



NHS Eastern Cheshire Clinical Commissioning Group
NHS South Cheshire Clinical Commissioning Group
NHS Vale Royal Clinical Commissioning Group
NHS West Cheshire Clinical Commissioning Group

Joint Commissioning Committee of the Cheshire Clinical Commissioning Groups

Terms of Reference

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Amendment History – see Appendix A.

Terms of Reference for the Joint Commissioning Committee of the Cheshire Clinical Commissioning Groups

1. PURPOSE AND PRINCIPLES

- 1.1 **Purpose:** to enable transparent, consistent and timely decision making for commissioning health services across Cheshire, thereby improving outcomes and enabling the efficient use of available resources within its delegated authority.
- 1.2 Principles of Joint Commissioning across Cheshire include:
 - commissioning at scale to help lead to better outcomes
 - meeting the needs of people not organisations
 - reducing unwarranted variation
 - be an enabler for the development of accountable care systems
 - ensuring the local NHS commissions services within its available resources.

2. ACCOUNTABILITY & RESPONSIBILITY

- 2.1 The Committee is a Joint Commissioning Committee ('the Committee') of NHS Eastern Cheshire CCG, NHS South Cheshire CCG, NHS Vale Royal CCG and NHS West Cheshire CCG. It has been set up to manage, to the extent permitted under s.14Z3 NHS Act 2006 (as amended), the activities of the four CCGs as within its delegated responsibilities.
- 2.2 The Committee has the primary purpose of enabling the CCG members to work effectively together to collaborate and take joint decisions in the areas of work they agree. Individual CCGs that constitute the membership of the Committee will still always remain accountable for meeting their statutory duties.
- 2.3 The Committee will be constituted in a way that reflects the governance of the CCGs and will therefore:
 - have clinical leadership
 - be managerially supported
 - be independently moderated
 - be operated in line with best practice guidance for management of conflicts of interest.
- 2.4 The Committee may appoint working groups or sub-committees for any agreed purpose which, in the opinion of the Committee, would be more effectively undertaken by a working group or sub-committee. Any such working group or sub-committee may be comprised of members of the CCGs or other relevant external partners, who are not required to be members of the Committee. Minutes/reports of working groups or sub-committees will be promptly submitted to the Committee.

3. REMIT

- 3.1 The Committee will be responsible for exercising the following functions:
 - delegated decision making authority for recommendations made by the Cheshire and Merseyside Five Year Forward View leadership board, and Cheshire and Wirral Local Delivery System recommendations for adoption across Cheshire
 - strategic oversight and development of the workplan for the establishment of unified health commissioning across Cheshire, providing recommendations for adoption to CCG Governing Bodies and endorsement by Health and Wellbeing Boards
 - delegated decision making authority on commissioning services at scale, as outlined with the Committees Annual Workplan and CCG Scheme of Reservation and Delegation.

4. MEMBERSHIP

4.1 Each CCG will have equal representation, with the individual CCG membership on the Committee being:

- Clinical representation: CCG GP Chair and one other GP Representative
- Executive representation: Accountable Officer and one other Executive Director
- Independent Representation: CCG Lay Member (Public and Patient Involvement (PPI) or Governance and Audit (G&A)).

4.2 It is the responsibility of each CCG to identify and appoint its representatives on the Committee. In identifying the Executive Director and Lay Member representation of each CCG on the Committee, the CCG GP Chairs and Accountable Officers will work collectively to ensure that there is adequate representation from the different disciplines of each role (i.e. finance, transformation, strategy, commissioning, quality, safeguarding, PPI, G&A) so as to ensure that the Committee has sufficient expertise and perspectives to aid discussion and inform decisions.

4.3 The Committee will be chaired by an independent Chair. In the position of Chair, the post holder will:

- encourage contributions from all members/attendees
- promote a culture of openness, transparency, constructive challenge and honesty
- facilitate discussion to ensure the outcomes are concise and focussed and that the meetings run to time.

4.4 The Vice Chair position of the Committee will be held by a CCG GP Chair, with the post rotated between the four CCG Chairs throughout the calendar year.

4.5 Additional standing members of the committee will include:

- x1 Secondary Care Doctor
- x1 Registered Nurse
- x1 Healthwatch Cheshire representative
- x1 Public Health representative
- x1 Local Authority Chief Executive / Executive Director representative.

