Report to :	**HEALTH AND WELLBEING BOARD**
Date :	21 January 2016
Executive Member / Reporting Officer:	Steven Pleasant, Chief Executive Tameside Council Cllr Brenda Warrington – Executive Member Social Care & Wellbeing (Lead) Cllr Gerald P. Cooney – Executive Member Healthy & Working Cllr Peter Robinson Children & Families
Subject :	**GOVERNANCE AND ACCOUNTABILITY FRAMEWORK FOR HEALTH AND CARE INTEGRATION**
Report Summary :	The purpose of this report is to seek approval to establish a governance and accountability framework to support the development and implementation of an integrated health and care system in Tameside whilst reflecting the wider Greater Manchester position.
Recommendations :	The Council is asked to support the proposals contained in this report: 1) Note the GM Devolution position. 2) Endorse the role of the Health & Wellbeing Board and keep under review; 3) Endorse the proposal to establish the governance arrangements in shadow form and the establishment in shadow form of the interim Single Commissioning Board and the terms of reference set out at **Appendix 1**; 4) Endorse the proposal to establish the governance arrangements in shadow form subject to review and individual engagement with partner organisations, including any necessary changes to constitutional arrangements, provisionally support formal introduction from 1 April 2016.
Links to Health and Wellbeing Strategy :	Integration has been identified as one of the six principles that have been agreed locally that will help to achieve the priorities identified in the Health and Wellbeing Strategy.
Policy Implications :	One of the main functions of the Health and Wellbeing Board is to promote greater integration and partnership, including joint commissioning, integrated provision, and pooled budgets where appropriate. This meets the requirements of the NHS Constitution.
Financial Implications: **(Authorised by the Section 151 Officer)**	Section 5 of the Locality Plan provides details of the financial challenge to the Tameside Economy during the next five year period together with the associated proposals to finance the estimated £69 million gap. It is recognised that there is an estimated sum of £53 million transition funding (revenue £27m and capital £26m) required (phased over the five year period) to support the implementation of a financially sustainable integrated health and social care provision within the borough.

A supporting business case to request the transition funding is currently in development in advance of submission to Greater Manchester Devolution prior to the end of this calendar year. It is essential this sum is received over the timeline requested to ensure the projected financial gap is addressed.

In addition the Tameside Hospital Foundation Trust will require £71 million PDC funding over the five year period. This sum is being requested via the Department of Health.

Legal Implications: **(Authorised by the Borough Solicitor)**	These are set out in the report.
Risk Management:	There are a number of key risks associated with this work. These are summarised as follows:- ➢ Management of organisational change is difficult and can be disruptive to delivery of work programmes. ➢ Cultural differences between organisations. ➢ Difference of working practices between organisations ➢ Lack of local focus and connection with stakeholders. ➢ Differing accountabilities and regulatory frameworks. These risks will be mitigated through leadership of the change via senior officers of both organisations as well as bringing in additional organisational development to implement the change.
Access to Information:	The background papers relating to this report can be inspected by contacting Sandra Stewart, Executive Director for Governance & Resources by: Telephone: 0161 342 3028 e-mail: sandra.stewart@tameside.gov.uk

1. INTRODUCTION

1.1 The purpose of this report is to set out proposals relating to governance arrangements for health and care integration in Tameside.

1.2 Across Greater Manchester and within Tameside, health and social care partners are working together to reform health and care services to support the shared ambition of improving health outcomes for residents as quickly as possible. At the local level revised governance arrangements are required to enable the ambition and vision contained in the Tameside and Glossop Locality Plan to be realised.

1.3 This paper sets out the proposals for governance in shadow form with immediate effect and subject to review formally from 1 April 2016.

1.4 The proposals are set within the framework of the Memorandum of Understanding and the governance and accountability arrangements agreed at Greater Manchester level where responsibility for the Greater Manchester Strategic Plan and Greater Manchester wide commissioning arrangements resides.

1.5 Additionally these proposals must take account of and interface with the governance arrangements of individual partner organisations. Over forthcoming months changes may be required to the constitutional arrangements of statutory organisations before these arrangements 'go live' in April 2016.

