

Joint Committee of the Cheshire & Merseyside Clinical Commissioning Groups

Terms of Reference

November 2021



 Cheshire Clinical Commissioning Group	 Halton Clinical Commissioning Group	 Knowsley Clinical Commissioning Group
 Liverpool Clinical Commissioning Group	 Southport and Formby Clinical Commissioning Group	 South Sefton Clinical Commissioning Group
 St Helens Clinical Commissioning Group	 Warrington Clinical Commissioning Group	 Wirral Clinical Commissioning Group

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

1. Introduction

- 1.1 The Cheshire and Merseyside Health and Care Partnership (C&M HCP) is on a journey to be designated as an Integrated Care System (ICS) by April 2021. Key to this is developing the system architecture to support consistent operating arrangements for the future ICS. In response to this, Cheshire and Merseyside Clinical Commissioning Groups (CCGs) have established and constituted a Joint Committee of the nine CCGs to make decisions collaboratively 'at scale' across Cheshire and Merseyside. Joint committees are statutory mechanisms which enable CCGs to undertake collective and binding strategic decision making.

2. Establishment

- 2.1 The Committee is a Joint Committee of the following CCG member organisations:
- NHS Cheshire CCG
 - NHS Halton CCG
 - NHS Knowsley CCG
 - NHS Liverpool CCG
 - NHS South Sefton CCG
 - NHS Southport and Formby CCG
 - NHS St Helens CCG
 - NHS Warrington CCG
 - NHS Wirral CCG.
- 2.2 The Committee has been established in accordance with the Constitutions, Prime Financial Policies, and Scheme of Delegations of each member CCG. It is established through the powers conferred by section 14Z3 of the NHS Act 2006 (as amended).

3. Role of the Joint Committee

- 3.1 The overarching role of the Joint Committee is to enable the Cheshire and Merseyside CCGs to collectively work effectively together and make joint binding decisions on those CCG functions and responsibilities exercisable by CCGs that will be for the benefit of the both the resident population and population registered with a GP practice in Cheshire and Merseyside.
- 3.2 Decisions will be taken by the Joint Committee in accordance with the delegated authority granted to the Committee from each member CCG.
- 3.3 Decisions undertaken by the Committee will support the strategic aims and objectives of the C&M HCP and will contribute to the sustainability and transformation of local health and social care systems at 'Place'. The strategic aims of C&M HCP are aligned to the NHS Long Term Plan (2019) and focus on improving and modernising our health and care services by:
- delivering safe and sustainable high-quality services;
 - improving the health and wellbeing of local communities and tackling health inequalities; and
 - delivering better joined up care closer to home.
- 3.4 The Joint Committee will at all times, act in accordance with all relevant laws and guidance applicable to the CCGs.

4. Remit and authority of the Joint Committee of the Cheshire and Merseyside CCGs

4.1 In accordance with that outlined within the Constitutions and Scheme of Reservation and Delegations (SoRD) of each member CCG, the Committee shall have the delegated authority to undertake decisions on all functions and responsibilities exercisable by CCGs which are normally reserved to a Governing Body and which are not otherwise:

- delegated to other Committees of the member CCGs, such as Audit and Remuneration
- retained by the GP membership of each member CCG
- the responsibility of a CCGs Primary (GP) Care Commissioning Committee
- delegated to other Joint Committee or joint legal arrangements with local authorities, such as Section 75 agreements, or with organisations outside of Cheshire and Merseyside
- agreed to be at or are required to remain at individual CCG level.

4.2 The Joint Committee will also have the authority to:

- commission any reports, surveys or reviews of services it deems necessary to help it fulfil its obligations, along with any scrutinising independent investigation reports
- commission, review and authorise policies in to areas within the scope of the Committee, or where specifically delegated by the Governing Bodies of the nine Cheshire and Merseyside CCGs
- request further investigation or assurance on any area within its remit
- bring matters to the attention of other committees to investigate or seek assurance where they fall within the remit of that committee
- make recommendations to and/or escalate issues to the Cheshire and Merseyside Health and Care Partnership and NHS England and Improvement.
- approve the terms of reference of any sub-groups to the Committee
- delegate tasks to such individuals, sub-groups or individual members as it shall see fit, provided that any such delegations are consistent with relevant governance arrangements and national guidance, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest
- set common standards across agreed commissioned service areas, to be adhered to across Cheshire and Merseyside and aligned to where services are commissioned outside of Cheshire and Merseyside
- monitor these standards and provide assurance they are adhered to
- have oversight and co-ordination of any public consultation or engagement required in relation to areas within the scope of the Committees remit
- agree allocation of spend related to the decisions made on agreed service areas within the scope if the Committee.

