

# BSW CCG Governance Handbook



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## 1. Introduction

The NHS Act 2006 and the Health and Social Care Act 2012 set the legislative framework for CCGs: they determine what CCGs are there to do (the CCGs' statutory functions), and set expectations of how CCGs do this. The Department of Health and Social Care's publication *The functions of Clinical Commissioning Groups* details CCGs' commissioning responsibilities; general duties; duties in relation to planning, agreeing and monitoring services; financial duties; duties in relation to governance; specific duties of cooperation, and general duties applying to public or NHS bodies functions. In summary, CCGs commission the healthcare services for the population within their geographic areas.

This Governance Handbook is intended as a resource for our membership, for our staff, for patients and the public. It describes our governance arrangements, signposts readers to key governing and corporate documents other than our Constitution, and includes Committees' Terms of Reference, and our Scheme of Reservation and Delegation (SoRD) which shows at a glance who has the authority to make what decisions.

This is a 'living' document which will be regularly reviewed and updated.

## 2. Our governance

Our Governing Body, supported by its committees, oversees, governs and ensures that we deliver our functions and duties properly and in accordance with legislation, regulation, and principles of good governance.

The CCG is a clinically led membership organisation – the 92 GP practices in the Bath and North East Somerset, Swindon and Wiltshire area are our members. Each practice nominates a Practice Representative who acts on behalf of the respective practice; the Practice Representatives form the Council of Members. Our Members' rights and decision-making powers are set out in our Constitution, Standing Orders (which are part of the Constitution), and Scheme of Reservations and Delegations.

The CCG's Governing Body is accountable to the CCG member practices. Its membership is determined by NHS Act(s), which prescribe that a CCG's Governing Body must comprise a Chair, the CCG's Accountable Officer, the CCG's Chief Finance Officer, a Secondary Care Specialist, a registered nurse, and two lay members (one to lead on finance and audit matters, and one to express an informed view about discharge of the CCG functions). In addition to these members, our Governing Body comprises a lay member with a remit for finance, a lay member with a remit for primary care commissioning, and eight GPs from the BaNES, Swindon and Wiltshire area. Details about our Governing Body, and about its meetings, can be found on our [website](#).

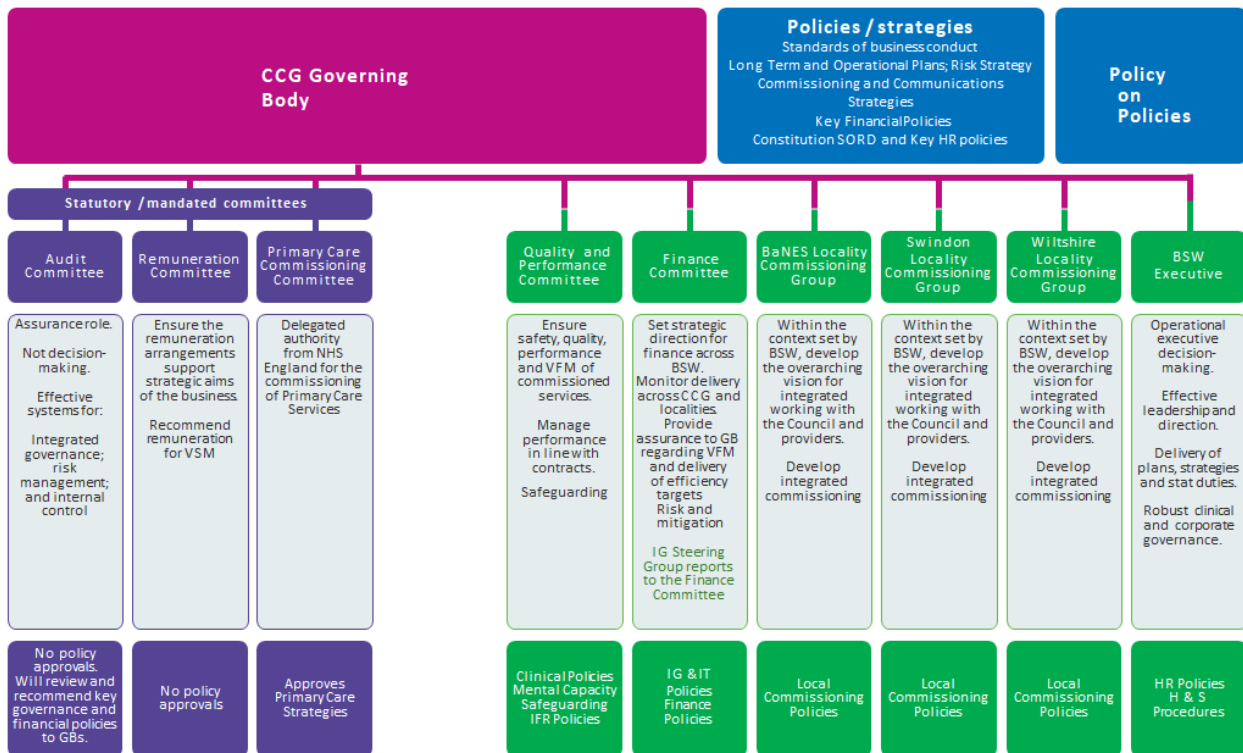
Our [Constitution](#), published on our website, determines and describes what we do (our statutory functions), the way in which we organise ourselves as a membership organisation, who our key decision makers are, and how we make decisions. Our Constitution describes the governing principles, rules and procedures that we have

established, to ensure probity and accountability in the day-to-day running of the CCG; that our decisions are taken in an open and transparent way; and that the interests of patients and the public remain central to the goals of the CCG. Included in the Constitution document are the Standing Orders (our 'manual' for how we conduct meetings, make decisions, or elect / appoint members of the Governing Body), the Terms of Reference for the for Governing Body's statutory / mandated committees, and the Delegated Financial Limits.

Our Governing Body is supported by the following committees:

- Audit Committee (AC), which supports the CCG's Governing Body and Accountable Officer by reviewing the comprehensiveness and reliability of assurances on governance, risk management, the control environment, and the integrity of financial statement and the annual report;
- Remuneration Committee (RemCom), which supports the CCG's Governing Body and Accountable Officer by making recommendations regarding remuneration, fees and other allowances (including pension schemes) for employees and other individuals who provide services to the CCG
- Primary Care Commissioning Committee (PCCC), which is responsible for the review, planning and procurement of primary care services in BSW, under delegated authority from NHS England
- Quality and Performance Committee (QPAC), which is responsible for providing assurance to the BSW CCG's Governing Body regarding the quality and clinical effectiveness of commissioned services, the performance of commissioned services against constitutional standards, and the CCG's compliance with its statutory obligations with regards to safeguarding, and to patient and public involvement in commissioning decisions
- Finance Committee (FC), which is responsible for setting the strategic direction for finance for the BSW CCG, and to monitor the delivery of the financial strategy across the CCG
- The Banes Locality Commissioning Group, Swindon Locality Commissioning Group, and Wiltshire Locality Commissioning Group, who have responsibilities for the BSW CCG's commissioning activities in – respectively – the BaNES, Swindon and Wiltshire localities, including collaborative and joint commissioning arrangements, as permitted, with BaNES, Swindon and Wiltshire Councils.

Our governance structure at a glance:



The terms of reference for the statutory / mandated committees (Audit, Remuneration, and Primary Care Commissioning Committees) are appended to our Constitution; the terms of reference for all other committees are contained in this handbook.

The CCGs in the southwest of England have agreed to form an Ambulance Joint Commissioning Committee (AJCC). The BSW CCG is a member of this committee; its terms of reference are included in this handbook.

## **2.1 Working with our partners system-wide – the BaNES, Swindon and Wiltshire Integrated Care System (BSW ICS)**

The health and social care organisations across BaNES, Swindon and Wiltshire are working together as an Integrated Care System (ICS) to improve our local population's health and wellbeing, improve service quality and deliver financial stability.

BSW CCG is one of the partner organisations in the BSW ICS, which works to the vision 'Working together to empower people to lead their best life.' More information about the BSW ICS can be found on the website, <https://www.bswstp.nhs.uk/>.

## **2.2 Working with Local Authorities**

We work closely with the local authorities in the BaNES, Swindon and Wiltshire area, to develop integrated health and care services.

The CCG's Governing Body has established the BaNES, Swindon and Wiltshire Locality Commissioning Groups. These meet in common with respective BaNES, Swindon and Wiltshire Council groups that have a similar remit. The Governing Body's Locality Commissioning Groups make decisions on all matters related to areas within the respective pooled budgets and where there is joint funding between the CCG and Local Authority. The Locality Commissioning Groups are responsible for the BSW CCG's commissioning activities in the the BaNES, Swindon and Wiltshire locality, including collaborative and joint commissioning arrangements, as permitted, with the relevant Council.

The Terms of Reference for each of the Governing Body's Locality Commissioning Groups are included in this handbook.

## 3 Code of Conduct

We expect our employees, Members, and members of our Governing Body and of CCG and Governing Body Committees and Sub-Committee to comply at all times with our Constitution. They should be aware of their responsibilities, act in good faith and in the interests of the CCG, follow the Nolan Principles, comply with the standards set out in [Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England](#), and comply with our [Standards of Business Conduct Policy](#), which is published on our website.

### 3.1 Interests, gifts and hospitality, sponsorship

We have made arrangements to manage conflicts and potential conflicts of interest to ensure that decisions made by us will be taken, and are seen to be taken, without being unduly influenced by external or private interest.

We have agreed policies and procedures for the identification and management of conflicts of interest. Our Standards of Business Conduct Policy follows the NHS England's statutory guidance [Managing Conflicts of Interest: Revised Statutory Guidance for CCGs](#), and sets out how we identify and manage conflicts of interest that may arise when we discharge our commissioning function.

We regularly review, and publish, registers of interests; of gifts, hospitality and sponsorship we have been offered; and of procurement decisions that we've made, see our [website](#).

### 3.2 Media, public speaking, and public representation of the CCG

Members of the CCG, of the CCG's Governing Body, and of the CCG's and the Governing Body's committees are not restricted from giving personal views on any matter. However, they should make it clear that personal views are not necessarily the view of the CCG.

Nothing in or referred to in our Constitutions (including in relation to the issue of any press release or other public statement or disclosure) will prevent or inhibit the making of any protected disclosure by any member of the CCG, any member of its Governing Body, any member of any of its Committees or Sub-Committees, or any employee of the CCG or of any of its members, nor will it affect the rights of any worker.