1.6 Finally it remains imperative that robust safeguarding arrangements remain at the fore. Strong links to both of the safeguarding boards for children and adults must be cemented in these new governance proposals with oversight by relevant scrutiny and audit/regulatory arrangements.

2. BACKGROUND

2.1 With the advent of health and social care devolution, the context within which Tameside & Glossop's Health and Wellbeing Board operates has changed significantly.

2.2 The Care Together Programme over the past couple of years has focussed on designing and testing models for improving health and social care services across Tameside and Glossop. This work culminated in the hospital regulator, Monitor, approving a plan for an Integrated Care Organisation (ICO) in September 2015 to bring together health and social care services to improve how these work collectively for the benefit of our population.

2.3 At a joint Board meeting between Tameside Hospital Foundation Trust, NHS Tameside and Glossop Clinical Commissioning Group (CCG) and Tameside Metropolitan Borough Council on 23 September 2015, all parties unanimously agreed to work together within the Care Together programme structure to implement the plan and agreed the following principles:

i. *We agree that an integrated system of health and social care is the best way to ensure optimum health and care outcomes for our population and to ensure collective financial sustainability.*

ii. *We welcome the Contingency Planning Team's ('CPT') final report of 28 July 2015 and the assurances it provides as to the new model of care that the Tameside and Glossop Clinical Commissioning Group ('the CCG'), Tameside Metropolitan Borough Council ('TMBC') and Tameside Hospital Foundation Trust ('THFT') have jointly agreed to develop and operate to create a new integrated system of health and social care in Tameside and Glossop.*

iii. *We acknowledge that creating a ICO will not resolve the significant budget challenges facing all organisations but it goes someway to reducing it and it will be necessary to continue to work closely together with all stakeholders to manage the deficit set out in the CPT report.*

iv. *We agree that a Tameside & Glossop Locality Plan setting out our vision to work together to reform health and social care services to improve the health outcomes of our residents and reduce health inequalities as quickly as possible, be considered and approved in due course at the statutory Health and Wellbeing Board, and that the model of care, which is as outlined in the CPT creating a new integrated system of health and social care in Tameside and Glossop report is a key component of that Plan.*

v. *We agree that THFT represents the best legal delivery vehicle for the integrated care system subject to an amended foundation trust licence and constitution to enable a new legal entity of an Integrated Care Foundation Trust to be constituted by the 1 April 2017. Such an organisation will need to be appropriately representative of all three bodies and other stakeholders including primary care and the voluntary sector, which will be reflected in its constitution. We agree to work together to support the THFT in this transformation with a view to be in the ICFT shadow form from the 1 April 2016.*

vi. *We agree that in working together to reform health and social care services to improve health outcomes for residents as quickly as possible and enable system wide change to take place transparently and clearly, robust and inclusive governance structures need to be developed and agreed. The key principles of any governance arrangements include:*

vii. *The objective of providing governance arrangements which aim to provide streamlined decision making; excellent co-ordination of services for the residents of Tameside & Glossop; mutual co-operation; partnering arrangements, and added value in the provision of shared services.*

- *an acknowledgement that the arrangement does not affect the sovereignty of any party and the exercise and accountability for their statutory functions.*
- *A commitment to open and transparent working and proper scrutiny and challenge of the work of the Programme Board and any party to the joint working arrangements.*
- *A commitment to ensure that any decisions, proposals, actions whether agreed or considered at the Programme Board carry with them an obligation for the representative at the Programme Board to report these to their own constituent bodies.*

viii. *We agree to delegating our decision making power, regarding the implementation of the recommendations of the CPT report, to the Programme Board.*

ix. *We agree to develop a Memorandum of Understanding, the Programme Board Terms of Reference, and a detailed Scheme of Delegation for consideration and ratification at a future meeting.*

x. *To provide mutual assurance to the constituent bodies, we agree that there will be regular reports from the Programme Board to the Boards of the constituent bodies.*

xi. *We agree to the formation of a Programme Management Office to manage the implementation of the new Model of Care and will jointly look to resource this as appropriate.*

xii. *The Commissioners agree to deliver a joint commissioning function, to be in place by 1 January 2016.*

xiii. We agree that the governance arrangements will be kept under regular review and be revised from time to time to reflect the changing status of the integrated care delivery vehicle.

