### 1. Introduction and Purpose

Overall strategic view of the Better Care Fund (BCF). Make decisions to manage available funds as directed by Joint Clinical Commissioning Group (JCCG). This management must be with regard to the performance indicators of the BCF and the national and local conditions.

Work with the localities and Systems Resilience Groups (SRGs) to ensure that schemes are evaluated, are delivering the required outputs and are prioritised in accordance with the objectives of the BCF and to lessons learnt are built in to future commissioning.

Review performance against local and national indicators. Flag issues by exception to the JCCG. Direct Systems Resilience Groups in relation to the work required for the BCF.

Provide a central point through which data relating to the BCF can be shared.

Ensure that appropriate advice and recommendations are made to the JCCG to ensure the ongoing viability of the Better Care Fund.

# 2. Functions

- Systematic review of all schemes / services currently being commissioned through the Better Care Fund money which do not fall under the localities umbrella.
- Systematic review of all other schemes / services under the section 256 umbrella which may in the future form part of the Better Care Fund.

This review will include

- Establishing whether there is a contract in place and the scheme's end date
- Establishing what KPIs are being used to assess the success or otherwise of the scheme / service.
- Establish whether the service is therefore value for money.
- Establish whether the service should continue in future periods.
- Give notice on schemes which are not deemed value for money.
- Ensure contracts are put in place including KPIs and performance measures for all schemes set to continue.
- Report to JCCG any finding of a systematic nature which could impact on new services to be commissioned or process weaknesses.
- Review progress against national and local indicators.
- Direct SRGs to respond to poor performance in national and local indicators.
- Escalate issues or key risks to the JCCG.
- Recommend to JCCG schemes which should and should not continue
- Prepare and present a strategy to JCCG on how to best facilitate the objectives of the BCF.
- Ensure contingency plans are prepared and implemented
- Develop and approve a template by which all new schemes can be assessed.
- Ensure that new schemes meet the objectives of the BCF

# Joint Clinical Commissioning Group (JCCG) Better Care Fund Operational Group Terms of Reference

- Receiving and interpreting relevant national guidance
- Ensure KPIs are in place for new schemes.
- Ensure formal contracts are in place for any new scheme commissioned.
- Recommend new schemes to the JCCG for approval.
- Prepare notes / minutes of each meeting of sufficient quality that decisions taken can be clearly identified.
- Report to JCCG any funds released to allow a decision to be made on how best to invest the money.

### 3. Decision making powers

This group does not have the authority unless specifically given by JCCG to commit funding for any new or existing schemes. It can however make recommendations to the JCCG. These recommendations do not need to be followed.

The task group has the authority to give notice on / stop schemes.

### 4. Membership

The membership of the task group is as follows:

# **Devon County Council**

Sally Slade - Head of Adult Care Management - Chair Tina Henry Locum Consultant in Public Health Ian Hobbs Senior Manager - Commissioning

<u>North, East, West Devon CCG</u> Fiona Phelps Head of Partnerships Team Commissioning Chris Walford Contracts Manager

South Devon and Torbay CCG Soveig Sansom Senior Commissioning Manager for Integration Sam Morton Contracts Manager

Finance Cathie Huddart - BCF Finance Lead

<u>System Resilience Groups</u> One representative from each (if not already included above)

Other people can attend as the members see fit

### 5. Deputies

Members who are unable to attend should send a named deputy. Deputies will be fully briefed and have the decision-making rights of the person he/she is representing.

# 6. Quorum

To ensure the meeting is quorate one representative from each of the CCGs and one from the Council must be in attendance. Meetings can continue without all organisations present but any decisions taken by the group must be ratified but the absent organization, by email or other means, within 2 weeks of the meeting.

### 7. Chairperson

Head of Adult Care Management will be the chair of the meetings and, where required, will report back to JCCG.

In the event the above individual is absent then one of the other appointed members will chair the meeting.

### 8. Frequency

Meetings are to be held in the week preceding the JCCG.

### 9. Minutes

The chair of the meeting will ensure the proceedings of the meeting are accurately documented and minuted where decisions have been made. An action log will be maintained and updated.

### **10. Conduct of the Meeting**

The group shall conduct its business in accordance with national guidelines, relevant codes of practice including the Nolan Principles and Conflict of Interest policy

# 11. Administration

This meeting will be convened and administered by the chair and communication with the group will be via email.

All actions and issues will be recorded, monitored and reported.

### **12.** Review of Terms of Reference

These terms of reference will be reviewed annually. Date of next review: June 2015.