

**Better Care & Integrated Commissioning Service Partnership Management Group**  
**Terms of Reference:**

**1 Partnership Management Group**

1.1 The membership of the Partnership Management Group will be as follows:

- CCG Chief Operating Officer/Director of Adult Social Care Services (non-voting - alternate Chair)
- CCG Chief Finance Officer (voting)
- Council Chief Executive (voting - alternate Chair)
- Council s151 Officer (non-voting)
- Director of Better Care Programme for the Council and CCG (non-voting)
- Director of Quality and Commissioning, NHS Portsmouth CCG (non-voting)
- Deputy Director of Adult Social Care Services (non voting)
- Voting members are required to appoint a deputy who has delegated authority to act on their behalf and exercise their voting rights to ensure quorate.

Other individuals may be invited to attend for specific items with the prior agreement of the Chair.

**2 Role of Partnership Management Group**

2.1 The Partnership Management Group shall oversee the S75 Agreements for the better Care Fund and the Integrated Commissioning Service:

- 2.1.1 provide strategic direction on the Individual Schemes;
- 2.1.2 receive the financial and activity information;
- 2.1.3 review the operation of these Agreements and performance manage the Individual Services;
- 2.1.4 agree such variations to these Agreements from time to time as it thinks fit;
- 2.1.5 review and agree annually a risk assessment and a Performance Payment protocol;
- 2.1.6 review and agree annually revised Schedules as necessary;
- 2.1.7 request such protocols and guidance as it may consider necessary in order to enable teach Pooled Fund Manager to approve expenditure from a Pooled Fund.

- Ensuring that the integrated commissioning service continuously improves the delivery of community based health and care services to the population of Portsmouth and that the benefits of an integrated team are realised.
- Agree annual business plan for the ICS and receive regular progress reports on its implementation.
- Monitoring the progress, outcomes and spend against the section 256 monies held by the ICS.
- Regularly review the Risk Register on behalf of both partners.

2.2 The Partnership Management Group will ensure that in commissioning and delivering health and social care in the city they:

- 2.2.1 Maximise patients' and service users' choice and control.
- 2.2.2 Encourage and support people to be as independent as possible.
- 2.2.3 Commission services which are safe, effective and can demonstrate value for money whilst ensuring that respect for individuals' dignity is central to their practice.

2.3 In exercising its duties the Partnership Management Group will:

- 2.3.1 Adopt a policy of mutual openness;
- 2.3.2 Address common problems and objectives in a co-ordinated way;
- 2.3.3 Have regard to the policies and guidance which applies in both partner organisations; and
- 2.3.4 Have regard to the principles set out in Appendix 1 to these terms of reference.

2.4 The Partnership Management Group will carry out its functions in accordance with the regulatory scope of authority framework of Portsmouth City Council and the Constitution, Standing Orders and Prime Financial Policies of NHS Portsmouth CCG.

### **3 Partnership Management Group Support**

3.1 The Partnership Management Group will be supported by officers from the Partners from time to time.

### **4 Meetings**

4.1 The Partnership Management group will meet bi monthly at a time to be agreed following receipt of each monthly report of the Pooled Fund Manager.

4.2 The quorum for meetings of the Partnership Management Group shall be a minimum of one voting representative from each of the Partner organisations, to include a notified deputy.

4.3 Decisions of the Partnership Board shall be made unanimously. Where unanimity is not reached then the item in question will in the first instance be referred to the next meeting of the Partnership Management Group. If no unanimity is reached on the second occasion it is

discussed then the matter shall be dealt with in accordance with the dispute resolution procedure set out in the Agreement.

- 4.4 Where a Partner is not present and has not given prior written notification of its intended position on a matter to be discussed, then those present may not make or record commitments on behalf of that Partner in any way.
- 4.5 Minutes of all decisions shall be kept and copied to the Authorised Officers within seven (7) days of every meeting.
- 4.6 An extraordinary meeting may be called at any time by a voting member of the Partnership Management Group upon not less than three (3) clear days' notice being given to the other members of the Partnership Management Group of the matters to be discussed.

