NHS
North Yorkshire
Clinical Commissioning Group

Title of Meeting:	**Governing Body**	**Agenda Item: 8.4**
Date of Meeting:	**25 June 2020**	
Paper Title:	**Northern CCG Joint Committee Terms of Reference**	

Session (Tick)	
Public	X
Private	
Development Session	

Responsible Governing Body Member Lead Amanda Bloor, Accountable Officer	**Report Author and Job Title** Gillian Stanger, Business Support Manager, NECS Sasha Sencier, Senior Governance Manager, NY CCG

Purpose (this paper if for)

Decision	Discussion	Assurance	Information
X			

Has the report (or variation of it) been presented to another Committee / Meeting?
If yes, state the Committee / Meeting: Yes, the terms of reference have been reviewed by the Members of the Northern CCG Joint Committee.

Executive Summary

The North CCG Joint Committee Terms of Reference (ToR) have been amended to reflect changes to CCG structures, effective from 1 April 2020. (See Appendix A)

Prior to disestablishment, the NHS Hambleton, Richmondshire and Whitby CCG was previously a Member of the Joint Committee. The establishment of the North Yorkshire CCG covering a wider footprint will become an Associate Member of the Joint Committee.

Where there is an issue requiring a decision to be made which will affect NHS North Yorkshire CCG, the Accountable Officer or nominated deputy will be invited to attend meetings as an Associate Member of the Joint Committee with full voting rights in relation to the relevant issue.

Recommendations
The Governing Body is being asking to:

- Approve the revised ToR for final ratification at the next meeting of the Joint Committee on 9 July 2020.
- Approve for the Accountable Officer to make any minor amendments to the terms of reference, as required subject to feedback from the other CCG Governing Bodies.

Monitoring

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

Any statutory / regulatory / legal / NHS Constitution implications	Terms of reference are a requirement for Joint Committees. The NY CCG will be an Associate Member and will be able to influence and vote on any issues that may affect the population of North Yorkshire.
Management of Conflicts of Interest	No conflicts of interest have been identified prior to the meeting.
Communication / Public & Patient Engagement	Not applicable.
Financial / resource implications	No resource implications have been identified.
Outcome of Impact Assessments completed	Not applicable

Sasha Sencier, Senior Governance Manager / Board Secretary to the Governing Body

Northern CCG Joint Committee

Terms of Reference

Northern CCG Joint Committee: membership and functions

1. Membership of the Northern CCG Joint Committee (hereafter referred to as 'the Joint Committee') will be open to the eight~~twelve~~ undermentioned clinical commissioning groups :

- ~~NHS Darlington CCG~~
- ~~NHS Durham Dales, Easington & Sedgefield CCG~~
- ~~NHS Hambleton, Richmondshire & Whitby CCG~~
- ~~NHS Hartlepool and Stockton-on-Tees CCG~~
- NHS County Durham CCG
- NHS Newcastle Gateshead CCG
- NHS North Cumbria CCG
- ~~NHS North Durham CCG~~
- NHS Northumberland CCG
- NHS North Tyneside CCG
- ~~NHS South Tees CCG~~
- NHS South Tyneside CCG
- NHS Sunderland CCG
- NHS Tees Valley CCG

Associate Member

- NHS North Yorkshire CCG

2. Voting membership of the joint committee will comprise the Chair and ~~Chief~~ Accountable Officer from each member CCG, or a nominated deputy.
3. The North Yorkshire CCG, as an Associate Member, will be eligible to attend the Joint Committee as a non-voting member.
4. Where there is an issue requiring a decision to be made ~~which~~that will affect ~~what was formerly NHS Hambleton, Richmondshire and Whitby CCG,~~ the NHS North Yorkshire CCG, the Accountable Officer or nominated deputy will have ~~will be invited to attend meetings as an Associate Member of the Joint Committee with full~~ full voting rights in relation to the relevant issue.

~~2.~~5. The Chair and Vice Chair of this Joint Committee will be elected by the members of the Joint Committee, and must come from the eight ~~twelve~~ member CCGs. Both roles cannot be undertaken by members of the same CCG. The term of office will be two years.

