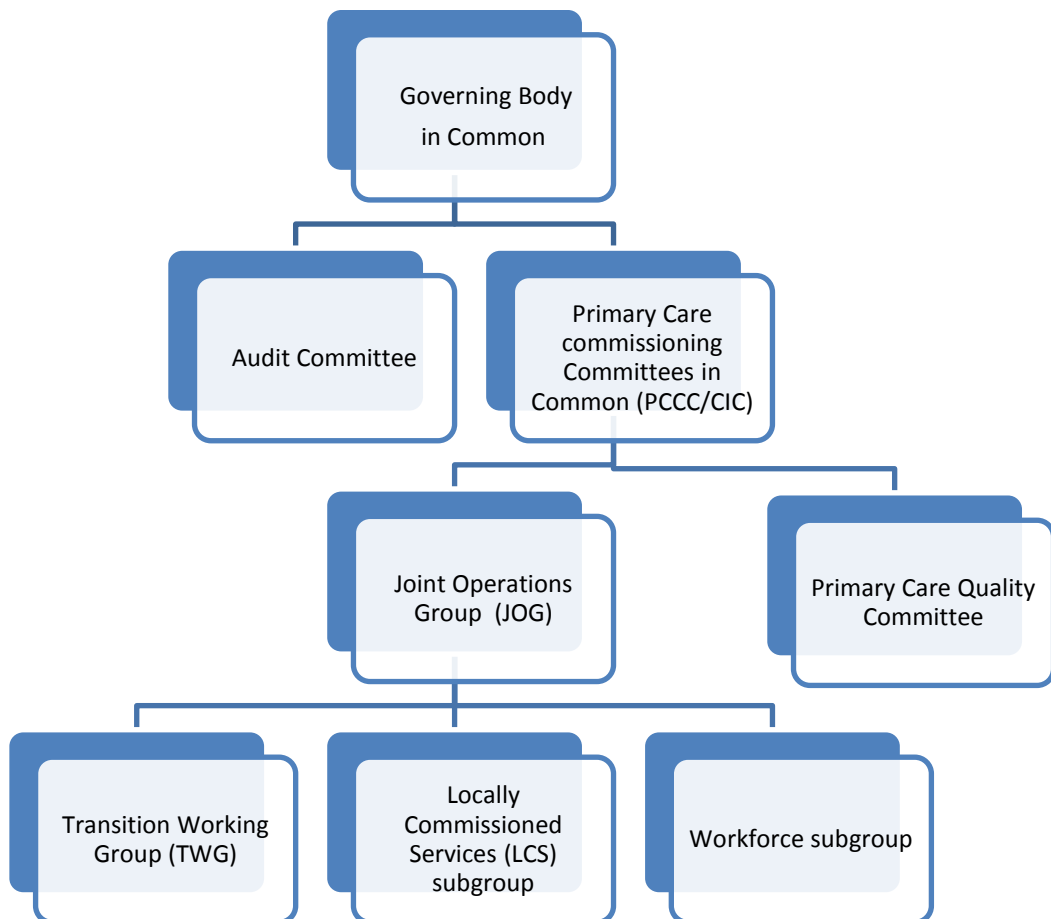
9. REVIEW OF TERMS OF REFERENCE

These terms of reference will be formally reviewed **Bracknell & Ascot CCG, Slough CCG and Windsor, Ascot & Maidenhead CCG** in January 2018 and in September of each year thereafter, and may be amended by mutual agreement.

An equality impact assessment will be reviewed annually with the Terms of Reference.

Date approved: 11 April 2017 (draft) 24/02/2017

Committee structure:



Appendix A

Decision Making Process



Decision making
PCCC v1.docx

Appendix 4

INFORMATION MANAGEMENT & TECHNOLOGY COMMITTEE Terms of Reference

1. PURPOSE OF THE COMMITTEE

The Information Management & Technology (IM&T) Committee will act as a formal sub-committee of the Bracknell & Ascot, Slough, and Windsor Ascot & Maidenhead CCG Governing Body in Common

The role of the IM&T Committee is to develop the CCGs' IM&T Strategies and system-wide Digital Roadmaps, and to oversee annual IM&T work plans and individual projects are implemented, monitored and revised as required

2. ACCOUNTABILITY

Accountable to:

Bracknell & Ascot, Slough, and Windsor Ascot & Maidenhead CCG Governing Body in Common

3. OBJECTIVES

The objectives of the IM&T Committee are to:

- Ensure that the CCGs' Digital Roadmaps and the work of the Interoperability (Connected Care) Programme Board is developed, implemented, monitored and revised as required.
- In line any national guidance and local objectives for future IT planning the IM&T Committee will develop comprehensive IT delivery work plans to improve the overall delivery of services commissioned and CCGs performance against the requirements outlined by NHS England
- Explore opportunities for how IM&T can help influence pathway redesign, support secondary care demand management
- Facilitate greater integration between health organisations including our partner provider and member practices, as well as social care supporting the Better Care Fund and other relevant projects such as Interoperability
- Provide a forum to support integrated working across the CCGs on IM&T delivery plans and new innovations.
- Promote and publish the use of any IM&T innovation success and ensure all staff and stakeholder groups are aware of its usefulness
- The IM&T Committee will review and support IT and information management innovations including the development of new information dashboards and projects, digital media, integrated solutions and ensuring that new and existing technologies use platforms and systems that offer the greatest benefit for promoting efficiency and productivity.
- Ensure that new systems and software are appropriately commissioned and that reviews are in place to appraise existing systems / platforms to achieve maximum efficiencies and use.
- To identify the scope for IT projects and their output for end users, patient's needs and ensure that the issue of equalities is accounted.
- Provide briefings and update reports to the Governing Body in Common as and

- when required.
- Ensure that the IM&T business for each CCG is effectively monitored such as GPIT, information governance (IG), IG risks and incident reporting.
- To identify way of utilising information technology and information management to improve the efficiency and effectiveness of CCG work e.g. paperless meetings, information dashboard etc.
- To identify and address any implications of new products being introduced to the market.
- Ensure all IT related projects are appraised and approved through the IM&T Committee. Finance for any projects will also be agreed through the Committee.
- The second part of the agenda (approximately 30% of the agenda) will be devoted to these 'business as usual' items including:
 - Information and analytics - including dashboards; risk stratification etc.
 - Digital technologies supporting referral process.
 - Websites – Internal & external.
 - GP and CCG IT.
 - IM&T components of other work streams.
 - To review and approve IT policies.
 - To review and approve information governance policies, procedures and arrangements (including FOI publication scheme and policy, Subject Access Requests, Records Management).
 - To review the procedures for the Information Governance Toolkit and progress with meeting the standards.
 - To receive reports, audits and training data relating to information governance
 - Review and management of the CCGs' IM&T budget.
 - To review the IM&T Committee Risk Register at each meeting of the Committee.

4. DECISION MAKING AND REPORTING

The Committee has specific delegated authority to: To approve IM&T strategies
To approve IM&T projects within the CCG's IM&T budget. Approve IT and IG policies and procedures.

Reporting arrangements:

The Committee is a formal sub-committee of each CCG's Governing Body in Common . The agreed minutes of Committee meetings will be formally recorded and submitted to the CCG Governing Body in Common.

The Interoperability (Connected Care) Board and system wide Digital Roadmap Group will report to the IM&T Committee.

