

Schedule 3

Health and Care Integrated Commissioning Board – Governance Specification

1. Overview

- 1.1 The name of the Board is the 'Health and Care Integrated Commissioning Board'
- 1.2 The Board shall discharge and exercise functions on behalf of NHS Stockport Clinical Commissioning Group and Stockport Metropolitan Borough Council insofar as they relate to the Section 75 Agreement entered into by both organisations.
- 1.3 The objectives of the Section 75 Agreement are outlined in Section 7.5 of the Agreement.
- 1.4 The mutual responsibilities of both organisations are outlined in Section 7.6 of the Agreement.
- 1.5 The additional functions and powers to be delegated and exercised through the Board are outlined in Section 7.6 of the Agreement.
- 1.6 The Section 75 agreement also outlines the arrangements for monitoring and review of commissioning arrangements in Section 7.9

2. Schedule Purpose

- 2.1 This Schedule provides the governance framework in which the Health and Care Integrated Commissioning Board will exercise its functions.
- 2.2 The Procedure Rules govern the conduct of meetings of the Health and Care Integrated Commissioning Board and, except where expressly stated otherwise, take precedence over each organisation's existing Constitutional provisions.
- 2.3 The Health and Care Integrated Commissioning Board must seek the approval of both organisations to vary its Procedure Rules.

3. Membership

- 3.1 There will be six members of the Health and Care Integrated Commissioning Board, three appointed from each organisation.
- 3.2 For the Council the appointees will be Executive Councillors nominated by the Executive.
- 3.3 For the Clinical Commissioning Group the appointees will be Governing Body Members nominated by the Governing Body.
- 3.4 No appointee's membership will extend beyond their appointment or contract term with their respective organisation.

3.5 Membership will be reviewed annually by each organisation.

3.6 In addition to the Members of the Board, each organisation will nominate relevant Management Representatives who will act as advisors in support of the Health and Care Integrated Commissioning Board's work.

3.7 Any nominees of each respective organisation are governed by the provisions of their own organisation's Codes and Protocols.

4. Quorum

4.1 The quorum for a meeting of the Board shall be at least two members from each organisation.

5. Substitutions

5.1 Continuity of attendance at the Health and Care Integrated Commissioning Board is strongly encouraged.

5.2 Where nominated Members are unable to attend, each organisation will utilise existing mechanisms for substitution as laid down in their own Constitution.

6. Chair

6.1 Annually the Health and Care Integrated Commissioning Board will elect a Chair and Vice-Chair.

7. Leaving the Health and Care Integrated Commissioning Board

7.1 A member of the Board shall cease to hold office if:

7.1.1 He or she notifies the Board of a wish to resign;

7.1.2 He or she ceases to be an Executive Councillor of the Council or a member / employee of the CCG which appointed him or her

7.1.3 The CCG or the Council notifies the Board of their removal.

8. Interests of Board Members

8.1 A separate Conflicts of Interest Policy will be included as part of a separate schedule to the Procedure Rules.

9. Access to Information

9.1 The Health and Care Integrated Commissioning Board will hold its meetings in public unless considering information classified as 'exempt' or 'confidential' under Access to Information legislation or specific requirements of each organisation's Constitution.

9.2 The papers for meetings of the Health and Care Integrated Commissioning Board will be published on the websites of both organisations.

9.3 The Chair shall have discretion to regulate the behaviour of all members of the public and press who attend meetings in the interests of the efficient conduct of the meeting.

9.4 The conduct of the meeting is at the discretion of the Chair.

10. Sub-Committees

10.1 The Health and Care Integrated Commissioning Board may establish Sub-Committees and informal Working Groups to undertake elements of its work if required.

11. Administration

11.1 Organisational and secretarial support for the Board will be provided on a basis to be agreed by the organisations.

12. Meeting Frequency

12.1 The Health and Care Integrated Commissioning Board will meet a minimum of four times a year.

12.2 Dates of meetings will be agreed a year in advance and incorporated into the Meetings Calendars of both organisations.