~~3.~~6. Each CCG, including associate members where full voting rights are allowable, will be entitled to exercise one vote in the Joint Committee – this means that the two representatives of each CCG will have to be in agreement when exercising their CCG's vote. It will then be important for these representatives to canvas views from their nominating CCG prior to meetings and to discuss agenda matters in advance of meetings.

~~4.~~7. There will also be two (non-voting) lay members of CCGs appointed to the Joint Committee, one of whom will be from a patient and public involvement perspective and the other from a finance and governance perspective. One lay member will, where feasible, be from the north of the patch and the other from the south of the patch. One of these lay members will also perform the role of Vice-Chair.

~~5.~~8. Also attending the meeting (in a non-voting capacity and where appropriate under the conflicts of interest policies of the CCGs) will be the Managing Director of NECS, a named Director from NHS England, the Head of Strategic CCG Development and the Chair of the CCG Chief Finance Officer Group.

~~6.~~9. The Joint Committee will be guided by the following principles:

- Subsidiarity: decisions should be made at the smallest geographical level possible, and joint decisions covering a wider geography should only be taken where this adds value.
- Securing continuous improvement to the quality of commissioned services to improve outcomes for patients with regard to clinical effectiveness, safety and patient experience
- Promoting innovation and seeking out and adopting best practice, by supporting research and adopting and diffusing transformative, innovative ideas, products, services and clinical practice within its commissioned services, which add value in relation to quality and productivity.
- Developing strong working relationships with clear aims and a shared vision putting the needs of the people we serve over and above organisational interests
- Avoiding unnecessary costs through better co-ordinated and proactive services which keep people well enough to need less acute and long term care.

~~7.~~10. The Joint CCG's Committee's work plan will be set annually using a decision-making flowchart and scoring criteria set out in Appendix 1. Where this flowchart shows where there is a policy, guideline or procedure that would benefit from full Committee sign-up these should be included. This process will be overseen by nominated members (Chair and ~~Chief~~ Accountable Officer from each member CCG, or a nominated deputy) of the Joint Committee. This work programme will then need to be approved by the Joint Committee and then approved by each member CCG.

~~8.~~11. If urgent or exceptional issues emerge after this work programme is set that require a collective decision then approval for this will need to be agreed unanimously by the Joint CCG Committee, including the Associate Member if approproate~~. A~~and ratified by each member CCG.

~~9.~~12. The Joint Committee will also ensure compliance with the four key tests for service change as established by the Department for Health:

- Strong public and patient engagement.
- Consistency with current and prospective need for patient choice.
- Clear, clinical evidence base.
- Support for proposals from commissioners.

~~10.~~13. In accordance with statutory powers under s.14Z3 of the NHS Act 2006, the proposed Joint Committee will be able to make decisions on procuring services and awarding contracts, chiefly to the providers of specialised acute and ambulance services. In discharging this function the committee will:

- Determine the options appraisal process for commissioning services, including agreeing the evaluation criteria and weighting of the criteria

- Where appropriate, determine the method and scope of the consultation process, and make any necessary decisions arising from a Pre-Consultation Business Case (and the decision to go run a formal consultation process). That includes any determination on the viability of

models of care pre-consultation and during formal consultation processes, as set out in s.13Q, s.14Z2 and s.242 of the NHS Act 2006 (as amended).

- Approve the formal report on the outcome of the consultation that incorporates all of the representations received in order to reach a decision, taking into account all of the information collated and representations received in relation to the consultation process.

- Make decisions to satisfy any legal requirements associated with consulting the public and making decisions arising from it, ensuring that individual CCGs' retained duties can be met.

Decision-making and links to individual CCG Governing Bodies

~~11.~~14. The NHS Act 2006 (as amended) enables CCGs to exercise certain functions jointly and to take collective binding decisions as to the exercise of these functions. To be clear, this legislative permission only applies to Joint Committees of CCGs and does not apply to enable decision-making to be exercised by any alternatively constituted or wider group (for example, an STP Board or Programme Board).

~~12.~~15. Under this legal framework, the power to take commissioning decisions in respect of health services sits with CCGs (and to a more limited extent NHS England), with decisions being taken by the Governing Body or otherwise, as determined in the relevant governance documents. On this basis, all commissioning decisions must be taken by the CCGs acting independently or as a formally constituted joint CCG committee. Therefore, when functions are delegated to the Joint Committee, it will transact all the work necessary to discharge those functions. The Joint Committee will be the decision maker in relation to that work and those functions, however it is for the members of the Joint Committee to consult their own Governing Body prior to any decision being taken and for the members to report back to their relevant CCG Governing Body.

