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NHS Sheffield Clinical Commissioning Group

Approval of Amended Terms of Reference for the Joint Committee of Clinical Commissioning Groups

Governing Body meeting

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Purpose of Paper

Governing Body has previously approved the establishment of a Joint Committee of CCGs and its initial Terms of Reference in October 2016. The minutes of the meeting of Governing Body held in public session on 2 February 2017 then set out the clarification and assurances received in response to members' questions raised in October 2016.

Subsequently, Hardwick CCG have decided not to participate as a formal member of the Joint Committee. This has required the Terms of Reference to be changed. At the same time, the opportunity has been taken to amend two other paragraphs. First, 5.3 which now reflects that the two Lay Members are not chosen from existing CCG Lay Members but have been separately appointed. Secondly, paragraph 5.7 has been added which confirms that the Chair and Vice Chair of the Joint Committee will be Clinical Chairs from across the CCG membership. It was confirmed at the April meeting of the Joint Committee that Dr Tim Moorhead, Clinical Chair of Sheffield CCG, will be the Chair of the Joint Committee.

A copy of the revised set of Terms of Reference are attached, which Governing Body is asked to approve.

Key Issues

As explained above.

Is your report for Approval / Consideration / Noting

For Approval

Recommendations / Action Required by Governing Body

The Governing Body is asked to approve the revised Terms of Reference of the Joint Committee of CCGs.

Governing Body Assurance Framework

Which of the CCG's objectives does this paper support?

Objective 5. Organisational development to ensure CCG meets organisational health and capability requirements.

Are there any Resource Implications (including Financial, Staffing etc)?
None
Have you carried out an Equality Impact Assessment and is it attached?
Not applicable
Have you involved patients, carers and the public in the preparation of the report?
Not applicable

Joint Committee of Clinical Commissioning Groups

Terms of Reference

1. Introduction

1.1 The NHS Act 2006 (as amended) ('**the NHS Act**'), was amended through the introduction of a Legislative Reform Order ("**LRO**") to allow CCGs to form joint committees. This means that two or more CCGs exercising commissioning functions jointly may form a joint committee as a result of the LRO amendment to s.14Z3 (CCGs working together) of the NHS Act.

1.2 Joint committees are a statutory mechanism which gives CCGs an additional option for undertaking collective strategic decision making and this can include NHS England too, who may also make decisions collaboratively with CCGs.

1.3 Individual CCGs and NHS England will still always remain accountable for meeting their statutory duties. The aim of creating a joint committee is to encourage the development of strong collaborative and integrated relationships and decision-making between partners.

1.4 The Joint Committee of Clinical Commissioning Groups ('**JC CCGs**') is a joint committee of:

(1) NHS Barnsley Clinical Commissioning Group;

(2) NHS Bassetlaw Clinical Commissioning Group;

(3) NHS Doncaster Clinical Commissioning Group;

(4) NHS Rotherham Clinical Commissioning Group;

(5) NHS Sheffield Clinical Commissioning Group;

(6) NHS North Derbyshire Clinical Commissioning Group; and

(7) NHS Wakefield Clinical Commissioning Group.

It has the primary purpose of enabling the CCG members to work effectively together, to collaborate and take joint decisions in the areas of work that they agree.

1.5 In addition the JC CCGs will meet collaboratively with NHS England to make integrated decisions in respect of those services which are directly commissioned by NHS England.

1.6 Guiding principles:

- Collaborate and co-operate. Do it once rather than repeating or duplicating actions and increasing cost across the CCGs. Establish and adhere to the governance structure set out in these Terms of Reference and in the JC CCGs Manual (as updated from time to time), to ensure that activities are delivered and actions taken as required;
- Be accountable. Take on, manage and account to each other for performance of the respective roles and responsibilities set out in these Terms of Reference and in the JC CCGs Manual (as updated from time to time);
- Be open. Communicate openly about major concerns, issues or opportunities relating to the functions delegated to the JC CCGs, as set out in Schedule 1; ensuring our collective decisions are based on the *best* available evidence, that these are fully articulated, heard, and understood.
- Learn, develop and seek to achieve full potential. Share information, experience, materials and skills to learn from each other and develop effective working practices, work collaboratively to identify solutions, eliminate duplication of effort, mitigate risk and reduce cost whilst ensuring quality is maintained or improved across all the CCGs;
- Adopt a positive outlook. Behave in a positive, proactive manner;
- Adhere to statutory requirements and best practice. Comply with applicable laws and standards including EU procurement rules, data protection and freedom of information legislation.
- Act in a timely manner. Recognise the time-critical nature of the functions delegated to the JC CCGs as set out in Schedule 1, and respond accordingly to requests for support;
- Manage stakeholders effectively;
- Deploy appropriate resources. Ensure sufficient and appropriately qualified resources are available and authorised to fulfil the responsibilities set out in these Terms of Reference and in the JC CCGs Manual (as updated from time to time);
- Act in good faith to support achievement of the Key Objectives as set out in the JC CCGs Manual and compliance with these Principles.

1.7 The JC CCG has a commitment to ensuring that in pursuing its Key Objectives it does not increase inequalities or worsen health outcomes for any local populations.

1.8 From time to time programmes boards may be established to oversee individual programmes of work. Where these are established under the direction of the JC CCG these will be accountable to the JC CCG.

2. Statutory Framework

2.1 The NHS Act which has been amended by LRO 2014/2436, provides at s.14Z3 that where two or more clinical commissioning groups are exercising their commissioning functions jointly, those functions may be exercised by a joint committee of the groups.

