

Proposed Governance Arrangements for Joint Commissioning of Health and Social Care between Lincolnshire County Council, the Four Lincolnshire Clinical Commissioning Groups and the Local Area Team of NHS England

1 Aim of the Report

This report intends to propose governance arrangements for Joint Commissioning of Health and Social Care between Lincolnshire County Council, the Four Lincolnshire Clinical Commissioning Groups and the Local Area Team of NHS England

2 Background and Context

Lincolnshire Health and Social Care agencies have a long history of successful joint commissioning arrangements and in some instances this has culminated in a formal Section 75 agreement which describes arrangements for pooling of budgets.

Both Lincolnshire County Council and the Four Lincolnshire Clinical Commissioning Groups have sought to increasingly co-ordinate their commissioning, taking joint responsibility for implementing strategies, whilst seeking to ensure improved outcomes, greater efficiencies and higher quality services.

Whilst joint commissioning arrangements have continued to operate for a number of years the time has now come to review and refresh arrangements. The commissioning landscape has changed with the introduction of Clinical Commissioning Groups (CCGs) and the further merger of PCT Clusters into Local Area Offices of the National Commissioning Board in April 2013. As the CCG have begun to take responsibility for joint commissioning arrangements there is a renewed focus and commitment by both parties to ensure that joint commissioning is delivered through clearly defined governance framework that is transparent and effective. There is a shared desire to increase the level of engagement with and ownership of joint commissioning arrangements providing integrated strategies, a clear decision making process and priority setting for the organisations.

As we seek to achieve further integration and achieve the ambitions of the Sustainable Services Review, our current governance structures need to be strengthened, given more flexibility and become more efficient/effective. The next section of the report sets out the proposed joint commissioning arrangements between Lincolnshire County Council, the Local Area Team of NHS England and the Four Lincolnshire Clinical Commissioning Groups. The proposals outlined in the paper are intended to stimulate debate and will be presented to the Governing Body of the Four Clinical Commissioning Groups and the Council for approval

There is recognition that there will need to be transition arrangements in place before all joint commissioning activities required under the Sustainable Services Review are able to be governed through these mechanisms. The scale of change needed to achieve the ambitions of the Sustainable Services Review cannot just be achieved through commissioning but requires significant change management. There will need to be clear governance arrangements for the LSSR work streams with agreed

processes for transfer of these work streams to the relevant commissioning delivery groups at the appropriate time. This will emerge under phase 2 of the LSSR

3 Formal Proposed Commissioning Structures

The structure in Appendix A demonstrates proposed commissioning governance structures. It is recognised that current arrangements are condition specific with no overarching strategic commissioning body to monitor the totality of health and special care spend and outcomes. Current arrangements are highly complex, with duplication of governance and therefore in need of being streamlining. The proposed structure provides greater flexibility and has strategic overview of all joint commissioning activities

Using the current work streams in the Sustainable Services Review as the baseline to describe activity alongside other key agency responsibility, it is proposed that the relevant Boards would be responsible for the following areas of activity:

Commissioning Board	Areas of Responsibility
Joint Commissioning Board	<ul style="list-style-type: none"> • Strategic Leadership; • Strategic responsibility for commissioning integrated health and social care to meet the aspirations of the key stakeholders, commissioners and the outcomes of the Health and Well Being Board; • Strategic Risk Management ; • Endorsing Joint Commissioning Strategies to achieve agreed Priorities. • Reporting on progress to the Health and Wellbeing Board
Proactive Care (Delivery Board)	<ul style="list-style-type: none"> • Needs and Resource Assessment, Strategy development (prevention focused) and implementation of Proactive Care; • Specification, Procurement, Contract Management, Quality Assurance and Safeguarding of Proactive Care; • Trigger Response (early identification of needs to prevent problems escalating) ; • Integrated Discharge to assess (co-ordinated community based discharge support); • The declining Patient (single point of access and unified team for care planning and delivery) ; • Commissioning lead for: <ul style="list-style-type: none"> - Recovery, re-ablement and rehabilitation - Intermediate Care - Remote Monitoring of Tele-health - Integrated Community Equipment - End of life care - Self-care Enhanced Carer support - Falls Prevention - Wellbeing Network.

	<ul style="list-style-type: none"> • Assessment and care management for adults with physical disability and older people
Women and Children's (Delivery Board)	<ul style="list-style-type: none"> • Needs and Resource Assessment, Strategy development (Early Intervention focused) and implementation of Women & Children's Services; • Specification, Procurement, Contract Management, Quality Assurance and Safeguarding of Services for Women & Children; • One Commissioner ethos; • Admission avoidance; • Early Intervention and targeted intervention through neighbourhood teams; • (primary care and targeted interventions across health and social care) • Child development centre network (integrated assessment, care planning and care delivery for children) ; • Commissioning lead for: <ul style="list-style-type: none"> - Consolidation and integration of specialist services including LAC,CAMHS &SEN - Early Years Services - Education Support Services - Readiness for Adult Life
Adults Specialist (Delivery Board)	<ul style="list-style-type: none"> • Needs and Resource Assessment, Strategy Development and delivery of Specialist services; • Specification, Procurement, Contract Management, Quality Assurance and Safeguarding of Services for Adults with Learning Disability, Mental Health problems, Autism; • Commissioning lead for: <ul style="list-style-type: none"> - Assessment and care management for adults with learning disability need - Assessment and care management for adults with mental ill health - Assessment and care management for adults with autism.

The arrangements described in this report are developing. The foundation of a Joint Commissioning Board is in place and there are plans to evolve the Learning Disability Joint Commissioning Board into the Adults Specialist Delivery Board with a proposal that the Women and Children's Delivery Board should be an early implementer. Other delivery boards would be developed with informed learning from the forerunners.

NB – the urgent care board is not a formal part of these joint governance arrangements. The Urgent Care Board enables the delivery of high quality urgent and emergency services, and is a requirement of NHS England, The Trust Development Authority and Monitor.

The following outline/ summary Terms of Reference are proposed:

Appendix C and D outline detailed terms of reference for the Adult specialist and Women's and Children's Delivery Board

Terms of Reference Joint Commissioning Board	
Purpose of Group	<ul style="list-style-type: none"> • To provide strategic leadership; • Coordinate the outputs for service area specific commissioning board to achieve agreed Outcomes and other priorities; • Strategic Risk Management; • To discuss and provide areas that may be priorities for future change to Health and Wellbeing Board; • To propose programmes of joint investment to support Joint Health and Wellbeing priorities, • Provide updates to CCGs, LA and Health and Wellbeing Board on performance against specified outcomes
Membership:	<ul style="list-style-type: none"> • Representatives from the Clinical Commissioning Groups covering Lincolnshire • County Council Corporate Management Board • Local Area Team of NHS England (NB NHS England have a number of roles including system management, commissioning and assurance. Where acting as Commissioner, they will play full part in decision making – where not undertaking a commissioning role, NHS England may be asked to leave the meeting / act as observer)
Areas of Responsibility	<ul style="list-style-type: none"> • To coordinate the delivery of the agreed Joint Commissioning and Health and Wellbeing priorities and monitor delivery of the Sustainable Services Review • To review and as required prepare proposals about Joint Commissioning and Health and Wellbeing priorities between the CCGs and LA • To co-ordinate joint commissioning activity to deliver outcomes for local people in local areas • To ensure that the constituent organisations consider any decisions required to deliver agreed programmes of joint investment.
Frequency of meetings:	<ul style="list-style-type: none"> • Meetings will take place each month in the first instance; • NB - Quoracy: The group is a coordinating partnership group so quoracy is not an immediate