5. MEMBERSHIP

- 3 GPs one from each CCG one of which will be the Chief Clinical Information Officer
- 1 voting Practice Manager (and up to 2 other Practice Managers from other CCGs)
- Director of Finance and Performance
- Head of Corporate Services
- Associate Director representative on behalf of Director of Strategy and Operations CSU IM&T Senior Manager (non-voting)
- CSU IG Manager (non-voting)

The meeting will be chaired by one of the GPs on a rotational basis. Other representatives may be invited by the Chair to attend the meetings on an ad hoc basis.

6. QUORACY AND VOTING

The Committee will be considered quorate when at least 4 members are present, including at least the Director of Finance and Performance or Head of Corporate Services and one representative from each CCG.

Should a vote need to be taken, only the members of the committee identified above shall be allowed to vote. In the event of a tied vote, the Chair shall have a second and casting vote.

7. MEETING FREQUENCY AND CONDUCT

The Committee will normally meet on a monthly basis

The meeting will be coordinated by the Head of Corporate Services with meeting papers sent out members at least 5 days prior to the meeting.

The Committee will review its own performance, membership and terms of reference annually and make proposals for any changes to the CCGs Governing Body in Common.

The Committee will submit an annual report to the CCG Governing Body in Common at the end of each financial year summarising achievement against its agreed workplan.

8. REVIEW OF THE TERMS OF REFERENCE

The TOR will be reviewed annually or if there are structural organisational changes and there is change in the reporting arrangements.

9. ADMINISTRATION

The management of the committee will be overseen by the Head of Corporate Service and supported by the CSU Projects team.

Appendix 5

FINANCE AND QIPP COMMITTEE Terms of Reference

1. PURPOSE OF THE COMMITTEE

The Finance and QIPP Committee will act as a formal sub-committee of the Bracknell & Ascot, Slough, and Windsor Ascot & Maidenhead CCG Governing Bodies and will report to the Governing Body in Common.

The role of the Finance and QIPP Committee is to advise and support the Governing Body in Common in scrutinising and tracking delivery of key financial and QIPP priorities as specified in the CCGs' Strategic and Operational Plans.

2. ACCOUNTABILITY

Accountable to:

Bracknell & Ascot, Slough, and Windsor Ascot & Maidenhead CCG Governing Body in Common

3. OBJECTIVES

The objectives of the Finance and QIPP Committee are to:

- Review the development of the CCGs' Medium Term Financial Strategy, annual budgets/short-term financial plans for agreement by the CCG Governing Body in Common.
- Advise the Governing Body in Common to ensure that the CCG operates within its Standing Financial Instructions and statutory requirements in respect of financial, procurement and performance management. (The Joint Audit Committee is responsible for setting these policies).
- Monitoring CCG expenditure against budgets, including running cost and financial standing in-year and recommend corrective action to the Governing Body should year-end forecasts suggest that financial balance will not be achieved;
- Review and monitor the effectiveness and implementation of the QIPP programme, and hold to account the CCG Performance Review Groups on the local delivery of the finance and QIPP plans.
- Receiving regular commissioning performance reports for each of the CCGs' main areas of commissioning expenditure. These will particularly focus on activity and cost.
- Lead officers from the CSU may be invited to attend and report directly to the Committee at the discretion of the Chair.
- Oversee performance of commissioning support services (South, Central and West CSU and other providers)

4. DECISION MAKING AND REPORTING

The Committee acts as a co-ordination group and provides the opportunity for discussions about financial issues to enable decisions to be shaped for approval by the individual CCG Governing Bodies via Governing Body in Common.

The Committee has specific delegated authority to:

Develop the annual financial strategy for each Governing Body and membership approval.

Review the delivery of CSU services and make recommendations to the Governing Body in Common in respect of service delivery and cost

Reporting arrangements:

The Committee is a formal sub-committee of each CCG's Governing Body. The agreed minutes of Committee meetings will be formally recorded and submitted to the CCG Governing Body in Common.

The CCG Performance Review Groups will report to the Finance and QIPP Committee.

5. MEMBERSHIP

Director of Finance and Performance (Chair)

Director of Strategy and Operations (Vice Chair)

Accountable Officer

Director of Nursing and Quality

Clinical representative from each CCG x3

Chair of CCG Performance review groups x3

Associate Director of Finance (non-voting)

Associate Director of Contracting and Performance (non-voting)

Other representatives may be invited by the Chair to attend the meetings on an ad hoc basis.

6. QUORACY AND VOTING

The Committee will be considered quorate when at least 4 members are present, including at least the Director of Finance and Performance or the Associate Director of Finance, and one representative from each CCG

Should a vote need to be taken, only the members of the committee identified above shall be allowed to vote. In the event of a tied vote, the Chair shall have a second and casting vote.

7. MEETING FREQUENCY AND CONDUCT

The Committee will normally meet on a monthly basis

The meeting will be coordinated by the Director of Finance and Performance with meeting papers sent out members at least 5 days prior to the meeting. (Due to monthly finance closedown cycles some papers may be circulated at shorter timescales to ensure the Committee has the most up-to-date information).

The Committee will review its own performance, membership and terms of reference annually and make proposals for any changes to each of the CCGs Governing Body

The Committee will submit an annual report to the CCG Governing Bodies at the end of each financial year summarising achievement against its agreed work plan.

Appendix 6

Joint Audit Committee

Terms of Reference

1. PURPOSE OF COMMITTEE

The purpose of the Joint Audit Committee (“the Committee”) is to ensure that the activities relating to NHS Bracknell & Ascot Clinical Commissioning Group; NHS Slough Clinical Commissioning Group; and NHS Windsor, Ascot & Maidenhead Clinical Commissioning Group are managed in accordance with the law and regulations governing the NHS by carrying out specified duties.

The scope of the Committee covers NHS Bracknell & Ascot Clinical Commissioning Group; NHS Slough Clinical Commissioning Group; and NHS Windsor, Ascot & Maidenhead Clinical Commissioning Group as three statutory bodies.

The Committee is a non-executive committee of NHS Bracknell & Ascot Clinical Commissioning Group Governing Body; NHS Slough Clinical Commissioning Group Governing Body; and NHS Windsor, Ascot & Maidenhead Clinical Commissioning Group Governing Body and has no executive powers other than those specifically delegated in these Terms of Reference.

The Committee is established under the NHS Bracknell & Ascot Clinical Commissioning Group Constitution; NHS Slough Clinical Commissioning Group Constitution; and NHS Windsor, Ascot & Maidenhead Clinical Commissioning Group Constitution.

2. ACCOUNTABILITY

Accountable to:-

Bracknell and Ascot CCG, Slough CCG and Windsor, Ascot and Maidenhead CCG Governing Body in Common.

3. OBJECTIVES

The Committee shall critically review each of the CCGs financial reporting and internal control principles, and good business practice ensuring that the CCGs activities are managed in accordance with the law and regulations governing the NHS and ensure appropriate relationships with both internal and external auditors is maintained.

