JOINT COMMITTEE OF CLINICAL COMMISIONING GROUPS
TERMS OF REFERENCE

Document Control			
Title	Healthier Lancashire and South Cumbria (HLSC): Terms of Reference (TOR): Joint Committee of Clinical Commissioning Groups (JCCCGs)		
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Amendment History		
Version	**Date**	**Changes**
4	31.12.16	Updated to standardise all TOR within HLSC
5	17.10.17	Outstanding amendments from Fylde and Wyre CCG incorporated.
6	24.10.17	Update of wording to bring in line with current environment.

1.	**The Purpose of the Joint Committee of the Clinical Commissioning Groups**
1.1	The NHS Act 2006 (as amended) ('**the NHS Act**'), was amended through the introduction of a Legislative Reform Order ('**LRO'**), to allow Clinical Commissioning Groups (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.
1.2	Joint committees are a statutory mechanism, which gives CCGs an additional option for undertaking collective strategic decision making. Whilst NHS England (NHSE) will make decisions on Specialised Commissioning separate from a joint committee, as such decisions cannot be delegated to a CCG or a joint committee of CCGs; they can still make such decisions collaboratively with CCGs.
1.3	Although the Healthier Lancashire and South Cumbria Programme (HLSC) will affect services commissioned by the Specialised Commissioning function of NHSE, it has been decided that decisions on those services will be undertaken on a collaborative basis. This will allow sequential decisions to be undertaken allowing clarity of responsibility, but also recognising the linkage between the two decisions.

1.4	Individual CCGs and NHSE will still always remain accountable for meeting their statutory duties. The aim of creating a joint committee is to encourage the development of strong collaborative and integrated relationships and decision-making between partners.
1.5	The Joint Committee of Clinical Commissioning Groups ('**JCCCGs**') is a joint committee of: • NHS Blackburn with Darwen CCG; • NHS Blackpool CCG; • NHS Chorley & South Ribble CCG; • NHS East Lancashire CCG; • NHS Fylde & Wyre CCG; • NHS Greater Preston CCG; • NHS Morecambe Bay CCG; • NHS West Lancashire CCG.
1.6	The primary purpose of the JCCCGs, is decision making on pertinent Lancashire and South Cumbria wide commissioning issues that arise from the programme.
1.7	In addition, the JCCCGs will meet collaboratively with NHSE to make integrated decisions in respect of those services within the Programme, which are directly commissioned by NHSE.
1.8	As set out in the Five Year Forward View, STP's are required to accelerate progress to achieve the 'triple aims' of improved population health, quality of care and sustainable finances, in which our programme of work is built around. As such, health leaders across the Healthier Lancashire and South Cumbria area have collectively committed to improve and transform health and care services across the patch, delivering the highest quality of care possible within the resources available. The work of the programme is designed to deliver key clinical standards consistently across the patch, so that all people receive the highest possible care and best outcomes. Among the relevant work streams which the JCCCGs will consider under the programme are: • Acute and Specialised • Urgent & Emergency Care • Mental Health (all ages) • Learning Disabilities • Prevention and Population Health
1.9	HLSC will establish an STP Board, informed by the Care Professionals Board, to oversee the development of agreed clinical quality standards, a feasibility analysis looking at the implications of implementing these standards, a clinical case for change, a financial case for change and new models of care.
1.10	Guiding principles: The Healthier Lancashire and South Cumbria Programme is proposing to adhere to the following principles as a minimum: • People and patients come first – delivering parity of esteem and outcomes – fairness and timeliness of access to support. • Delivering a clinically and financially sustainable health and care system

	across HLSC. • Clinically-led, co-design and collaboration across HLSC health & care system, delivering integrated support. • Aligning priorities across local health and care systems and organisations – managing sovereignty and risk. • Prioritised effort on greatest benefit – improving quality and outcomes efficiently and effectively. • Ensuring Value for Money. Getting it right first time. • Alignment of effort and resource across the system. • Built upon innovation, international evidence and proven best practice. • Subsidiarity with clear framework of mutual accountability.

