

TERMS OF REFERENCE: OCTOBER 2020 DRAFT v.1**LEICESTERSHIRE JOINT COMMISSIONING GROUP****1. Purpose**

The purpose of the Joint Commissioning Group (JCG) is to lead the programme of joint commissioning across the County CCG(s) and Leicestershire County Council.

This will be achieved by directing and delivering a targeted programme of work, as set out in the “joint commissioning workplan,” a document which is co-produced and reviewed at least annually.

2. Objectives

The objectives of the joint commissioning programme are as follows:

- a) Demonstrate distributed leadership and take joint accountability as system leaders.
- b) Improve outcomes for the citizens of Leicestershire through collaborative working.
- c) Develop and deliver a place based, joint strategic commissioning plan for Leicestershire, which underpins the sustainability of the health and care economy.
- d) For services in the scope of the workplan this will involve:
 - Achieving, at a minimum, greater alignment between the commissioning strategies and commissioning intentions of the County CCG(s) and Leicestershire County Council (the 10 System Expectations) and, where applicable, implementing formalised joint commissioning arrangements.
 - Supporting the delivery of commissioning plans at the system and neighbourhood tiers of the LLR Integrated Care System
- e) Ensure commissioning is both personalised and person centred, and that shaping and delivering the integrated commissioning workplan is supported by good levels of service user engagement and involvement.
- f) Further develop joint commissioning tools and infrastructure in support of the programme, such as:
 - Market development strategies
 - Pooled budgets (for example Better Care Fund),
 - Population health analysis at the tier of Place
 - Place-based joint commissioning outcomes framework
 - Risk sharing policies
 - Operating procedures
 - Joint/matrix teams
 - Joint comms and engagement activities
 - Horizon scanning, and the adoption of best practice and innovation.

- g) Plan and prioritise commissioning resource allocation, and maximise the efficiency of health and care expenditure, within the scope of the joint commissioning workplan
- h) Receive regular performance, quality assurance, and financial information pertaining to the delivery and monitoring of services in the scope of the joint commissioning workplan.

3. Relationship with other Groups

The Leicestershire Joint Commissioning Group will be supported by sub groups and tasks groups leading specific elements of the workplan (e.g. existing task groups overseeing domiciliary care or the development of personal health budgets, and any new task groups linked to the work plan).

These will be comprised of commissioning lead officers, other subject matter experts and technical experts from across partner organisations, including clinicians, service users, and other advisers as needed.

Some of these sub or task groups may operate on a wider footprint than the Leicestershire County boundary, for example where work is being organised and delivered within the wider Integrated Care System (ICS) of LLR, called “Better Care Together”.

As such, the Leicestershire Joint Commissioning Group will be seeking assurance that the LLR wide approach has been developed in collaboration with Leicestershire partners, the solutions are deliverable and affordable for County Commissioners, and will address outcomes for our populations/priorities.

The work of the Joint Commissioning Group will be supported by and operate in conjunction with:

- The Integrated Delivery Group for Leicestershire (an operational group concerned with coordinated service design and service integration across health, care, housing, and prevention), and
- The Integrated Finance and Performance Group which will meet quarterly (as part of a corresponding JCG meeting) to oversee existing s75 agreements and will be responsible for updating and developing any new s75 agreements or other similar joint commissioning legal instruments.

4. Governance and Decision Making

The Joint Commissioning Group will formally report via the Leicestershire Integration Executive into the Leicestershire Health and Wellbeing Board.

Reporting into the corporate governance systems of the individual NHS and LA partner organisations and into workstreams operating within the LLR ICS will also be required.

These will include for example:

- Routine sharing of Joint Commissioning Group minutes
- Highlight reports on the progress of the Joint Commissioning workplan and its outcomes, in particular into the Place governance reporting, (via the Leicestershire Integration Executive and Health and Wellbeing Board), and within system and neighbourhood tiers of the LLR ICS as appropriate)
- Individual matters for communication, escalation or resolution, as required.

The Joint Commissioning Group will seek to streamline its routine reports to meet multiple purposes and routes within the health and care economy.

Specific proposals and recommendations (e.g. concerning consultations, policy, business cases, resource allocations/approvals) will usually require governance approvals through the designated routes via each organisation

In some scenarios, decisions may be able to be made by the Group or a sub set of its membership, in line with the delegated authority/limits of Group members.

A clear decision log will be recorded within the minutes, and the Joint Commissioning Group will ensure a forward planner of governance activities is developed in support of the work plan, seeking the appropriate advice and support from each organisation in developing and delivering this effectively.

The governance planner will therefore ensure the appropriate involvement of the following bodies in line with established procedures:

- CCG Board(s)
- Cabinet
- Other councillors and stakeholders, (for example via the Health and Wellbeing Board, Health Scrutiny, LLR Integrated Community Board governance arrangements)

Where activities are undertaken using different documentation in respective organisations, (e.g. equality impact assessment tools) the Joint Commissioning Group will agree, wherever possible, one format that will be acceptable to all partners.

5. Membership

Membership will be drawn from Director and Assistant Director (or equivalent) tiers of respective organisations and their wider teams. Membership may vary dependent on the workplan, but will generally comprise:

- Those lead officers whose portfolios comprise leadership and accountability for the commissioning activities within the scope of the work plan, plus finance representation (operational) from each of the organisations, and a public health representative.
- The Group will co-opt as needed other subject matter experts (e.g. clinicians, professionals, quality assurance, performance, BI/analytical and procurement specialists).

6. Programme Management and Administrative Support

This will be provided from the Health and Social Care Integration team, from within existing resources. This resource will be responsible for the planning and administration of meetings, circulation of agendas and papers, production of minutes, editorial control of the workplan, and other programme coordination activities as required.

7. Chair

The Chair will rotate between the LA and the CCG(s) every six months.

Deputising, in the case of absence of the designated Chair, can be provided from either organisation.

8. Frequency of Meetings

Meetings will take place bi-monthly.

9. Quoracy

This shall comprise the Chair plus at least one commissioning lead from each organisation and one finance representative from each organisation.