The duties of the Joint Committee are as follows:

Oversight of Governance, Risk Management and Internal Control

a) The Committee will review the adequacy of:

- i) The establishment and maintenance of an effective system of governance, risk management and internal control, across the whole of the CCGs activities, that supports the achievement of organisational objectives;
- ii) Processes and strategies to ensure the management of financial business risk;
- iii) All risk and control related disclosure statements (in particular the Governance Statement) together with any accompanying Head of Internal Audit statement

external audit opinion or other appropriate independent assurances, prior to endorsement by each of the CCGs governing bodies;

iv) The underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements;

v) The policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by the NHS Protect.

b) In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from each of the CCGs committees, GP Member Practices, the CCGs and CSU Officers as appropriate, concentrating on the over-arching systems of integrated governance, the management of risk and internal control, together with indicators of their effectiveness. The Committee may also request specific reports from individuals within each of the CCGs as appropriate. This will be evidenced through the Committee's use of an effective Assurance Framework to guide its work and that of the audit and assurance functions that report to it.

Internal Audit

a) The Committee shall:

i) Ensure that there is an effective internal audit function that meets the *Public Sector Internal Audit Standards, 2013* and provides appropriate independent assurance to the Committee and the CCGs respective governing bodies;

ii) Consider the provision of the Internal Audit service, the cost of the audit and any questions of resignation and dismissal;

iii) Review and approve the Internal Audit plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the CCGs;

iv) Consider the major findings of internal audit work (and management's response), and ensure co-ordination between the Internal and External Auditors to optimise audit resources;

v) Ensure that the Internal Audit function is adequately resourced and has appropriate standing within the organisation;

vi) Annually review the effectiveness of internal audit.

External Audit

a) The Committee shall:

i) Review the work and findings of the appointed External Auditors and consider the implications and management's responses to their work;

ii) Consider the appointment and performance of the External Auditor, as far as the rules governing the appointment permit;

iii) Discuss and agree with the External Auditors, before the audit commences, the nature and scope of the audit as set out in the annual plan;

iv) Discuss with the External Auditors their local evaluation of audit risks and assessment of the CCGs and associated impact on the audit fee;

- iv) Review all External Audit reports including agreement of the annual audit letters before submission to the CCGs governing bodies and any work carried outside the annual audit plan, together with the appropriateness of management responses.

Financial Reporting

a) The Committee shall review the Annual Report and Financial Statements for each CCG, each to be considered as a separate agenda item before submission to NHS England focusing particularly on:

- i) The wording in the Governance Statement and other disclosures relevant to the Terms of Reference of the Committee;
- ii) Changes in, and compliance with, accounting policies and practices;
- iii) Unadjusted mis-statements in the financial statements;
- iv) Major judgemental areas in preparation of the financial statements;
- v) Significant adjustments resulting from the audit;
- vi) Letters of representation;
- vii) Explanations for significant variances.

b) Additionally the Committee shall be assured that arrangements are in place for each CCG's Annual General Meeting where the Annual Report and Annual Accounts are officially endorsed. The Committee shall also be assured of the publication of the Annual Report and Annual Accounts on each CCG's website.

Whistle Blowing

The Committee shall review the effectiveness of the arrangements in place for allowing staff to raise (in confidence) concerns about possible improprieties in financial, clinical or safety matters and ensure that any such concerns are investigated proportionately and independently.

Counter Fraud

The Committee shall satisfy itself that the organisation has adequate arrangements in place for counter fraud and security that meet NHS Protect's standards and shall review the outcomes of work in these areas.

Relationship with the CCGs governing bodies

The Committee is responsible for providing assurance to the CCG's Governing Body in Common for all areas under its responsibility and the minutes of the Committee will be reported to each CCG's Governing Body in Common.

Policy and Best Practice

The Committee will apply best practice in decision making processes and will have full authority to commission any reports or surveys it deems necessary to help it fulfil its obligations.

4. DECISION MAKING AND REPORTING

The Committee will provide assurance to and challenge on behalf of the Governing Body in Common on the monitoring and improvement of all aspects of the effective system of governance, risk management and internal control, across the whole of the three CCGs activities that support the achievement of organisational objectives.

Reporting arrangements:-

The Committee is a formal sub-committee of the Governing Body in Common. The agreed minutes of the Committee meetings will be submitted to the Governing Body in Common and will receive an annual report on the effectiveness of the Committee's work.

5. MEMBERSHIP

The Committee shall be appointed by the CCGs Governing Body in Common, as set out in the CCGs constitutions and the Federation MOU, and may include individuals who are not on the governing bodies of the CCGs.

The Committee shall comprise at least three lay members, one from each CCG who have responsibility for governance from the Governing Body in Common. Whilst not mandatory the Governing Body Chair from each CCG will be invited to attend meetings of the Committee to review the annual accounts, but shall not be members of the Committee.

The Director of Finance and Performance and or their Deputy of the three CCGs will be invited to attend meetings of the Committee, as and when required by the Committee, but shall not be a member of the Committee.

The Accountable Officer will be invited to attend meetings of the Committee as and when required by the Committee.

CHAIR AND VICE CHAIR

The Committee shall nominate a Chair from among the three lay members (one from each of the CCGs) with responsibility for governance. The Chair will also adopt the role of Conflict of Interest Guardian as required by revised Statutory Guidance on Managing Conflicts of Interest for CCGs, April 2016.

The Committee shall appoint a Vice Chair, from among the two lay members (one from each of the CCGs) with responsibility for governance, who shall be responsible for substituting for the Chair of the Committee when required.

The responsibility of the chair of the committee is to ensure that they take the summary of the key decisions, recommendations and points highlighted to the Governing Body in Common.

6. QUORACY AND VOTING

For the Committee to be quorate there must at least be in attendance the Chair or Vice Chair of the Committee and at least one representative (or their identified deputy lay member) from each CCG.(for the avoidance of doubt the Chair and the Vice Chair can represent their CCG).

For avoidance of doubt, all three lay members can vote to approve the Financial Account for any of the CCGs. In the event of a tied vote, the Chair shall have a second and casting vote.

If the meeting isn't quorate, the Chair would circulate the proposed decision or action and seek e-mail confirmation from the appropriate lay members who could not be present.

7. MEETING FREQUENCY AND CONDUCT

The Committee shall meet at least four times per annum and at such other times as the Chair requires.

At least once a year the Committee should meet privately with the external and internal auditors.

Conduct of the meeting

The meeting agenda will include a set of standing items pertaining to the business of the Committee with separate audit items relating to each CCG's internal / external audit findings; confirmation of Auditor, where appropriate. The meeting will be coordinated by the Director of Finance and Performance and finance team. The agenda will be agreed by the Chair of the Audit Committee. Meeting papers including agenda, minutes and reports will be sent to Audit Committee members at least 7 days prior to the meeting.

The meeting will conduct its business in accordance with relevant national guidance and codes of conduct and will adopt good governance practice.

The Committee will review the Audit Committee's own performance, membership and terms of reference annually, using the HFMA "Self-Assessment Checklists". Proposals for any changes will be made to each of the CCGs governing bodies and notified to each CCGs council of members.

The agreed minutes of Committee meetings will be formally recorded and submitted to the CCG Governing Bodies. The Committee will submit an annual report to the CCG Governing Bodies at the end of each financial year summarising achievement against its agreed work plan.

8. REVIEW DATE

The Audit Committee Terms of Reference will be reviewed on an annual basis; any changes to the Terms of Reference will be submitted to CCG's Governing Body in Common for approval.

Appendix 7

Joint Remuneration Committee STRICTLY CONFIDENTIAL Revised Terms of Reference July 2017

1. Purpose of Committee

The Joint Remuneration Committee (“Committee”) is established in accordance with the Collaborative working agreement between the three CCGs (Bracknell & Ascot CCG, Slough CCG and Windsor Ascot & Maidenhead CCG) to have a Joint Governing Body In Common. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of this Committee.

