

Health and Social Care Partnership Terms of Reference

1. Purpose

The purpose of Health and Social Care Partnership is to provide oversight, strategic direction and commissioning intentions for the integration of health and social care services within Slough. All representatives will undertake an active representative on behalf of their organisations for overseeing such strategic direction.

2. Responsibility

The Health and Social Care Partnership will:

- a) Agree strategic direction for the integration of health and social care within Slough.
- b) Ensure commissioned services across the partnership are aligned to deliver efficient and effective services, designed to improve outcomes.
- c) Consider any issue of health and social care strategic policy, public health strategy or general community concern within Slough
- d) Take recommendations to Integrated Care System Group.

3. Principles

- a. To align strategic direction, prioritise actions and present clear plans of what will be done locally to address needs and improve health wellbeing and reduce health inequalities, by:
 - Prioritising actions, based on the agreed strategic direction, joint commissioning strategies and joint strategic needs assessment, to meet the needs of the current population without compromising the wellbeing of future generations.
 - Communicating actions in publicly available action plans.
 - Reviewing and ensuring alignment for all new Integrated Care Systems developments.
- b. To coordinate partnership working to minimise duplication, avoid cost shunting and maximise the cost effectiveness of services, by:
 - Integrating the business action plans of partner organisations.
 - Coordinating information sharing across partners
 - Coordinating commissioning decisions to reflect the priorities identified by the partnership including the use of joint commissioning and pooled budgets where appropriate.
 - Reporting to Slough Wellbeing Board (where necessary) and linking to the Children's Trust.
- c. To monitor progress against the actions agreed in local plans and against nationally set outcomes and ensure action is taken where appropriate to improve outcomes, by:
 - Evaluating performance against locally agreed priorities.
 - Evaluating performance against nationally set outcomes frameworks for the NHS, public health and social care.
 - Producing annual reports of progress in relation to above action plans, in order that the partnership is publicly accountable for delivery of these actions.
- d. To consult with service users and carers about service developments which affect them, by:
 - Working with and involving people who use health and social care services, carers and communities in equal partnership

4. Membership

4.1 Members will be required to represent their organisation with sufficient seniority and influence for decision making. Membership of the partnership will consist of:

- Alan Sinclair Director of Adult and Communities (SBC)
- Andy Brooks Clinical Chief Officer (NHS CCG)
- Arunjot Mushiana Healthwatch Slough
- Avtar Maan Integrated Commissioner (SBC)
- Bernadette Bates Co-production network member
- Beth Reed Community Development & Partnerships Officer
- Debbie Fraser Associate Director of Finance (CCG)
- Elena Gaddes Policy Insight Analyst (SBC)
- Fiona Slevin-Brown Director of Strategy and Operations (CCG)
- Geoff Dennis Chair, Slough Mental Health Board (SBC/NHS)
- Jane Senior Service Lead, Commissioning and Transformation (SBC)
- Jayne Reynolds Regional Director East Berkshire Healthcare F/Trust (NHS)
- Jeanette Bailey Community Integration Manager (SBC)
- Jennifer Wallis Principle Systemic Lead – Slough Children’s Services Trust
- Jim O'Donnell CCG Chair (CCG)
- Joanne Greengrass East Berks CCG
- Jocelyn John Co-production network member
- Joe Carter Transformation director (SBC)
- Liz Brutus Service Lead, Public Health (SBC)
- Marcia Wright Co-Chair: Older People's Partnership Board
- Martin Elliott Service lead, Adult social care operations (SBC)
- Martyn Storey Consultant
- Mike Connolly CCG Board Member (Patient and Public Involvement)
- Mike Hoskin East Berks CCG
- Mike Wooldridge Better Care Programme Manager
- Patrick Rogan Chief Executive, East Berks Primary Care
- Paula Bass Group accountant (SBC)
- Priya Kumar GP and Primary Care Strategy Lead
- Ramesh Kukar Slough Council for Voluntary Service
- Ricky Chana Senior Commissioning Manager (CCG)
- Sangeeta Saran Manager CCG
- Sharon Boundy Programme Lead for Transformation (NHS Trust)
- Stephen Gibson Interim director of regeneration (SBC)
- Stuart Pavelin Farnham Road Practice
- Sue Benford Co-production network member
- Susanna Yeoman Deputy Regional Director East Berks Healthcare F/Trust

4.2 Other members shall be appointed by the Co Chairs after consultation with the partnership.

4.3 Membership of the partnership will be reviewed annually.

5. Member's roles and responsibilities

All members of the partnership will commit to the following roles, responsibilities and expectations:

- Committed to attending meetings;
- Uphold and support partnership decisions and be prepared to follow through actions and decisions obtaining the necessary financial approval from their organisation for the partnerships proposals and declaring any conflict of interest;
- Be prepared to represent the partnership at stakeholder events and support the agreed consensus view of the partnership when speaking on behalf of the partnership to other parties;
- Champion the work of the partnership in their wider networks and in community engagement activities;
- Participate in partnership discussions to reflect views of their partner organisations, being sufficiently briefed to be able to make recommendations about future policy developments and service delivery; and
- Ensure there are communication mechanisms in place within the partner organisations to enable information about the priorities and recommendations of the partnership to be effectively disseminated.