## 4. Log of reviews of the CCG's Constitution

We regularly review our Constitution, including its Annexes (the Terms of Reference of the Audit Committee, of the Remuneration Committee, and of the Primary Care Commissioning Committee; the Standing Orders; the Delegated Financial Limits), to ensure our governance arrangements remain fit for purpose and aligned with legislation, regulation and principles of good governance.

This log summarises when we undertook reviews, and the outcomes of such reviews.

<b>Date of review</b>	<b>Parts of the Constitution that were reviewed</b>	<b>Review undertaken by</b>	<b>Outcome of the review</b>
4 March 2021	Audit Committee ToR	Audit Committee	ToR fit for purpose, no changes
15 April 2021	Primary Care Commissioning Committee ToR	Primary Care Commissioning Committee	ToR fit for purpose, no changes



## 5. Publication Scheme

Members of the public should be able to routinely access information that is in the public interest and is safe to disclose.

BSW CCG is committed to meeting the statutory requirements of the Freedom of Information Act and as such has adopted the Information Commissioners Office's (ICO) Publication Scheme.

We have structured and populated our website according to the seven classes of information that the publication scheme identifies should be published by public bodies:

- who we are and what we do – [About us](#)
- what we spend and how we spend it – [How we spend your money](#)
- what are our priorities and how are we doing – [Annual reports](#); Quality and finance performance reports are published as part of our Governing Body papers.
- how we make decisions – [Governance](#)
- policies and procedures – [Clinical policies](#)
- lists and registers – [Corporate registers](#)
- services we offer – [Your health](#)

We believe our website signpost individuals to the information that we have available, in the spirit of the publication scheme.

## 6. Terms of Reference

# BSW CCG Finance Committee

## Terms of Reference

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### 1. Introduction

- 1.1 In accordance with the BSW CCG's Constitutions and Standing Orders, the BSW CCG Finance Committee (the Committee) is established by the BSW CCG Governing Body.
- 1.2 These Terms of Reference set out the membership, remit, responsibilities and reporting arrangements of the Committee.

### 2. Purpose

- 2.1 This Committee has a strategic, planning, and assurance function towards the CCG's Governing Body.

### 3. Responsibilities/Duties

- 3.1 The Committee's remit extends to setting the strategic direction for finance for the BSW CCG, and to monitor the delivery of the financial strategy across the CCG. Within this remit, the Committee shall cover the following areas, and recommend decisions to the CCGs' Governing Body, as appropriate:

#### **Financial Planning:**

- a) to consider the CCG's, and the BSW STP's medium-term financial plan; ensuring it aligns to the Commissioning Intentions of the CCG, and of the BSW STP, and reflects the priorities as outlined both in the CCG's' and the BSW STP's Strategies and Annual Operating Plans;
- b) to establish whether the CCG's and BSW's annual plan aligns with national planning assumptions, contractual positions and what financial risks this exposes the CCG to in year;
- c) to develop a Financial Strategy for BSW which will consider financial risk appetite of the Governing Body members, financial governance arrangements and financial capacity and capability.

#### **Monitoring Performance:**

- d) to scrutinise the CCG's monthly financial position focusing on the in-year financial position, variances and progress towards meeting statutory financial targets;
- e) to seek assurance that financial and activity plans are on track and that any variances/risks are being addressed;
- f) to clarify forecast outturn position and understand risks which might arise in year to deliver against key financial targets;

- g) to ensure discretionary spend is in line with plan, and the CCG can manage within its running cost allowance;
- h) to monitor the performance of Healthcare Contracts and Service Level Agreements, considering the contractual position and the activity as well as the financial position;
- i) to monitor the performance of the Commissioning Support Unit contract to ensure support services are being delivered as required to support the financial agenda and in line with their service specification, and to review commissioning support arrangements;
- j) to review performance of any joint commissioning arrangements such as Better Care Fund, CHC and Primary Care, where they are considered to have a material financial impact on the CCG or the BSW STP in-year;
- k) to provide assurance that appropriate actions are in place to address key areas of over performance.

**Demonstrating value for money:**

- l) to support the CCG's Governing Body in ensuring financial management achieves value for money, efficiency and effectiveness in the use of resources with a continuing focus on cost reduction and achievement of efficiency targets;
- m) to evaluate the financial implications of the business case framework; ensuring that it covers all areas that would need to be considered to inform robust decision making;
- n) to consider the impact of any financial investments / disinvestments which feed into the annual planning cycle and / or any which arise in year to ensure they achieve value for money.

**Delivery of the Productivity Plan:**

- o) to provide assurance that the CCG's Productivity Plan is effectively managed and outcomes are being delivered by receiving regular updates on the financial and activity performance as measured through the CCGs' monthly QIPP dashboards;
- p) to review schemes which have been rated either Red or Amber against their savings and implementation targets to ascertain what mitigations are being put in place to improve their scores;
- q) to consider any new schemes which are being implemented in-year to mitigate under performance against QIPP target.

**Risk identification and management:**

- r) to review and monitor the corporate risk register in respect of financial risks, seeking assurance on the mitigation of relevant risks and to consider whether any risks require escalation to the CCG's Governing Body;
- s) to review the CCG's financial risks and determine whether there are sufficient mitigating actions in place to address these; reporting any concerns to the Governing Body.

### **Policies**

- t) to develop key financial policies, for approval by the Governing Body as appropriate, and compliant with the CCG's Constitution;
- u) to oversee the Information Governance (IG) Steering Group, and review and approve Information Technology (IT) and IG policies.

### **Other Assurance Functions:**

- v) to review the findings of other significant assurance functions in relation to financial governance and reporting, both internal and external where they have identified issues or risks in relation to financial governance and reporting which could have a material impact on the financial position of the CCG; these will include, but will not be limited to, any reviews by Department of Health arm's length bodies or regulators / inspectors (for example, the Care Quality Commission and NHS Litigation Authority) and professional bodies with responsibility for the performance of staff or functions (for example, Royal Colleges and accreditation bodies);
- w) to set the framework, and receive assurance of its implementation, for the CCG's conduct of procurement, management of estates, and IT and IG;

### **Management:**

- x) The Committee shall request and review reports and positive assurances from BSW wide and place-based Officers, Directors and Managers, where applicable, on the overall arrangements for financial governance, risk management and internal control. The Committee may also request specific reports from individual functions within the CCG as they may be appropriate to the overall arrangements.

## **4. Membership**

4.1 The following are members of the Committee, i.e. they have the right to receive meeting documents and to vote:

- The BSW CCG Chair;
- The Lay Member – Patient and Public Engagement (PPE)
- The BSW CCG Chief Executive;
- The BSW CCG Chief Financial Officer;
- The BSW CCG Director for Strategy and Transformation;
- One member who is either a Locality Clinical Lead or Locality Healthcare Professional member of the Governing Body, drawn from member

practices, who fulfil the definitions as described in provision 5.5.3 c and d of the Constitution.

4.2 The following normally attend Committee meetings, i.e. they may receive meeting documents but cannot participate in the Committee's decision-making and must not vote:

- The Lay Member – Audit and Governance;
- The Associate Directors of Finance (BaNES, Swindon and Wiltshire respectively);
- The BSW Financial Sustainability Director

4.3 In addition, the Chair, on behalf of the Committee, may invite such individuals to the Committee's meetings as are considered necessary to enable the Committee to conduct its business effectively. For the avoidance of doubt, such invited attendees cannot participate in the Committee's decision-making and must not vote.

4.4 The Lay Member - Patient and Public Engagement (PPE) will chair the Committee.

## **5. Quorum**

5.1 A quorum shall be three members including one of the non-Executive members of the Committee.

5.2 If the meeting becomes inquorate, it shall either be suspended, or decisions ratified at the next meeting of the Committee.

## **6. Reporting**

6.1 After each of its meetings, the Committee will report to the Governing Body about business transacted and decisions taken. Reports will be in the form of standard cover sheet, highlighting reporting items as agreed by the Committee at each meeting, together with the minutes of that meeting.

6.2 In addition, and as agreed with the Committee, the Chair shall report on any matters within the remit of this Committee which in the Chair's view require the Governing Body attention and/ or executive decision making.

## **7. Authority**

7.1 In furtherance and support of its business, this Committee is authorised to request and review reports from external experts and from individual functions within the CCG, as appropriate; and to seek assurances from the CCG on xyz matters.

## **8. Frequency of Meetings**

8.1 Meetings shall normally be held monthly, and otherwise as required.

## **9. Secretary**

9.1 The Corporate Office shall provide the secretariat to the Committee, and the secretariat shall:

- Ensure that the Committee receives the resources and support it needs to fulfil its role;
- Ensure timely provision of meeting papers / materials to Committee members, normally 5 business day before a meeting;
- Record in formal minutes the business transacted and decisions taken by the Committee;
- Ensure that appropriate mechanisms are in place to ensure the flow of information to and from the Committee, including the Committee's reporting to the Governing Body;
- Advise the Committee on matters of good governance practice, in view of relevant guidance.

## **10. Conduct of meetings**

10.1 Committee meetings will be conducted in accordance with the BSW CCG's Constitution and Standing Orders.

10.2 Members of the Committee will

- conduct the Committee's business in accordance with any national guidance and relevant codes of conduct / good governance practice, including the Nolan principles of public life;
- comply with the standards of business conduct, including the protocols for managing conflicts of interest, as determined in the CCGs Constitutions, Standards of Business Conduct Policies, and other relevant policies / guidance on good and proper meeting conduct for NHS organisations .

10.3 A meeting is constituted when members attend face-to-face, via telephone or video conferencing, any other electronic means, or through a combination of the above. Quoracy rules apply in any case. For the avoidance of doubt, this provision applies to and facilitates the Committee's decision making by email, should this be required to expedite an urgent decision.

10.4 Provided the meeting is quorate, the Committee will take decisions through consensus. If voting becomes necessary, a decision is made by a simple majority of those present. In the case of equality of votes, the Chair will have a casting vote.

## **11. Review**

11.1 The Committee will review its performance and these terms of reference annually, to ensure the Committee fulfils its functions effectively. The Committee will recommend to the CCG's Governing Body any amendments it considers necessary to ensure it continues to discharge its business effectively.