4.3 In performing its role, the Joint Committee will:

- agree and oversee a risk management strategy to support decision-making in all areas of business related to the Committees remit.
- ensure appropriate patient, public and carer consultation and engagement, which meets best practice standards and is compliant with CCGs' statutory responsibilities with regard to involvement, as set out in the NHS Act 2006 (as amended)
- ensure appropriate consultation with the Overview and Scrutiny Committees and Health and Wellbeing Boards (or equivalent) established by the relevant Local Authorities
- ensure that Procurement, Patient Choice and Competition (No.2) Regulations 2013 are followed.

- ensure that no contracts for NHS healthcare services will be awarded where conflicts or potential conflicts of interest affect or appear to affect the integrity of the award
- ensure compliance with public sector equality duties, as set out in the Equality Act 2010 for the purposes of implementation.

4.4 In addition, the Joint Committee will also provide a forum for the nine CCGs to consider national initiatives and/or new policy implementation which would/will impact on the delivery of individual CCG functions. Working collaboratively, the CCGs would review, determine at which level commissioning should take place i.e. Cheshire & Merseyside scale or at 'Place' and, where appropriate, agree common standards. The Joint Committee would form and submit any subsequent recommendations to each Constituent CCGs Governing Body for consideration.

4.5 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 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).

4.6 In discharging its responsibilities the Joint Committee will provide assurance to each Governing Body through the submission of minutes, presented to Governing Body meetings, setting out key actions and decisions from each meeting and an annual report to inform constituent CCGs' annual governance statements.

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

5. Membership

5.1 A CCG employee with statutory duties (Accountable Officer or Chief Finance Officer) of each full member organisation will sit on the Joint Committee. All CCG members of the Committee are voting members as set out at 5.2.

5.2 **Figure 1** depicts the Joint Committee membership

Figure 1: Membership

VOTING MEMBERS
Per CCG, one member with statutory duties: <ul style="list-style-type: none"> • CCG Accountable Officer (x7) • CCG Chief Finance Officer (x2)* * <i>When an AO is the AO of 2 CCGs</i>
<ul style="list-style-type: none"> • x1 Chair** • x1 Vice Chair** ** <i>To be appointed from incumbent CCG Chairs/Vice Chairs</i>
The following Committee members will also be drawn from the existing Governing Body and

VOTING MEMBERS
executive team membership of the nine Cheshire and Merseyside CCGs: <ul style="list-style-type: none"> • x4 Clinical Leads • x1 Secondary Care Doctor • x1 Registered Nurse • x1 Lay Member – Audit & Governance • x1 Lay member - PPI • x1 Quality Lead.

- 5.3 As Joint Committee Members, individuals will represent the whole Cheshire and Merseyside population and make decisions in the interests of all patients and residents accessing health and care services in Cheshire and Merseyside.
- 5.4 The Joint Committee may invite specified individuals from within and outside of the CCG to be regular attendees at its meetings in order to inform its decision making and the discharge of its functions as it sees fit.
- 5.5 Regular attendees will receive advanced copies of the notice, agenda and papers for Committee meetings. They may be invited to attend any or all of the Committee meetings, or part(s) of a meeting by the Chair. Any such person may be invited, at the discretion of the Chair to ask questions and address the meeting, but may not vote.
- 5.6 Attendees with a standing invite to attend Committee meetings include:

IN ATTENDANCE – NON VOTING
x1 Healthwatch representative
x1 Cheshire and Merseyside Director of Public Health representative
at least one Cheshire & Merseyside-Health and Care Partnership representative*
at least one senior representative from the Local Authorities of Cheshire and Merseyside
at least one representative from the Provider Collaboratives in Cheshire and Merseyside

* As designate appointments are made to the Cheshire and Merseyside ICB Board and Executive Team, and at the discretion of the Chair of the Committee and designate Chair of the ICB, then more than one HCP/ICB representative will be invited to attend.

