



Halton Clinical Commissioning Group  
Knowsley Clinical Commissioning Group  
St Helens Clinical Commissioning Group  
Warrington Clinical Commissioning Group

<b>Title</b>	Terms of Reference for Joint Committee of NHS Halton CCG; NHS Knowsley CCG; NHS St Helens CCG and NHS Warrington CCG
<b>Authors</b>	Associate Director, Corporate Governance – NHS St Helens CCG
<b>Target Audience</b>	CCG Governing Bodies
<b>Date of Issue</b>	
<b>Description</b>	Terms of Reference to support establishment of Joint Committee, to be known as the Alliance Joint Committee (AJC).
<b>Approved by</b>	NHS St Helens CCG Governing Body 13/9/17

## 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. Joint committees are a statutory mechanism which gives CCGs an additional option for undertaking collective strategic decision making.
- 1.2 The Five Year Forward View footprints were established in accordance with the NHS Shared Planning Guidance requirements 2015/16 which required every health and care system to come together to create their own ambitious local blueprint for accelerating implementation of the NHS Five Year Forward View. In Cheshire and Merseyside it was agreed that within the overall footprint there would be three Local Delivery Systems (LDS) - Alliance, Cheshire & Wirral, and North Mersey.
- 1.3 The Alliance LDS includes the 4 CCGs of NHS Halton CCG, NHS Knowsley CCG, NHS St. Helens CCG and NHS Warrington CCG.

## 2. Establishment

- 2.1 The CCGs have agreed to establish and constitute a Joint Committee with these terms of reference to be known as the Alliance CCGs Joint Committee.

## 3. Role of the Committee

- 3.1 The overarching role of the Joint Committee is to take commissioning decisions for the footprint, that are appropriate and in accordance with delegated authority from each CCG Member. Decisions will support the aims and objectives of the Cheshire & Mersey STP, [Cheshire & Mersey STP Plan](#), whilst contributing to the sustainability of the local health and social care systems. The Joint Committee will at all times, act in accordance with all relevant laws and guidance applicable to the Parties.

## 4. Remit of the Joint Committee

- 4.1 The Joint Committee will be responsible for the delivery of a programme of transformation / service redesign across a defined range of services commissioned by its members. The defined services will be those relating to hospitals in respect of the outputs relating to the C&M STP Cross Cutting themes stated below:
  - Urgent and Emergency Care
  - Hospital Services
  - Women and Children's Services

- 4.2 Services provided at the following hospitals within the Alliance LDS footprint will be in scope of the Joint Committee:
- St Helens & Knowsley Teaching Hospitals NHS Trust
  - Warrington and Halton Hospitals NHS Foundation Trust
- 4.3 The Joint Committee will take into account other service providers as may be relevant to the transformation / service redesign under consideration.
- 4.4 The Joint Committee will develop a draft work plan to reflect the agreed priorities from the Cheshire & Mersey STP and Alliance LDS Plan, where joint commissioning decisions are required. The draft work plan will be presented to the respective CCG Governing Bodies for approval, defining the conditions for progressing individual work streams in advance of the work commencing. The priorities within each of the work streams will align with that of the Cheshire & Mersey STP and will take account of any issues that need consideration as a consequence of service reconfiguration under the STP.

## 5. Functions of the Joint Committee

- 5.1 The Committee is a Joint Committee of NHS Halton CCG, NHS Knowsley CCG, NHS St. Helens CCG and NHS Warrington CCG, established through the powers conferred by section 14Z3 of the NHS Act 2006 (as amended). Its primary function is to make collective decisions on the review, planning and procurement of health services within its delegated remit.
- 5.2 In order to deliver its delegated functions the Joint Committee will:
- Agree an annual work plan for approval by each Governing Body
  - Agree and oversee an effective risk management strategy to support decision-making in all areas of business related to the Joint Committee's remit
  - Approve individual programme and project briefs, initiation documents and plans. This will include agreeing the parameters at the start of each programme of work, governance and financial arrangements for individual programmes.
  - Act as a decision-making body; authorising sub-groups to oversee and lead implementation of service changes
  - Approve future service reconfiguration, service models, specifications, and business cases up to the value as determined for the Governing Body by each constituent CCG's Scheme of Reservation & Delegation
  - Ensure appropriate patient and public consultation and engagement and compliance with public sector equality duties as set out in the Equality Act 2010 for the purposes of implementation.
  - Ensure consultation with the Overview and Scrutiny Committees and Health and Wellbeing Boards (or equivalent) established by the relevant Local Authorities
  - Agree and oversee the communications and engagement framework relevant to areas of work of the Joint Committee.

5.3 Whilst it is acknowledged that individual CCGs remain accountable for meeting their statutory duties, the Joint Committee will undertake its delegated functions in a manner which complies with the statutory duties of the CCGs as set out in the NHS Act 2006 and including:

- Management of the conflicts of interest (section 14O)
- Duty to promote the NHS Constitution (section 14P)
- Duty to exercise its functions effectively, efficiently and economically (section 14Q)
- Duty as to the improvement in quality of services (section 14R)
- Duties as to reducing inequalities (section 14T)
- Duty to promote the involvement of patients (section 14U)
- Duty as to patient choice (section 14V)
- Duty as to promoting integration (section 14Z1)
- Public involvement and consultation (section 14Z2)

5.4 In discharging its responsibilities the Joint Committee will provide assurance to each Governing Body through the submission of minutes from each meeting and an annual report to inform constituent members' annual governance statements.