**Effective date:** 07 October 2021

**Review date:** March 2022

# BSW CCG Quality and Performance Assurance Committee

## Terms of Reference

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### 1. Introduction

- 1.1 In accordance with the BSW CCG's Constitutions and Standing Orders, the BSW CCG Quality and Performance Assurance Committee (the Committee) is established by the BSW Governing Body.
- 1.2 These Terms of Reference set out the membership, remit, responsibilities and reporting arrangements of the Committee.

### 2. Responsibilities/Duties

- 2.1 The Committee will promote a culture of continuous improvement and innovation with respect to safety of services, clinical effectiveness and patient experience. It is responsible for providing assurance to the BSW CCG's Governing Body regarding the quality and clinical effectiveness of commissioned services, the performance of commissioned services against constitutional standards, and the CCG's compliance with its statutory obligations with regards to safeguarding, and to patient and public involvement in commissioning decisions.

- 2.2. Within this remit, the Committee shall:

- a) Ensure that robust processes are in place to monitor, review and ensure that commissioned services
  - are safe, effective and deliver a high-quality experience for patients;
  - deliver value for money;
  - fulfil their statutory responsibilities with regards to safeguarding;
  - meet NHS Constitutional Standards.
- b) Undertake regular robust contract monitoring and scrutiny of data / information / KPIs, to ensure that commissioned services deliver as expected / intended against service delivery indicators, and to mandate appropriate actions to address areas of concern unless these require escalation to the Governing Body;
- c) Agree the CCG's annual programme to monitor quality of commissioned services based on activity and risk, receive enquiries, investigations and reports from clinical audits undertaken, and approve responses / actions as may be required;
- d) Consider reports on patient experience of NHS services, including reports of serious incidents and never-events, mandate remedial actions to address concerns as may be required, and ensure that the CCG has in place robust processes to assure itself that corrective and preventative action is taken as required, and lessons learned are widely disseminated;



- e) Monitor the service quality risks within the corporate risk register, ensuring that identified risks have appropriate mitigation plans, and advise the Audit Committee of relevant amendments to the CCG's corporate risk register;
- f) Monitor public engagement activities relating to the commissioning and decommissioning of services, quality of commissioned services and service changes, to ensure the CCG meets its statutory obligations in this regard;
- g) Consider reports, and approve recommendations as appropriate regarding clinical protocols, service reviews and pathway redesign as may be made by the Clinical Advisory and Effectiveness Group (CAEG);
- h) Consider, and approve as appropriate, recommendations as may be made by the Clinical Advisory and Effectiveness Group (CAEG) regarding the CCG's response to NHS policy / regulation / guidance that has a direct impact on quality, effectiveness and patient safety;
- i) Approve CCG clinical policies including commissioning exceptionality policies, as recommended by the Clinical Advisory and Effectiveness Group (CAEG).

#### **4. Membership**

4.1 The following are members of the Committee, i.e. they have the right to receive meeting documents and to vote:

- The three Locality Clinical Leads of the CCG's Governing Body
- The Lay Member PPE of the CCG's Governing Body;
- The Registered Nurse of the CCG's Governing Body;
- The BSW CCG Director of Nursing;
- The BSW CCG Medical Director.

4.2 In addition, the Chair, on behalf of the Committee, may invite such individuals to the Committee's meetings as are considered necessary to enable the Committee to conduct its business effectively. For the avoidance of doubt, such invited attendees cannot participate in the Committee's decision-making and must not vote.

4.3 The Lay Member PPE will chair the Committee.

#### **5. Quorum**

5.1 A quorum shall be four members.

5.2 If the meeting becomes inquorate, it shall either be suspended, or decisions ratified at the next quorate meeting of the Committee.

## **6. Reporting**

- 6.1 After each of its meetings, the Committee will report to the CCG's Governing Body about business transacted and decisions taken. Reports will be in the form of standard cover sheet, highlighting reporting items as agreed by the Committee at each meeting, together with the minutes of that meeting.
- 6.2 In addition, and as agreed with the Committee, the Chair shall report on any matters within the remit of this Committee which in the Chair's view require the CCG's Governing Body's attention and/ or executive decision making.
- 6.3 The Clinical Advisory and Effectiveness Group reports to this Committee. The Area Prescribing Committee, and the Primary Care Quality and Risk Group liaise with this Committee for the purposes of sharing information / intelligence.

## **7. Authority**

- 7.1 The Committee is authorised to request and review reports and assurances from the CCG on the overall arrangements for the safe delivery of services within agreed performance plans and monitoring thereof.
- 7.2 In furtherance and support of its business, the Committee is authorised to request specific reports from external experts and from individual functions within the CCG, as appropriate.
- 7.3 The Committee may form sub-groups to support it in the discharge of its functions. The Committee will issue such sub-groups with Terms of Reference which describe membership, remit, roles and responsibilities, authorities, processes for decision-making, and reporting arrangements. The Committee may not delegate its decision-making powers to sub-groups that it forms.

## **8. Frequency of Meetings**

- 8.1 Meetings shall normally be held monthly, and otherwise as required.

## **9. Secretary**

- 9.1 The Corporate Office shall provide the secretariat to the Committee, and the secretariat shall:
  - Ensure that the Committee receives the resources and support it needs to fulfil its role;
  - Ensure timely provision of meeting papers / materials to Committee members, normally 5 business day before a meeting;
  - Record in formal minutes the business transacted and decisions taken by the Committee;

- Ensure that appropriate mechanisms are in place to ensure the flow of information to and from the Committee, including the Committee's reporting to the Governing Body;
- Advise the Committee on matters of good governance practice, in view of relevant guidance.

## **10. Conduct of meetings**

10.1 Committee meetings will be conducted in accordance with the BSW CCG's Constitution and Standing Orders.

10.2 Members of the Committee will

- conduct the Committee's business in accordance with any national guidance and relevant codes of conduct / good governance practice, including the Nolan principles of public life;
- comply with the standards of business conduct, including the protocols for managing conflicts of interest, as determined in the CCG Constitution, Standards of Business Conduct Policy, and other relevant policies / guidance on good and proper meeting conduct for NHS organisations .

10.3 A meeting is constituted when members attend face-to-face, via telephone or video conferencing, any other electronic means, or through a combination of the above. Quoracy rules apply in any case. For the avoidance of doubt, this provision applies to and facilitates the Committee's decision making by email, should this be required to expedite an urgent decision.

10.4 Provided the meeting is quorate, the Committee will take decisions through voting and by a simple majority of those present. In the case of equality of votes, the Chair will have a casting vote.

## **11. Review**

11.1 The Committee will review its performance and these terms of reference annually, to ensure the Committee fulfils its functions effectively. The Committee will recommend to the CCG's Governing Body any amendments it considers necessary to ensure it continues to discharge its business effectively.

**Effective date:** 1 April 2020

**Reviewed on:** 22 January 2021

**Next review due:** April 2022

# BSW CCG At Scale Commissioning Committee

## Terms of Reference

### 1. Introduction

- 1.1 In accordance with the BSW CCG's Constitutions and Standing Orders, the BSW 'At Scale' Commissioning Committee (the Committee) is established by the BSW CCG Governing Body]
- 1.2 These Terms of Reference set out the membership, remit, responsibilities and reporting arrangements of the Committee.
- 1.3 The Joint Contracting Forum reports to this Committee.
- 1.4 The BSW Partnership has established the Urgent Care and Flow Board; Elective Care Board; Thrive MH Board; LD/ASD Programme Board; and the Local Maternity and Neonatal System Programme Board to facilitate collaboration between BSW providers and the commissioner. These groups may make commissioning proposals to this committee, for approval within this Committee's remit, or for consideration and onward recommendation to the BSW CCG Governing Body.

### 2. Purpose

- 2.1 The Committee's purpose is to:
  - Oversee procurements for services that are commissioned strategically, and that do not fall within the remits of the CCG's Locality Commissioning Committees;
  - Consider any commissioning proposals that impact both 'place' and 'at scale', and for which funding from sources other than the BCFs may be required;
  - Identify opportunities for cost efficiencies by commissioning services at scale
  - Provide clinical leadership in relation to the commissioning cycle and service redesign, and lead the dissemination of good practice
  - Test commissioning approaches in preparation for the formal establishment of the BSW ICS as a statutory body including the transfer of any commissioning responsibilities from NHSE/I.
  - Overseeing the work of the Joint Contracting Forum.

### 3. Responsibilities/Duties

- 3.1 The BSW CCG Governing Body has delegated to the Committee decision making authority for 'at scale' commissioning, de-commissioning, and redesign of health and care services for the populations of BSW where there is clear benefit in commissioning at scale.
- 3.2 The B&NES, Swindon and Wiltshire localities each have a Locality Commissioning Group which is responsible for commissioning, de-commissioning and redesign of services at place (including under the umbrella of local S75 agreements), and where a local understanding is beneficial in designing services to meet the locality's specific needs.

This Committee will concern itself solely with services which are best commissioned at scale. It will ensure links with the Locality Commissioning Groups to ensure there are no service gaps or overlaps.

- 3.3 For the avoidance of doubt, primary care commissioning is not included within this Committee's remit and remains the responsibility of the BSW CCG's Primary Care Commissioning Committee.
- 3.4 Within this remit, and adhering to the CCG's Delegated Financial Limits (DFLs), the Committee shall consider and approve 'at scale' commissioning and procurement proposals up to a value of £250K for the DOF or AO to endorse as per DFLs for the following services (not exhaustive), or recommend approval to the CCG Governing Body for proposals over £250K:
- Mental Health (Including Child and Adolescent Mental Health Services)
  - Learning Disabilities
  - Children, Young People
  - Maternity
  - Acute Paediatric services
  - Cancer Services
  - Acute Contracts – incl RTT and A&E
  - Acute planned and Urgent Care – Including A&E, 111 & OOH, Ambulance
  - Specialised commissioning
  - Non urgent Patient Transport
  - RSS
  - Advice and Guidance services
  - Pilot projects

#### **4. Membership**

- 4.1 The following are members of the Committee, i.e. they have the right to receive meeting documents and to vote:
- Clinical Chair of the BSW CCG Governing Body
  - BSW CCG Director of Strategy and Transformation
  - BSW CCG Chief Finance Officer
  - BSW CCG Director of Nursing and Quality
  - BSW CCG Medical Director
  - The Registered Nurse of the BSW CCG Governing Body
  - A Lay member of the BSW CCG Governing Body; the Chair of the BSW CCG Governing Body's Audit Committee shall not be a member of this Committee;
  - Two of the elected members of the BSW CCG Governing Body
  - The Chief Operating Officers of the BSW CCG's BaNES, Swindon and Wiltshire localities
- 4.2 The following normally attend Committee meetings, i.e. they may receive meeting documents but cannot participate in the Committee's decision-making and must not vote:
- The BSW CCG Director of Commissioning
  - The BSW CCG Director of Planning and Transformational Programmes

- The BSW CCG Deputy Director Contracts and Performance

4.3 In addition, the Chair, on behalf of the Committee, may invite such individuals to the Committee's meetings as are considered necessary to enable the Committee to conduct its business effectively. For the avoidance of doubt, such invited attendees cannot participate in the Committee's decision-making and must not vote.