It has been agreed that a pan-CCG approach is desirable; therefore Committee will make recommendations to the Governing Body In Common its framework for the Remuneration, Allowances and Terms of Service for its employees and people who provide services to it.

The Committee will apply best practice and uphold good governance in decision making processes:

- It will comply with disclosure requirements for remuneration.
- It will have full authority to seek independent advice about remuneration for individuals, to help it fulfil its obligations.
- It will ensure decisions are based on clear and transparent criteria.
- It will take account of prevailing national guidance in coming to its decisions.

2. Accountability

Accountable to Bracknell and Ascot CCG, Slough CCG and Windsor, Ascot and Maidenhead CCG Governing Body in Common

3. Duties

The Committee is responsible for advising CCG’s Governing Body in Common on the framework for the Remuneration, Allowances and Terms of Service for staff on very senior manager contract terms (including fixed term or interim/agency staff filling these roles), other Governing Body members (except for lay members, which is a matter for the Accountable Officer and CCG Chair, taking account of any prevailing national guidance) and other clinical lead roles. This should include:

- all aspects of salary, including performance related elements or bonuses and determination of Recruitment and Retention premia.
- provision of other benefits.
- allowances under any pension schemes they might establish as an alternative to the NHS pension scheme.
- arrangements for termination of employment and variation of other contractual terms.

It is also responsible for:

- making recommendations to ensure effective oversight of the performance of the CCG Chair, Accountable Officer, and other staff on very senior manager contracts.
- scrutiny of redundancy and other severance payments for all staff.

The work of the Committee will take proper regard of each CCGs circumstances and performance and of any appropriate national arrangements in place.

The Duties are as follows:

- Meet twice a year, note measurable performance objectives for the CCG Chair and Accountable Officer, which are compatible with the strategic objectives of the CCG and are consistent with local and national priorities.
- Monitor the CCG Chair and Accountable Officers assessments of performance of shared senior federated posts based on measures of individual and corporate targets.
- Agree any pay policy and payment framework for employees not covered by the nationally negotiated Agenda for Change Terms and Conditions, notwithstanding provisions to mirror the implementation of national agreements.
- Ensure proper scrutiny of business cases and calculation of termination payments relating to staff employed substantively whose contract is being terminated on the grounds of redundancy or any other non-contractual arrangement.
- Approve non-contractual payments to staff such as bonus payments to ensure probity and value for money.
- Be advised by the Human Resources function on HR matters.
- Be advised by the Director Of Finance & Performance on relevant financial matters
- Ensure that remuneration packages and policy are such as to enable people of suitable calibre to be recruited, retained and motivated – within levels of affordability.
- Have proper regard to the organisation's circumstances and performance and to the provisions of any national arrangements where appropriate.
- Keep full minutes of its meetings, recording deliberations and conclusions.

4. Membership

The Committee shall comprise of 3 lay members, the lay members for governance from each of the CCGs.

The lay member for PPI may deputise for the lay member for governance in the event that the governance lay member is unable to attend the meeting.

Other individuals such as the Accountable Officer, Director of Finance & Performance, PPI lay members, HR officers and other external advisers may be invited to attend for all or part of any meeting, as appropriate, however no officer shall be in attendance for discussions about his/her own remuneration and terms of service.

5. Responsibilities of Members

In addition to contributing to the delivery of the responsibilities outlined above individual members of the Committee are responsible for declaring and managing conflicts of interests. Members also have a corporate responsibility to recognise and respect boundaries and ensure that information received by virtue of being a Committee member is managed appropriately within those boundaries.

CCG leads or their deputies as stated in paragraph 4 are also responsible for:

- Providing clear feedback to the Governing Body in common ensuring that their CCG is adequately represented on and actively engaged with developing the recommendations of the Committee.

6. Meeting Frequency

The Committee shall meet biannually per annum and at such other times as the Committee shall determine.

Urgent matters relating to the responsibilities of the Committee should be discussed with the Chair or Vice Chair to determine whether the matters can be agreed by “Chairs Actions” or whether an urgent meeting of the Committee needs to be called.

7. Quoracy & Voting

For this Committee to be quorate there must be in attendance at least one lay member from each CCG (to include the Chair and Vice-Chair).

At all times the Committee will seek to reach a consensus. Where this is not possible and a vote is required, each member (or deputy in case of absence) will have a single vote and decisions will be carried on a 66% majority (2 out of 3 CCG lay members for in agreement).

8. Papers

The Committee shall appoint a secretary, who shall be responsible for supporting the chair of the Committee in the management of the Committee’s business and for drawing the Committee’s attention to best practice, national guidance and other relevant matters, as appropriate.

The agenda and papers will be provided to committee members at least 5 working days before the meeting.

9. Review

The Committee will review its own performance, membership and terms of reference as required but at least annually and make proposals for any changes to the Governing Body in Common. The Terms of Reference for the Committee will be approved by the Governing Body in Common for the three CCGs.

Appendix 8

Frimley North and South System Joint A&E Delivery Board Terms of Reference

1. Purpose

- 1.1. To ensure delivery of A&E constitutional performance standards.
- 1.2. To develop, oversee and assure that the necessary actions are taken to enable integrated, quality, sustainable delivery of urgent care, by applying a whole system approach within the local economy of care.
- 1.3. The Frimley North and South System Joint A&E Delivery Board will be responsible for the overall delivery of the Urgent and Emergency Care Delivery Plan and will report to the STP Programme Board.
- 1.4. The Frimley North and South Joint A&E Delivery Board will be directly responsible for oversight and scrutiny of the delivery of the Plans under the following 5 pillars:- NHS 111 online and calls, Ambulances, Hospitals and Hospital to Home. The remaining two pillars; GP Access and Urgent Treatment Centres will report directly to the STP delivery board.
- 1.5. The Frimley North and South joint A&E Delivery Board will oversee the work of local sub groups responsible for implementation giving direction, providing a point of escalation and accountability.
- 1.6. The Frimley North and South System Joint A&E Delivery Board will enable stakeholders, who have the expert clinical knowledge of the local health and social care system to discuss pressures, challenges and work together to help each other to address blockages to improve system flow and patient experience.
- 1.7. The Frimley North and South System Joint A&E Delivery Board will agree assurance responses to NHS England and will take part in any assurance process NHS England requires.

