



Joint Committee of Clinical Commissioning Groups

Meeting held IN PUBLIC

22 May 2019, 4.30pm - 5:30pm, at The Boardroom, NHS Sheffield Clinical Commissioning Group

Action Summary

114/19	<p>Ratification of previous meetings: The minutes of the public meeting held on 27 February 2019 were accepted as a true and accurate record with one amendment.</p>	MM
116/19	<p>2019/20 Joint Committee Governance arrangements Consider re-naming the JCCCG to reflect the strengthening of commissioning collaboration and ambition of the committee. Present a report at a future meeting on options.</p> <p><u>Draft JCCCG Manual Agreement and JCCCG Terms of Reference (revised)</u> LK agreed to discuss with CCGs whether any data sharing agreements are required for the JCCCG priorities. PMG asked that further emphasis on GDPR is added, LK agreed to amend the manual agreement.</p> <p>Share the 19/20 JCCCG priorities at the next meeting.</p> <p>Include attendance at meetings in terms of reference (75% attendance annually for JCCCG members)</p> <p>A clinical engagement assurance process is to be provided to Governing Bodies and JCCCG to assure that work is clinically led. This will be included in the manual agreement</p> <p>Quarterly progress report from July 2019</p> <p>LK agreed to update the JCCCG Terms of Reference and Manual Agreement and 19/20 JCCCG Priorities with the points made today for final review at the June JCCCG meeting and to recommend to GBs for sign off in July (in public)</p>	<p>JP</p> <p>LK</p> <p>LK</p> <p>LK</p> <p>LK</p> <p>LK</p> <p>LK</p>

**Minutes of the Meeting of
The Joint Committee of Clinical Commissioning Groups
Public Session**

**Meeting held 22 May 2019, 4.30pm - 5.30pm
at Boardroom 722 Prince of Wales Road Sheffield S9 4EU**

Present:

Dr David Crichton, Clinical Chair, NHS Doncaster Clinical Commissioning Group (Chair)
Dr Nick Balac, Clinical Chair, NHS Barnsley Clinical Commissioning Group
Jeremy Budd, Director of Commissioning, NHS Barnsley Clinical Commissioning Group
Dr Eric Kelly, Clinical Chair, NHS Bassetlaw Clinical Commissioning Group
Andrew Goodall, Healthwatch Representative
Philip Moss, Lay Member
Priscilla McGuire, Lay Member
Helen Stevens, Associate Director of Communications and Engagement, South Yorkshire and Bassetlaw Integrated Care System
Chris Edwards, Accountable Officer, NHS Rotherham Clinical Commissioning Group
Dr Richard Cullen, Clinical Chair, NHS Rotherham Clinical Commissioning Group
Jackie Pederson, Accountable Officer, NHS Doncaster Clinical Commissioning Group
Jackie Mills, Deputy Director of Finance, NHS Sheffield Clinical Commissioning Group
Zara Jones, Executive Director of Commissioning Operations, NHS Derby and Derbyshire Clinical Commissioning Group
Idris Griffiths, Accountable Officer, NHS Bassetlaw Clinical Commissioning Group

Apologies:

Dr Tim Moorhead, Clinical Chair, NHS Sheffield Clinical Commissioning Group
Dr Chris Clayton, Chief Executive Officer, NHS Derby and Derbyshire Clinical Commissioning Group
Lesley Smith, Accountable Officer, NHS Barnsley Clinical Commissioning Group
Maddy Ruff, Accountable Officer, NHS Sheffield Clinical Commissioning Group
Julia Newton, Director of Finance, NHS Sheffield Clinical Commissioning Group
Dr Phillip Earnshaw, Clinical Chair, NHS Wakefield Clinical Commissioning Group
Pat Keane, Chief Operating Officer, NHS Wakefield Clinical Commissioning Group (Deputy for Jo Webster, Accountable Officer)
Dr Avi Bhatia, Clinical Chair, NHS Derby and Derbyshire Clinical Commissioning Group
Sir Andrew Cash, Chief Executive, South Yorkshire Bassetlaw Integrated Care System
Matthew Groom, Assistant Director, Specialised Commissioning, NHS England

In attendance

Mags McDadd, Corporate Committee Clerk, Exec PA Business Manager, South Yorkshire and Bassetlaw Integrated Care System
Lisa Kell, Director of Commissioning, South Yorkshire and Bassetlaw Integrated Care System

Public in attendance

Julia Ingram, SYBNAG	Peter Deakin, BSONHS	Ken Dolan, BSONHS
Nora Everitt, SYBNAG	Steve Merriam, SYBNAG	Steve Sullivan Bayer