4.4 The Clinical Chair of the BSW CCG Governing Body will chair the Committee. The Registered Nurse member will be the Deputy Chair of the Committee.

## **5. Quorum**

5.1 A quorum shall be five members, one of whom should be a BSW CCG Executive Director and three who should be clinical members.

5.2 If the meeting becomes inquorate, it shall either be suspended, or decisions ratified at the next quorate meeting of the Committee.

## **6. Reporting**

6.1 After each of its meetings, the Committee will report, through its Chair and / or its Deputy Chair to the BSW CCG Governing Body about business transacted and decisions taken. Reports will be in the form of standard cover sheet, highlighting reporting items as agreed by the Committee at each meeting, together with the minutes of that meeting.

6.2 In addition, and as agreed with the Committee, the Chair shall report on any matters within the remit of this Committee which in the Chair's view require the BSW CCG Governing Body's attention and/ or decision making.

## **7. Authority**

7.1 In furtherance and support of its business, this Committee is authorised to request and review reports from external experts, from individual functions within the CCG, and from organisations in the BSW Partnership, as appropriate.

## **8. Frequency of Meetings**

8.1 Meetings shall normally be held monthly, and otherwise as required.

## **9. Secretary**

9.1 The Secretariat for the Committee is provided by the BSW CCG Corporate Office. The Secretariat shall:

- provide Committee members with governance advice as required;
- ensure timely provision of meeting papers / materials to Committee members;

- record in formal minutes the business transacted and decisions taken by the Committee.

## **10. Conduct of meetings**

10.1 Committee meetings will be conducted in accordance with the BSW CCG's Constitution and Standing Orders.

10.2 Members of the Committee will

- conduct the Committee's business in accordance with any national guidance and relevant codes of conduct / good governance practice, including the Nolan principles of public life;
- comply with the standards of business conduct, including the protocols for managing conflicts of interest, as determined in the CCG's Constitutions, Standards of Business Conduct Policies, and other relevant policies / guidance on good and proper meeting conduct for NHS organisations .

10.3 A meeting is constituted when members attend face-to-face, via telephone or video conferencing, any other electronic means, or through a combination of the above. Quoracy rules apply in any case. For the avoidance of doubt, this provision applies to and facilitates the Committee's decision making by email, should this be required to expedite an urgent decision.

10.4 Provided the meeting is quorate, the Committee will take decisions through consensus. Should a vote become necessary, a simple majority of those present will carry the vote. In the case of equality of votes, the Chair will have a casting vote.

## **11. Review**

11.1 The Committee will regularly review its performance, its membership and these terms of reference, and recommend to the CCG's Governing Bodies any amendments it considers necessary to ensure it continues to discharge its business effectively.

**Effective date:** February 2022

**Review date:** July 2022

# BaNES Locality Commissioning Group

## Terms of Reference

### 1. Introduction

- 1.1 In accordance with the BSW CCG's Constitutions and Standing Orders, the BSW Governing Body established this BaNES Locality Commissioning Group (the Group). The BSW CCG's Delegated Financial Limits, and Scheme of Reservations and Delegations, apply.
- 1.2 The committee may operate in common with relevant committees of other organisations in the interests of integration.
- 1.3 This Committee is accountable to the BSW CCG Governing Body. The Committee will, where appropriate, act as an advisory and decision making body, to the two commissioning organisations, making recommendations to the CCG for change in commissioned services, and making decisions within the remit of these ToR.
- 1.4 The Committee has delegated authority from the BSW CCG Governing Body to make decisions on all matters related to areas within the pooled budget and where there is joint funding between the CCG and Local Authority. The Committee represents the partnership of health and social care commissioners across BaNES to build on a shared vision for the commissioning and development of services.
- 1.5 These Terms of Reference set out the membership, remit, responsibilities and reporting arrangements of the Committee.

### 2. Responsibilities/Duties

- 2.1 The BSW CCG Governing Body delegates to the Committee the responsibilities for the BSW CCG's commissioning activities in the BaNES locality, including collaborative and joint commissioning arrangements, as permitted, with B&NES Council. For the avoidance of doubt, primary care commissioning is not included within this remit and remains the responsibility of the BSW CCG's Primary Care Commissioning Committee. The Committee has decision-making powers, delegated to it by the BSW CCG Governing Body, to whom the Committee is accountable.
- 2.2 Within this remit, the Committee shall cover the following areas:

#### Commissioning of health and care services in the BaNES locality:

- a. Collaborating with relevant partners, develop the locality's strategy for the development and delivery of health and care services, and the locality's commissioning strategy, for approval by the CCG's Governing Body;
- b. Develop, and recommend to the CCG's Governing Body, the locality's financial, business and operational plans including risk sharing / risk management arrangements, as applicable;
- c. Ensure that local commissioning, including integrated / collaborative / joint commissioning, complies with the CCG's legal and statutory obligations;
- d. Within the framework set by the CCG's and the locality's strategies, make commissioning decisions and sign off procurement processes and outcomes for services, or recommend commissioning decisions and procurement processes



to other decision-making bodies, as appropriate;

- e. Monitor the performance of commissioned services, and agree performance management actions as required;
- f. Provide the BSW CCG Governing Body with assurance that all commissioning arrangements in the locality (including integrated / collaborative / joint commissioning with B&NES Council and / or other partners) are appropriately governed and managed.
- g. Ensure, and assure the CCG's Governing Body, that all statutory requirements regarding public engagement and consultation are met in the locality's health and care commissioning activities;
- h. Approve and ensure implementation of locality policies as may be required to support integrated / collaborative / joint commissioning, following consultation with the CCG's Governing Body, and ensuring alignment and compliance with BSW CCG policies;

Commissioning of services in an integrated way with B&NES Council under the terms of the B&NES Framework Partnership Agreement relating to the Commissioning of Health and Social Care Services, and the Joint Working Framework:

- j. Continuously develop integrated commissioning, agree areas for an integrated approach, and mitigate against any negative impacts of such an approach;
- k. Within agreed section 75 arrangements with B&NES Council, make commissioning decisions for new and existing services;
- l. Manage the CCG's section 75 arrangements with B&NES Council, including
  - i. Regular review of said arrangements to ascertain they continue to meet identified need / deliver the intended outcomes;
  - ii. Monitoring the performance of jointly commissioned services, and agree performance management actions as required;
  - iii. Risk management within the parameters set by the BSW CCG;
  - iv. Within the parameters set by the BSW CCG and the B&NES Council, develop and agree annual business, financial and operational plans;
  - v. Management of pooled funds, including;
    - regularly receive and review reports, and an annual return, about the income and expenditure from the Pooled Fund together with such other information as may be required to monitor the effectiveness of the Pooled Fund;
    - agree to the viring of funds between Pooled Funds;
    - approve Individual Services under the Better Care Fund, ensuring compliance with the Better Care Fund Plan and the strategic direction of the Better Care Fund;
    - monitor the Better Care Fund;
    - receive notification of any projected underspends in the Better Care Fund, and agree use of such underspends;
    - agree funding of overspends if such funding can be met from the available pooled fund and available resources, or otherwise

recommend the funding request to Council and CCG approval processes.

- vi. In the context of agreeing and managing pooled funds, facilitate the CCG's and the Council's mutual understanding of each organisation's savings and delivery plans.

#### **4. Membership**

4.1 The following are members of the Committee, i.e. they have the right to receive meeting documents and to vote:

- Chief Operating Officer, BaNES locality;
- Associate Director Finance;
- Associate Director Community Transformation, BaNES Locality;
- Locality Clinical Lead (BaNES)
- Locality Healthcare Professional (BaNES)
- A BSW Executive

4.2 The Chair, on behalf of the Committee, may invite such individuals to the Committee's meetings as are considered necessary to enable the Committee to conduct its business effectively. For the avoidance of doubt, such invited attendees cannot participate in the Committee's decision-making and must not vote.

4.3 The Chief Operating Officer (BaNES locality) will chair this Committee.

#### **5. Quorum**

5.1 The quorum for this Committee shall be three members one of whom, must be a finance professional.

5.2 If the meeting becomes inquorate, it shall either be suspended, or decisions ratified at the next meeting of the Committee.

#### **6. Reporting**

6.1 After each of its meetings, the Committee will report through its Chair to the CCG's Governing Body about business transacted and decisions taken. Reports will be in the form of standard cover sheet, highlighting reporting items as agreed by the Committee at each meeting, together with the minutes of that meeting.

6.2 To report as appropriate to the BSW CCG Finance Committee to enable the monitoring of performance of any joint/collaborative arrangements with the local authority such as the Better care Fund.

6.3 In addition, and as agreed with the Committee, the Chair shall report on any matters within the remit of this Committee which in the Chair's view require the CCG's Governing Body's attention and / or executive decision making.

#### **7. Authority**

7.1 In furtherance and support of its business, this Committee is authorised to request and review reports from external experts, and from individual functions within the CCG, as appropriate.

7.2 In accordance with the BSW CCG Constitution and Standing Orders, the Committee may establish sub-groups as appropriate to support the Committee in discharging its responsibilities.

## **8. Frequency of Meetings**

8.1 Meetings shall normally be held monthly, and otherwise as required.

## **9. Secretary**

9.1 The Secretariat for the Committee is provided by the CCG's Corporate Office. The Secretariat shall:

- provide Committee members with governance advice as required;
- ensure timely provision of meeting papers / materials to Committee members;
- record in formal minutes the business transacted and decisions taken by the Committee.