2. Scope

- 2.1. The Frimley North and South System A&E Delivery Board will be responsible for ensuring:
 - High quality patient care, is at the heart of all its activities That system leaders are brought together and seek to ensure system alignment across health and social care
 - The system works in an inclusive and collaborative way
 - That the system seeks to embrace new innovative ideas and cross organisational boundaries
 - Review and utilise a full range of appropriate data to inform decisions, identify gaps and share successes
 - Best practice is adopted by all concerned Partners
 - Ensuring effective planning and operation of the local ambulatory services
 - The effectiveness of services and high risk group pathways are reviewed, gaps identified and plans to address issues are acted upon across the whole patient journey
 - There are local plans in place to support the care of the key categories of patient who attend or are admitted frequently, for example frail elderly, sick children and high dependency individuals, especially vulnerable adults (homeless, drug and alcohol related problems, mental health problems)

- A full range of services is available to acute trusts for those patients in A&E who need services not provided by acute hospitals and if not available identify what is needed
- Working with local authorities, to ensure early discharge is feasible
- Development, system agreement and approval of local recovery and improvement plans, holding the system to account for delivery
- Testing and approval of surge and escalation plans
- Development, system agreement and approval of system delivery work plans, holding the system to account for delivery
- Escalation of any unresolvable issues to and receive key messages from the member governing bodies and Boards thus ensuring alignment and not duplication of work
- Ensuring effective planning and operation of (integrated) 111 services
- Ambulance Services – Emergency Department handover times
- Integrated Out of Hours Services
- Initiatives that will reduce avoidable A&E attendances and admissions
- Self-care & Prevention are the heart of our plans to build resilience in the community
- Culture – we foster a culture where patients and the public have realistic expectations of care when a patient is medically stable and can be discharged

Objectives

There are a number of specific national objectives for the urgent care element of the A&E Delivery Board as detailed below:

- a) Deliver sustained, robust performance of 95% A&E constitutional standards
- b) Overseeing the delivery of the Plan to deliver against the 5 Urgent & Emergency Care Pillars as agreed by the national tripartite (see below)
- c) The development and utilisation of “clinical decision-support hubs” to support the timely and effective management of A&E services including the 111 service
- d) Accessing effective communication, information technology and data sharing systems, including real-time access to an electronic patient record containing information relevant to the patient’s urgent care needs;
- e) The delivery of local mental health crisis care action plans to ensure early and effective intervention to prevent crisis and support people who experience mental health crisis;
- f) Ensuring the effective development and configuration of primary and community care to underpin the provision of urgent care outside hospital settings 24/7; and
- g) Achieving accurate data capture and performance monitoring.
- h) Ensure optimised DoS to minimise inappropriate load on A&E.
- i) Work to STP footprint and UECN to expand access to primary care.

Urgent & Emergency Care - 7 Pillars

- NHS 111 Online
- NHS 111 Calls
 - North System – Become, through experiential learning, the first place of choice for patient care
 - South System – To be the entry point of choice to access high quality urgent care services provided through partnership and collaboration
- GP Access
 - Whole population improved access to primary care services
- Urgent Treatment Centres

- Improved access to urgent on the day services in the community between 8am and 8pm
- Ambulances
 - A local system supporting a more clinically led Ambulance Service focussed on treating patients in the most appropriate setting first time
- Hospitals
 - Pathways in place to ensure right care at the right time, in the right place to deliver lifesaving care to our sickest patients and to ensure no delays to our patient's discharge. To provide rapid, intensive support to those patients who have some risk of admission to try and avoid this where possible ensuring patients can be treated in the most suitable location for their needs. Care Closer to Home wherever possible
- Hospital to Home
 - "Home First!" To improve the transfer of patients to the right place, with the right care and support without avoidable delays. People stay for a shorter time in hospital once their necessary medical care is complete. Initial support needs are met and assessments are completed in a settled environment, ensuring people feel safe to live the life they want with support to manage their risks, build independence, health and wellbeing

Specific national mental health objectives include:

- Ensuring adequate 24/7 liaison mental health services in A&E
- Ensuring 24/7 community-based crisis response and assessment (through Crisis resolution and Home Treatments Teams)
- Adequate provision of health-based places of safety to ensure that people experiencing mental health crisis are not detained in police cells
- That local 111 DoS include a complete and up to date list of mental health crisis services for all ages

2.2. The Frimley North and South System A&E Delivery Board will not be responsible for:

- Operational day to day running of service provision
- Development of individual organisation surge and escalation plans
- Management of contractual or performance issues, these will be raised in the relevant Committees of the stakeholder organisations

3. Membership and Quorum

3.1. Membership will consist of senior clinical and managerial decision-makers from across the Frimley North and South System including Mental Health representation, from:

Director for Operations Frimley Park Hospital NHS Foundation Trust & Chair	Helen Coe
Director of Delivery & Transformation NEH&F CCG	Ruth Colburn-Jackson
Associate Director Urgent & Emergency Care & Specialist Services - B&A, Slough, WAM CCG's	Rachel Wakefield
Medical Director - NEH&F CCG	Peter Bibawy
Consultant & Chief of Service Emergency Directorate - Frimley Park Hospital NHS Foundation Trust	Prem Premachandran
Specialist Advisor for Urgent & Emergency Care & System wide Resilience - NEH&F CCG	Jayne Tunstall
Director of Quality & Nursing - Surrey Heath CCG	Alison Huggett/

Clinical Director of Improvement – Surrey Heath CCG Senior Manager - Surrey County Council	Rachel Darroch Anne Hooke
Director of Adult Social Care - Surrey County Council	
Associate Director for Integrated & Urgent Care and System Resilience	Emma Williams
Area Director – NE Hampshire County Council	Clare Hooke
Head of Intermediate Care & Community Hospitals - Virgin Care/ Regional Operation Manager Adult Community Services NE Hants, Farnham & Surrey Heath - Virgin Care	Sarah Wardle/ Susan Joyce
Chief Executive - NHUC	Felicity Greene
Service Manager, Surrey & Borders Partnership NHS Foundation Trust	Sonia Sansom
Regional Director for East Berkshire – BHFT	Jill Barker
Area Director for Integrated Community Services, FHFT Community Operational Manager, FHFT	Nicky Seargent/ Fran Campbell
Clinical Operations Manager SECamb	Joanna Crerar
Director of Analytics & Technology - ALAMAC	Michael Hawkes
Director of Operations, South Central Ambulance Service NHS FT Trust / Head of Operations - SCAS	Mark Ainsworth Kirsten Willis
Account Manager Commercial Services – SECAMB NHS Foundation Trust	Rory Collinge Andrew Pattison
Deputy Director of Operations & Transformation Frimley Park Hospital NHS Foundation Trust	Sarah Casemore
Chief Officer, Older People and Long Term Conditions - Bracknell Forest Unitary Authority	Mira Haynes/ Alysoun Asante
Patient Representative – NEH&F CCG	Jacqui Priddle
Associate Director - Medicine & Emergency Department, FHFT	Kirstin MacDonald (joining end of July)
Director of Operations for Wexham & Heatherwood, FHFT	Lisa Glynn
Head of Urgent Care, Buckinghamshire CCG's	Gary Passaway
Chief Executive, East Berkshire Primary Care Out of Hours	Patrick Rogan
Head of Operations East Berkshire & South Buckinghamshire, SCAS	Andy Battye
Thames Valley Urgent & Emergency Care Network Manager and Thames Valley 111 Integrated Urgent Care Procurement Programme Manager, Thames Valley Urgent & Emergency Care Network	Matthew Staples
Discharge GP WAM	Sohnia Tariq
Consultant Respiratory Physician, Chief of Service Medicine, FHFT	John Seymour
Consultant Acute Medicine Frimley Health NHS Foundation Trust	Johan Jordaan
Accountable Officer & Chair, Berkshire East CCGs	John Lisle
Clinical Director Urgent Care Chiltern CCG	Daljit Sahota
Quality and Delivery Specialist, ALAMAC	Marc Neil
Service Manager, Optalis/RBWM	Lynn Stephens
East Berkshire CCG Urgent and Emergency Care Clinical Lead	Jonathan Brudney/ Jim O'Donnell/Priya Kumar/Rohail Malik
Director of Adult Social Services, Slough Borough Council/ Head of Adult Safeguarding & Learning Disabilities, Slough Borough Council	Alan Sinclair/ Simon Broad
Senior Relationship Manager – UEC & Frimley Health STP, NHS England	Gurmit Sandhu
Executive PA to Medical Director - NEH&F CCG (Administrator for Frimley South & Joint LA&EDB)	Tracy London

- 3.2. The meetings will be chaired alternatively by the Chief Officer, East Berkshire CCGs and Director for Operations Frimley Park Hospital NHS Foundation Trust
- 3.3. Quorum is fifty percent of members in attendance, including at least one representative from Social Care, one from Providers, one from Mental Health and one of the CCGs represented
- 3.4. Other individuals may be co-opted into the group as appropriate.