13. Agenda Management Processes

13.1 All prospective items of business for the Health and Care Integrated Commissioning Board shall be agreed by the Chair of the Board following consultation with the individuals acting as Lead Commissioner and Lead Budget Holder representing their respective organisations.

13.2 At least five clear days in advance of a meeting, the responsible Secretary to the Board will arrange for publication of the papers on the pages of each organisation's website and for papers to be distributed to all Members of the Board and to any relevant supporting officers.

13.3 Any additional notices required to be served on any member of the Board shall be in writing and served by the Secretary of the Board either through electronic means or via post to their nominated address.

14. Business to be Transacted

14.1 Standing items for each meeting of the Health and Care Integrated Commissioning Board will include the following;

- Apologies for absence
- Declarations of Interest
- Public Questions to be submitted no later than 24 hours prior to the meeting
- Minutes of the last meeting

- Substantive items for consideration

14.2 The Chair may vary the order of business and take urgent items as specified subject to them meeting the requirements as outlined in the urgency procedure.

14.3 The designated individuals acting as Lead Budget Holder and Lead Commissioner will report to each meeting of the Health and Care Integrated Commissioning Board on their areas of respective responsibility.

14.4 In addition, nominated officers will provide finance and performance reports in a format determined by the Board on the use of pooled appropriate non-pooled resources and on commissioning activity.

15. Urgency Procedure

15.1 An item of business must not be considered at a meeting of the Health and Care Integrated Commissioning Board unless:

(a) A copy of the agenda including the item is displayed on the organisation's websites at least five clear days before the meeting:

(b) Where the meeting is convened at shorter notice from time to time or:

(c) By reason of special circumstances which shall be specified in the minutes that the Chair is of the opinion that the item should be considered at the meeting as a matter of urgency:

15.2 'Special circumstances' justifying an item being considered as a matter of urgency will relate to both why the decision could not be made at a meeting allowing the 5 clear days for publication and circulation of reports to Members and via the organisation's websites for public inspection.

16. Cancellation / Addition of Meetings

16.1 Meetings of the Health and Care Integrated Commissioning Board may, after consultation with the Chair be cancelled if there is insufficient business to transact or some other appropriate reason warranting cancellation.

16.2 The date of meetings may be varied after consultation with the Chair if it is required to aid the efficient transaction of business.

16.3 Additional meetings of the Health and Care Integrated Commissioning Board can be called subject to meeting the requirements of the Governance Schedule following consultation with the Chair.

17. Voting

17.1 In the event that matters cannot be determined by the Health and Care Integrated Commissioning Board through reaching consensus, each Member will be entitled to one vote.

17.2 All decisions of the Health and Care Integrated Commissioning Board will be approved on the basis of a simple majority voting in favour.

17.3 Where there is an equality of votes, the Members of the Board retain the right to request that the matter be referred back to the individual organisations for further consideration prior to the Chair having the right to exercise a second and casting vote

17.4 Where a matter is referred back to the individual organisations, timescales for reporting back to the Health and Care Integrated Commissioning Board must be agreed.

18. Minutes

18.1 At the next suitable meeting of the Health and Care Integrated Commissioning Board the Chair will move a motion that the minutes of the previous meeting be agreed as a correct record. The meeting may only consider the accuracy of the minutes.

18.2 Once agreed the Chair will sign the minutes.

19. Parties Existing Constitutional Requirements

19.1 No amendment may be made to this Schedule which would conflict with the legislative requirements or existing Standing Orders of either organisation.

19.2 Any amendments should be agreed by each organisation's existing Governance Structures (CCG Governing Body and Council Executive)

19.3 Each organisation is responsible for ensuring that the decisions of the Health and Care Integrated Commissioning Board are subject to the wider statutory and legal requirements of their organisations governance structures.

19.4 Decisions made by the Health and Care Integrated Commissioning Board will be subject to the Scrutiny and Call-In provisions as outlined in the Council's Constitution.

20. Review Processes

20.1 The operation of the Health and Care Integrated Commissioning Board and its governance arrangements shall be subject to annual review in a format to be determined by the Board.