## **10. Conduct of meetings**

10.1 Committee meetings will be conducted in accordance with the BSW CCG's Constitution and Standing Orders.

10.2 Members of the Committee will

- conduct the Committee's business in accordance with any national guidance and relevant codes of conduct / good governance practice, including the Nolan principles of public life;
- comply with the standards of business conduct, including the protocols for managing conflicts of interest, as determined in the CCG's Constitution, Standards of Business Conduct Policy, and other relevant policies / guidance on good and proper meeting conduct for NHS organisations .

10.3 Before each meeting of the Committee, a written notice of the meeting, specifying the business proposed to be transacted at it, will be delivered to every member (by email) so as to be available to them 5 working days before the meeting. Want of service of the notice to any member will not affect the validity of a meeting.

10.4 The Chair will agree the agenda in advance of each meeting. The agenda and supporting papers will normally be circulated 5 working days in advance of the meeting.

10.5 A meeting is constituted when members attend face-to-face, via telephone or video conferencing, any other electronic means, or through a combination of the above. Quoracy rules apply in any case. For the avoidance of doubt, this provision applies to and facilitates the Committee's decision making by email, should this be required to expedite an urgent decision.

10.6 The Committee is expected to reach decisions by consensus. For clinical and service delivery items, the Committee will assure itself that it has received such clinical advice / input as it requires to make an informed decision.

- 10.7 Where consensus cannot be reached on an item that requires a decision, and a vote is necessary, a simple majority of members present is required to pass a decision. The quoracy rules as set out in point 5 above apply. In the case of equality of votes, the Chair will have a casting vote.
- 10.8 The minutes of the proceedings of a meeting of the Committee shall be circulated to members in a timely manner following each meeting, and shall formally be approved at the next ensuing meeting of the Committee. No discussion will take place upon the minutes except upon their accuracy or where the Chair considers discussion appropriate. Any amendments to the minutes must be agreed and recorded at this meeting.
- 10.9 In the event an urgent decision of the Committee is required outside of a meeting, the Chair may share papers by email to the members of the Committee and request a decision within a specified period of time. If a majority of the members reply in accordance with the agreed decision making arrangements set out in paragraph 4, within the time period, the Chair may make the decision and record this to be presented at the next meeting of the Committee.

## **11. Review**

- 11.1 The Committee will regularly review its performance, its membership and these terms of reference, and recommend to the CCG's Governing Body any amendments it considers necessary to ensure it continues to discharge its business effectively.

**Effective date:** 15 October 2020

**Review due:** October 2021

# Swindon Locality Commissioning Group (BSW CCG)

## Terms of Reference

### 1. Introduction

- 1.1 In accordance with the BSW CCG's Constitutions and Standing Orders, the BSW Governing Body establishes this Swindon Locality Commissioning Group (the Group) as a committee of the BSW CCG Governing Body. The BSW CCG's Delegated Financial Limits, and Scheme of Reservations and Delegations, apply.
- 1.2 The Group may operate in common with relevant committees or groups of other organisations to support the development and delivery of integrated services.
- 1.3 The Group may also, over time, wish to operate in common with other relevant groups or committees of other organisations in the interests of integration.
- 1.4 This Group is accountable to the BSW CCG Governing Body. The Group will, where appropriate, act as an advisory and decision making body, making recommendations to the CCG for change in commissioned services, and making decisions within the remit of these ToR.
- 1.5 The Group has delegated authority from the BSW CCG Governing Body to make decisions on all matters related to areas within the pooled budget and where there is joint funding between the CCG and Local Authority. The Group represents the partnership of health and social care commissioners across Swindon to build on a shared vision for the commissioning and development of services.
- 1.6 These Terms of Reference set out the membership, remit, responsibilities and reporting arrangements of the Group.

### 2. Responsibilities/Duties

- 2.1 The BSW CCG Governing Body delegates to the Group the responsibilities for the BSW CCG's commissioning activities in the Swindon locality, including collaborative and joint commissioning arrangements, as permitted, with Swindon Borough Council. For the avoidance of doubt, primary care commissioning is not included within this remit and remains the responsibility of the BSW CCG's Primary Care Commissioning Committee. The Group has decision-making powers, delegated to it by the BSW CCG Governing Body, to whom the Group is accountable.
- 2.2. Within this remit, the Group shall cover the following areas:

#### Commissioning of health and care services in the Swindon locality:

- i. Collaborating with relevant partners, develop the locality's strategy for the development and delivery of health and care services, and the locality's commissioning strategy, for approval by the CCG's Governing Body;
- j. Develop, and recommend to the CCG's Governing Body, the locality's financial, business and operational plans including risk sharing / risk management arrangements, as applicable;
- k. Ensure that local commissioning, including integrated / collaborative / joint commissioning, complies with the CCG's legal and statutory obligations;

- l. Within the framework set by the CCG's and the locality's strategies, make commissioning decisions and sign off procurement processes and outcomes for services, or recommend commissioning decisions and procurement processes to other decision-making bodies, as appropriate;
- m. Monitor the performance of commissioned services, and agree performance management actions as required;
- n. Provide the BSW CCG Governing Body with assurance that all commissioning arrangements in the locality (including integrated / collaborative / joint commissioning with Swindon Borough Council and / or other partners) are appropriately governed and managed;
- o. Ensure, and assure the CCG's Governing Body, that all statutory requirements regarding public engagement and consultation are met in the locality's health and care commissioning activities;
- p. Approve and ensure implementation of locality policies as may be required to support integrated / collaborative / joint commissioning, following consultation with the CCG's Governing Body, and ensuring alignment and compliance with BSW CCG policies;

Commissioning of services in an integrated way with Swindon Borough Council under the terms of the of the National Health Services Act 2006 Section 75 Agreements and the Better Care Fund Plan:

- j. Continuously develop integrated commissioning, agree areas for an integrated approach, and mitigate against any negative impacts of such an approach;
- k. Within agreed section 75 arrangements with Swindon Borough Council, make commissioning decisions for new and existing services;
- l. Manage the CCG's section 75 arrangements with Swindon Borough Council, including
  - i. Regular review of said arrangements to ascertain they continue to meet identified need / deliver the intended outcomes;
  - ii. Monitoring the performance of jointly commissioned services, and agree performance management actions as required;
  - iii. Risk management within the parameters set by the BSW CCG;
  - iv. Within the parameters set by the BSW CCG and the Swindon Borough Council, develop and agree annual business, financial and operational plans;
  - v. Management of pooled funds, including;
    - regularly receive and review reports, and an annual return, about the income and expenditure from the Pooled Fund together with such other information as may be required to monitor the effectiveness of the Pooled Fund;
    - agree to the viring of funds between Pooled Funds;
    - approve Individual Services under the Better Care Fund, ensuring compliance with the Better Care Fund Plan and the strategic direction of the Better Care Fund;
    - monitor the Better Care Fund;

- receive notification of any projected underspends in the Better Care Fund, and agree use of such underspends;
  - agree funding of overspends if such funding can be met from the available pooled fund and available resources, or otherwise recommend the funding request to Council and CCG approval processes.
- vi. In the context of agreeing and managing pooled funds, facilitate the CCG's and the Council's mutual understanding of each organisation's savings and delivery plans.

### **3. Membership**

3.1 The following are members of the Group, i.e. they have the right to receive meeting documents and to vote:

- Chief Operating Officer, Swindon locality;
- Associate Director Finance;
- Deputy Director Community Transformation, Swindon Locality;
- Locality Clinical Lead (Swindon)
- Locality Healthcare Professional (Swindon)
- A BSW Executive

3.2 The Chair, on behalf of the Group, may invite such individuals to the Group's meetings as are considered necessary to enable the Group to conduct its business effectively. For the avoidance of doubt, such invited attendees cannot participate in the Group's decision-making and must not vote.

3.3 The Chief Operating Officer (Swindon locality) will chair this Group. For meetings in common, an alternate chairing arrangement shall be in place.

### **4. Quorum**

4.1 The quorum for this Group shall be four members, including a finance professional.

4.2 If the meeting becomes inquorate, it shall either be suspended, or decisions ratified at the next quorate meeting of the Group.

### **5. Reporting**

5.1 After each of its meetings, the Group will report through its Chair to the CCG's Governing Body about business transacted and decisions taken. Reports will be in the form of standard cover sheet, highlighting reporting items as agreed by the Committee at each meeting, together with the minutes of that meeting.

5.2 In addition, and as agreed with the Group, the Chair shall report on any matters within the remit of this Group which in the Chair's view require the CCG's Governing Body's attention and / or executive decision making.

### **6. Authority**

6.1 In furtherance and support of its business, this Group is authorised to request and review reports from external experts, and from individual functions within the CCG and the Council, as appropriate.

6.2 In accordance with the BSW CCG Constitution and Standing Orders, the Group may establish sub-groups as appropriate to support it in discharging its responsibilities.

## **7. Frequency of Meetings**

7.1 Meetings shall normally be held monthly, and otherwise as required.

## **8. Secretary**

8.1 The Secretariat for the Locality Commissioning Group will be provided through the CCG's Corporate Office. For meetings in common, the Secretariat may alternate annually between the organisations concerned, or by agreement

The Secretariat shall:

- support the Chair with agenda-setting
- provide Group members with governance advice as required;
- ensure timely provision of meeting papers / materials to Group members;
- record in formal minutes the business transacted and decisions taken by the Committee.

## **9. Conduct of meetings**

9.1 Meetings will be conducted in accordance with the BSW CCG's Constitution and Standing Orders.

9.2 Members of the Group will

- conduct the Group's business in accordance with any national guidance and relevant codes of conduct / good governance practice, including the Nolan principles of public life;
- comply with the standards of business conduct, including the protocols for managing conflicts of interest, as determined in the CCG's Constitution, Standards of Business Conduct Policy, and other relevant policies / guidance on good and proper meeting conduct for NHS organisations.

9.3 The Chair will agree the agenda in advance of each meeting. The agenda and supporting papers will normally be circulated 5 working days in advance of the meeting.

9.4 A meeting is constituted when members attend face-to-face, via telephone or video conferencing, any other electronic means, or through a combination of the above. Quoracy rules apply in any case. For the avoidance of doubt, this provision applies to and facilitates the Group's decision making by email, should this be required to expedite an urgent decision.

9.5 The Group is expected to reach decisions by consensus. For clinical and service delivery items, the Group will assure itself that it has received such clinical advice / input as it requires to make an informed decision.