4. Attendance and Frequency of Meetings

- 4.1. Meetings will be held monthly. This frequency may be changed by formal agreement of the Frimley North and South System A&E Delivery Board members.
- 4.2. Members who are unable to attend should ensure whenever possible that a suitable deputy attends on their behalf. Any person attending on behalf of a member is expected to have full decision-making authority.
- 4.3. Frimley North and South System A&E Delivery Board members will be expected to attend a minimum of two thirds of all meetings throughout the year
- 4.4. Representatives of other parties may be invited to attend meetings on an ad hoc basis to present or discuss matters relevant to issues being considered by the Board. Such attendance will be authorised by the Chair

5. Reporting Procedures

- 5.1. Minutes of the Frimley North and South System A&E Delivery Board will be provided to all members for dissemination to the appropriate Committees and Boards within the respective organisations.
- 5.2. Members will seek annual delegated decision making authority from their accountable organisations
- 5.3. The Frimley North and South System A&E Delivery Board will be represented on the Wessex, Thames Valley Urgent Care Network and these representatives will report Urgent Care Network activity to the Frimley North and South System A&E Delivery Board
- 5.4. Urgent Care Network Chair will be invited periodically

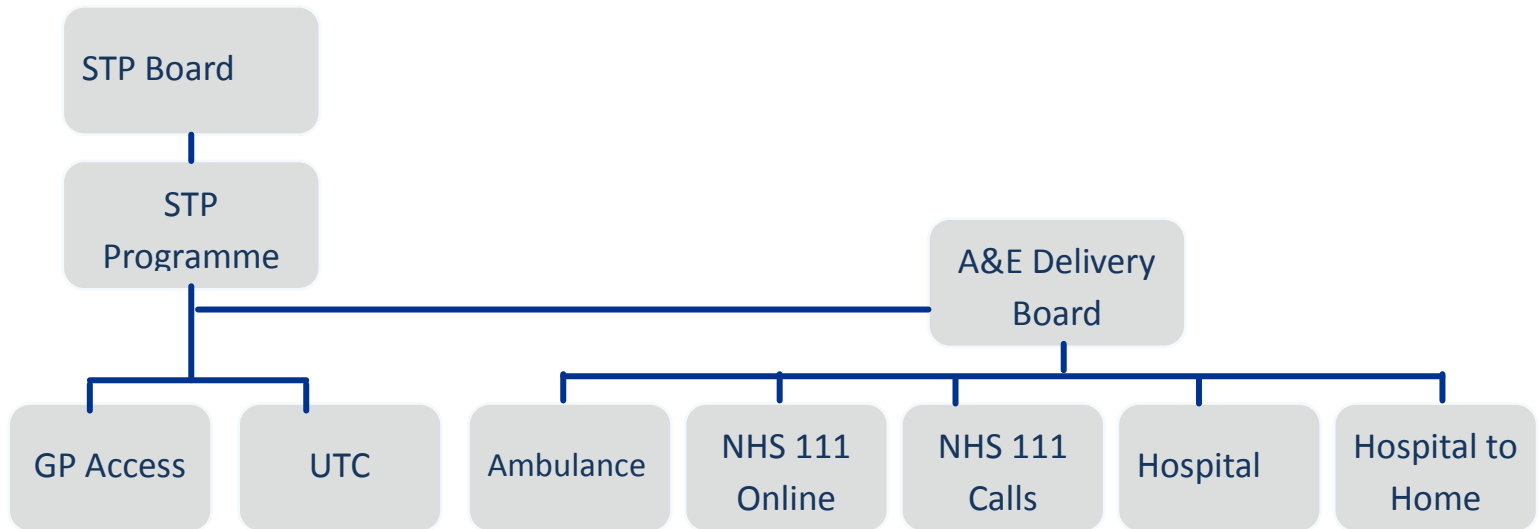
6. Responsibilities

- 6.1. The Frimley North and South System A&E Delivery Board will review:
 - System Recovery and/or Improvement Plans
 - Demand and Capacity Plans
 - System Surge and Escalation Plan
 - Recommendations on allocation of identified allocations, for example winter pressures money and Marginal Rate External Threshold
 - Operational Delivery Groups work plans and progress reports
 - Any requests for delegation of Frimley North and South System A&E Delivery Board responsibilities to a sub-group
- 6.2. It is expected that all members will ensure appropriate Committees and Boards within the respective organisations are aware and support the approval responsibilities.

7. Review

7.1. These Terms of Reference will be reviewed annually and may be reviewed at other times by agreement of the Board or as directed by NHSE

8. Urgent & Emergency Care Delivery Plan Governance Structure



Appendix 9

Frimley Health & Care Sustainability & Transformation Partnership Board Draft Terms of Reference

1. Purpose

The Frimley Health & Care Sustainability & Transformation Partnership Board (STP Board) is a system wide decision making board with membership balanced across health and local authority partners. The footprint has an ambition to operate as a single place based care system, encompassing health and social care with the overarching driver of all partners being to maximize the greatest health & care benefits for the 750,000 residents that the system serves. The STP has a clear set of priorities for the next five years which we have all agreed are vital to improve the health and wellbeing, care and quality and sustainability of services for the residents.

Therefore the Frimley Health & Care Partnership Board serves two purposes:

1 The development and implementation of a governance system that will facilitate the operation of a single place based care system

2 To be ultimately accountable for the delivery of the STP and therefore will hold each workstream to account in terms of providing assurances of delivery in the most cost effective way across the system.

2. Responsibilities

Establishing, supporting and resourcing the work required to implement the STP, including:

Providing a collective vision for the Frimley & Care System

Articulate the end state ambition with a governance structure to support

Effective arrangements for delivering the STP, including governance, leadership and Programme management.

The board will be supported by an MOU which includes clarity about risk share and benefit share, allocation of resources and conflict resolution.

The board will have delegated authority to make decisions about the STP on behalf of their organisations.

As each member will have delegated powers from their respective Governing body/ board to make decisions in relation to the STP, decisions of each member will not need to be ratified by their Governing body or board.

A formalized voting structure will be implemented.

Engaging the Frimley Health & Care system-wide leadership and reference groups to consider and advise on the STP direction setting and priorities

Ensure priorities and delivery focus are aligned to the challenges and opportunities across different parts of the system, both geographically and functionally.

Ensuring the mechanisms in place for engaging the patients, the public and staff are used to support and inform the STP.

Liaising with the national and regional team in the development of the STP as required.

Ensuring that the three system leadership groups are able to receive and support the STP in a timely manner.

Members of the group to take the lead and responsibility for holding discussions within their organisation and their sector that build understanding and consensus around the content and delivery of the STP.