2.4 An important initial step in the development of an Integrated Care Organisation is the transfer of the Tameside and Glossop community staff who are currently hosted by Stockport Foundation Trust into Tameside Hospital Foundation Trust. This process is now underway and will be completed on 1 April 2016.

2.5 Later this year, GM Devolution is submitting a five year comprehensive Strategic Sustainability Plan for health and social care in partnership with NHS England and other national partners. Each of the GM areas was required to submit a Locality Plan to provide a "bottom up" approach to the development of the GM Plan. The GM Strategic Sustainability Plan will be based on the following objectives to:

a) improve health and wellbeing of all residents of Greater Manchester, with a focus on prevention and public health, and providing care closer to home;
b) make fast progress on addressing health inequalities;
c) promote integration of health and social care as a key component of public sector reform;
d) contribute to growth, in particular through support employment and early years services;
e) build partnerships between health, social care, universities, science and knowledge sectors for the benefit of the population.

2.6 As such, the Tameside and Glossop Locality Plan addresses how we locally will meet these objectives and on the 12 November 2015, the Health and Wellbeing Board endorsed the Tameside and Glossop Locality Plan set out at **Appendix 2.**

2.7 The Tameside and Glossop Locality Plan is based on the following objectives to:

- improve health and wellbeing of residents with a focus on prevention and public health, and providing care closer to home;
- make fast progress on addressing health inequalities;
- promote integration of health and social care as a key component of public sector reform;
- contribute to growth, in particular through support employment and early years services;
- build partnerships between health, social care, and knowledge sectors for the benefit of the population.

2.8 Additionally, there needs to be a strengthened interface with the emerging governance arrangements within Greater Manchester, and furthermore it is imperative that the right governance and accountability mechanisms are in place to effectively drive and own implementation of Tameside & Glossop's Locality Plan.

2.9 On 18 December 2015, updated governance proposals were considered and approved by the Joint Meeting of The Greater Manchester Combined Authority and AGMA Executive Board, attached as **Appendix 3**.

2.10 At the local level we need to ensure that we have the right leadership for the pace of change required to deliver health and social care integration and that governance arrangements need to be 'strategically designed' to ensure fitness for purpose in the context of health and care integration and devolution; and the fast changing strategic environment associated with devolution and the need to be prepared to 'learn and adapt' within this context.

2.11 Such governance needs to:

- Ensure a strong clinical voice is secured in the governance arrangements
- Ensure commissioner/provider engagement
- Alignment to the pooled budget arrangements

- Securing appropriate primary care engagement within the governance structure, acknowledging the breadth and range of primary care including pharmacies, general practice, dental and optometry practices. Locally good engagement is developing across the wider primary care partners who are keen to play a full role in this transforming agenda.

2.12 Finally, the Governance and Accoutability Framework will be subject to further refinement and review throughout Spring 2016 with a further report to be considered by the HWBB in March to inform 'go live' arrangements from April.

3. PROPOSED ARRANGEMENTS

3.1 The proposed structure is set out in more detail below and has 2 requirements. Firstly, it must enable the Health and Wellbeing Board to fulfil its statutory duties. Secondly, it has to enable better lives for residents by ensuring implementation of the health and wellbeing strategy and, in particular the Locality Plan.

3.2 Tameside & Glossop's Locality Plan is the whole system plan outlining the partners (commissioner and providers) approach to improving the health outcomes of residents while also moving towards financial and clinical sustainability of health and care services.

3.3 Currently it remains a working draft with a final version to be considered by March 2016. Within this report it is proposed that the responsibility for finalising the Plan and for the delivery of the Plan will rest with the Health and Wellbeing Board, supported by an Executive, with implementation delivered through a Programme Board.

4. HEALTH AND WELLBEING BOARD

4.1 It is proposed that the Health and Wellbeing Board fulfills the functions of a strategic partnership board in relation to Tameside & Glossop's Locality Plan. The Health and Social Care Act 2012 introduced Health and Wellbeing Boards with the following responsibilities:

- To promote the integration of health, social care and public health;
- To promote joint commissioning;
- To lead on public health by aligning the various activities of the Local Authority behind an integrated health improvement approach;
- To Lead on the production of the Joint Strategic Needs Assessment (JSNA) – an analysis of local health and wellbeing needs across health, social care and public health; and
- To produce a Joint Health and Wellbeing Strategy based on the JSNA.