9.6 For commissioning decisions regarding health services, in the event that a consensus cannot be reached on an item requiring a decision, a vote can be taken. A simple majority



of Locality Commissioning Group members present is required to pass a decision. The quoracy rules as set out in point 4 above apply. In the case of equality of votes, the Chair will have a casting vote.

9.7 The minutes of the proceedings of a meeting of the Group shall be circulated to members in a timely manner following each meeting, and shall formally be approved at the next ensuing meeting of the Committee. No discussion will take place upon the minutes except upon their accuracy or where the Chair considers discussion appropriate. Any amendments to the minutes must be agreed and recorded at this meeting.

9.8 In the event an urgent decision of the Group is required outside of a meeting, the Chair may share papers by email to the members of the Group and request a decision within a specified period of time. If a majority of the members reply in accordance with the agreed decision making arrangements set out in 10.5 and 10.6 above, within the time period, the Chair may make the decision and record this to be presented at the next meeting of the Group.

## **10. Review**

10.1 The Group will regularly review its performance, its membership and these terms of reference, and recommend to the CCG's Governing Body any amendments it considers necessary to ensure it continues to discharge its business effectively.

**Effective date:** 22 January 2021

**Review date:** March 2022

# Wiltshire Locality Commissioning Group

## Terms of Reference

### 1. Introduction

- 1.1 In accordance with the BSW CCG's Constitutions and Standing Orders, the BSW Governing Body established this Wiltshire Locality Commissioning Group (the Committee). The BSW CCG's Delegated Financial Limits, and Scheme of Reservations and Delegations, apply.
- 1.2 The Committee may operate in common with relevant Committees of other organisations in the interests of integration.
- 1.3 This Committee is accountable to the BSW CCG Governing Body. The Committee will, where appropriate, act as an advisory and decision making body, to the two commissioning organisations, making recommendations to the CCG for change in commissioned services, and making decisions within the remit of these ToR.
- 1.4 The Committee has delegated authority from the BSW CCG Governing Body to make decisions on all matters related to areas within the pooled budget and where there is joint funding between the CCG and Local Authority. The Committee represents the partnership of health and social care commissioners across Wiltshire to build on a shared vision for the commissioning and development of services, taking into account:
  - Local needs and local priorities, as set by the Wiltshire Health and Wellbeing Committee (HWB) through the JSNA and the Joint Health and Wellbeing Strategy;
  - An evidence-base of what works to deliver the best outcomes for local people;
  - A focus on early, creative preventive approaches, based in local communities;
  - A shared understanding of risk;
  - A need for improved information, advice and signposting about services available to people, including services available from the voluntary and community sectors;
  - National direction and national outcomes and frameworks for the NHS and social care.
- 1.5 The members of the Committee will ensure that any of their commissioning decisions are:
  - Evidenced based
  - Co-produced and co-ordinated around the individual
  - Based on continuous engagement and collaboration with population
  - Sustainable, productive and affordable
  - Outcome-focused
  - Improving patient access and egress to/from services at the right time
  - Improving customer experience, individual to tell their story only once
  - Improving operating consistency
- 1.6 These Terms of Reference set out the membership, remit, responsibilities and reporting arrangements of the Committee.

### 2. Responsibilities/Duties

- 2.1 The BSW CCG Governing Body delegates to the Committee the responsibilities for the BSW CCG's commissioning activities in the Wiltshire locality, including collaborative and joint commissioning arrangements, as permitted, with Wiltshire Council. For the avoidance of doubt, primary care commissioning is not included within this remit and remains the responsibility of the BSW CCG's Primary Care Commissioning Committee. The Committee

has decision-making powers, delegated to it by the BSW CCG Governing Body, to whom the Committee is accountable.

2.2. Within this remit, the Committee shall cover the following areas:

Commissioning of health and care services in the Wiltshire locality:

- a. Collaborating with relevant partners through the Wiltshire Alliance Governance Structure to develop the locality's strategy for the development and delivery of health and care services, and the locality's commissioning strategy, for approval by the CCG's Governing Body;
- b. Develop, and recommend to the CCG's Governing Body, the locality's financial, business and operational plans including risk sharing / risk management arrangements, as applicable;
- c. Ensure that local commissioning, including integrated / collaborative / joint commissioning, complies with the CCG's legal and statutory obligations;
- d. Within the framework set by the CCG's and the locality's strategies, make commissioning decisions and sign off procurement processes and outcomes for services, or recommend commissioning decisions and procurement processes to other decision-making bodies, as appropriate;
- e. Monitor the performance of commissioned services, and agree performance management actions as required;
- f. Provide the BSW CCG Governing Body with assurance that all commissioning arrangements in the locality (including integrated / collaborative / joint commissioning with Wiltshire Council and / or other partners) are appropriately governed and managed.
- g. Ensure, and assure the CCG's Governing Body, that all statutory requirements regarding public engagement and consultation are met in the locality's health and care commissioning activities;
- h. Approve and ensure implementation of locality policies as may be required to support integrated / collaborative / joint commissioning, following consultation with the CCG's Governing Body, and ensuring alignment and compliance with BSW CCG policies;

Commissioning of services in an integrated way with Wiltshire Council under the terms of the Wiltshire section 75 agreement:

- j. Continuously develop integrated commissioning, agree areas for an integrated approach, and mitigate against any negative impacts of such an approach;
- k. Within the CCG's section 75 arrangements with Wiltshire Council, make commissioning decisions for new and existing services;
- l. Manage the CCG's section 75 arrangements with Wiltshire Council, including
  - i. Regular review of said arrangements to ascertain they continue to meet identified need and deliver the intended outcomes;
  - ii. Monitoring the performance of jointly commissioned services, and agree performance management actions as required;

- iii. Risk management within the parameters set by the BSW CCG;
- iv. Within the parameters set by the BSW CCG and Wiltshire Council, develop and agree annual business, financial and operational plans;
- v. Management of pooled funds, including;
  - regularly receive and review reports, and an annual return, about the income and expenditure from the Pooled Fund together with such other information as may be required to monitor the effectiveness of the Pooled Fund;
  - agree to the viring of funds between Pooled Funds;
  - approve Individual Services under the Better Care Fund, ensuring compliance with the Better Care Fund Plan and the strategic direction of the Better Care Fund;
  - monitor the Better Care Fund;
  - receive notification of any projected underspends in the Better Care Fund, and agree use of such underspends;
  - agree funding of overspends if such funding can be met from the available pooled fund and available resources, or otherwise recommend the funding request to Council and CCG approval processes.
- vi. In the context of agreeing and managing pooled funds, facilitate the CCG's and the Council's mutual understanding of each organisation's savings and delivery plans.

### **3. Membership**

3.1 The following are members of the Committee, i.e. they have the right to receive meeting documents and to vote:

- Chief Operating Officer, Wiltshire locality (Joint Chair);
- Associate Director Finance;
- Director of Locality Commissioning, Wiltshire Locality;
- A BSW Executive

3.2 The following normally attend Committee meetings, i.e. they receive meeting documents but cannot participate in the Committee's decision-making and must not vote:

- Locality Clinical Lead (Wiltshire)

3.3 The Chair, on behalf of the Committee, may invite such individuals to the Committee's meetings as are considered necessary to enable the Committee to conduct its business effectively. For the avoidance of doubt, such invited attendees cannot participate in the Committee's decision-making and must not vote.

3.4 The Chief Operating Officer (Wiltshire locality) will jointly chair this Committee.

### **4. Quorum**

4.1 The quorum for this Committee shall be three members, one of whom must be a finance professional.

4.2 If the meeting becomes inquorate, it shall either be suspended, or decisions ratified at the next meeting of the Committee.

## **5. Reporting**

5.1 After each of its meetings, the Committee will report through its Chair to the CCG's Governing Body about business transacted and decisions taken. Reports will be in the form of standard cover sheet, highlighting reporting items as agreed by the Committee at each meeting, together with the minutes of that meeting.

5.2 To report as appropriate to the BSW CCG Finance Committee to enable the monitoring of performance of any joint/collaborative arrangements with the local authority such as Better care Fund.

5.3 In addition, and as agreed with the Committee, the Chair shall report on any matters within the remit of this Committee which in the Chair's view require the CCG's Governing Body's attention and / or executive decision making.

## **6. Authority**

6.1 In furtherance and support of its business, this Committee is authorised to request and review reports from external experts, and from individual functions within the CCG, as appropriate.

6.2 In accordance with the BSW CCG Constitution and Standing Orders, the Committee may establish sub-groups as appropriate to support the Committee in discharging its responsibilities.

## **7. Frequency of Meetings**

7.1 Meetings shall normally be held monthly, and otherwise as required.

## **8. Secretary**

8.1 The Secretariat for the Committee is provided by the CCG's Corporate Office. The Secretariat shall:

- Provide Committee members with governance advice as required;
- Ensure timely provision of meeting papers / materials to Committee members;
- Record in formal minutes the business transacted and decisions taken by the Committee.

## **9. Conduct of meetings**

9.1 Committee meetings will be conducted in accordance with the BSW CCG's Constitution and Standing Orders.

9.2 Members of the Committee will

- Conduct the Committee's business in accordance with any national guidance and relevant codes of conduct / good governance practice, including the Nolan principles of public life;
- Comply with the standards of business conduct, including the protocols for managing conflicts of interest, as determined in the CCG's Constitution, Standards of Business Conduct Policy, and other relevant policies / guidance on good and proper meeting conduct for NHS organisations .

9.3 Before each meeting of the Committee, a written notice of the meeting, specifying the business proposed to be transacted at it, will be delivered to every member (by email) so as to be available to them 5 working days before the meeting. Want of service of the notice to any member will not affect the validity of a meeting.

9.4 The Chair will agree the agenda in advance of each meeting. The agenda and supporting papers will normally be circulated 5 working days in advance of the meeting.

9.5 A meeting is constituted when members attend face-to-face, via telephone or video conferencing, any other electronic means, or through a combination of the above. Quoracy rules apply in any case. For the avoidance of doubt, this provision applies to and facilitates the Committees' decision making by email, should this be required to expedite an urgent decision.

9.6 The Committee is expected to reach decisions by consensus. For clinical and service delivery items, the Committee will assure itself that it has received such clinical advice / input as it requires to make an informed decision.