5.5 The Committee will conduct an annual effectiveness review which will be reported to each CCG's Audit Committee.

## 6. Membership

6.1 The Committee will have two levels of membership, full members and associate members. Full member organisation means those which have the final 'vote' on agreements as the Committee is a Joint Committee of those organisations. Associate members are partners who have an interest in the work of the Committee but are not legally bound by the decisions of the Committee.

6.1.1 The full member organisations are:

- NHS Halton CCG
- NHS Knowsley CCG
- NHS St Helens CCG
- NHS Warrington CCG

Each full member organisation will nominate three Governing Body level representatives to sit on the Committee.

The Chairing of the Joint Committee will be managed on a 6 month rotation between the four CCG members;

Each CCG's Chief Finance Officer (CFO) will either be a member or in attendance.

6.1.2 The associate member organisations are:

- Halton Borough Council
- Knowsley Council
- St Helens Council
- Warrington Borough Council

One senior local authority officer representative from each of the local authorities will be invited to attend the Committee.

- 6.2 Decisions made by the Joint Committee will be binding on its member Clinical Commissioning Groups.
- 6.3 Healthwatch will be invited to have one representative to be in attendance on behalf of the local Healthwatch Groups in the LDS Alliance.
- 6.4 Other organisations may be invited to send representatives to the meetings. In attendance members represent other functions / parties/ organisations or stakeholders who are involved in the programmes of work of the Joint Committee and will provide support and advise the members on any proposals.

Representatives from NHS England will be co-opted to attend as required.

## 7. Deputies

- 7.1 An individual may deputise for any Joint Committee Member representative as long as the deputy has delegated decision making authority to fully participate in the business of the Committee.

## 8. Decision-Making

- 8.1 The Parties agree that for matters relating to services, there are two different levels of decision making
- 8.1.1. Category 1: those decisions which are delegated by each party to the Joint Committee ("**Joint Committee Decisions**"); and which include service changes across the whole area such as reduced operating hours; change to locations; increased hours etc. Such changes will require consensus in order to be effected.
- 8.1.2 Category 2: those decisions that impact on some but not all members, a decision will be reached by the CCGs with direct in interest in the matter ("**CCG(s) decisions**")
- 8.2 The aim of the Joint Committee is to achieve consensus in decision-making, therefore all Level 1 decisions will require unanimous agreement of all CCG members.
- 8.3 In the event that consensus cannot be reached the matter will be referred back to individual Governing Bodies and a joint Governing Body meeting (dependent on the number of CCGs involved in the decision) will be convened. If agreement cannot be

reached the Joint Committee will be asked to amend the proposals in order to achieve consensus.

## **9. Quoracy**

- 9.1 The meeting will be considered quorate with two representatives of each CCG (including the Chair); one representative from each CCG must be an officer of the CCG.

## **10. Meetings**

- 10.1 The Joint Committee shall meet at least six times per year; the Chair will have authority to call an extraordinary meeting with at least 2 days notice.
- 10.2 Meetings will be scheduled to ensure they do not conflict with respective CCG Governing Body meetings.
- 10.3 Meetings with other Joint Committees in the Cheshire & Merseyside STP will be arranged, as required. In the event that a sub group or working group is considered appropriate from such a meeting, both parties will need to agree the reporting arrangements.
- 10.4 Joint Committee meetings will be held in public, members of the public may observe deliberations of the Committee but do not have the right to contribute to the debate. Items the Committee considers not to be in the public interest will be held in Part 2 of the meeting, which will not be held in public as per Schedule 1A, paragraph 8 of the NHS Act 2006.

## **11. Conflicts of Interest**

- 11.1 Individuals will have made declarations to their own CCG; a register of the interests of all members of the committee (full and associate) will be compiled and maintained as a Joint Committee Register of Interests. This register shall record all relevant and material, person or business interest, and management action as agreed by the individual's CCG. The Joint Committee register of interests will be published on each individual CCG's website.
- 11.2 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.
- 11.3 Where any Joint Committee member has an actual or potential conflict of interest in relation to any matter under consideration at any meeting, the Chair (in their discretion) shall decide, having regard to the nature of the potential or actual conflict of interest, whether or not that Joint Committee member may participate in the meeting (or part of meeting) in which the relevant matter is discussed. Where the Chair decides to exclude a Joint Committee member, the relevant party may send a

deputy to take the place of that conflicted Joint Committee member in relation to that matter, as per section 7 above.

- 11.4 Should the Committee Chair have a conflict of interest, the committee members will agree a deputy for that item in line with NHSE guidance.
- 11.5 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.
- 11.6 Failure to disclose an interest, whether intentional or otherwise, will be treated in line with the respective CCG's Conflicts of Interest Policy, the Standards of Business Conduct for NHS Staff (where applicable) and the NHS Code of Conduct.

## **12. Attendance at meetings**

- 12.1 Members of the committee may participate in meetings in person or virtually by using video or telephone or web link or other live and uninterrupted conferencing facilities.

## **13. Administration**

- 13.1 Support for the Joint Committee will be provided on a rotation basis by the participating CCGs in line with the rotation agreed for Chairing the Joint Committee.
- 13.2 Papers for each meeting will be sent to the Joint Committee members no later than five working days prior to each meeting. By exception, and only with the agreement of the Chair, amendments to papers may be tabled before the meeting. Every effort will be made to circulate papers to members earlier if possible.
- 13.3 A joint folder will be established on a shared drive for access by Committee members.

## **14. Review**

These terms of reference shall be reviewed by the Joint Committee at least annually, with input from governing bodies, and any consequential amendments approved by each CCG members' Governing Body.

V1 September 2017