4.2 These functions align to the requirements of the Locality Plan which require representatives on the Board, and the Board as an entity to:

- Agree the health and social care priorities forTameside;
- Approve the content of the Plan;
- Ensure that there remains ongoing and significant organisational commitment across the health and care economy of Tameside & Glossop to the ambition and priorities contained in the Plan;
- To be responsible to residents and to each other for the financial and clinical sustainability of the health and care economy through the agreement and delivery of the Locality Plan;
- To provide a mutual assurance function over the outcomes linked to the commissioning decisions taken by members to deliver the Locality Plan.

4.3 Additionally it is expected that the Board will ensure that organisational interests of participating organisations, align with the ambition and vision agreed, and that there is a visible commitment from all agencies to authorising shared decisions made by the Board, and that these decisions are visible to regulatory bodies.

4.4 Functions to be undertaken by the Board will include:

- Receiving regular update reports from the Executive on the ongoing progress and delivery of the Locality Plan;
- Receiving regular reports from the Executive about the commissioning decisions of the Single Commissioning Board, and the performance linked to those decisions;
- Receiving regular reports from the Executive with respect to progression towards fiscal neutrality;
- To work within the assurance framework, developed jointly with regulators, that reflects the outcomes required by Greater Manchester and the Locality because the formal assurance that each individual party is delivering on their commitments to the Locality Plan will be provided in the usual way by the relevant statutory body.
- Receiving regular reports of Tameside & Glossop's performance against agreed assurance metrics;
- Receiving regular reports as appropriate on key quality surveillance issues as they relate toTameside & Glossop.

4.5 The terms of reference and membership of the Board will be kept under review to enure that it is able to deliver in the way required in the interests of residents.

5. JOINT COMMISIONING ARRANGEMENTS

Greater Manchester Joint Commissioning Board

5.1 Within Greater Manchester there will be Greater Manchester Joint Commissioning Board, which will also be a joint committee where each participant makes joint decisions which are binding on each other. It is important that there is clarity regarding the joint commissioning decisions to be taken at the local level and Greater Manchester level respectively.

5.2 Specialised Services Commissioning will take place at Greater Manchester level. As these services cannot be dealt with by way of s75 arrangements without a change in the s75 regulations, any joint commissioning of specialised services will need to be undertaken through a joint committee made up of NHSE, CCGs, GMCA, and local authorities.

5.3 The Greater Manchester Joint Commissioning Board will have significant commissioning decision making responsibility as the largest single commissioning vehicle in Greater Manchester.

5.4 In order to comply with regulatory requirements the Greater Manchester Joint Commissioning Board will function independently of providers.

5.5 Importantly, the key functions of the Greater Manchester Joint Commissioning Board are as follows:

- To develop a commissioning strategy based upon the Greater Manchester Strategic Plan;
- Be responsible for the commissioning of health and social care servcies on a Greater Manchester footprint;
- Have strategic responsibility for commissioning across Greater Manchester;
- Be responsible for the delivery of the pan Greater Manchester strategy via its commissioning decisions (local commissioning will remain a local responsibility)

- To operate within existing commissioning guidelines following key principles of co-design, transparency and broad engagement.

5.6 The Greater Manchester Joint Commissioning Board will only take on Greater Manchester wide commissioning decisions. Any decision that currently sits with the commissioning responsibilities of LAs and CCGs will stay with these organisations.

5.7 While the core principle of the Greater Manchester Joint Commissioning Board will be that those commissioning decisions which are currently made in localities will remain in localities, there will be mechanisms developed to ensure that the remit of Greater Manchester Joint Commissioning Board can be broadened should localities agree that it is in their best interests to do so.

5.8 It should be noted that Steven Pleasant, Tameside Council's Chief Executive has been appointed by The Greater Manchester Combined Authority and AGMA Executive Board as the co-chair of the Greater Manchester Health and Social Care Commissioning Board.