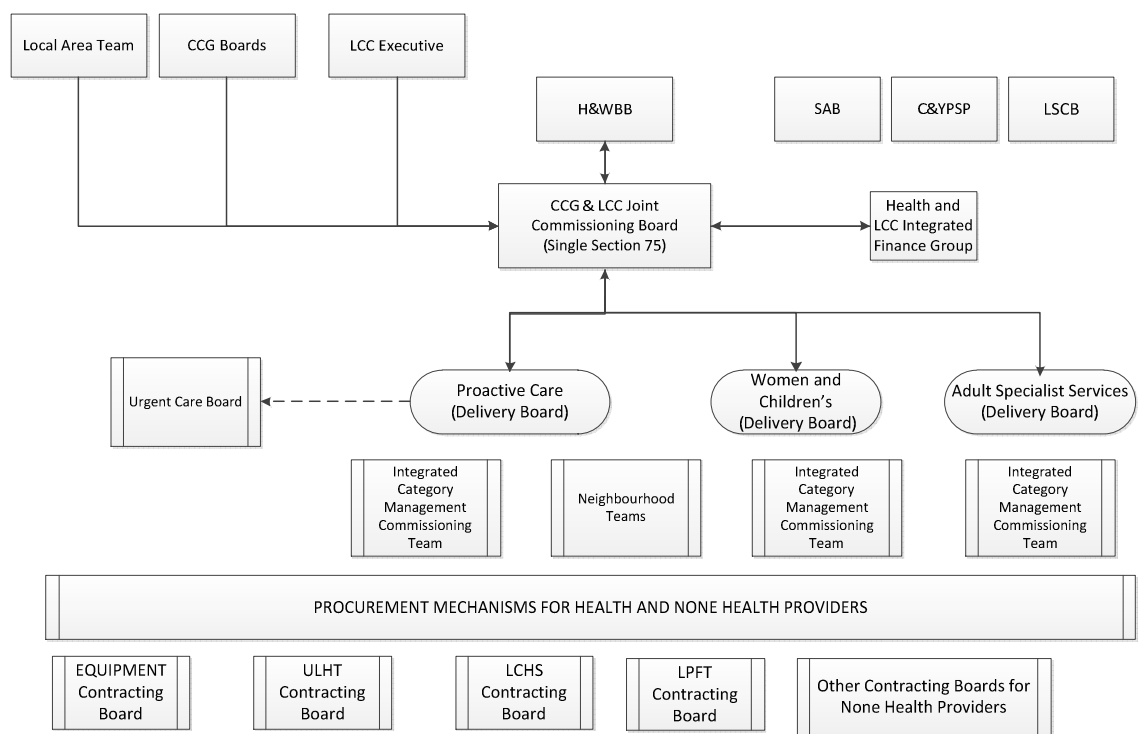
	issue as decisions will be taken by individual organisations
Terms of Reference Joint Commissioning Delivery Boards	
Purpose of Group:	<ul style="list-style-type: none"> • To deliver the outcomes and priorities agreed; • To agree a joint strategy for the assessment of need, service re design, procurement and monitor implementation of services related to area of responsibility • To ensure clear communications to the Joint Commissioning Board and own organisation on commissioning related to area of responsibility • Deliver Best Value • Ensure compliance with confirmed policy and standards.
Membership	<ul style="list-style-type: none"> • Representatives from at least two Lincolnshire Commissioning Groups; • Representatives from Lincolnshire County Council • Local Area Team of NHS England <p>All delivery commissioning boards will have clinical/ technical and management representation.</p> <p>Executive decisions stemming from the Group's work will be made by the constituent organisations as required</p>
Areas of Responsibility	<ul style="list-style-type: none"> • To steer the delivery of the agreed Joint Commissioning priorities and to report on progress to own organisation and the Joint Commissioning Board - this may include identifying action required to deliver the agreed priorities; • Ensure engagement and co-production with service users, carers and other stakeholders; • To ensure actions are being taken forward through functional activity groups as relevant; • To propose and monitor agreed programmes of joint investment, • To prepare proposals about future Joint Commissioning priorities between the Clinical Commissioning Groups and the Council • To co-ordinate joint commissioning activity across Lincolnshire to deliver consistent outcomes for local people

	<ul style="list-style-type: none"> • To provide reports for own organisation and the Joint Commissioning Board as required. • To ensure that the constituent organisations consider any decisions required to deliver agreed programmes of joint investment or transfer.
Frequency of meetings	<ul style="list-style-type: none"> • Meetings will take place each month in the first instance.

1. Conclusion

The governance arrangements are intended to provide a framework for the delivery of the sustainable services review and for achieving the priorities of the Health and Well Being strategy. These refreshed arrangements reflect the changing commissioning landscape and will enable health and social care commissioners to have joint engagement and ownership of joint commissioning arrangements providing integrated strategies, to improve the health and social care needs of our communities

APPENDIX A



Appendix B

Governance Arrangements and Terms of Reference of Joint Commissioning Board (JCB)

1. Introduction

- The **Joint Commissioning Board (JCB)** will provide strategic leadership and coordination on all aspects of the commissioning cycle specific to integrated commissioning of health and social care activity

The individual Service areas under the governance of this delivery board include:

- The development of 'neighbourhood teams' to deliver integrated health and social care at locality level
- . The Development of a pooled budget and jointly commissioned Intermediate Care Layer to reduce hospital admission and stays
- Seven-Day Working to improve community access to services
- Prevention so communities can access early help to prevent needs escalating, delivering services in an integrated way
- Enablers notably estates, organisational development and IMT to support the workforce delivery modern, effective and efficient services.

The **JCB** will oversee the commissioning of local services and activities on behalf of Lincolnshire County Council, the Lincolnshire Clinical Commissioning Groups and. Local Area Team of NHS England. They will delegate work streams to a number of Joint Delivery Boards who will report and be accountable to the JCS

The scope of services included (and excluded) under the governance of the JCB will be set out in the individual Service Chapters of a Section 75 agreement. Those chapters also provide details of the relevant performance, finance, resources, as well as decision making and risk sharing arrangements.

The Joint Commissioning Board will at all times be accountable to the relevant agencies subject to the section 75 agreement. A summary chart of the overall Governance arrangements for local joint commissioning are set out at Appendix A.

The individual Service Chapters of this Section 75 agreement will also set out the lead commissioning arrangements for each service or part of the service. The identified lead commissioner(s) will in turn complete the commissioning responsibilities in line with their own organisational constitutional decision making arrangements and in line with all relevant legislation.

2. Purpose and Remit of the Board

The principle functions of the **JCB** is to lead at a strategic level the commissioning of integrated health and social care to meet the aspirations of the key stakeholders, commissioners and the outcomes of the Health and Well Being Strategy. The Board will also determine and monitor strategic Risk Management ; will endorsing Joint

Commissioning Strategies to achieve agreed Priorities and will report on progress to the Health and Wellbeing Board

The Board should do so by making best economic use of and within resources available.