~~13.~~16. The relevant parties to whom any Joint Committee decision applies must be agreed first by the Joint Committee itself – before any recommendations are brought back to it for decision-making (this will allow for the exclusion of certain CCGs where the geographical scope of a proposal does not apply to them or because of their current status, e.g. where legal directions prohibit them from taking the decision). Decisions will be taken only by those CCGs to whom a particular issue applies.

~~14.~~17. The collective decisions of the Joint Committee shall be binding on all member CCGs to whom a particular issue applies, and decisions will be published by individual CCG members on their websites. All decisions of the Joint Committee must be unanimous.

~~15.~~18. The Joint Committee will have a forward plan to ensure CCG members are clear which decisions they need to prepare for. It will be the responsibility of each member CCG to ensure that their Governing Body and/or other CCG decision making body is appropriately consulted and briefed ahead of Joint Committee meetings, and is provided with regular updates on the business of the Joint Committee so that they are clear on the implications of the decisions made.

~~16.~~19. Implementation of the decisions will be the remit of each member CCG and therefore accurate reporting back to their respective Governing Body is essential. The Joint Committee will make regular written reports to the Governing Bodies of its member CCGs, and will review its aims, objectives, strategy and progress and produce an annual report for the member Governing Bodies.

~~17.~~20. While CCGs can delegate decisions to the Joint Committee they can also agree the governing bodies or members input on these decisions and have them provide recommendations into the Joint Committee.

~~18.~~21. It is essential that each CCG delegates the same level of authority for the same matters into the Joint Committee.

~~19.~~22. 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 and pull out of the Joint Committee.

Meetings of the Northern CCG Joint Committee:

~~20.~~23. Members of the Joint Committee have a collective responsibility for the operation of the Joint Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavor to reach a collective view.

~~21.~~24. The Joint Committee will usually meet on a bi-monthly basis but will be cancelled if there is no business to be dealt with. Additional meetings can be called as required.

~~22.~~25. The Joint Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.

~~23.~~26. The Joint Committee has the power to establish sub groups and working groups and any such groups will be accountable to the Joint Committee (and ultimately the member CCGs).

~~24.~~27. Para 8 of Schedule 1A of the NHS Act 2006 requires meetings of a Governing Body to be in public unless it is not in the public interest to hold them in public. It will be for the members of the formally constituted Joint Committee to decide whether their meetings (or parts of them) are held in public to help them meet their statutory duties of transparency and public involvement.

~~25.~~28. Joint Committee meetings held in public should only occur when there is a decision to be made or a discussion/information item of public note/concern.

~~26.~~29. The Joint Committee has ~~shall~~ adopted the standing orders of what was formerly known as North Durham CCG ~~(which is one of its constituent CCGs)~~ insofar as they relate to the:

- Notice of meetings
- Recording and minuting of meetings
- Agendas
- Circulation of papers
- Conflicts of interest (together with complying with the statutory guidance issued by NHS England)
- At least one full voting member from each CCG must be present for the meeting to be quorate.
- All decisions of the Joint Committee must be unanimous (see section 16~~5~~ above).

~~27.~~30. Members of the Joint Committee shall respect confidentiality requirements as set out in the Standing Orders unless separate confidentiality requirements are set out for the Joint Committee in which event these shall be observed.

~~28.~~31. The secretariat to the Joint Committee will:

- Circulate agenda and associated documents at least ten working days prior to the meeting
- Work in collaboration with CCG and NECS communication and engagement personnel to publicise the meeting/agenda and documents on all CCG websites
- Circulate the minutes and action notes of the Joint Committee within three working days of the meeting to all members
- Present the minutes and action notes to the governing bodies of the CCGs.
- Maintain a register of declarations of interest for the Joint Committee Members.

~~29.~~32. These terms of reference will be formally reviewed annually by the CCGs and may be amended by mutual agreement between the CCGs at any time to reflect changes in circumstances as they may arise.