Criteria for Commissioning at a Greater Manchester Level

5.9 Work is currently underway to identify which services can be more effectively and efficiently commissioned on Greater Manchester footprint and therefore delegated to Greater Manchester. It will be for the Greater Manchester Health and Social Care Commissioning Board and local stakeholders to formally approve and agree what services these are.

5.10 Consideration is also currently being given to whether the commissioning of primary care should be undertaken at a Greater Manchester level, with the exception of General Practice which will be commissioned by CCGs. However, the Greater Manchester Health and Social Care Commissioning Board will have a significant role to play in developing and implementing a Greater Manchester wide framework within which general practice is commissioned.

5.11 The criteria by which existing activity would be commissioned at a Greater Manchester level will focus upon whether decisions taken on a broader footprint achieved a greater benefit for the population, e.g. increased value for money; greater levels of efficiency; or increased clinical sustainability.

Tameside & Glossop Care Together Single Commissioning Board

5.12 Across the Tameside & Glossop locality there will be single place based commissioning body comprising the Tameside & Glossop locality Clinical Commissioning Group and the Local Authority known as the Tameside & Glossop Care Together Single Commissioning Board. The proposals within this report have been developed by the Tameside & Glossop CCG and the Council as a means of effectively commissioning for the transformation programmes within the locality plan as well as gaining benefits from jointly commissioning existing services.

5.13 As part of previous work undertaken between the CCG and the Council we have defined the role of commissioning as follows:-

- To define the desired outcomes and service model led by a clear vision and strategy
- To create the environment for change
  - Soft factors e.g. culture, relationship management, values and behaviours.
  - Hard factors e.g. estates, IMT, finance, contracting, market management etc.
- To ensure standards are met and improvements are made

5.14 This approach fits with the emergence of an Integrated Care Organisation. The benefits we seek to gain from a single commissioning function are:-

- Common strategic and operational/business plans
- To make best use of our collective resources
- To have an effective means of jointly commissioning services

- To ensure effective governance within our organisations whilst generating stronger cross system governance arrangements.
- To retain key strengths of the CCG and the Council approaches to commissioning and local connections.

5.15 The aim of this work is not in the short term to merge organisations, formally restructure or transfer employment of staff from one organisation to another. It is aimed to formalise our working arrangements and organise our resources around key work programmes and work effectively together.

5.16 There are a number of key recommendations which will be taken through the formal governance processes of the CCGs and the council. The two organisations will establish a Single Commissioning Board as set out as follows:

5.17 There will be a single leadership team, which will be established as a committee of the two organisations with delegated decision making powers and resources. This will create a unifying group within both the statutory and collaborative governance arrangements for the first time. The key role of this Board will be:-
- To provide executive leadership for the locality plan from a commissioning perspective.
- Oversee the management of any delegated commissioning functions and pooled budgets.
- Lead the development of commissioning as part of statutory and HWB governance arrangements.

5.18 The Locality plan will be adopted as a shared commissioning strategy and should supersede the relevant parts of existing organisational strategies.

5.19 Together both organisations working with the hospital will develop a common operational/business plan for 2016/17. Led by the priorities for 2016/17 we will organise our teams around programmes of work with suitable operational leadership. These will include commissioning for the transformation programmes and also areas of operational commissioning where this adds value.

5.20 We will also develop and adopt a form of matrix working which will allow us to mobilise our workforce around work programmes in a way which makes best use of our resources, is suitably flexible but also retains a line of sight between commissioning activities and organisational accountabilities.

5.21 The Tameside & Glossop Care Together Single Commissioning Board is not a separate legal body but a Board where each participant makes joint decisions which are binding on each other.

5.22 It will be a Joint Committee and will be required to be formally constituted. This will require changes to the CCG's constitution to reflect powers to be delegated to the new Board. In the interim it is proposed that the Tameside & Glossop Care Together Single Commissioning board will operate on the basis of the terms of reference set out at **Appendix 3** to enable a period of further shaping and refining of these governance arrangements. Subject to review and appropriate engagement on changes to constitutional matters by individual partner organisations it is proposed that these arrangements are formally introduced from 1 April 2016.

5.23 The key role of the Tameside & Glossop Care Together Single Commissioning Board will be:

- to have regard to the Locality Plan and the recommendations of the HWBB;
- to act under the delegated authority on behalf of commissioning bodies.