On behalf of Lincolnshire CCG's, Local Area Team of NHS England and Lincolnshire County Council the JCB will also facilitate the integration of commissioning activities and provision where ever this adds value. It will work in partnership with a range of agencies and providers, ensuring resources are prioritised according to need and where they will achieve the most impact.

The **JCB** will prioritise commissioning activity and the coordination of commissioned services. The board will facilitate decisions about how resources are allocated across the County and across priorities. However, it is recognised that representatives can only undertake delegated decisions in line with their own individual organisations decision making framework.

3. Key Responsibilities of the Board

The **JCB** will, provide strategic leadership for:

- The identification of key Priorities and Outcomes for the delivery of integrated health and social care
- Be accountable to the Health and Well Being Board for the delivery of the Better Care fund (constituent members will be accountable to their own organisation)
- Be accountable to the Health and Well Being Board for the delivery of LSSR work streams once responsibility is formally transferred (constituent members will be accountable to their own organisation. Development and design of integrated health and social care services will be led by LSSR governance. Once design is completed, responsibility will transfer to the commissioning arrangements
- Agree the key priorities for the Joint Delivery Boards and monitor their outcomes including approving commissioning strategies
- Ensure commissioning strategies comply with agreed safeguarding strategy and policy;
- Take responsibility for the production and ongoing maintenance of a risk register and associated mitigating actions;
- Approve equalities impact assessments associated with commissioning strategies
- Be responsible for the development, annual review and ongoing monitoring of a robust performance management framework (receiving and scrutinising performance monitoring reports);
- Develop and approve Performance and Financial Targets;
- Determine the arrangement for an integrated commissioning arrangements - which will include but will not be limited to the following commissioning activities:
 - Stakeholder Engagement, including the participation service users, carers and other stakeholders in commissioning processes and procedures;
 - Needs and Resource analysis;

- Budget and Financial planning and management;
- Service Specification;
- Procurement;
- Contract Management;
- Quality Assurance;
- Safeguarding;
- Market Management;
- Service Planning;
- Evaluation of services
- Integrated workforce development (in particular around health, care and education support providers)
- Compliance with agreed assessment processes and procedures;
- Review of commissioning arrangements and spend;
- Ensure compliance with agreed policies and working practices, including compliance with the relevant statutory requirements of each partner agency;
- Equality and impact assessments;
- Ensure all services commissioned are performance managed against agreed and measurable outcomes, inputs and outputs.

4. Joint Strategic Needs Assessment (JSNA)

It is a requirement that all Joint Commissioning Strategies developed by the JBC will take account of priority needs identified through the JSNA. In addition to the JSNA, the commissioning of services will also be informed via consideration of local political priorities; National Policy and Guidance, community/user feedback, demographic information and specialist needs assessments that target specific groups.

5. Delegated Authority

The **JCB** operates within the authority delegated by statutory partners and or the Health and Well Being Board

Decision making processes will therefore need to reflect the governance arrangements of constituent members accountability frameworks working through delegated decision making and any overarching agreement such as a section 75 etc.

. A key role for the JCB will be to ensure that decisions taken by the Board and the delivery Boards meet the governance requirement of the Section 75 agreement where appropriate and of the relevant organisation's decision making process and are done so, within the appropriate timescales including confirming how such decisions will be facilitated and recorded.

The Health and Wellbeing Board will be a consultee for the Joint Commissioning Board. Where decisions are also required to be formalised by individual agencies they may also be required to be considered by relevant scrutiny bodies and other constitutional arrangements.

6. Board Membership and respective responsibilities

Core Membership of the Women and Children's Joint Delivery Board

The core membership will include the relevant:

- Chief Officers of the Four Clinical Commissioning Group;
- LCC Executive Directors
- LCC Chief Executive
- Nominated Officer representative of Local Area Team of NHS England
- Nominated Financial Officer from LCC;
- Nominated Finance Officers from the CCG's

Chair and Deputy Chair

The chair and deputy chair of the **JCB** will be agreed by the core members by nomination and if necessary by vote.

The Chair or Deputy Chair will chair the board meetings and will make decisions on whether Board meetings should proceed, be cancelled or re-scheduled

Quorum

Quorum will be 2 members from CCGs and 2 members from LCC (including Public Health). Voting on policy issues or resources is not permitted; these must be referred to the relevant statutory partner as appropriate.

Alternates/Substitutions

Members of the Board will be required to attend in person or send their apologies. Deputies may attend on behalf of the individual Board member provided that they are able to fulfil the role and responsibilities and with the prior agreement of the Chair and prior notification to all core members of the Specialist Services Joint Delivery Board.

Declaration of interests

There will be occasions when a Board Member has more than one legitimate interest that may conflict with matters coming to the Board for discussion, consideration or decision. In order to protect themselves and the business of the Board, members should declare any potential conflict of interest at the time it arises to the chair of the Specialist Services Delivery Board in writing.

Individuals are not required to declare all associations they may have outside the work of the Board. Relevant interests may include both financial and non-financial interests. The test of relevance is whether the interest might reasonably be thought by the public to affect the way in which an individual discharges his or her duties. The test therefore is not whether an individual's actions will be influenced by the interest but whether the public might reasonably think that this may be the case.

The Chair of the Board will decide if any action needs to be taken as a result of the declaration including leaving the meeting for specific items under discussion. Any declaration and decision which follows will be recorded in the minutes.

Board members and attendees will also be required to declare any interest that may be a conflict of interest in line with their employing agency's own declaration of interest procedures and in particular where they relate to any services or activities being directly commissioned by the organisation they are employed by.

Roles and Responsibilities of Individual Members of the Board

- Act as a 'champion' for delivering improved Outcomes and Value for Money and the relating underlying principles of joint commissioning arrangements in Lincolnshire (including but not limited to safeguarding and the Early Intervention and Prevention agenda);
- Provide Strategic Leadership for the agreed joint commission priorities as well as the commissioning priorities within their parent organisation;
- Ensure decisions are taken in line and in compliance with the rules of each relevant agency;
- Actively identify and manage risk associated with the joint commissioning agenda;
- Ensure effective communication and engagement to and with their own organisations/groups and that relevant issues from their organisations/groups are fed back to the Board in a timely manner;
- Ensure communication across partners/stakeholders and work in cooperation with each other to ensure the Board fulfils its purpose and stated objectives;
- Undertake work on tasks assigned by the Board;
- Take a full and active part in the work of the Board;
- Attend meetings of the Board as scheduled;
- Provide support in order to hold each other and partners to account for ensuring action to address performance and appropriate joint investment in resources
- Ensure collective responsibility is observed in relation to decisions made and informed by the Board;

8. Frequency of Meetings and Standard Agenda Items

The **JCB** will meet at least 4 times a year and will aim to meet bi monthly

- Governance Arrangements and Terms of Reference of the Specialist Services Joint Delivery Board (JDB)

4. Introduction

This part of the Section 75 Agreement between the Lincolnshire Clinical Commissioning Groups (CCG's), the Local Area Team of NHS England and Lincolnshire County Council (LCC) explains the governance arrangements for the Specialist Services Joint Delivery Board (JDB).