6. Resignations

Members may resign at any time by giving written notice to the Co Chairs.

7. Removal

The Co Chairs may remove a member by giving written notice in any of the circumstances set out below:

If the member:

- Has been absent from partnership meetings a period of more than three months;
- Is unfit to continue the appointment because of misconduct;
- Has failed to comply with the terms of the appointment; or
- Is otherwise unable, unfit or unwilling to carry out the member's functions.

8. Co Chairs

The role of the Co Chairs is to provide leadership and direction to the partnership. The Co Chair's responsibilities include:

- To chair and facilitate partnership meetings
- To plan the annual cycle of partnership meetings and set the agendas
- To give directions to partnership policy making
- To monitor decisions taken at partnership meetings are implemented
- To enable the partnership to fulfil its responsibilities
- To secure consensus between individual partner organisations
- To represent the partnership at meetings with key organisations and promote its objectives effectively.
- To act as a spokesperson for the partnership where appropriate.
- To attend and be a member of other committees or working groups when appropriate in their role as Chair.

- To represent the partnership at Slough Wellbeing Board and at appropriate events, meetings or functions.

9. Charing the meetings

- 9.1 The partnership shall be Co Chaired by the council's Director of Adult and Communities (SBC) and the Chair of the East Berkshire's Clinical Commission Group.
- 9.2 The Chair of the partnership shall alternate at each meeting, with an equal number of meetings chaired by the Director of Adult and Communities (SBC) and the Chair of the Clinical Commission Group (CCG).

10. Meetings

- 10.1 The partnership shall schedule meetings at least 12 times a year with other meetings as necessary.
- 10.2 The dates of these meetings shall be agreed by the partnership at the first meeting of the new calendar year.
- 10.3 Members will be notified of the date, time and venue of each meeting by email immediately after the first Partnership meeting of the new calendar year. Meetings shall be held at such dates, times and venues, as the co chairs and the partnership itself shall determine.
- 10.4 The dates of meetings will only be changed in exceptional circumstances.
- 10.5 The agenda and supporting papers shall be forwarded to each member of the Partnership at least 5 working days before the date of the meeting
- 10.6 Any member may request that an item is included on the Partnership's Forward Plan. Such items shall be brought to the notice of the Co Chairs at first available meeting.
- 10.7 Any member with an interest in an item under discussion shall be expected to declare their interest at the start of the meeting.

11. Special meetings

A special meeting of the Partnership may be called at any time by the co chairs or at the request, in writing of any five members. This meeting may be called with less than 5 working days' notice if the co chairs so directs, on the grounds that there are matters demanding urgent consideration.

12. Decisions

- 12.1 Decision making will be achieved through consensus reached amongst those members present. If a consensus is not reached, members would vote to reach to a decision
- 12.2 Decisions relating to the **Better Care Fund** would require the presence of the following members:
- Director of Adult and Communities (SBC)
 - Group Accountant – Financial Management (SBC)
 - Associate Director of Finance (CCG)
 - Director of Strategy and Operations (CCG)

13. Quorum

- 13.1 Meetings will be deemed quorate if at least five members of the partnership are present and in no case shall the quorum for the Partnership be less than five.
- 13.2 If the number of members increases or decreases this will need to be reviewed.
- 13.3 Where a meeting is inquorate those members in attendance may meet informally but any decisions taken shall require appropriate ratification at the next quorate meeting of the Partnership.
- 13.4 A meeting must remain quorate for its full duration. Should members arrive late or leave for any reason, quoracy must be maintained. If the meeting is or becomes inquorate, partnership decisions can no longer be made and any discussions shall be informal only. The relevant co chair may decide to call a special meeting to undertake the remaining business.

14. Sub-Groups

- 14.1 The partnership may establish sub groups or Task and Finish groups to help it undertake its strategic functions. The membership and terms of reference for these groups will be determined by the Partnership.
- 14.2 The partnership shall also hold ad-hoc meetings, workshops and development sessions throughout the calendar year as and where appropriate

15. Administration

- 15.1 The agenda for each meeting shall be agreed by the co chairs as part of the partnership's ongoing forward work plan for the calendar year.
- 15.2 Administrative support will be provided by the council, who will arrange the meetings of the partnership and publish its agendas. Agenda's will be despatched at least five working days in advance of the meeting.
- 15.3 The council will also be responsible for the minutes of the meeting (including special meetings) and their subsequent circulation.
- 15.4 The council's Policy team will be responsible for maintaining the partnership's forward work plan, and for conducting additional research and analysis as required.
- 15.5 Attendance at meetings and access to the minutes will be restricted to members of the partnership
- 15.6 Requests from non-members to view the minutes and/or attend the meetings as observers will be considered based on a case by case basis.

16. Dissolution

Members have the right to dissolve the partnership at any time deemed fit by members.

17. Governance

A diagram showing the Partnership relationship to the Slough Wellbeing Board and other boards and partnerships is attached at Appendix A.

18. Annual review of terms of reference

18.1 These terms of reference will be reviewed annually by the Partnership's Co Chairs.

18.2 Any revisions shall be endorsed by the Partnership

Appendix A – Governance Arrangements