9.7 Where consensus cannot be reached on an item that requires a decision, and a vote is necessary, a simple majority of members present in a quorate meeting is required to pass a decision. The quoracy rules as set out in point 4 above apply. In the case of equality of votes, the Chair will have a casting vote.

9.8 The minutes of the proceedings of a meeting of the Committee shall be circulated to members in a timely manner following each meeting, and shall formally be approved at the next ensuing meeting of the Committee. No discussion will take place upon the minutes except upon their accuracy or where the Chair considers discussion appropriate. Any amendments to the minutes must be agreed and recorded at this meeting.

9.9 In the event an urgent decision of the Committee is required outside of a meeting, the Chair may share papers by email to the members of the Committee and request a decision within a specified period of time. If a majority of the members reply in accordance with the agreed decision making arrangements set out in paragraph 9.8, within the time period, the Chair may make the decision and record this to be presented at the next meeting of the Committee.

## **10. Review**

10.1 The Committee will regularly review its performance, its membership and these terms of reference, and recommend to the CCG's Governing Body any amendments it considers necessary to ensure it continues to discharge its business effectively.

**Effective date:** 15 October 2020

**Review date:** October 2021

# Ambulance Joint Commissioning Committee

## Terms of Reference

### Introduction

- 1 Emergency ambulance services are currently commissioned on a collaborative basis across all nine South West clinical commissioning groups (“CCG”). Each CCG established by NHS England<sup>1</sup> under sections 14B, 14C and 14D of the National Health Service Act 2006 (as amended) (“NHS Act”) and listed in Appendix 1 to these Terms of Reference (“ToR”) has agreed to:
  - 1.1 jointly exercise their commissioning functions in relation to emergency ambulance services, pursuant to section 14Z3(2)(b) of the NHS Act; and
  - 1.2 establish a joint committee, the Ambulance Joint Commissioning Committee (“AJCC”), pursuant to section 14Z3(2A) of the NHS Act. The AJCC will function as a corporate decision-making body for the management and exercise of the commissioning functions delegated to it.
- 2 The establishment of the AJCC reflects the need to coordinate the commissioning of emergency ambulance services across the region and to integrate 999 (emergency ambulance services) with wider urgent and emergency care. It is consistent with the statutory duties on CCGs under the NHS Act, including the duty to promote integration and the duty to act effectively, efficiently and economically.
- 3 The CCGs listed in Appendix 1 work as part of wider Integrated Care Systems and each CCG’s representative on the AJCC brings to the work of the AJCC an understanding of the work of their ICS and its strategic priorities. Decisions taken on emergency ambulance commissioning by the AJCC will reflect national and local priority objectives, including the NHS Long Term Plan and local implementation plans across the South West region.
- 4 In particular, the intention is for the AJCC to fulfil a strategic commissioning function across the region, in order to ensure that the commissioning of emergency ambulance services is aligned and integrated with the wider urgent and emergency care sector, consistent with NHS England’s Commissioning Framework for Ambulance Services (September 2018). Further information about this is set out below and in the related Collaborative Commissioning Agreement entered into between the CCGs.

### Status of the AJCC

- 5 Arrangements made under section 14Z3 of the NHS Act may be made on such terms and conditions (including terms as to payment) as may be agreed between the parties. The terms that have been agreed are set out below.

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<sup>1</sup> A full list of CCGs is included in Appendix 1. In the event that any merger takes place between some of the member CCGs, the list in Appendix 1 will be updated accordingly, with the guiding principle throughout being that each individual CCG will be entitled to nominate one appropriately senior individual member to the AJCC and that each representative shall have one vote.

- 6 Joint arrangements made under section 14Z3 of the NHS Act do not affect the liability of each individual CCG for the exercise of its functions.
- 7 The AJCC is established as a committee of each CCG, in accordance with Schedule 1A of the NHS Act and with the specific provisions contained within each CCG's Constitution.
- 8 The AJCC will commence its operation on 17 March 2020.

## Role of the Committee

- 9 The AJCC has been established in order to enable the members to make collective decisions on the Delegated Functions<sup>2</sup>:
  - 9.1 the commissioning of emergency ambulance services as an integral part of the urgent and emergency care system according to national requirements and standards;
  - 9.2 developing and agreeing a shared vision and understanding of emergency ambulance commissioning, working with colleagues within the urgent and emergency care system to do so and ensuring that the vision supports alignment and integration of services;
  - 9.3 negotiating and agreeing a contract that delivers national performance, clinical and quality standards, incorporating any known challenges and improvement plans into the contract;
  - 9.4 performance managing the contract against agreed standards and key performance indicators, including agreed quality standards, observance of service specifications and monitoring of activity and finance;
  - 9.5 ensuring that the ambulance service is clear on, and has plans to meet, their contractual, performance, quality, transformational and financial objectives and critical infrastructure resilience and interoperability. This includes but is not limited to all decision-making in relation to planned investments by the ambulance service;
  - 9.6 managing the ambulance service's performance against the plans referred to above and being assured of performance;
  - 9.7 supporting and challenging the ambulance service and holding it to account for planning guidance deliverables;
  - 9.8 being assured of the ambulance service's level of emergency preparedness;
  - 9.9 the award and entering into of contracts for the provision of emergency ambulance services and all decision-making in respect of variations to the contract, in accordance with national policy, service user needs and clinical developments;

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<sup>2</sup> The Delegated Functions are set out in the Delegation, a copy of which is enclosed in the AJCC Governance Handbook.



- 9.10 all decision-making in respect of financial adjustments or sanctions resulting from provider breach of the contract;
  - 9.11 all decision making relating to the termination of the contract, or any part of it, in accordance with the terms of that contract;
  - 9.12 if necessary, responding to informal or formal legal challenges brought in connection with the commissioned services;
  - 9.13 ensuring compliance with all relevant statutory duties as they apply to the CCGs including, but not limited to, those relating to equality (under the Equality Act 2010 and specifically including the public sector equality duty under s 149 of that Act); health inequality (section 14T of the NHS Act); patient and public involvement (section 14Z2 of the NHS Act); improvement in quality of services (section 14R of the NHS Act); and integration (section 14Z1 of the NHS Act); and
  - 9.14 such other related commissioning functions as need to be exercised by the AJCC in order to lawfully complete the procurement and contracting process for emergency ambulance services and for managing the services in accordance with the terms of that contract.
- 10 In discharging its functions, the AJCC will:
    - 10.1 ensure that patient outcomes are at the heart of everything it does;
    - 10.2 provide system leadership and ensure the ambulance service is an integral part of system planning and collaboration;
    - 10.3 work with colleagues to review and revise the agreed collaborative governance arrangements as the wider integrated care landscape develops.
  - 11 In performing its role, the AJCC will exercise its functions in accordance with these ToR, the terms of the delegations made to it by the CCGs and the financial limit on its delegated authority which shall be the total budgeted resources that the CCGs have agreed to commit to the contract including any forecasted overspend. A copy of the delegation is attached at Appendix 2.
  - 12 Where a decision needs to be taken in respect of any matter that may lead to the total budgeted resources being exceeded then the AJCC shall refer the matter back to the Governing Body of each constituent CCG for determination. The AJCC may decide to recommend a particular course of action to the constituent CCGs where appropriate.

## **Geographical Coverage**

- 13 The AJCC will cover the entire region of South West England covered by the member CCGs as set out in their respective constitutions.

## **Membership**

- 14 The AJCC shall consist of one representative from each CCG, as nominated by the respective CCG.

- 15 The CCGs have agreed that the representative should be the Chief Officer or Accountable Officer for each CCG or their nominated deputy, provided that such deputy must be of sufficient seniority (i.e. Executive Director level) to support the functioning of the AJCC. Where deputies are nominated the Chair of the AJCC will approve such nominations before they take effect.
- 16 Each representative is expected to ensure that matters for consideration and agreement at a meeting of the AJCC have been appropriately discussed by their CCG prior to attending to AJCC meeting.
- 17 The Chair of the AJCC will be a shared responsibility amongst all CCGs. For the first six months of the AJCC's operation the Chair will be the representative for NHS Dorset CCG. In line with the review process for the AJCC, this will be reviewed after this initial period and Chairing responsibilities confirmed at that stage by the AJCC.
- 18 The Chair will have the following roles and responsibilities:
  - 18.1 Be a visible, engaged and active leader, not a figurehead;
  - 18.2 Have sufficient time, experience and the right skills to carry the full responsibilities of the role;
  - 18.3 Ensure that the AJCC supports the delivery of a safe, risk assessed service;
  - 18.4 Create an open, honest and positive culture;
  - 18.5 Follow the specified procedures for decision-making, including in relation to managing actual and potential conflicts of interest;
  - 18.6 Ensure problem resolution;
  - 18.7 Ensure reporting requirements are complied with.
- 19 At its first meeting, the AJCC will appoint a Deputy Chair, drawn from its membership.
- 20 The following will be invited to attend the AJCC as non-voting attendees:
  - 20.1 One or more representatives from NHS England and NHS Improvement.
- 21 The AJCC may call additional experts, such as clinicians, procurement experts and others, to attend meetings on an ad hoc basis to inform discussions and assist it with the exercise of its functions.
- 22 Secretariat support will be provided to the AJCC by the Commissioning Support arrangements in accordance with the terms of the Commissioning Support Arrangements Service Level Agreement.
- 23 In addition to managing meetings of the AJCC, the Secretariat shall be responsible for maintaining the AJCC Handbook, which shall include the following:
  - 23.1 the AJCC Delegation;
  - 23.2 the terms of reference for the AJCC and any sub-committees established by the AJCC;

- 23.3 the AJCC scheme of delegation and reservation;
- 23.4 the Collaborative Commissioning Agreement;
- 23.5 any other relevant documents, as determined by the AJCC.

## Grounds for Removal from Office

- 24 Member representatives of the AJCC shall vacate their office if any of the following grounds apply:
  - 24.1 The individual ceases to hold an appropriately senior role within their CCG and/or is otherwise disqualified from holding the role in question;
  - 24.2 An alternative individual is nominated by the CCG member in question;
  - 24.3 The individual fails to attend 3 or more AJCC meetings without prior agreement of the Chair, in which case the member CCG will be asked to nominate an alternative individual and/or the dispute resolution mechanisms set out below will be invoked;
  - 24.4 The individual needs to step down from their role due to illness or other incapacity. In which case an alternative individual will be nominated by the CCG member in question;
  - 24.5 The AJCC agree that continuation as a member representative is not in the interests of the AJCC, in which case the member CCG will be asked to nominate an alternative individual and/or the dispute resolution mechanisms set out below will be invoked.