2.2 The CCGs named in paragraph 1.5 above have delegated the functions set out in Schedule 1 to the JC CCGs.

3. Role of the JC CCGs

3.1 The role of the JC CCGs shall be:

- Development of collective strategy and commissioning intentions;
- Development of co-commissioning arrangements with NHS England;
- Joint contracting with Foundation Trusts and other service providers;
- System transformation, including the development and adoption of service redesign and best clinical practice across the area – which may include the continuation or establishment of clinical networks in addition to those nationally established;
- Representation and contribution to Alliances and Networks including clinical networks nationally prescribed;
- Work with NHS England on the outcome and implication of national or regional service reviews;
- Work with the NHS England Area on system management and resilience;
- Collaboration and sharing best practice on Quality Innovation Productivity and Prevention initiatives; and
- Mutual support and aid in organisational development.

3.2 At all times, the JC CCGs, through undertaking decision making functions of each of the member CCGs, will act in accordance with the terms of their constitutions. No decision outcome shall impede any organisation in the fulfilment of its statutory duties.

4. Geographical coverage

4.1 The JC CCGs will comprise those CCGs listed above in paragraph 1.5 and cover the South Yorkshire and Bassetlaw, North Derbyshire and Wakefield areas.

4.2 NHS England Specialised Commissioning will also be involved through a collaborative commissioning arrangement.

5. Membership

5.1 Membership of the committee will combine both Voting and Non-voting members and will comprise of: -

5.2 Voting members:

- Two decision makers from each of the member CCGs, who will be the Clinical Chair and Accountable Officer;

5.3 Non-voting attendees:

- Two Lay Members
- One Director of Finance chosen from the member CCGs.
- A representative from NHS England;
- A Healthwatch representative nominated by the local Healthwatch groups
- STP Lead or deputy
- STP Director

5.4 The JC CCG may invite additional non-voting members to join the JC CCG to enable it to carry out its duties for example Local Authority Chief Executive

5.4 Committee members may nominate a suitable deputy when necessary and subject to the approval of the Chair of the JC CCGs. All deputies should be fully briefed and the secretariat informed of any agreement to deputise so that quoracy can be maintained.

5.5 No person can act in more than one role on the JC CCGs, meaning that each deputy needs to be an additional person from outside the JC CCGs membership.

5.6 Commissioners Working Together will act as secretariat to the Committee to ensure the day to day work of the JC CCGs is proceeding satisfactorily. The membership will meet the requirements of the constitutions of the CCGs named above at paragraph 1.5.

5.7 The JC CCG will be Chaired by a respective CCG Clinical Chair and vice Chair

6. Meetings

6.1 The JC CCGs shall adopt the standing orders of NHS Sheffield Clinical Commissioning Group insofar as they relate to the:

a) notice of meetings;

b) handling of meetings;

c) agendas;

d) circulation of papers; and

e) conflicts of interest.

7. Voting

7.1 The JC CCGs will aim to make decisions by consensus wherever possible. Where this is not achieved, a voting method will be used. The JC CCG has seven CCG members and fourteen voting members. The voting power of each individual present will be weighted so that each party (CCG) possesses 14.29% of total voting power.

7.2 It is proposed that recommendations can only be approved if there is approval by more than 75%.

8. Quorum

At least one full voting member from each CCG must be present for the meeting to be quorate. The Healthwatch representative must also be present.

9. Frequency of meetings

Frequency of meetings will usually monthly, but the Chair has the power to call meetings of the JC CCGs as and when they are required.

10 Meetings of the JC CCGs

10.1 Meetings of the JC CCGs shall be held in public unless the JC CCGs considers that it would not be in the public interest to permit members of the public to attend a meeting or part of a meeting. Therefore, the JC CCGs may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings)

whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

10.2 Members of the JC CCGs have a collective responsibility for the operation of the JC CCGs. They will participate in discussion, review evidence and provide objective expert input to the best of the knowledge and ability, and endeavor to reach a collective view.

10.3 The JC CCGs may call additional experts to attend meetings on an ad hoc basis to inform discussions.

10.4 The JC CCGs has the power to establish sub groups and working groups and any such groups will be accountable directly to the JC CCGs.

10.5 Members of the JC CCGs shall respect confidentiality requirements as set out in the Standing Orders referred to above unless separate confidentiality requirements are set out for the JC CCGs, in which event these shall be observed

11. Secretariat provisions

The secretariat to the JC CCGs will:

a) Circulate the minutes and action notes of the committee within five working days of the meeting to all members; and

b) Present the minutes, decisions and action notes to the governing bodies of the CCGs set out in paragraph 1.5 above.

12. Reporting to CCGs and NHS England

The JC CCGs will make a quarterly written report to the CCG member governing bodies and NHS England and hold at least annual engagement events to review aims, objectives, strategy and progress and publish an annual report on progress made against objectives.

13. Decisions

13.1 The JC CCGs will make decisions within the bounds of the scope of the functions delegated.

13.2 The decisions of the JC CCGs shall be binding on all member CCGs.

13.3 All decisions undertaken by the JC CCGs will be published by the Clinical Commissioning Groups set out in paragraph 1.5, above.

14. Review of Terms of Reference

These terms of reference will be formally reviewed annually by Clinical Commissioning Groups set out in paragraph 1.5 and may be amended by mutual agreement between the CCGs at any time to reflect changes in circumstances as they may arise.

15. Withdrawal from the JC CCG

15.1 Should this joint commissioning arrangement prove to be unsatisfactory, the governing body of any of the member CCGs can decide to withdraw from the arrangement, but has to give a minimum six months' notice to partners, with consideration by the JC CCG of the impact of a leaving partner - a maximum of 12 notice could apply.

16. Signatures