6. Deputies

- 6.1 Each full member organisation will identify a named deputy member to represent members in the event of absence.
- 6.2 A named deputy will have delegated decision making authority to fully participate in the business of the Joint Committee. All deputies should be fully briefed and the Committee secretariat informed of any agreement to deputise, so that quoracy can be maintained.

7. Quoracy

- 7.1 The meeting will be quorate with at least one representative of each CCG (including the Joint Committee Chair/Deputy) being present at the meeting.
- 7.2 In the event of the Joint Committee making a formal decision which requires a vote, one voting member from each full member organisation / CCG will be required for the meeting to be considered quorate.
- 8.3 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.

8. Voting

- 8.1 The Joint Committee will aim to make its decisions through consensus.
- 8.2 In the event of a requirement to make a decision by taking a vote, a minimum of 75% of the voting committee membership in attendance at the meeting in question must be in agreement for the recommendation or decision to be carried (*i.e. of the 9 voting members present at the meeting, at least 7 voting members are in agreement*).
- 8.3 Joint Committee members will make decisions in the best interests of the whole Cheshire and Merseyside population, rather than just the population of their constituent CCG.

9. Conflicts of Interest

- 9.1 A register of interests will be compiled and maintained for the Joint Committee which will require members (full and associate) to declare any interest in respect of their role across Cheshire & Merseyside in addition to their own CCG. This register shall record all relevant and material, personal or business interests, 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 and available for inspection at the offices of each CCG.
- 9.2 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 as soon as they are known and no longer than 28 days from any change.
- 9.3 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) taking into account any management action in place at the individual's CCG and having regard to the nature of the potential or actual conflict of interest, shall decide 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 CCG may send a deputy to take the place of that conflicted Joint Committee member in relation to that matter, as per section 7 'Deputies' above.
- 9.4 Should the Committee Chair have a conflict of interest, the committee members will agree a deputy for that item in line with the NHS England Management of Conflicts guidance.
- 9.5 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.
- 9.6 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.

10. Meetings

- 10.1 The Joint Committee shall meet not less than six times a year in order to undertake its business and make decisions regarding the work plan in a timely manner. The Chair will have authority to call an extraordinary meeting with at least 5 days' notice.
- 10.2 Meetings will be scheduled to ensure they do not conflict with respective CCG Governing Body meetings.

- 10.3 Meeting dates will be published on the nine CCG websites at least 5 working days before the meeting. Agendas and papers will be published on each of the nine CCG websites.
- 10.4 The Joint Committee may appoint task and finish groups or sub-committees for any agreed purpose which, in the opinion of the Joint Committee, would be more effectively undertaken by a task and finish group or sub-committee. Any such task and finish 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 Joint Committee. Minutes/reports of task and finish group or sub-committees will be promptly submitted to the Joint Committee.
- 10.5 Joint Committee meetings will be held in public but are not public meetings. Members of the public may observe deliberations of the Joint Committee, with feedback encouraged through the public engagement or consultation process. Items the Joint Committee considers commercial in confidence or not to be in the public interest will be held in a private session (Part 2) of the meeting, which will not be held in public as per Schedule 1A, paragraph 8 of the NHS Act 2006.
- 10.6 Members of the Joint Committee may participate in meetings in person or virtually via video, telephone, web link or other live and uninterrupted conferencing facilities.

11. Infrastructure/Organisational Support

- 11.1 To enact the business of the Joint Committee and progress the work plan for agreed service areas, dedicated administrative resource for the Joint Committee will be agreed by the nine CCGs.
- 11.2 Papers for each meeting will issued to 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.

12. Review of Terms of Reference


- 12.1 These terms of reference shall be reviewed by the Joint Committee annually, with input from CCG Governing Bodies, and any amendments approved by each CCG.
- 12.2 They may also be amended by mutual agreement between the CCGs at any time to reflect changes in circumstances as they may arise.

13. Withdrawal from Committee

- 13.1 Should the Joint Committee 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 Joint 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 14.1, 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 14.1 and 15.2, 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 15.3 shall be to the Regional Director of Commissioning, NHS England.
- 14.5 Where any dispute is not resolved under Clauses 15.1. to 15.4, 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.