## Meetings and Voting

- 25 The AJCC will operate in accordance with the following provisions:
  - 25.1 The AJCC shall adopt the standing orders of Dorset CCG insofar as they relate to the:
    - 25.1.1 notice of meetings
    - 25.1.2 handling of meetings
    - 25.1.3 agendas
    - 25.1.4 circulation of papers
    - 25.1.5 conflicts of interest
  - 25.2 The Secretariat will be responsible for giving notices of meetings, taking minutes and circulating these within one week after the meeting;
  - 25.3 Any notice of a meeting will be accompanied by an agenda and supporting papers and will be circulated to each member no later than 7 days prior to the date of the meeting;

- 25.4 The Chair may agree that the members of the AJCC may participate in meetings by means of telephone, video or computer link or other live and uninterrupted conferencing facilities. Participation in a meeting in this manner shall be deemed to constitute presence in person at such meeting;
- 25.5 The Chair may determine that the AJCC needs to meet on an urgent basis, in which case the notice period shall be as specified by the Chair. Urgent meetings may be held virtually;
- 26 Each member of the AJCC shall have one vote. Attendees do not have voting rights. The aim will be for decisions of the AJCC to be achieved by consensus decision-making, with voting reserved as a decision-making step of last resort and/or where it is helpful to measure the level of support for a proposal. Where consensus cannot be reached, a decision shall be reached by 5 of the 7 members agreeing to approve the decision in question. Where agreement cannot be reached in this way, or where one or more CCG does agree to abide by the decision of the AJCC, then the matter will be deferred for a period of 7 working days or for such period as agreed by the AJCC to be appropriate in the circumstances, in order to enable the dispute resolution procedure set out in paragraphs 40-42 below to be followed.
- 27 Quorum for decision-making shall be 5 out of the 7 representatives, including the Chair;
- 28 Conflicts of interest will be managed in accordance with the policies and procedures of each CCG Member and shall be consistent with the statutory duties contained in the NHS Act and the statutory guidance issued by NHS England (Managing conflicts of interest: revised statutory guidance for CCGs 2017 <https://www.england.nhs.uk/publication/managing-conflicts-of-interest-revised-statutory-guidance-for-ccgs-2017/>).
- 29 Members of the AJCC have a collective responsibility for its operation. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.
- 30 Where confidential information is presented to the AJCC, all members will ensure that they comply with any confidentiality requirements.
- 31 Decisions of the AJCC shall be binding on each CCG listed in Appendix 1.

## Frequency of Meetings

- 32 For the initial period of its operation, the AJCC will meet bi-monthly, with the frequency being reviewed as part of the 6-month post commencement review.
- 33 At any stage, the frequency of meeting may be varied to meet operational need, with the Chair determining this as necessary and in accordance with the provisions for meetings as set out above.

## Reporting

- 34 The AJCC will present its minutes to each CCG governing body for information and ensure that appropriate updates are provided to each AJCC sub-committee to enable them to carry out their role.

- 35 Individual member representatives are responsible for ensuring that they appropriately report-back on decisions made by taken by the AJCC and that the AJCC is informed of relevant local matters that impact on its operation and role.

## **AJCC sub-committees**

- 36 In order to assist it with performing its role and responsibilities, the AJCC is authorised to establish sub-committees and to determine the membership, role and remit for each sub-committee. Any sub-committee established by the AJCC will report directly to it.
- 37 The AJCC may decide to delegate decision-making to any of its sub-committees duly established but, unless this is explicitly stated within the terms of reference for the relevant sub-committee, the default will be that no decision-making has been delegated. Where decision-making responsibilities are delegated to a sub-committee, these will be clearly recorded in the AJCC's scheme of reservation and delegation , which shall be maintained by the Secretariat to the AJCC.
- 38 Subject to paragraph 33, above, and as a guiding principle only, the AJCC will have overall responsibility for determining the strategy, vision and objectives for matters within its remit, with day-to-day operational matters being managed at sub-committee level or escalated to the AJCC as per the agreed escalation arrangements.
- 39 Details of any sub-committees established by the AJCC will be set out in the terms of reference for each sub-committee and the scheme of reservation and delegation for the AJCC, all of which shall form part of the AJCC Handbook.

## **Dispute Resolution**

- 40 As far as possible any disputes relating to the AJCC and its operation will be resolved by the members, with reference to the guiding principles for its operation as set out above.
- 41 Where it is not possible for a dispute to be resolved in this way, mediation will be provided through the regional NHSE/I offices.
- 42 Where a matter is suspended pursuant to paragraph 26, above, the members will seek to resolve it themselves within the specified time period. Where this is not possible, the issue will be promptly referred to the regional NHSE/I office for review, with the objective being to enable a decision to be made and/or implemented, as appropriate in the circumstances. The members agree that this will be an option of last resort and that every reasonable effort will be made to resolve disputes between the AJCC members.

## **Withdrawal from the AJCC**

- 43 Should this joint commissioning arrangement prove to be unsatisfactory, the governing body of any of the member CCGs can decide to withdraw from the arrangement, but has to give six months' written notice to the other CCG members, with new arrangements starting from the beginning of the next new financial year or as otherwise agreed by the remaining members of the AJCC.

## **Review**

44 The arrangements for the AJCC, including its terms of reference and those of any sub-committee established by it, shall be reviewed after the first 6 months of its establishment and revised as necessary.

45 Thereafter, the ToR will be reviewed annually or more frequently as required.

Date of adoption: 1st April 2020.

## Annex – Delegation

- 1 In accordance with its powers under section 14Z3 and 14Z4 of the National Health Service Act 2006 (as amended) (“NHS Act”) the BaNES, Swindon and Wiltshire (BSW) CCG (“the CCG”) has approved the establishment of the Ambulance Joint Commissioning Committee (“AJCC”) and has delegated the exercise of the functions specified in this Delegation to the AJCC.

### Delegation Functions

- 2 The following commissioning functions are hereby delegated to the AJCC:
  - 2.1 all commissioning functions associated with the commissioning of ambulance services as an integral part of the urgent and emergency care system according to national requirements and standards;
  - 2.2 developing and agreeing a shared vision and understanding of emergency ambulance commissioning, working with colleagues within the urgent and emergency care system to do so and ensuring that the vision supports alignment and integration of services;
  - 2.3 negotiating and agreeing a contract that delivers national performance, clinical and quality standards, incorporating any known challenges and improvement plans into the contract;
  - 2.4 the award and entering into of contracts for the provision of emergency ambulance services;
  - 2.5 performance managing the contract against agreed standards and key performance indicators, including agreed quality standards, observance of service specifications and monitoring of activity and finance;
  - 2.6 all decision-making in respect of variations to the contract in accordance with national policy, service user needs and clinical developments;
  - 2.7 all decision-making in respect of financial adjustments or sanctions resulting from provider breach of the contract;
  - 2.8 ensuring that the ambulance service is clear on, and has plans to meet, their contractual, performance, quality, transformational and financial objectives and critical infrastructure resilience and interoperability. This includes but is not limited to all decision-making in relation to planned investments by the ambulance service;
  - 2.9 managing the ambulance service’s performance against the plans referred to in 2.8 above and being assured of performance;
  - 2.10 supporting and challenging the ambulance service and holding it to account for planning guidance deliverables;
  - 2.11 being assured of the ambulance service’s level of emergency preparedness;

- 2.12 all decision making relating to the termination of the contract, or any part of it, in accordance with the terms of that contract;
  - 2.13 if necessary, responding to informal or formal legal challenges brought in connection with the commissioned services;
  - 2.14 ensuring compliance with all relevant statutory duties as they apply to the CCGs including, but not limited to, those relating to equality (under the Equality Act 2010 and specifically including the public sector equality duty under s 149 of that Act); health inequality (section 14T of the NHS Act); patient and public involvement (section 14Z2 of the NHS Act); improvement in quality of services (section 14R of the NHS Act); and integration (section 14Z1 of the NHS Act); and
  - 2.15 such other related commissioning functions as need to be exercised by the AJCC in order to lawfully complete the procurement and contracting process for emergency ambulance services and for managing and assuring the services in accordance with the terms of that contract.
- 3 Even though the exercise of the functions passes to the AJCC, the liability for the exercise of any of its functions remains with the CCG.
  - 4 In exercising its delegated functions the AJCC must comply with the statutory duties set out in the NHS Act and/or any directions made by NHS England or by the Secretary of State, and must enable and assist the CCG to meet its corresponding duties.

## **Commencement**

- 5 This Delegation, and any terms and conditions associated with the Delegation, including the terms of reference for the AJCC, a copy of which is set out in Appendix 1, take effect from 17 March 2020.

## **Exercise of delegated authority**

- 6 The AJCC must exercise its delegated functions in accordance with its terms of reference.
- 7 The AJCC must exercise its delegated functions within the financial limit on its delegated authority which shall be the total budgeted resources that the CCG has agreed to commit to the contract including any forecasted overspend. Decisions that will require the CCG to commit additional resources over and above the financial limit on the AJCC's delegated authority are reserved to the CCG.
- 8 The decisions of the AJCC shall be binding on the CCG.

## **Accountability**



- 9 The CCG must continue to comply with its statutory duties, including those relating to finance under sections 223H and 223I of the NHS Act and those relating to equality / inequalities under the Equality Act 2010 and the NHS Act, in particular section 14T.
- 10 The CCG will comply with the reporting and audit requirements set out in the NHS Act.
- 11 The CCG may, at its discretion, waive non-compliance with the terms of the Delegation.
- 12 The CCG may, at its discretion, ratify any decision made by the AJCC that is outside the scope of this Delegation and which it is not authorised to make. Such ratification will take the form of the CCG considering the issue and decision made by the AJCC and then making its own decision. This ratification process will then make the said decision one which the CCG has made. In any event ratification shall not extend to those actions or decisions that are of themselves not capable of being delegated by the CCG to the AJCC.

### **Variation, Revocation and Termination**

- 13 The CCG may vary this Delegation at any time, including by revoking the existing Delegation and re-issuing by way of an amended Delegation.
- 14 This Delegation may be revoked by the CCG on giving six months' written notice to the other CCG members of the AJCC, with new arrangements starting from the beginning of the next new financial year.