3. Membership and decision making

Membership

Name	Organisation	Role
Andrew Morris	FHFT	Chief Executive & nominated STP Lead/ Chair
John Lisle	East Berkshire CCG's	Chief Operating Officer
Andy Brooks	SHCCG	Clinical Chief Officer
Maggie Maclsaac	NEHFCCG	Chief Officer
Julian Emms	Berkshire Healthcare NHSFT	Chief Executive
Fiona Edwards	Surrey & Borders Partnership	Chief Executive
Alison Alexander	Royal Borough of Windsor and Maidenhead	Managing Director
Timothy Wheadon	Bracknell Forest Council	Chief Executive
Graham Allen	Hampshire County Council	Director of Adults Health and Care
Helen Atkinson	Surrey County Council	Strategic Director ASC & PH
Alan Sinclair	Slough Borough Council	Director of Adult Social Care
Jane Hogg	FHFT	Integration & Transformation Director
Nigel Foster	East Berkshire CCG's	Chief Finance Officer
Tina White	Frimley H&C STP	STP Programme Director
Jan Fowler	NHSE	Regional Director
Shona Metcalfe	NHSI	
Jim O'Donnell	Slough CCG	Chair and Clinical Lead – TBC
Adrian Hayter	Windsor Ascot Maidenhead CCG	Chair and Clinical Lead – TBC
William Tong	Bracknell and Ascot CCG	Chair and Clinical Lead - TBC

Attendance

Others may be invited to help the group deliver its responsibilities.

Decision making

If a member is unable to attend there will be agreed and nominated deputies who will also be able to make decisions on behalf of their organisations.

The aim is that the group can deliver its responsibilities through discussion and consensus. When necessary, a majority view (voting process) will be used to take decisions.

Quorum

The group is quorate when Andrew Morris and at least one representative from each of the three established system leadership groups, a local authority representative, a clinical rep and a Mental Health/ Community Representative are present.

4. Frequency and organisation

The group will meet monthly following the Programme Delivery Board. Meetings will be organised by the PMO.

5. Programme support

A Frimley Health & Care STP Programme Delivery Board has been formed to ensure day to day delivery of the STP. A Programme Director works with this Group to lead and support delivery of the STP.

6. Reporting

Members will report to and brief their local established system leadership group and help to ensure timely meetings of that group in order to facilitate engagement and decision making.

Appendix 10

Bracknell & Ascot CCG Better Care Fund -Steering Group Terms of Reference

The governance for the Better Care Fund Steering Group (“the Group”) is agreed by the Better Care Fund Programme Board (“the Programme Board”). Membership of the Group is agreed by the Programme Board. The membership comprises Officers nominated and agreed by the Programme Board. The Programme Board receives reports from the Group, including proposals for new initiatives, review of the performance of ongoing projects, exceptional risks and issues.

Decision making by members of the Group will be by consensus. If the Group cannot reach an agreement on an issue, the matter will be referred to the Programme Board.

2. Purpose

The purpose of the Group is to review and evaluate the progress with the delivery of individual projects within the Better Care Fund Programme and to assess and evaluate individual project risk. The Group is supported by operational, financial and technical experts for this purpose.

The Group will receive reports from the individual Better Care Fund Project Leads and in turn ensure that the Programme Board receives regular reports on the status of each of the individual projects within the Programme.

3. Objectives

The objectives of the Group are:

- To assess and evaluate individual and overall Better Care Fund programme and project risk.
- To review and approve business cases and monitor the ongoing performance of specific project delivery against agreed Key Performance Indicators.
- To review reports and input from the individual Better Care Fund Project Leads.
- To review and highlight examples of best practice including evidence of joint working across boundaries.
- To review progress to date with the delivery of service strategies supporting the Better Care Fund Projects, such as the Joint Commissioning Strategy for Intermediate Care.
- To address any issues that have implications for the delivery of a project.
- To provide those directly involved in a project with guidance as needed.
- To develop the protocol for the programme closure and handover.
- To review project risks and assess progress on mitigation plans.
- To agree budget requirements within the Better Care Fund.

- To develop and review the Section 75 agreement and service schedules.

4. **Membership**

- Chief Officer: Adults and Joint Commissioning - Bracknell Forest Council (Chair)
- Chief Officer: Older People and Long Term Conditions – Bracknell Forest Council
- Consultant in Public Health – Bracknell Forest Council
- Senior Departmental Accountant – Bracknell Forest Council
- Clinical Lead – Bracknell and Ascot Clinical Commissioning Group
- Head of Operations - Bracknell and Ascot Clinical Commissioning Group
- Locality Director – Berkshire Healthcare NHS Foundation Trust
- Better Care Programme Manager – Bracknell Forest Council & Bracknell and Ascot Clinical Commissioning Group

Other representation may be sought to report on specific projects from the programme. Guests may be invited once nominated and seconded. Co-option of further members requires a motion being put to the Group and a majority vote.

5. **Chairing meetings and arrangements for Quorate**

The Steering Group will be chaired by Chief Officer – Adults and Joint Commissioning, Bracknell Forest Council. The meeting will be quorate with three or more members present with at least the Council and the CCG being represented. If the meeting is not quorate it will be rearranged at the earliest suitable time.

6. **Meetings**

Meetings will occur every month. Documentation will be sent out one week prior or as close to this as possible. Conflict of interest must be declared at the beginning of each meeting.

7. **Budget Requirements**

The Steering Group will recommend budget requirements for approval by the Programme Board or Health and Wellbeing Board. The limits for authorisation of requirements within the Better Care Fund are as follows:

Value	Authoriser
Up to and including £25,000	BCF Programme Board
Over £25,000 up to and including £50,000	BCF Programme Board
Over £50,000 up to and including £100,000	Health & Wellbeing Board
Over £100,000	Health & Wellbeing Board

8. **Reporting**

The Steering Group receives monthly reports highlighting individual project progress and status as well as a monthly project risk log and budget position. The Group will also have

sight of the reports reviewed and produced by sub-groups including the Prevention & Self Care Steering Group and Board as requested.

All meetings are minuted and papers are made available to the Programme Board.

9. Review of Terms of Reference

The Terms of Reference are to be reviewed after six months and then every 18 months thereafter, or sooner as required.

Slough CCG Better Care Fund Joint Commissioning Board

The membership of the Joint Commissioning Board will include members of the Slough Clinical Commissioning Group (CCG) and Slough Borough Council as follows:

Voting Members

Chief Finance Officer - Slough CCG
Director of Strategy and Development - Slough CCG
Corporate Finance Partner - Slough Borough Council
Assistant Director Adult Social Care and Commissioning- Slough Borough Council
or a deputy to be notified to the other members in advance of any meeting;

In attendance

BCF Programme Manager Slough CCG
Policy Officer SBC
Commissioning Manager Slough CCG
Commissioning Manager SBC
Performance Manager SBC
Performance Manager Slough CCG
Older person's partnership board representative
Health Watch Representative
Acute Trust Representative
Public Health Representative
Foundation Trust Representative
Community Trust Representative
Patient Representation Group member
GP representative
Adult Social Care Manager

Role of Joint Commissioning Board

The Joint Commissioning Board shall:

- Provide strategic direction on the Better Care Fund programme;
- receive the financial and activity information;
- review the operation of this Agreement and performance manage the programme;
- agree such variations to this Agreement from time to time as it thinks fit;
- review and agree annually a risk assessment and a Performance Payment protocol;
- review and agree annually revised Schedules as necessary;
- request such protocols and guidance as it may consider necessary in order to enable the Pooled Fund Manager to approve expenditure from a Pooled Fund;

Joint Commissioning Board Support

The Joint Commissioning Board will be supported by officers from Partners from time to time.