Minute reference	Item	ACTION
C110/19	<p>Welcome and introductions The Chair welcomed members and attendees to the meeting, introducing himself as the newly appointed Chair up to April 2020.</p>	
C111/19	<p>Apologies Apologies were received and noted.</p>	
C112/19	<p>Declarations of Interest There were no declarations of interest.</p>	
C113/19	<p>Questions from the public Questions were submitted by South Yorkshire and Bassetlaw NHS Action Group prior to the meeting. The JCCCG provided a response:</p> <p>Q. 1 We wish to make a statement including a request:</p> <p>The Draft Manual Agreement and JC CCG ToR was only made public on Wednesday 15/5/19 and has 36 pages of text that has some significant legal implications regarding public accountability and involvement. We feel that we cannot individually, or collectively, ask meaningful questions on this document within two working days as this does not allow us sufficient time for intelligent consideration and response.</p> <p>We therefore ask that the JCCCG please accept and consider our formal response to the Manual Agreement, including the JC CCG Terms of Reference. We will send our response to all voting members of the JC CCG to arrive by Monday 3/6/19, a full week before the next meeting of the JC CCG Sub-Group and just over three weeks before the next JCCCG meeting.</p> <p>We wish however to say that we are pleased to see the Manual Agreement in the public domain as this was not the case with the original one, and we feel this can show, and has now shown, that the JCCCG recognises public accountability.</p> <p>Response: Thank you for your statement. We would like to clarify that the first Manual Agreement of the JCCCG was shared at individual CCG Governing Bodies in their meetings in public in 2017.</p> <p>Q. 2 Questions on the JCCCG Sub Group Terms of Reference document</p> <p>a) Why can the public not attend the JC CCG Sub Group, observe the meeting and receive agenda packs of the papers and reports discussed, as we do for Trust and CCG meetings?</p> <p>Response: The JCSG supports and coordinates the work of the 19/20 JC CCG priorities agreed by the commissioners it will also reduce the amount of operational detail that is currently being undertaken at the JC CCG. The JCSG will not make any decisions on behalf of the JC CCG and the TOR have been included in the papers of the May Public JC CCG. Given the operational nature of this meeting, non-decision making and the JC CCG now meeting in public each month it is not necessary for the JCSG to meet in public.</p>	

b) Will the JC CCG Sub Group minutes and the reports to, and by, the Sub Group be in the public domain?

Response:

The JCSG minutes will be included in the Private JC CCG papers for information

c) re. Paragraph 1

Is there an omission in the second sentence which refers to the JC CCG and not to the new JC CCG Sub Group?

Response:

No. the sentence refers to the role of the JC CCG that is supported by the JCSG

d) re. Paragraph 2 – 4th Bullet Point

Will the Sub Group not liaise with the Chair of the JC CCG in planning and managing the agenda and co-ordination of the JC CCG papers as this is normal meeting facilitation etiquette, or was such an omission an oversight?

Response:

The Chair of the JCSG is involved in planning of the JCSG agenda and papers and agrees the final version. The same process applies with the JC CCG where the Clinical Chair of the JC CCG is involved and agrees the final version of papers and agenda before being sent out within the agreed timeframes

e) re. Paragraph 2 – 5th Bullet Point

Is it the case, as this implies, that workstream leads and programme directors will no longer report to the JC CCG meeting, only the Sub Group, which will deny the JC CCG members the opportunity to ask the officers direct questions and clarifications?

Response:

The JC CCG is established as a decision making committee of the CCGs, it is not an operational meeting (which it had become more of). The intention with the public JC CCG meeting is to split the business of the agenda into parts:

- Part 1 - any decisions to be taken (which would be a relatively short section) and
- Part 2 - a progress update of the 19/20 JCCCG Priorities
- Part 3 - a strategic service focus part where the JC CCG would receive information regarding a specific area on the JCCCG priorities with lead clinicians and programme directors attending for their item.

The JCSG will be required to assure the JC CCG of the work it is doing and reporting to the JC CCG. The JC CCG will also provide reports to the CCG Governing Bodies throughout the year.

f) re. Paragraph 2 – 7th Bullet Point

This gives little confidence and can you reassure us that the ICS officers are aware of the three CCG legal duties for public accountability other than 14Z2? These are, namely:

- 14Z11 (a)
- 14Z13 (2) and (8)(a) & (b); and
- 14Z15(2) and (6)(b)

Response:

See below.

	<p>g) re. Paragraph 4 We ask the ICS officers and JC CCG members to note the following CCG legal duties relating to public accountability and to note there are implications for these in the changes currently being made in CCG commissioning arrangements and commissioning plans across SY and Bassetlaw.</p> <p>Response: The JCCCG does not have its own list of duties set out in statute like a CCG or NHS England does, it only exercises those functions a CCG member specifically delegates to it. Therefore the legal duties are for CCGs, they do not apply to the role of the JC CCG – see manual agreement and JC CCG Terms of Reference.</p> <p>It is for each CCG to fulfil their obligations to involve the public in accordance with s.14Z2 of the NHS Act with regard to determining commissioning intentions on a general basis. The JCCCG would only lead on involvement, which may include public consultation, if the constituent CCG members specifically asked it to do so.</p> <p>h) re. Paragraph 10 i) It appears that the JC CCG will not be meeting in public every month for part of their meeting, as was suggested on the ICS website. Are the JC CCG meetings in public going back to every other month now?</p> <p>Response: The JC CCG will meet monthly from May 19 and part of each agenda at all meetings will be in public</p> <p>ii) Why was the Sub Group not mentioned at the meeting on 3/5/19, when we were invited to build a new working relationship that felt less adversarial? But at that point the Sub Group was already meeting and we don't understand why we were not informed of the intention to set one up to manage the JC CCG business.</p> <p>Response: The discussion at the meeting on the 3/5/19 was responding to questions from the public representatives and most of the questions did not specifically relate to the remit of the JC CCG. As a consequence, we ran out of time to discuss it further. The JC CCG is keen to build a positive and constructive relationship with public representatives and our commitment to meeting in public and sharing the TOR and manual agreement in public are all steps we have taken to demonstrate our transparent approach wherever it is appropriate to do so.</p> <p>Following discussing the Chair re-iterated that the purpose of Joint Committee Sub Group is to support the working of the JCCCG at a strategic level and not a decision making forum.</p>	
C114/19	<p>Ratification of previous meetings: The minutes of the public meeting held on 27 February 2019 were accepted as a true and accurate record with one amendment. ICS Discovery Day – PMG asked to include JCCCG lay members as representatives.</p>	MM
C115/19	<p>Matters arising There were no matters arising.</p>	
C116/19	<p>2019/20 Joint Committee Governance arrangements <u>Joint Committee Sub Group (JCSG) Terms of Reference (ToR)</u> LK presented the revised JCSG ToR to the group to consider the agree the following</p>	