4.6 Named deputies will only be permitted to attend with the prior approval of the Chair. No person can act in more than one role on the Committee, meaning that each named deputy needs to be an additional person from outside of the standing Committee membership. Individual CCGs have a collective duty to identify named deputies for their standing Committee members and inform the Committee secretariat.

4.7 The Committee membership consists of members who are able to cast a vote and those that are unable to do so, namely:

Voting Members	Members unable to vote
CCG GP Chair	Independent Chair
CCG GP Representative	Local Healthwatch representative
CCG Accountable Officer	Local Authority Public Health Representative
CCG Executive Director	Local Authority Chief Executive / Executive Director representatives
CCG Lay Member	
Clinical Member - Secondary Care Doctor	
Clinical Member - Registered Nurse	

- 4.8 Named deputies of standing voting Committee members do not – as individuals - carry a voting right when in attendance at a Committee meeting. When in attendance at a Committee meeting, deputies can only cast a proxy vote on behalf of the standing committee member.
- 4.9 The Committee shall be authorised to co-opt other members onto the Committee to ensure it is able to undertake its business, achieve its purpose and has the sufficient expertise and membership to enable it to deliver its remit.
- 4.10 The Committee may permit or require the attendance of officers of the CCGs or external experts to attend meetings of the committee on an ad hoc basis to inform discussions.
- 4.11 Members of the Committee have a collective responsibility for the operation of the Committee. They will participate in discussion, review evidence and provide objective expert input to the best of the knowledge and ability, and endeavour to reach a collective view.

5. QUORUM

- 5.1 For the Committee to undertake its business the following Committee membership attendance arrangements must be met:
- a minimum of two voting representatives from each member CCG must be present
 - at least one Accountable Officer, one CCG GP Chair and one CCG lay member must be present
 - the Chair or deputy chair must also be present.
- 5.2 A duly convened meeting of the Committee at which quorum is present shall be competent to exercise all or any of the authorities, powers and directions vested in or exercisable by it.

6. VOTING

- 6.1 Members of the Committee have a collective responsibility for its operation. Committee members will use their best endeavours to make decisions by reaching a consensus, which should take into account the views shared by Committee members who are unable to cast a vote.
- 6.2 Exceptionality - where decision making by consensus is not possible, the Committee Chair will call on each voting member to cast a vote. Where a minimum of 75% of the voting committee membership in attendance at the meeting in question are in agreement, a recommendation/decision will be carried.

7. DECISIONS AND REPORTING

- 7.1 The Committee will make decisions within the bounds of the scope of the functions delegated.
- 7.2 The decisions of the Committee will be binding on all member CCGs.
- 7.3 Minutes, action notes and decisions made by the Committee will be reported to the Governing Body of each member CCG and published by the CCGs.
- 7.4 The Governing Bodies of each member CCG requires that the Committee provides a quarterly written update report to the Governing Body, hold annual engagement events to review aims, objectives, strategy and progress of the Committee, and publish within the CCG annual report progress made against objectives.

8. CONFLICTS OF INTEREST

- 8.1 The provisions of Managing Conflicts of Interest: Statutory Guidance for CCGs or any successor document will apply at all times.
- 8.2 The Committee shall hold and publish a Register of Interests. This Register shall record all relevant and material, personal or business, interests as set out in the CCG's Standards for Business Conduct Policy.
- 8.3 Each member and attendee of the Committee shall be under a duty to declare any such interests. Any change to these interests should be notified to the Chair.
- 8.4 Failure to disclose an interest, whether intentional or otherwise, will be treated in line with the respective CCG's Standards for Business Conduct Policy and may result in suspension from the Committee.
- 8.5 Any interest relating to an agenda item should be brought to the attention of the Chair in advance of the meeting, or notified as soon as the interest arises and recorded in the minutes.
- 8.6 All members of the Committee and participants in its meetings shall comply with, and are bound by, the requirements in the relevant CCGs' Constitutions, Standards for Business Conduct Policy, the Standards of Business Conduct for NHS staff (where applicable) and NHS Code of Conduct.
- 8.7 The Committee Chair (or Vice Chair in their absence or where the Chair is conflicted) will make a determination regarding the arrangements for management of conflicts of interest, in consultation, to the extent they feel appropriate, with the nominated Committee Secretary and/or nominated CCG Conflicts of Interest Guardians.