5.24 The bodies delegating functions to the Tameside & Glossop Care Together Single Commissioning Board will remain accountable for meeting the full range of their statutory duties and together will:

- commission integrated health and social care services for community based locality teams; and
- commission services from the Integrated Care Organisation.

5.25 Key principles will include:

- a joint committee where decisions are binding on all parties;
- Members must have delegated authority;
- Must function independently of providers;
- Makes decisions to support the locality;
- Will develop a commissioning strategy based upon the agreed Locality Plan;
- There must be patient engagement on commissioning plans and all decisions must be transparent, reasonable, rational, defendable from Judicial Review challenge;
- Any decision currently within the commissioning responsibility of the Local Authority/CCG stays with those organisations with oversight by the shadow JCB;
- From April 2016 the JCB will hold a Tameside & Glossop locality wide pooled budget.

5.26 A scheme of delegation will need to be developed and agreed for the joint committee for the 1 April 2016.

6. POOLED BUDGET

6.1 The Tameside & Glossop Care Together Single Commissioning Board will be supported by appropriate financial governance arrangements. These will specify authorising officers to act on behalf of the CCG and Council with the appropriate financial scheme of delegation within defined permitted expenditure.

6.2 The Tameside & Glossop Care Together Single Commissioning Board will subject to Council and CCG approval need to

- Prepare a joint financial plan for the totality of the health and care resources including the pooled budget;
- Agree a joint approach to prioritisation and development of business cases to access transformation funding;
- Develop an appropriate and more progressive approach towards risk share arrangements, which make joint prioritisation of resources and spending decisions a necessity;
- Develop commissioner skills in readiness for the magnitude of the pooled budget envisaged;
- Sets tolerances to take amount of demand variations and agrees appropriate risk reserves; and
- Agrees the principles by which the financial savings and the impact of investment schemes will be tracked across partners and the whole resource quantum using cost benefit analysis (CBA) methodology and benefits sharing arrangements.

7. PROGRESS TO DATE

7.1 The Council and the CCG have made significant progress already in regard to the actions above. These include:-

- ➢ Development of the Tameside & Glossop Locality plan.
- ➢ Development of a single commissioning team drawn from the both organisations to take forward commissioning.
- ➢ Appointment of an Independent Programme Chair and Programme Director

- transfer of the Tameside and Glossop community staff who are currently hosted by Stockport Foundation Trust into Tameside Hospital Foundation Trust. This process is now underway and will be completed on 1 April 2016.
- Pooled budgets and associated financial plans relating to the Better Care Fund.
- Working groups in place to develop contractual arrangements for Single Commissioning and extended pooled budget arrangements.
- Organisational development work relating to commissioning with a focus upon movement towards outcome based commissioning.

7.2 By April we will have completed a first step towards the new commissioning system. We will continue the work programmes and seek to make this way of working more mainstream and more systematic.

7.3 In undertaking this work, we foresee will be able to engage better with the public, patients, communities and community group in our commissioning activities.

7.4 Commissioning across health and social care will allow benefits to identifying risks relating to quality and safety across providers and also to flag risks such as safeguarding incidents or other people in vulnerable positions and work across the public sector to achieve better outcomes efficiently and effectively.

8. RECOMMENDATIONS

8.1 As set out on the front of the report.

APPENDIX 1

Interim Care Together Single Commissioning Board

Terms of Reference

Context

1 On 23 September 2015 the three Care Together partner organisation Boards met together to establish a set of principles for the development of the Integrated Care Foundation Trust and for the establishment of a single commissioning function. It was agreed that the Integrated Care Foundation Trust would be established from 1 April 2017, and that the Single Commission would be established from 1 April 2016 with interim arrangements in place from 1 January 2016.

2. The following document sets out the Terms of Reference for the Interim Care Together Commissioning Board to cover the period 1 January until 31 March 2016.

Statutory Framework

3. The Interim Care Together Commissioning Board is not a statutory body. It is not intended to replace any of the existing statutory bodies in the locality; instead it is to be an advisory group making recommendations to the two statutory organisations (Tameside Metropolitan Borough Council and NHS Tameside and Glossop Clinical Commissioning Group)

Role of the Interim Care Together Board

4. The Interim Care Together Commissioning Board has been established to enable members to make recommendations on the design, on the commissioning, and on the overall delivery of health and care services including the oversight of their quality and performance.