## **5 Delegated Authority**

- 5.1 The Partnership Management Group is authorised within the limit of delegated authority of its members (which is received through their respective organisation's own constitution and scheme of delegation) to:
  - 5.1.1 authorise a redistribution of the contributions of the Partners to Individual Schemes under the Better Care Fund Plan within the aggregate contributions of the Partners to any Pooled Fund;
  - 5.1.2 authorise commitments which exceed or are reasonably likely to lead to exceeding the contributions of the Partners to the aggregate contributions of the Partners to any Pooled Fund;
  - 5.1.3 authorise a Lead Commissioner to enter into any contract for services necessary for the provision of Services under an Individual Scheme;
  - 5.1.4 take decisions on how best to give effect to the overall ambitions of the Better Care Fund Plan within the remit endorsed by the Health and Well Being Board; and
  - 5.1.5 approve revisions to timescales set out for Individual Schemes.
- 5.2 Where a member does not have appropriate delegated authority to agree to a matter under discussion the item shall be deferred to the next meeting and appropriate approvals sought.

## **6 Decision Making**

- 6.1 All matters shall be determined by unanimous voting only - where unanimity cannot be reached the matter may be escalated between the Partner organisations.

## **7 Information and Reports**

- 7.1 Each Pooled Fund Manager shall supply to the Partnership Management Group on a monthly basis the financial and activity information as required under the Agreement.

## **8 Budget setting**

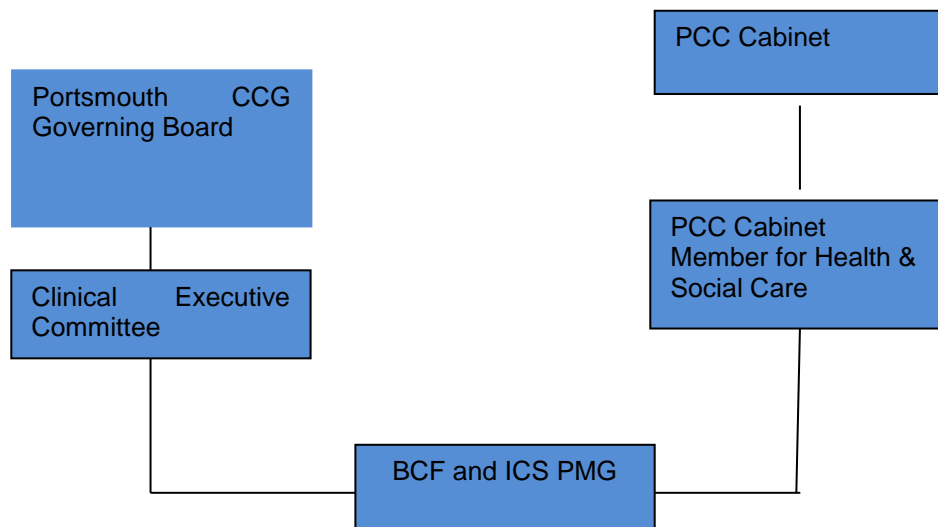
- 8.1 The Partners budget cycles operate on the following indicative basis:
  - 8.1.1 Council: initial budget setting at end of Q1, budget plan circulated Q3, budget sign off February
  - 8.1.2 CCG: Initial budget setting commences Q3 on release of national guidance