The Specialist Services JDB will oversee the local commissioning and provision of Specialist Services. The scope of services included (and excluded) from the overarching term Specialist Services are set out in the individual Service Chapters of this Section 75 agreement and as provided in Part 5 of this agreement. Those chapters also provide details of the relevant performance, finance, resources and risk sharing arrangements.

The individual Service Chapters will be developed and reviewed incrementally and will include Services for people with:

- Learning Disabilities;
- Mental Health Services;
- Autism Services;
- Carers (across all Delivery Groups) – temporarily until the Proactive Care Board is in place

The Specialist Services JDB is one of a number of Joint Delivery Boards that will oversee the commissioning of local services and activities on behalf of Lincolnshire County Council, the Local Area Team of NHS England and the Lincolnshire Clinical Commissioning Groups. The Joint Delivery Boards will in turn be overseen by the Lincolnshire Joint Commissioning Board (JCB) and have links to associated and relevant boards.

The Joint Commissioning Board and Joint Delivery Boards will at all times be accountable to the relevant agencies subject to this section 75 agreement. A summary of the overall Governance arrangements for local joint commissioning are set out at Appendix One.

The individual Service Chapters of this Section 75 agreement will also set out the lead commissioning arrangements for each service or part of the service. The identified lead commissioner(s) will in turn complete the commissioning responsibilities in line with their own organisational constitutional decision making arrangements and in line with all relevant legislation.

5. Purpose and Remit of the Board

The principle functions of the Specialist Services JDB are to ensure the delivery of improved Health and Wellbeing (and associated priority Outcomes) for the people of Lincolnshire and other citizens who are eligible to access services commissioned locally. The Board should do so by making best economic use of and within resources available.

On behalf of Lincolnshire CCG's and Lincolnshire County Council the Specialist Services JDB will also facilitate the integration of commissioning activities and provision where ever this adds value. It will work in partnership with a range of agencies and providers, ensuring resources are prioritised according to need and where they will achieve the most impact.

The Specialist Services JDB will prioritise commissioning activity and the coordination of services commissioned. The board will facilitate decisions about how resources are allocated across services. This will include reviewing existing performance, services, activities and outcomes to identify where existing provision may need to be decommissioned to release resources to enable service re-design.

6. Key Responsibilities of the Board

The Specialist Services JDB will, for the relevant Service Chapters and on behalf of the agencies party to the Section 75 agreement, oversee:

- The identification of key Priorities and Outcomes for the Specialist Services JDB;
- And agree these key priorities with the Joint Commissioning Board and relevant agencies;
- The production and approval of relevant Needs Assessments and Resource Assessments (including but not limited to relevant sections of the Joint Strategic Needs Assessment (JSNA));
- The production and approval of relevant Self-Assessments and associated Action Plans;
- Compliance with agreed safeguarding strategy and policy;
- The development and ongoing maintenance of a risk register and associated mitigating actions;
- The development, approval and implementation of relevant Joint Commissioning Strategies and Plans to deliver agreed Priorities and Outcomes;
- The initiation and approval of equalities impact assessments;

- The development, annual review and ongoing monitoring of a robust performance management framework (and will receive and scrutinise quarterly performance monitoring reports);
- Facilitate associated funding and risk sharing agreements for each Service Chapter;
- The development and approval of Performance and Financial Targets;
- Oversight of the work program of the relevant integrated commissioning support team - which will include but will not be limited to the following commissioning activities:
 - Stakeholder Engagement, including the participation service users, carers and other stakeholders in commissioning processes and procedures;
 - Needs and Resource analysis;
 - Budget and Financial planning and management;
 - Service Specification;
 - Procurement;
 - Contract Management;
 - Quality Assurance;
 - Safeguarding;
 - Market Management;
 - Service Planning;
 - Evaluation of services
 - Integrated workforce development (in particular around health, care and education support providers)
 - Compliance with agreed assessment processes and procedures;
 - Review of commissioning arrangements and spend;
 - Ensure compliance with agreed policies and working practices, including compliance with the relevant statutory requirements of each partner agency;
 - Equality and impact assessments;
 - Ensure all services commissioned are performance managed against agreed and measurable outcomes, inputs and outputs.

4. Joint Strategic Needs Assessment (JSNA)

It is a requirement that all Joint Commissioning Strategies developed by the Joint Delivery Board will take account of priority needs identified through the JSNA. In addition to the JSNA, the commissioning of services will also be informed via consideration of local political priorities; National Policy and Guidance, community/user feedback, demographic information and specialist needs assessments that target specific groups.

The Specialist Services Joint Delivery Board will use intelligence gained from the JSNA and other relevant needs and resources assessments and service user feedback to identify gaps in provision and performance and will hold other commissioners and providers to account for meeting agreed priorities.

5. Delegated Authority

The Specialist Services JDB operates within the authority delegated by statutory partners and or the Joint Commissioning Board.

Decision making processes will therefore need to reflect the governance arrangements of any overarching agreement and the statutory partners to ensure clear accountability. A key role for the Specialist Services Joint Delivery Board will be to ensure that decisions taken by the Board meet the governance requirement of the Section 75 agreement and the relevant agencies and are done so, within the appropriate timescales including confirming how such decisions will be facilitated and recorded.

The Health and Wellbeing Board will be a consultee for the Joint Commissioning Board (which the Joint Delivery Boards will report to). Where decisions are also required to be formalised by individual agencies they may also be required to be considered by relevant scrutiny bodies and other constitutional arrangements.

6. Board Membership and respective responsibilities

Core Membership of the Specialist Services Joint Delivery Board

The core membership will include the relevant:

- Chief Officer of the Lead (South West) Clinical Commissioning Group;
- LCC Corporate Director with responsibility for Specialist Services;
- LCC Assistant Director for Joint Commissioning of Specialist Services;
- Assistant Director from Public Health;
- Nominated Clinical representative from either the West, East or South CCG;
- Nominated Officer representative from either the West, East or South CCG;
- Nominated Officer representative from the Local Area Team of NHS England
- HOS with operational responsibilities for the Specialist Services Service Chapters;
- Nominated Financial HOS from LCC;
- Nominated Finance Officer from South West CCG.

Chair and Deputy Chair

The chair and deputy chair of the Specialist Services Joint Delivery Board will be agreed by the core members by nomination and if necessary by vote.

The Chair or Deputy Chair will chair the board meetings and will make decisions on whether Board meetings should proceed, be cancelled or re-scheduled in discussion with the Assistant Director for Joint Commissioning or their nominated deputy.

Quorum

Quorum will be 2 members from CCGs and 2 members from LCC (including Public Health) .Where voting occurs the chairman will hold the casting vote where there is no majority. Voting on policy issues or resources is not permitted; these must be referred to the Joint Commissioning Board and relevant statutory partner as appropriate.

Alternates/Substitutions

Members of the Board will be required to attend in person or send their apologies. Deputies may attend on behalf of the individual Board member provided that they are able to fulfil the role and responsibilities and with the prior agreement of the Chair and prior notification to all core members of the Specialist Services Joint Delivery Board.