Meetings

The Joint Commissioning Board will meet quarterly at a time to be agreed following receipt of each quarterly report of the Pooled Fund Manager.

The quorum for meetings of the Joint Commissioning Board shall be a minimum of four [two representatives from each of the Partners]. If the meeting is not quorate information can be received and discussion can take place but no decisions can be made.

Decisions of the Joint Commissioning Board shall be made unanimously by all the voting members. Where unanimity is not reached and there is disagreement between the voting members the commissioning body for the services or elements for agreement shall have discretion to take such action or inaction as it decides in accordance with its obligations under this agreement. If this is not possible the issue will be escalated to the Director of Wellbeing and the Chair of the CCG.

Where a member is not present and has not given prior written notification of its intended position on a matter to be discussed, then those present may not make or record commitments on behalf of that member in any way.

Minutes of all decisions shall be kept and copied to the Authorised Officers within 10 working days of every meeting.

Papers for the meeting are to be circulated 5 working days in advance

Delegated Authority

The Joint Commissioning Board is authorised within the limits of delegated authority for its members (which is received through their respective organisation's own financial scheme of delegation) to:

- authorise commitments which exceed or are reasonably likely to lead to exceed the contributions of the Partners to the aggregate contributions of the Partners to any Pooled Fund; and
- authorise a Lead Commissioner to enter into any contract for services necessary for the provision of Services under an Individual Scheme

Information and Reports

The Pooled Fund Manager shall supply to the Joint Commissioning Board on a quarterly basis the financial and activity information as required under the Agreement.

Partners will undertake an Annual Review and the provision of services within 3 months of the year end and provide this report to the Board.

Post-termination

The Joint Commissioning Board shall continue to operate in accordance with this Schedule following any termination of this Agreement but shall endeavour to ensure that the benefits of any contracts are received by the Partners in the same proportions as their respective contributions at that time.

Appendix 12

Windsor and Maidenhead Health and Wellbeing Board Better Care Fund Board

Terms of Reference

Version control

<u>Date</u>	<u>Version</u>	<u>Amendments</u>
<u>MH to add original</u>	<u>MH to add original</u>	
<u>15/03/2017</u>		<u>Redraft for 2017-19</u>
<u>05/04/2017</u>	<u>MH amendments following March 2017 BCF Board meeting</u>	<u>Redraft for 2017-19</u>

Background

RBWM together with WAM CCG and B&A CCG are jointly committed to improving the integration of Health and Social Care Commissioning of services to deliver better outcomes for their residents. The Better Care Fund agreement between the three parties for 2017-19 brings together a budget of circa £10m pa and a series of projects to deliver both the national and locally agreed aims of reducing non-elective admissions to hospital and delayed transfers from acute care into the community and between community services, through enhanced out of hospital services and prevention services. All of these targets are consistent with the local aspirations embraced within the recently refreshed Joint Health and Wellbeing Strategy which will deliver better outcomes for all local residents.

The Better Care Fund is a delivery arm for the Sustainability and Transformation plans (STP). The ambitions are reflected in the local authority Strategic Plan and CCG Operating Plan. The local authority and CCG are committed to working collaboratively with partners to enhance the integration, value, relevance and quality of services available to residents.

Purpose

The purpose of the Better Care Fund Board is to provide governance of the Better Care Fund and optimise the financial objectives of the Section 75 legal agreement to deliver whole system efficiencies and ensure better outcomes for local residents.

Outcomes

The Board is tasked with delivering the following outcomes:

1. Providing vision, ambition and strategic direction to the integration agenda of RWBM and WAM CCG, and associated programme of projects.
2. Planning for the investment and projects to deliver transformation and efficiency objectives in 2017-19 and beyond – in line with other major transformational initiatives such as the 5 Year Forward View; Frimley STP; GP Forward View, Connected Care and digital road map programme and the Local Authority strategic plan.
3. Ensuring that in-year objectives and outcomes are delivering to target through regular reporting.
4. Managing the financial risk through dynamic budget planning.

5. In year change control of the pooled budget to ensure the delivery of objectives and outcomes and mitigation of strategic risks. (See Appendix A)
6. Maintaining a dynamic risk register to monitor and address issues likely to affect delivery of the Better Care Fund plan.

Membership

The commissioner membership of the Better Care Fund Board consists of:

- Head of Commissioning - Adult, Children and Health Adult, Children and Health Directorate, RBWM - **Hilary Hall (chair)**
- Associate Director for WAM CCG and Primary Care (3 CCGs) – **Alex Tilley**
- Associate Director for Integration for East Berkshire - **Hilary Turner**
- Associate Director for Bracknell CCG – **Helen Single**
- RBWM Service Lead for Adults and Housing – **Nick Davies**
- East Berkshire CCGs Chief Finance Officer - **Nigel Foster**
- Finance Partner, RBWM – **Alan Abrahamson**
- Service Lead, Public Health RBWM – **Teresa Salami Oru**
- Commissioning Manager RBWM – **Fiona Betts**
- BCF Manager, WAMCCG/RBWM – **Marianne Hiley**
- Surrey BCF lead (for specific projects only)

The provider representation on the BCF Board consists of :

- Community Services Provider (BHFT) – Claire Williams– **Claire Williams**
- Acute Services Provider (Frimley Health) – **Sharon Boundy**
- Adult Social Care Provider - Optalis – **Angela Morris**
- Achieving for Children - (effective from 1 August 2017)

In addition, the Better Care Fund Board will have the option to co-opt people with the appropriate skills, knowledge and expertise as required.

BCF Board papers will be sent to the following for information:

- **Alison Alexander** - Managing Director and Director Children's Services, RBWM
- **Fiona Slevin-Brown** – Director of Operations and Strategy, East Berks CCGs
- **Dr Jackie McGlynn** – for RBWM residents registered with Bracknell and Ascot GP practices
- **Dr Adrian Hayter** – Clinical Chair WAM CCG
- **Dr William Tong** – Clinical Chair BAA CCG

Frequency of Meetings

The Better Care Fund Board will meet monthly but with the flexibility to have more or less meetings as appropriate.

Structure of Meetings

Regular Meetings will include standing items relating to performance and budget management, and variable agenda items reflecting the programme monitoring and management of all BCF related projects.

Quarterly Variation - The monthly meeting preceding the quarterly meeting of the Health and Wellbeing Board meeting will have an alternative format with the meeting in two parts:

Part 1 – at which commissioners can meet

Part 2 – for commissioners and providers to meet together

Appendix B: Schedule of meetings for 2017/18

Quoracy

The meeting will be quorate if attended by a minimum of 3 commissioner members listed above, including at least one director level representative for participating CCGs and one commissioner for RBWM.

Accountability and Governance

The work of the Better Care Fund Board is overseen by the Health and Wellbeing Board. The Health and Wellbeing board meets quarterly and an update on the Better Care Fund outcomes will be a standing item on the agenda.

All financial decisions in relation to new projects requiring in year virements will be agreed between the Local Authority Finance Officer and CCG Director of Finance and Performance, and ratified by the Health and Wellbeing board joint chairs. (See appendix A)

Review

These Terms of Reference for the Better Care Fund Board will be reviewed and agreed annually at the start of a new financial year.