## 9 Post-termination

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

## 10 Overarching Governance Structure

- 10.1 The Partnership Management Group shall receive reports and give direction to the BCF Delivery leads group, and relevant BCF Project Groups in relation to each Scheme.
- 10.2 The terms of reference for any elements of the BCF Project Groups shall be included within the Scheme Specifications, Schedule 1, where available and/or agreed through the BCF Delivery Board.
- 10.3 The Partnership Management Group shall utilise resources from the Partners including the Director of Better Care Programme for the Council and the Director of Quality and Commissioning to support the strategic delivery and lead on reporting to the Partnership Management Group.
- 10.4 10.4 The ICS section 75 agreement between Portsmouth City Council and Portsmouth CCG and the BCF will be actively monitored by the (PMG) as detailed below and reported as below,



|                                  |   |
|----------------------------------|---|
| Previous Version<br>Approved by: | 1 <sup>st</sup> version   |
| Previous Version<br>approved on: | 1 <sup>st</sup> version   |
| Current Version<br>reviewed by:  | Better Care & Integrated Commissioning Service Partnership<br>Management Group 30/03/17 |
| Current Version<br>approved by:  | Clinical Executive Committee  |
| Current Version<br>approved on:  | TBC   |
| Review due                       | At least every three years or earlier should business needs require it                  |

## Appendix 1

- 1.1 The Partners agree that these arrangements are the most efficient and effective way to deliver the Partners strategic commissioning intentions and enable them to:
- 1.1.1 Jointly commission integrated services
  - 1.1.2 Improve the quality of services
  - 1.1.3 Improve outcomes for the people of Portsmouth
  - 1.1.4 Consolidate and strengthen collaborative and lead commissioning arrangements to more effectively manage the local market
  - 1.1.5 Make the best use of resources against local and national priorities to provide value for money
  - 1.1.6 Meet the requirements of the NHS, Public Health and Social Care Outcomes Frameworks
- 1.2 The Partners will work to the following ten principles that express commitments and behaviours which describe their approach to commissioning

**OUTCOMES - Improving outcomes for Portsmouth residents will be at the heart of the commissioning process**

- We will use public money effectively to improve outcomes for people in the city
- Commissioning staff will work together and share responsibility for outcomes across the city.

**EQUALITY – Commissioning will seek to shape service delivery to reduce inequalities in the city**

- We will target resources to reduce inequalities in the city
- We will monitor the impact of all commissioning decisions on all parts of the community

**EVIDENCE - Commissioning decisions will be informed by evidence of what works**

- We will use our resources effectively based on the identified need of our residents
- Where possible and appropriate, we will commission evidenced-based services and practice. We will balance this with risk-managed innovation
- We will evaluate impact rigorously to further enhance our understanding of what works

**INTEGRATION - Commissioning will seek to integrate service delivery around the needs of individuals and families**

- We will commission services which are joined up and easy to access
- We will commission personalised services which offer choice so that people are empowered to take personal
- We will work with service providers and support them to develop services which meet the needs of our diverse population

**PREVENTION - Commissioning prevention and early intervention services will reduce dependency on public service delivery**

- We will design services and support that tackle the causes of poor outcomes
- We will seek to build resilience in people and communities

**PARTICIPATION - Residents will be active participants in the commissioning (and decommissioning) process**

- We will involve residents in the planning, design, monitoring and evaluation
- We will increase our use of co-production, developing and managing services with residents

**ACCOUNTABILITY - Resource allocation and commissioning decisions will be transparent, contestable and locally accountable**

- We will publish our priorities and commissioning intentions in good time
- We will ensure clear accountability for our commissioning decisions
- We will ensure there is clear accountability for service performance

**FAIRNESS - The commissioning process will ensure that no provider is given or gains an unfair advantage**

- We will adopt the same approach (e.g. to service specification and performance monitoring) to any provider – local authority, NHS, voluntary, community or private
- We will ensure there is a clear distinction between commissioner and provider functions regardless of whether they co-exist within an single organisation

**VALUE FOR MONEY - Commissioning decisions will be driven by the goal to achieve optimum quality, value for money and outcomes.**

- We will monitor value for money and use it to inform commissioning decisions
- We will decommission ineffective services

**PARTNERSHIPS - Strong and effective partnerships are key to good commissioning**

- We will continue to build on the effective partnership work in Portsmouth including strategic partnerships, partnerships with service users and commissioner-provider partnerships