Responsibilities of the Assistant Director Joint Commissioning

The Assistant Director for Joint Commissioning of Specialist Services will have responsibility for developing a category management approach to the Commissioning of Specialist Services and leading the integrated commissioning team that will provide support to the Specialist Services Joint Delivery Board.

The Assistant Director for Joint Commissioning will agree the frequency of meetings of the integrated commissioning support team and will invite relevant officers from the integrated commissioning support team to attend the Board Meetings to present and discuss relevant agenda items.

The integrated commissioning support team will consist of officers directly line managed by the Assistant Director for Joint Commissioning but will also be extended in virtual form to include representation from other professionals for example representative from Procurement Lincolnshire, GEMs, Finance, Commissioning, Quality Assurance, Care Management, Quality Assurance, and Safeguarding.

The Assistant Director for Joint Commissioning (or nominated deputy) will have responsibility for planning, agreeing and circulating the Agenda for the Specialist Services Joint Delivery Board meetings. (Supported by a Personal Assistant).

Additional Attendees

The Specialist Services Joint Delivery Board core members have the primary responsibility for governance of the Specialist Services Commissioning work program.

However, it is recognised that across all services strong partnerships exist with a number of providers of services from a range of sectors, including but not limited to Health Providers, the voluntary sector, the private sector, schools and other commissioning bodies. In this context the Specialist Services Joint Delivery Board may invite representatives from other organisations to attend Board meeting to discuss specific items as and when the agenda requires this.

Declaration of interests

There will be occasions when a Board Member has more than one legitimate interest that may conflict with matters coming to the Board for discussion, consideration or decision. In order to protect themselves and the business of the Board, members should declare any potential conflict of interest at the time it arises to the chair of the Specialist Services Delivery Board

Individuals are not required to declare all associations they may have outside the work of the Board. Relevant interests may include both financial and non-financial interests. The test of relevance is whether the interest might reasonably be thought by the public to affect the way in which an individual discharges his or her duties. The test therefore is not whether an individual's actions will be influenced by the interest but whether the public might reasonably think that this may be the case.

The Chair of the Board will decide if any action needs to be taken as a result of the declaration including leaving the meeting for specific items under discussion. Any declaration and decision which follows will be recorded in the minutes.

Board members and attendees will also be required to declare any interest that may be a conflict of interest in line with their employing agency's own declaration of interest procedures and in particular where they relate to any services or activities being directly commissioned by the organisation they are employed by.

Roles and Responsibilities of Individual Members of the Board

- Act as a 'champion' for delivering improved Outcomes and Value for Money and the relating underlying principles of joint commissioning arrangements in Lincolnshire (including but not limited to safeguarding and the Early Intervention and Prevention agenda);
- Provide Strategic Leadership for the agreed joint commissioning priorities as well as the commissioning priorities within their parent organisation;
- Ensure decisions are taken in line and in compliance with the rules of each relevant agency;
- Actively identify and manage risk associated with the joint commissioning agenda;
- Ensure effective communication and engagement to and with their own organisations/groups and that relevant issues from their organisations/groups are fed back to the Board in a timely manner;
- Ensure communication across partners/stakeholders and work in cooperation with each other to ensure the Board fulfils its purpose and stated objectives;
- Undertake work on tasks assigned by the Board;
- Take a full and active part in the work of the Board;

- Attend meetings of the Board as scheduled;
- Provide support in order to hold each other and partners to account for ensuring action to address performance and appropriate joint investment in resources
- Ensure collective responsibility is observed in relation to decisions made and informed by the Board;

The Specialist Services Joint Delivery Board may request alternative representation from relevant agencies should individual board members not exercise their roles and responsibilities effectively.

8. Frequency of Meetings and Standard Agenda Items

The Specialist Services Joint Delivery Board will meet at least 4 times a year and if necessary hold extra-ordinary meetings if matters at hand require this.

The Joint Delivery Board meetings will include as a minimum the following standing agenda items:

- Monthly reporting on Relevant Budgets and KPI's in line with the requirements of the Service Chapters;
- Quarterly Safeguarding and Quality Assurance Reports (facilitated by the relevant Safeguarding Boards)
- An annual review of relevant commissioning strategies relating to the delivery of Specialist Services;
- An annual report on feedback from key stakeholders;
- Feedback from Health and Wellbeing Board, Joint Commissioning Board and other partnership groups, where relevant

Meeting Papers

Agenda items may be nominated by the membership no later than 2 weeks prior to each meeting. The agenda will be agreed by the Assistant Director for Joint Commissioning in discussion with the Chair and Vice Chair.

Papers for the agenda should be made available to the Assistant Director 6 working days before the scheduled meeting and the agenda should be distributed at least 4 working days before the scheduled meeting.

Extra-ordinary Papers should only be tabled in exceptional circumstances and with the prior agreement of the Assistant Director (or their deputy) and the Chair (or their deputy).

APPENDIX C

Governance Arrangements and Terms of Reference of the Women and Children's Joint Delivery Board (JDB)

7. Introduction

The **Women and Children's** JDB will oversee the local commissioning and provision of Services for children and maternity services for women. The individual Service areas under the governance of this delivery board include:

- Public Health activities for women and children
- Midwifery Services
- Healthy Child programme
- Health Child programme for school age children
- Children Centre services including early years activities and community engagement
- Services for Children with Disability and special educational needs including Therapy and Autism Services
- Child and Adolescent Mental Health and Behaviour Services

.The **Women and Children's** JDB is one of a number of Joint Delivery Boards that will oversee the commissioning of local services and activities on behalf of Lincolnshire County Council, the Lincolnshire Clinical Commissioning Groups and . Local Area Team of NHS England. The Joint Delivery Boards will in turn be overseen by the Lincolnshire Joint Commissioning Board (JCB) and have links to associated and relevant boards.

The scope of services included (and excluded) will be set out in the individual Service Chapters of a Section 75 agreement. Those chapters also provide details of the relevant performance, finance, resources and risk sharing arrangements.

The Joint Commissioning Board and Joint Delivery Boards will at all times be accountable to the relevant agencies subject to this section 75 agreement. A summary of the overall Governance arrangements for local joint commissioning are set out at Appendix One.

The individual Service Chapters of this Section 75 agreement will also set out the lead commissioning arrangements for each service or part of the service. The identified lead commissioner(s) will in turn complete the commissioning responsibilities in line with their own organisational constitutional decision making arrangements and in line with all relevant legislation.

8. Purpose and Remit of the Board

The principle functions of the **Women and Children's** JDB are to ensure the delivery of improved Health and Wellbeing (and associated priority Outcomes) for women, children and young people of Lincolnshire and other citizens who are eligible to access services commissioned locally. The Board should do so by making best economic use of and within resources available.

On behalf of Lincolnshire CCG's, Local Area Team of NHS England and Lincolnshire County Council the **Women and Children's** JDB will also facilitate the integration of commissioning activities and provision where ever this adds value. It will work in partnership with a range of agencies and providers, ensuring resources are prioritised according to need and where they will achieve the most impact.

The **Women and Children's** JDB will prioritise commissioning activity and the coordination of services commissioned. The board will facilitate decisions about how resources are allocated across services. This will include reviewing existing performance, services, activities and outcomes to identify where existing provision may need to be decommissioned to release resources to enable service re-design.