5. In performing its role the Interim Care Together Commissioning Board will exercise its functions in accordance with the Tameside and Glossop Locality Plan.

Geographical Coverage

6. The responsibilities for the Interim Care Together Commissioning Board will cover the same geographical area as of NHS Tameside and Glossop CCG (that is fully coterminous with Tameside Metropolitan Borough Council and the Glossop locality Tameside & Glossop Care Together of Derbyshire County Council).

Membership

7. The Interim Care Together Commissioning Board shall consist of the following members:

- The Chair of the CCG (Chair)
- The CCG Governing Body GP Lead for Urgent Care
- The Council’s Executive Member for Healthy and Working
- The CCG Governing Body Lay Member with responsibility for Governance
- The CCG Governing Body GP Lead for Integration (Clinical Vice-Chair)
- The Chief Executive of the local authority
- The Council’s Executive Member for Children and Families
- The Council’s Executive Member for Adult Social Care and Wellbeing (Deputy Chair).

In the event of the Chair being unavailable for a meeting the Clinical Vice-Chair will assume the chairing of the Board meeting to maintain the meeting being clinically-led. In the event that both the Chair and the Clinical Vice-Chair are conflicted regarding an agenda item and leave the meeting then the Deputy Chair will assume the chairing of the meeting.

The following will have a standing invitation to attend the meetings of the Interim Care Together Commissioning Board:

- The Management team of the Care Together Commissioning function
- The Independent Chair and Programme Director of the Care Together Programme
- A representative of Derbyshire County Council or of High Peak Borough Council.

Meetings and Voting

8. The Interim Board will give no less than five working days' notice of its meetings. This will be accompanied by an agenda and supporting papers and sent to each member no later than five days before the date of the meeting. When the Chair of the Interim Board deems it necessary in light of urgent circumstances to call a meeting at short notice this notice period shall be such as s/he shall specify.

9. Each member of the Interim Board shall have one vote. The aim of the Interim Board will be to achieve consensus decision-making wherever possible. However, should a vote be required it will be by a simple majority of members present but, if necessary, the Chair has a second and deciding vote. Tameside & Glossop Care Together

10. The Chair of the Interim Board shall manage all conflict of interest matters. The members of the Interim Board will be asked at each meeting to declare any new actual or perceived conflicts. In addition each member will be expected to declare any new or existing conflicts for any items of business for that meeting. The Chair will ensure that a Register of Interests for the members of the Interim Care Together Commissioning Board is established and maintained.

Quorum

11. The quorum will be five of the eight members to include both a member from the CCG and a member from the Council. There is always to be a statutory legal representative from each of the organisations.

Frequency of meetings

12. It is anticipated that the Interim Care Together Commissioning Board will routinely meet at monthly or six-weekly intervals.

13. The meetings of the Interim Care Together Commissioning Board shall not be held in public.

14. It is intended that, from 1 April 2016, the meetings of the Care Together Commissioning Board will:

a) be held in public, subject to any exemption provided by law as set out under 14(b)

b) from 1 April 2016 the Care Together Commissioning Board may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by both the Public Bodies (Admission to Meetings) Act 1960 (as amended or succeeded from time to time) and the Local Government Act 1972.

Additional requirements

15. The members of the Interim Board have a collective responsibility for the operation of the Interim Board. 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.

16. The Interim Board may delegate tasks to such individuals or committees as it shall see fit, provided that any such delegations are consistent with each Tameside & Glossop Care Together parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate, and reflect appropriate arrangements for the management of any actual or perceived conflicts of interest.

17. The Interim Board may call additional experts to attend meetings on an ad hoc basis to inform discussions.

18. The members and attendees of the Interim Board shall respect the confidentiality requirements of the two statutory bodies.

19. The Interim Board will present its recommendations to the two statutory bodies for ratification.

20. These Terms of Reference will be reviewed by 1st April 2016 and reflect the desired change from an Interim Board to a substantive Board and the need to fulfil its functions.

Version 2 (draft) 8 January 2016