**Cambridgeshire and Peterborough**

**Integrated Commissioning Board**

**Terms of Reference**

**Contents:**

1 - Purpose

[2 – Aims](https://webmail.essexcc.gov.uk/exchange/James.Sinclair/Inbox/RE%3A%20GOVERNANCE%20STUFF.EML/Commissioing%20Board%20Terms%20of%20Reference%20May%202011v%200%2004%20CJ%20COMMENTS.doc/C58EA28C-18C0-4a97-9AF2-036E93DDAFB3/Commissioing%20Board%20Terms%20of%20Reference%20May%202011v%200%2004%20CJ%20COMMENTS.doc?attach=1#aims)

3 – Objectives

4 – Delegations

[5 – Ways of working and Membership](https://webmail.essexcc.gov.uk/exchange/James.Sinclair/Inbox/RE%3A%20GOVERNANCE%20STUFF.EML/Commissioing%20Board%20Terms%20of%20Reference%20May%202011v%200%2004%20CJ%20COMMENTS.doc/C58EA28C-18C0-4a97-9AF2-036E93DDAFB3/Commissioing%20Board%20Terms%20of%20Reference%20May%202011v%200%2004%20CJ%20COMMENTS.doc?attach=1#timingandmembership)

6 - Review

**1 – Purpose**

The Integrated Commissioning Board (the Board) aims to ensure we maximise opportunities to commission services better, in an integrated manner. This is to support increased consistency in service provision, delivery of better value for money, economies of scale, better engagement, market shaping and market management and improved outcomes for residents.

To ensure we have financial and service sustainability for the future we need to work jointly across health and social care to commission capacity and capability in the community to meet the needs of local people in the most cost-effective way. This is to support people to maintain their independence and wellbeing. In turn, preventing the unnecessary escalation of needs and the provision of more expensive services.

**1 – Aims**

The Board aims to drive forward joint commissioning of health and social care services, by providing a consistent and robust function of decision making, challenge, support and assurance to joint commissioning activities across the local health and social care system.

The Board aims to drive the delivery of efficient and effective commissioned services across the system by ensuring an integrated system view of needs, the shared consideration of evaluation and monitoring information and promotion of a learning culture.

The Board exists to improve the health, wellbeing and quality of life of residents, and will include participation of the public as part of its methodology.

**3 –Objectives**

The Board is accountable to the Health and Wellbeing Board and is responsible for:

* Leading on the implementation of the integrated strategic commissioning priorities across Cambridgeshire and Peterborough, with a view to commission services that:
	+ Increase choice and control
	+ Build strong partnership working
	+ Strengthen community capacity
	+ Deliver outcome based commissioning

* Identify opportunities where commissioning services jointly will deliver cashable financial benefits, reduce duplication, improve efficiencies and deliver better outcomes for people; aiming to:
	+ deliver a more seamless experience for local people
	+ meet the priorities set by the relevant Health and Wellbeing Board
	+ require cohesive multi-agency working to deliver shared goals
* Improve the health and wellbeing of the local population by providing:
	+ local, strong and visible integrated commissioning leadership
	+ continuous improvement of quality and clinical outcomes within available resources
	+ Greater integration of care and support achieved through integrated and innovative commissioning arrangements with partner organisations
* Ensure that commissioned services take account of the diverse needs of the population and ensure equity of access.
* Develop and consider local commissioning strategies, models and intentions, supporting the development of place based models of delivery.
* Apply national learning with a local perspective, integrating learning from other areas with its members providing expertise from their own organisations. The Board will recognise matrix working and be prepared to lead on behalf of the Cambridgeshire and Peterborough areas sharing models of delivery, lessons learnt and expertise.
* Report up to the Cambridgeshire and Peterborough Health and Wellbeing Boards in its role as a Sub Group of each Health and Wellbeing Board.

**4 – Delegations**

The Board has delegated authority from the Peterborough and Cambridgeshire Health and Wellbeing Boards to provide:

* Oversight and monitoring of the Better Care Fund pooled budget (including the Improved Better Care Fund, Winter Monies and Disabled Facilities Grant pooled budgets)
* Joint commissioning of NHS and Local Authority social care/public health services

**5 – Ways of working and Membership**

The Board meets monthly, and covers the Peterborough and Cambridgeshire footprint. Membership is kept to an agile core with additional members invited as appropriate by the Chair. The Board will extend participation for collaborative working to an annual plan and as required through developmental workshops. This will involve organisational representatives and with members of the public. On some occasions closed ‘commissioner only’ sessions may also be required depending on the nature of the business.

Core Membership of the Board comprises of:

|  |  |
| --- | --- |
| **Organisation** | **Nominated Representation** |
| Chair | Val Moore |
| Peterborough City Council & Cambridgeshire County Council  | Will Patten, Service Director: Commissioning Charlotte Black, Service Director Adults and SafeguardingCaroline Townsend, Head of Commissioning Partnerships and ProgrammesVal Thomas, Public Health ConsultantLaurence Gibson, Public Health Consultant |
| Cambridgeshire and Peterborough Clinical Commissioning Group  | Louis Kamfer, Chief Finance OfficerCarol Anderson, Chief NurseRob Murphy, Lead for Community and Integration |
| District Councils | Mike Hill, Chief Executive South Cambridgeshire District Council |
| Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) | John Martin, Associate Director of OperationsJulie Frake-Harris, Director of Operations |
| Cambridgeshire University Hospital NHS Foundation Trust (CUHFT)  | Sandra Myers, Director of Integration |
| Northwest Anglia NHS Foundation Trust (NWAFT) | Keith Reynolds, Assistant Director Strategy and Planning |
| Voluntary Sector  | Julie Farrow, Chief Executive Officer Hunts Forum |
| Housing Representation | Sue Beecroft, Co-ordinator for The Housing Boardfor Cambridgeshire, Peterborough and West Suffolk |

There will also be a list of corresponding members who will receive Board papers.

Quorum

A quorum will comprise the Chair and three other members of the Board (including at least one Local Authority representative, CCG representative and Public Health representative). A deputy for any Board member is to be included as a full member for this purpose.

Governance

The Board is directly accountable to the Health and Wellbeing Boards for Cambridgeshire and Peterborough. The Board will provide regular progress updates to the Health and Wellbeing Boards.

There is a close dependency between the Board and wider system programmes of work, including the STP Provider Alliances, Discharge Programme Board, A&E Delivery Boards and the Local Authority Think Communities and Adults Positive Challenge Programmes.

The diagram in Appendix 1 depicts the current governance arrangements for the STP, including the relationship with the Board and the wider STP.

**6 - REVIEW OF TERMS OF REFERENCE**

The Terms of Reference will be reviewed annually, unless by agreement between members of the Board that they need amending prior to the yearly review.

Reviewed: April 2019

Approved: April 2019

Review Due: April 2020

**Appendix 1**