9. Key Responsibilities of the Board

The **Women and Children's** JDB will, for the relevant Service areas as highlighted above, and on behalf of the agencies party to the Section 75 agreement, oversee:

- The identification of key Priorities and Outcomes for the **Women and Children's** JDB;
- And agree these key priorities with the Joint Commissioning Board and relevant agencies;
- The production and approval of relevant Needs Assessments and Resource Assessments (including but not limited to relevant sections of the Joint Strategic Needs Assessment (JSNA));
- The production and approval of relevant Self-Assessments and associated Action Plans;
- Compliance with agreed safeguarding strategy and policy;
- The development and ongoing maintenance of a risk register and associated mitigating actions;
- The development, approval and implementation of relevant Joint Commissioning Strategies and Plans to deliver agreed Priorities and Outcomes;
- The initiation and approval of equalities impact assessments;
- The development, annual review and ongoing monitoring of a robust performance management framework (and will receive and scrutinise quarterly performance monitoring reports);
- Facilitate associated funding and risk sharing agreements for each Service Chapter;
- The development and approval of Performance and Financial Targets;

- Oversight of the work program of the relevant integrated commissioning support team - which will include but will not be limited to the following commissioning activities:
 - Stakeholder Engagement, including the participation service users, carers and other stakeholders in commissioning processes and procedures;
 - Needs and Resource analysis;
 - Budget and Financial planning and management;
 - Service Specification;
 - Procurement;
 - Contract Management;
 - Quality Assurance;
 - Safeguarding;
 - Market Management;
 - Service Planning;
 - Evaluation of services
 - Integrated workforce development (in particular around health, care and education support providers)
 - Compliance with agreed assessment processes and procedures;
 - Review of commissioning arrangements and spend;
 - Ensure compliance with agreed policies and working practices, including compliance with the relevant statutory requirements of each partner agency;
 - Equality and impact assessments;
 - Ensure all services commissioned are performance managed against agreed and measurable outcomes, inputs and outputs.

4. Joint Strategic Needs Assessment (JSNA)

It is a requirement that all Joint Commissioning Strategies developed by the Joint Delivery Board will take account of priority needs identified through the JSNA. In addition to the JSNA, the commissioning of services will also be informed via consideration of local political priorities; National Policy and Guidance, community/user feedback, demographic information and specialist needs assessments that target specific groups.

The **Women and Children's** Joint Delivery Board will use intelligence gained from the JSNA and other relevant needs and resources assessments and service user feedback to identify gaps in provision and performance and will hold other commissioners and providers to account for meeting agreed priorities.

5. Delegated Authority

The **Women and Children's** JDB operates within the authority delegated by statutory partners and or the Joint Commissioning Board.

Decision making processes will therefore need to reflect the governance arrangements of any overarching agreement and the statutory partners to ensure clear accountability. A key role for the **Women and Children's** Joint Delivery Board

will be to ensure that decisions taken by the Board meet the governance requirement of the Section 75 agreement where appropriate and of the relevant organisation's decision making process and are done so, within the appropriate timescales including confirming how such decisions will be facilitated and recorded.

The Health and Wellbeing Board will be a consultee for the Joint Commissioning Board (which the Joint Delivery Boards will report to). Where decisions are also required to be formalised by individual agencies they may also be required to be considered by relevant scrutiny bodies and other constitutional arrangements.

6. Board Membership and respective responsibilities

Core Membership of the Women and Children's Joint Delivery Board

The core membership will include the relevant:

- Chief Officer of the Lead (South West) Clinical Commissioning Group;
- LCC Corporate Director with responsibility for **Children's**;
- LCC Assistant Director for Joint Commissioning of **Children's** Services;
- Public Health Consultant
- Nominated Clinical representative from either the West, East or South CCG;
- Nominated Officer representative from either the West, East or South CCG;
- Nominated Officer representative of Local Area Team of NHS England
- HOS with operational responsibilities for the relevant service areas
- Commissioning Officer with operational responsibilities for the relevant service areas
- Nominated Financial HOS from LCC;
- Nominated Finance Officer from South West CCG.

Chair and Deputy Chair

The chair and deputy chair of the **Women and Children's** Joint Delivery Board will be agreed by the core members by nomination and if necessary by vote.

The Chair or Deputy Chair will chair the board meetings and will make decisions on whether Board meetings should proceed, be cancelled or re-scheduled in discussion with the Assistant Director for Joint Commissioning or their nominated deputy.

Quorum

Quorum will be 2 members from CCGs and 2 members from LCC (including Public Health) .Where voting occurs the chairman will hold the casting vote where there is no majority. Voting on policy issues or resources is not permitted; these must be referred to the Joint Commissioning Board and relevant statutory partner as appropriate.

Alternates/Substitutions

Members of the Board will be required to attend in person or send their apologies. Deputies may attend on behalf of the individual Board member provided that they are able to fulfil the role and responsibilities and with the prior agreement of the Chair and prior notification to all core members of the Specialist Services Joint Delivery Board.

Responsibilities of the Assistant Director Joint Commissioning

The Assistant Director for Joint Commissioning of **Children's Services** will have responsibility for developing a category management approach to the Commissioning of **Women and Children's** Services and leading the integrated commissioning team that will provide support to the **Women and Children's** Joint Delivery Board.

The Assistant Director for Joint Commissioning will agree the frequency of meetings of the integrated commissioning support team and will invite relevant officers from the integrated commissioning support team to attend the Board Meetings to present and discuss relevant agenda items.

The virtual integrated commissioning support team will consist of officers directly line managed by the Assistant Director for Joint Commissioning but will also be extended in virtual form to include representation from other professionals for example representative from Procurement Lincolnshire, GEMs, Finance, Commissioning, Quality Assurance, Care Management, Quality Assurance, and Safeguarding.

The Assistant Director for Joint Commissioning (or nominated deputy) will have responsibility for planning, agreeing and circulating the Agenda for the Specialist Services Joint Delivery Board meetings. (Supported by a Personal Assistant).

Additional Attendees

The **Women and Children's** Joint Delivery Board core members have the primary responsibility for governance of the Specialist Services Commissioning work program.

However, it is recognised that across all services strong partnerships exist with a number of providers of services from a range of sectors, including but not limited to Health Providers, the voluntary sector, the private sector, schools and other commissioning bodies. In this context the **Women and Children's** Joint Delivery Board may invite representatives from other organisations to attend Board meeting to discuss specific items as and when the agenda requires this.

Declaration of interests

There will be occasions when a Board Member has more than one legitimate interest that may conflict with matters coming to the Board for discussion, consideration or decision. In order to protect themselves and the business of the Board, members

should declare any potential conflict of interest at the time it arises to the chair of the Specialist Services Delivery Board in writing.

Individuals are not required to declare all associations they may have outside the work of the Board. Relevant interests may include both financial and non-financial interests. The test of relevance is whether the interest might reasonably be thought by the public to affect the way in which an individual discharges his or her duties. The test therefore is not whether an individual's actions will be influenced by the interest but whether the public might reasonably think that this may be the case.