9. MEETINGS

- 9.1 The Committee shall adopt the standing orders of all CCGs insofar as they relate to the:
- notice of meetings
 - handling of meetings
 - agendas
 - circulation of papers
 - conflicts of interest.
- 9.2 Meetings of the Committee:
- shall, subject to the application of 7(b), be held in public
 - 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. FREQUENCY OF MEETINGS

- 10.1 The Committee shall hold at least four meetings per year.
- 10.2 A special meeting may be called at any time by the Chair in consultation and agreement with any two CCG members of the Committee (from different CCGs) upon not less than three working days' notice being given by the other members of the Committee on the matters to be discussed.

11. INFRASTRUCTURE / ORGANISATIONAL SUPPORT

- 11.1 The Committee will be supported in its operation and management by a senior manager of the Cheshire CCGs.
- 11.2 The Committee shall agree with the member CCGs the required support for the operations of the Committee, including the provision of secretariat support for its activities.
- 11.3 Identified secretariat support will be responsible for supporting the Chair and identified senior manager in the organisation of the Committee meeting and the preparation and circulation of agendas, papers and minutes. The Secretariat will:
- circulate the agenda and accompanying papers to committee members at least five working days in advance of the meeting date
 - ensure declarations of interest are noted and correct minutes are taken. Once agreed by the Chair, circulate minutes and action notes within ten working days of the meeting to all committee members
 - ensure that decisions made and the discussions around the decision making are clearly noted and logged
 - ensure an action log is produced following each meeting and any outstanding actions are carried forward until complete
 - ensure the Committee risk log and decision log is kept up to date
 - provide appropriate support to the Chair and Committee members
 - ensure the papers of the Committee are filed in accordance with the relevant member CCGs policies and procedures
 - support the Chair in the production of written reports and an annual report to the Governing Bodies of each member CCG.

12. REVIEW OF TERMS OF REFERENCE

- 12.1 These Terms of Reference will be formally reviewed annually by the CCGs set out in paragraph 2.1 and may be amended by mutual agreement between the CCGs at any time to reflect changes in circumstances as they may arise.

13. WITHDRAWAL FROM THE COMMITTEE

- 13.1 Should the joint commissioning arrangement prove to be unsatisfactory, the Governing Body of any member CCG can decide to withdraw from the arrangement, but has to give a minimum of six (6) months' notice to partners, with consideration by the Committee of the impact of a leaving partner – a maximum of 12 months' notice could apply.

14. DISPUTE RESOLUTION

- 14.1 Where any dispute arises between the member CCGs or where the Committee cannot reach a decision in accordance with its terms of reference, the member CCGs must use their best endeavours to resolve that dispute on an informal basis at the next meeting of the Joint Committee.
- 14.2 Where any matter referred to dispute resolution is not resolved under 13.1, any Party in dispute may refer the dispute to the Accountable Officers of the relevant CCG, who will cooperate in good faith to recommend a resolution to the dispute within ten (10) Working Days of the referral.
- 14.3 If the dispute is not resolved under Clauses 13.1 and 14.2, any CCG in dispute may refer the dispute to NHS England and each CCG will co-operate in good faith with NHS England to agree a resolution to the dispute within ten (10) Working Days of the referral.

- 14.4 Any referral to NHS England under Clause 13.3 shall be to Director of Commissioning Operations, NHS England.
- 14.5 Where any dispute is not resolved under Clauses 13.1. to 13.4, any CCG in dispute may refer the matter for mediation arranged by an independent third party and any agreement reached through mediation must be set out in writing and signed by the member CCGs in dispute.

Appendix A - Amendment History:

Version	Date	Comment on Changes
V1	14.06.17	Amendments made following feedback received at CCG workshop
V1.1	22.06.17	JH Amendments to Purpose and inclusion of principles & 2.4 amendments re FYFV leadership Board & 6.4 amends re JC reporting rather than Accountable Officer
V1.2	10.07.17	Amendments following CCG Governing Body workshop 06.07.17
V1.3	26.09.17	<p>Amendment to 4.1 Each CCG will have equal representation, with the individual CCG membership on the Committee to be drawn from its existing Governing Body membership, namely being:</p> <p>Amendment to bullet point 3 of Section 3:</p> <ul style="list-style-type: none"> delegated decision making authority on commissioning services at scale, as outlined with the Committees Annual Workplan and Delegation Agreement CCG Scheme of Reservation and Delegation.