	<p>changes as the final version:</p> <ol style="list-style-type: none"> 1. Section 7 – Report to Governing Bodies: change “monthly” to “quarterly” 2. Remove asterisks in the table as all future JCCCG meetings are to be held in public 3. Include a reporting timetable in section 7 4. Include venue details of JCCCG meetings (where available) <p>The group considered rotating the JCCCG meetings to each CCG site and noted that availability and room sizes restrict monthly rotation. Public members were asked for their views and noted that Sheffield CCG was a suitable location for public transport, accessibility and parking.</p> <p>The group considered the duration of JCCCG public and JCCCG private meetings and agreed the majority of the JCCCGs meeting to be held in public.</p> <p>JP asked members to consider renaming the JCCCG to reflect the strengthening of commissioner collaboration and ambition of the committee to work together more as a system. JP was asked to bring back an options paper to a future meeting.</p> <p>Members confirmed approval of the JCSG terms of reference subject to the proposed changes discussed.</p> <p><u>Draft JCCCG Manual Agreement and JCCCG Terms of Reference (revised)</u></p> <p>LK informed members that the manual agreement sets out how local health systems will work together to commission health services to the public with some specific responsibilities delegated to it from the five SYB Clinical Commissioning Groups.</p> <p>The group was asked to consider the draft vs3 JC CCG manual agreement and consider and approve the changes proposed, including:</p> <ol style="list-style-type: none"> 1. Definition and Membership of the JCCCG 2. Conflicts of Interest - The ICS JCCCG will operate an up-to-date Register of Interest, each member is responsible to declare any conflicts of interest at the beginning of each JCCCG meeting. 3. The role of the Joint Committee Sub Group 4. Delegation of CCGs to JCCCGs - Governing Bodies are considering specific delegation requirements for JCCCG 5. Pending support at June JCCCG meeting, the JCCCG Manual Agreement and JCCCG Terms of Reference to be shared with Governing Bodies in July (public) for sign off. <p>LK agreed to discuss with CCGs whether data sharing agreements that governs the processing of personal data in accordance with the law is required in the manual agreement. PMG asked that further emphasis on GDPR is added, LS agreed to amend the manual agreement.</p> <p>LK agreed to share with the JCCCG 19/20 priorities at the next JCCCG meeting.</p> <p>EK noted that it would be helpful to include members’ expected attendance at JCCCG meetings and deputies to attend in exceptional circumstance only. Members agreed to minimum 75% attendance annually for all JCCCG members with the exception of Associates members whereby delegated deputies will be acceptable.</p> <p>Members raised concerns that clinical engagement and involvement is required from the outset of JCCCG projects and programs. It was noted that work is underway to</p>	<p>JP</p> <p>LK</p> <p>LK</p> <p>LK</p> <p>LK</p>
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	<p>establish a robust clinical engagement process that will provide assurance to GBs and JCCCG that work is clinically lead.</p> <p>Members noted and agreed the proposed recommendations and timescales. LK agreed to update the JCCCG Terms of Reference, Manual Agreement and Priorities and bring back to the JCCCG in June meeting in public to recommend to July GBs.</p>	LK
C117/19	<p>Any other business</p> <p>The Chair informed members that the timeframe for receiving questions from the public is extended to 12.00pm on the Monday prior to the meeting date.</p> <p>PM asked if a progress report could be available, specific for the public audience. LK agreed to action quarterly starting from July, end of quarter 1</p> <p>The group was informed that the ambition for the new ICS Collaborative Partnership Board under the new ICS interim governance arrangements is for the meetings to be held in public. Further detail from the SYB ICS is awaited on this.</p>	LK
C118/19	<p>Date and Time of Next Meeting</p> <p>The Chair informed the meeting that the next meeting will take place on 26 June 2019, 3.30 – 5.00, NHS Doncaster CCG, The Boardroom, Sovereign House, Heavens Walk, Doncaster, DN4 5DJ.</p>	