The Chair of the Board will decide if any action needs to be taken as a result of the declaration including leaving the meeting for specific items under discussion. Any declaration and decision which follows will be recorded in the minutes.

Board members and attendees will also be required to declare any interest that may be a conflict of interest in line with their employing agency's own declaration of interest procedures and in particular where they relate to any services or activities being directly commissioned by the organisation they are employed by.

Roles and Responsibilities of Individual Members of the Board

- Act as a 'champion' for delivering improved Outcomes and Value for Money and the relating underlying principles of joint commissioning arrangements in Lincolnshire (including but not limited to safeguarding and the Early Intervention and Prevention agenda);
- Provide Strategic Leadership for the agreed joint commission priorities as well as the commissioning priorities within their parent organisation;
- Ensure decisions are taken in line and in compliance with the rules of each relevant agency;
- Actively identify and manage risk associated with the joint commissioning agenda;
- Ensure effective communication and engagement to and with their own organisations/groups and that relevant issues from their organisations/groups are fed back to the Board in a timely manner;
- Ensure communication across partners/stakeholders and work in cooperation with each other to ensure the Board fulfils its purpose and stated objectives;
- Undertake work on tasks assigned by the Board;
- Take a full and active part in the work of the Board;
- Attend meetings of the Board as scheduled;

- Provide support in order to hold each other and partners to account for ensuring action to address performance and appropriate joint investment in resources
- Ensure collective responsibility is observed in relation to decisions made and informed by the Board;

The Joint Delivery Board may request alternative representation from relevant agencies should individual board members not exercise their roles and responsibilities effectively.

8. Frequency of Meetings and Standard Agenda Items

The **Women and Children's** Joint Delivery Board will meet every month and if necessary hold extra-ordinary meetings if matters at hand require this.

The Joint Delivery Board meetings will include as a minimum the following standing agenda items:

- Monthly reporting on Relevant Budgets and KPI's in line with the requirements of the Service Chapters;
- Quarterly Safeguarding and Quality Assurance Reports (facilitated by the relevant Safeguarding Boards)
- An annual review of relevant commissioning strategies relating to the delivery of Specialist Services;
- An annual report on feedback from key stakeholders;
- Feedback from Health and Wellbeing Board, Joint Commissioning Board and other partnership groups, where relevant

Meeting Papers

Agenda items may be nominated by the membership no later than 2 weeks prior to each meeting. The agenda will be agreed by the Assistant Director for Joint Commissioning in discussion with the Chair and Vice Chair.

Papers for the agenda should be made available to the Assistant Director 6 working days before the scheduled meeting and the agenda should be distributed at least 4 working days before the scheduled meeting.

Extra-ordinary Papers should only be tabled in exceptional circumstances and with the prior agreement of the Assistant Director (or their deputy) and the Chair (or their deputy).

Questions

- Meeting is asked to confirm that proposals for the Urgent care Board to be excluded from the joint governance arrangements is endorsed
- Meeting is asked to consider the interface between LSSR and these governance arrangements
- Meeting is asked to consider governance arrangements for the neighbourhood teams
- Meeting is asked if existing CCG /CMB meeting is re focused to be the JCB

Part 3 - Governance Arrangements and Terms of Reference of the Proactive Care Joint Delivery Board (JDB)

10. Introduction

The Proactive Care JDB will oversee the local commissioning and provision of those services that have been agreed as being 'in-scope' to the 'Neighbourhood Team' model. The scope of services included (and excluded) from the overarching term Neighbourhood Team will be established as part of the LSSR workstream on Neighbourhood teams and then set out in the individual Service Chapters of an Section 75 agreement. Those chapters also provide details of the relevant performance, finance, resources and risk sharing arrangements.

The individual Service Chapters will be developed and reviewed incrementally and will include Services for people with:

- Prevention and Early Intervention
- Long Term Conditions;
- Intermediate Care
- Dementia;
- Older People;
- Carers.

The Proactive Care JDB is one of a small number of Joint Delivery Boards that will oversee the commissioning of local services and activities on behalf of Lincolnshire County Council, the Local Area Team of NHS England and the Lincolnshire Clinical Commissioning Groups. The Joint Delivery Boards will in turn be overseen by the Lincolnshire Joint Commissioning Board (JCB) and have links to associated and relevant boards.

The Joint Commissioning Board and Joint Delivery Boards will at all times be accountable to the relevant agencies subject to this section 75 agreement.

The individual Service Chapters of the Section 75 agreement will also set out the lead commissioning arrangements for each service or part of the service. The identified lead commissioner(s) will in turn complete the commissioning responsibilities in line with their own organisational constitutional decision making arrangements and in line with all relevant legislation.

11. Purpose and Remit of the Board

The principal functions of the Proactive Care JDB are to ensure the delivery of improved Health and Wellbeing (and associated priority Outcomes) for the people of Lincolnshire and other citizens who are eligible to access services commissioned locally. The Board should do so by making best economic use of and within resources available.

The Proactive Care Board is recognised within the Lincolnshire Sustainable Services Review as a key delivery vehicle for prevention and early intervention and in

securing the necessary shift from acute to community. This Board makes the largest contribution to reducing unnecessary emergency admissions and securing a profound shift towards integrated health and social care services around primary care - the neighbourhood team concept.

On behalf of Lincolnshire CCG's and Lincolnshire County Council the Proactive Care JDB will also facilitate the integration of commissioning activities and provision where ever this adds value and provides the most robust model for the construction of Neighbourhood Teams. It will work in partnership with a range of agencies and providers, ensuring resources are prioritised according to need and where they will achieve the most impact.

The Proactive Care JDB will prioritise commissioning activity and the coordination of services commissioned. The board will facilitate decisions about how resources are allocated across services and how they are to be pooled. This will include reviewing existing performance, services, activities and outcomes to identify where existing provision may need to be decommissioned to release resources to enable service re-design.

12. Key Responsibilities of the Board

The Proactive Care JDB will, for the relevant Service Chapters and on behalf of the agencies party to the Section 75 agreement, oversee:

- The identification of key Priorities and Outcomes for the Proactive Care JDB;
- And agree these key priorities with the Joint Commissioning Board and relevant agencies;
- The production and approval of relevant Needs Assessments and Resource Assessments (including but not limited to relevant sections of the Joint Strategic Needs Assessment (JSNA));
- The production and approval of relevant Self-Assessments and associated Action Plans;
- Compliance with agreed safeguarding strategy and policy;
- The development and ongoing maintenance of a risk register and associated mitigating actions;
- The development, approval and implementation of relevant Joint Commissioning Strategies and Plans to deliver agreed Priorities and Outcomes;
- The initiation and approval of equalities impact assessments;
- The development, annual review and ongoing monitoring of a robust performance management framework (and will receive and scrutinise quarterly performance monitoring reports);

- Facilitate associated funding and risk sharing agreements for each Service Chapter;
- The development and approval of Performance and Financial Targets;
- Oversight of the work program of the relevant integrated commissioning support team - which will include but will not be limited to the following commissioning activities:
 - Stakeholder Engagement, including the participation service users, carers and other stakeholders in commissioning processes and procedures;
 - Population Needs Assessment
 - Needs and Resource analysis;
 - Budget and Financial planning and management;
 - Review of the evidence of effectiveness
 - Service Specification;
 - Procurement;
 - Contract Management;
 - Quality Assurance;
 - Safeguarding;
 - Market Development and Management;
 - Service Planning;
 - Evaluation of services
 - Integrated workforce development (in particular around health, social care and wellbeing)
 - Compliance with agreed assessment processes and procedures;
 - Review of commissioning arrangements and spend;
 - Ensure compliance with agreed policies and working practices, including compliance with the relevant statutory requirements of each partner agency;
 - Equality and impact assessments;
 - Ensure all services commissioned are performance managed against agreed and measurable outcomes, inputs and outputs.

