

NHS Gloucestershire Integrated Care Board

Joint Committees Terms of Reference

v1.0
1st July 2022

Joint Commissioning Partnership Board (JCPB)
Joint Commissioning Partnership Executive (JCPE)

1. Partnership Aim

- 1.1. The aim of the partnership is to work together to jointly commission adult and children’s services in order to:
- achieve better integration of provided services;
 - avoid duplication or gaps in services, and
 - ultimately improve outcomes for citizens and patients.

2. Purpose of the Partnership

2.1. The purpose of the partnership is to oversee, monitor and make recommendations on the integrated and joint commissioning of adult, children’s services, public health and early intervention/prevention services on behalf of NHS Gloucestershire Integrated Care Board (ICB) and Gloucestershire County Council (the Partners).

2.2. This involves:

- Mapping and interpreting policy – to direct new commissioning strategies
- Scoping, testing and prior approval of new joint commissioning strategies
- Assurance on the implementation of agreed strategies
- Oversight and approval of joint funding agreements and budgets (sections 75, 256 etc)

3. Membership

3.1. The membership of the Joint Commissioning Partnership comprises:

Board	Executive
ICB Chair	GCC / ICB Director of Integrated Commissioning
ICB Chief Medical Officer	ICB Chief Executive Officer
ICB Chief Executive Officer	ICB Chief Finance Officer
GCC Cabinet Portfolio Holders	GCC Finance
ICB Chief Finance Officer	GCC Director of Adult Services
GCC Director of Finance	GCC Director of Children’s Services
GCC Director of Adult Services	GCC Director of Public Health
GCC Director of Children’s Services	
GCC Director of Public Health	

Board	Executive
GCC/ICB Director of Integrated Commissioning	

In attendance: Minute taker JCPB and JCPE	GCC/ICB: Business Support Manager
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3.2. The quorum for the meeting will be four members of the partnership and at least two from each organisation.

3.3. The partnership can, by agreement, co-opt additional members at any time and for any time period.

4. Meeting arrangements

4.1. The Board will meet on a quarterly basis and the Executive once a month. Meetings will be held in private.

4.2. The Board Chair will be either a GCC Cabinet Member or the ICB Chair. The Executive Chair will be either the ICB Chief Executive Officer or the Director of Adult Services. (The Board and Executive will always be chaired by different organisations).

4.3. Items will be set out in the agenda and sent to all members at least five working days before the meeting.

4.4. Each meeting will be invited to approve as a correct record the minutes of the previous meeting and receive any declarations of interest.

5. Duties and principal functions

5.1. To govern the work of the Partnership and to confirm its strategic direction. The Board will act as the principal focal point for discussion on emerging policies, changes to local or national circumstances and issues relating to the effective management of the services in question and to make proposals and recommendations in respect thereof, having considered and discussed them at the Partnership and following consultation with affected parties.

5.2. To oversee the commissioning and monitoring of services, including:

- Approving strategic plans and commissioning strategies;
- Recommending commissioning decisions on behalf of the County Council and the ICB;

- Receiving summary monitoring information on the delivery of commissioned services;
- Overseeing the monitoring of financial performance across all budgets within the scope of the partnership including those which are pooled, recommending corrective action as necessary;
- Ensuring effective risk management within commissioning activity;
- Evaluating how services are developed against agreed action plans;
- Ensuring service users and carers views are properly represented to the Board;
- Overseeing the continuing development of joint working between the Integrated Care Board and the County Council and the processes and relationships that underpin it.

5.3. The Partnership shall carry out its function in a manner that is consistent with the regulatory framework, including the Standing Orders, Codes of Conduct and Standing Financial Instructions of its constituent bodies.

5.4. As indicated above, the Partnership Board will be supported by an Executive Officers Group who will oversee joint commissioning in the County; to include the effective operation of service-specific Joint Commissioning Management Groups (eg the Learning Disabilities Partnership Board).

6. Decision making

6.1. The members of the partnership act within their delegated authority from their host organisation.

6.2. The ICB – where formal decisions by the ICB members of the JCP are required, these will be subject to the Standing Orders and Standing Financial Instructions of the ICB and, where appropriate, will be escalated to the ICB board for full approval.

6.3. The County Council – where formal decisions by the County Council's cabinet members are required, they will be taken through the County Council's executive processes, adhering to the statutory deadlines involved in those processes prior to the JCP meeting and be determined as decisions contemporaneously with the JCP recommendation and the Integrated Care Board decision.

7. Reporting

7.1. The Joint Commissioning Partnership Board will report to the Health and Wellbeing Board annually.

7.2. The ICB and GCC will report the work of the Board in line with their own governance arrangements.

Annex 1 - Joint / Integrated Commissioning Arrangements

Across health and social care we operate arrangements for joint commissioning through the pooling of budgets in the following areas.

Oversight of these arrangements is via Joint Commissioning Partnership Board (JCPB) / Executive (JCPE)

- **Section 75 of the NHS Act 2006** allows partners (NHS bodies and Local Government) to contribute to a common fund which can be used to commission health or social care services. Section 75 agreements include integrated services such as rapid response, integrated reablement team and mental health services such as liaison, crisis assessment, mental health advocacy services as well as a number of adult mental health services (such as community care and assessment and case management). Section 75 agreements include services such as sexual health services, home from hospital (provided by AgeUK), community wellbeing and substance misuse services.
- **Section 76 of the NHS Act 2006** permits the Local Authority to transfer to the NHS sums of money or resources which furthers their statutory functions. The NHS will then procure services alongside their own to help meet key objectives.
- **Section 256 of the NHS Act 2006** is a mirror image of Section 76 allowing the NHS to transfer to the Local Authority sums of money or resources which furthers their statutory objectives to provide better or more efficient health services or prevent ill health. The Local Authority will then procure services.

These arrangements are presented diagrammatically overleaf.

Joint / Integrated Commissioning Arrangements