4. Joint Strategic Needs Assessment (JSNA)

It is a requirement that all Joint Commissioning Strategies developed by the Joint Delivery Board will take account of priority needs identified through the JSNA. In addition to the JSNA, the commissioning of services will also be informed via consideration of local political priorities; National Policy and Guidance, community/user feedback, demographic information and specialist needs assessments that target specific groups.

The Proactive Care Services Joint Delivery Board will use intelligence gained from the JSNA and other relevant needs and resources assessments and service user feedback to identify gaps in provision and performance and will hold other commissioners and providers to account for meeting agreed priorities.

5. Delegated Authority

The Proactive Care JDB operates within the authority delegated by statutory partners and or the Joint Commissioning Board.

Decision making processes will therefore need to reflect the governance arrangements of any overarching agreement and the statutory partners to ensure clear accountability. A key role for the Proactive Care Joint Delivery Board will be to ensure that decisions taken by the Board meet the governance requirement of any relevant Section 75 agreement and appropriate co-signatory agencies and are done so, within the appropriate timescales including confirming how such decisions will be facilitated and recorded.

The Health and Wellbeing Board will be a consultee for the Joint Commissioning Board (which the Joint Delivery Boards will report to). Where decisions are also required to be formalised by individual agencies they may also be required to be considered by relevant scrutiny bodies and other constitutional arrangements.

6. Board Membership and respective responsibilities

Core Membership of the Proactive Care Joint Delivery Board

The core membership will include:

- Clinical Chief Officer of the Lead (West) Clinical Commissioning Group;
- LCC Corporate Director with responsibility for Proactive Care;
- LCC Assistant Director for Transformation/Integration;
- Assistant Director from Public Health with the lead for 'Wellbeing';
- Nominated Clinical representative from either the South West, East or South CCG;
- Nominated Officer representative from either the South West, East or South CCG;
- Nominated Officer representative from the Local Area Team of NHS England
- HOS with relevant operational responsibilities eg. dementia, Intermediate Care, Wellbeing Chapters;
- Nominated Financial HOS from LCC;
- Nominated Finance Officer from West CCG.

Chair and Deputy Chair

The chair and deputy chair of the Proactive Care Joint Delivery Board will be agreed by the core members by nomination and if necessary by vote.

The Chair or Deputy Chair will chair the board meetings and will make decisions on whether Board meetings should proceed.

Quorum

Quorum will be 2 members from CCGs and 2 members from LCC (including Public Health). It is expected that voting should not be the default vehicle for decision-making and every effort should be made to secure consensus. In the event of disagreement majority and minority views should be referred to the Joint Commissioning Board. Voting on policy issues or resources is not permitted; these must be referred to the Joint Commissioning Board and relevant statutory partner as appropriate.

Alternates/Substitutions

Members of the Board will be required to attend in person or send their apologies. Deputies may attend on behalf of the individual Board member provided that they are able to fulfil the role and responsibilities and with the prior agreement of the Chair and prior notification to all core members of the Proactive Care Joint Delivery Board.

Additional Attendees

It is recognised that across all services strong partnerships exist with a number of providers of services from a range of sectors, including but not limited to Health Providers, the voluntary sector, the private sector and other commissioning bodies. In this context the Proactive Care Joint Delivery Board may invite representatives from other organisations to attend Board meeting to discuss specific items as and when the agenda requires this.

Declaration of interests

There will be occasions when a Board Member has more than one legitimate interest that may conflict with matters coming to the Board for discussion, consideration or decision. In order to protect themselves and the business of the Board, members should declare any potential conflict of interest at the time it arises to the chair of the Proactive Care Delivery Board

Individuals are not required to declare all associations they may have outside the work of the Board. Relevant interests may include both financial and non-financial interests. The test of relevance is whether the interest might reasonably be thought by the public to affect the way in which an individual discharges his or her duties. The test therefore is not whether an individual's actions will be influenced by the interest but whether the public might reasonably think that this may be the case.

The Chair of the Board will decide if any action needs to be taken as a result of the declaration including leaving the meeting for specific items under discussion. Any declaration and decision which follows will be recorded in the minutes.

Board members and attendees will also be required to declare any interest that may be a conflict of interest in line with their employing agency's own declaration of

interest procedures and in particular where they relate to any services or activities being directly commissioned by the organisation they are employed by.

Roles and Responsibilities of Individual Members of the Board

- Act as a 'champion' for delivering improved Outcomes and Value for Money and the relating underlying principles of joint commissioning arrangements in Lincolnshire (including the Early Intervention and Prevention agenda);
- Provide Strategic Leadership for the agreed joint commission priorities as well as the commissioning priorities within their parent organisation;
- Ensure decisions are taken in line and in compliance with the rules of each relevant agency;
- Actively identify and manage risk associated with the joint commissioning agenda;
- Ensure effective communication and engagement to and with their own organisations/groups and that relevant issues from their organisations/groups are fed back to the Board in a timely manner;
- Ensure communication across partners/stakeholders and work in cooperation with each other to ensure the Board fulfils its purpose and stated objectives;
- Undertake work on tasks assigned by the Board;
- Take a full and active part in the work of the Board;
- Attend meetings of the Board as scheduled;
- Provide support in order to hold each other and partners to account for ensuring action to address performance and appropriate joint investment in resources
- Ensure collective responsibility is observed in relation to decisions made and informed by the Board;

The Proactive Care Joint Delivery Board may request alternative representation from relevant agencies should individual board members not exercise their roles and responsibilities effectively.

8. Frequency of Meetings and Standard Agenda Items

The Proactive Care Joint Delivery Board will meet at least 104 times a year and if necessary hold extra-ordinary meetings if matters at hand require this .

The Joint Delivery Board meetings will include as a minimum the following standing agenda items:

- Monthly reporting on Relevant Budgets and KPI's in line with the requirements of the Service Chapters;
- Bi-annual Safeguarding and Quality Assurance Reports (facilitated by the relevant Safeguarding Boards)
- An annual review of relevant commissioning strategies relating to the delivery of Proactive Care Services;
- An annual report on feedback from key stakeholders;
- Feedback from Health and Wellbeing Board, Joint Commissioning Board and other partnership groups, where relevant

Meeting Papers

Agenda items may be nominated by the membership no later than 2 weeks prior to each meeting. The agenda will be agreed by the Chair and Vice Chair.

Papers for the agenda should be made available to the Chair and Vice-Chair 6 working days before the scheduled meeting and the agenda should be distributed at least 4 working days before the scheduled meeting.

Extra-ordinary Papers should only be tabled in exceptional circumstances and with the prior agreement of the Chair.