2.	**Statutory Framework**
2.1	The NHS Act which has been amended by LRO 2014/2436, provides at s.14Z3 that where two or more clinical commissioning groups are exercising their commissioning functions jointly, those functions may be exercised by a joint committee of the groups.
2.2	The CCGs named in paragraph 1.5 above, have delegated the functions set out in Schedule 1 to the JCCCGs.

3.	**Role of the JCCCGs**
3.1	The role of the JCCCGs shall be to carry out the functions relating to decision making on pertinent Lancashire and South Cumbria wide commissioning issues that arise from the programme.
3.2	In relation to Acute and Specialised Services - The JCCCG will collaborate with NHSE, on services that they commission, in relation to aspects as yet to be agreed, but leading on the delivery on an agreed HLSC strategy aligned to national priorities.
3.3	In relation to Urgent and Emergency Care (UEC) – The JCCCG will ensure that national standards are delivered and that there is in place, an agreed UEC model, developed against these with all interdependencies mapped and considered.
3.4	Mental Health – The JCCCGs will recognise that this complex programme of work encompasses services for all ages, from Children's and Young People's Mental Health and emotional wellbeing, through to adult and older adult's mental health. Decisions will relate to the development of parity of esteem and delivery of national strategies. This will be transacted through clarity of relevant pathways and understanding what the potential reconfiguration aspects are, to then agree JCCCG decisions and local decisions.
3.5	In relation to Prevention and Population Health – The JCCCG will provide strategic input into the delivery of a Prevention and Population Health Model to the member CCGs across the patch. This will enable the member CCGs to make local decisions, in alignment with the HLSC strategic objectives.

3.6	In relation to Learning Disabilities – The JCCCG will ensure that national standards and expectations outlined in the Transforming Care Programme, are delivered across all ages and that there is in place, an agreed Learning Disability model of care, developed against these with all interdependencies mapped and considered.
3.7	The role described in 3.1 includes, but is not limited to, the following activities: • Determine the options appraisal process; • Determine the method and scope of the engagement and consultation processes; • Act as the formal body in relation to consultation with the Joint Overview and Scrutiny Committees established for relevant consultation by the applicable Local Authorities; • Make any necessary decisions arising from a pre-consultation Business Case (and the decision to run a formal consultation process); • Approve relevant consultation plans; • Approve the text and issues on which the public's views are sought in all documentation associated with the formal consultation process; • Take or arrange for all necessary steps to be taken to enable the CCG's as part of the JCCCG's to comply with its public sector equality duties; • Approve the formal report on the outcome of consultation, that incorporates all of the representations received in response to the consultation document, in order to reach a decision; • Make decisions about future service configuration and service change, taking into account all of the information collated and representations received in relation to the consultation process. This should include consideration of any recommendations made by the STP Board, or views expressed by the Joint Health Overview and Scrutiny Committee or any other relevant organisations and stakeholders.
3.8	At all times, the Joint Committee, through undertaking the decision making function of each member CCG, will act in accordance with the terms of their constitutions. No decision outcome shall impede any organisation in the fulfillment of its statutory duties.

4.	**Geographical Coverage**
4.1	The JCCCGs will comprise of those CCGs listed above in paragraph 1.5, covering Lancashire and South Cumbria.
4.2	NHS England Specialised Commissioning will also be involved through a collaborative commissioning arrangement.
4.3	The Joint Committee will have the primary purpose of decision making on pertinent Lancashire and South Cumbria wide commissioning issues that arise from the programme.

5.	Membership
5.1	Membership of the committee will combine both Voting and Non-voting members and will comprise of: -
5.2	Voting members: • The two individuals appointed to represent each of the member CCGs, subject to such voting being in compliance with paragraph 7 below on 'Voting'. (Whilst the JCCCG does not require a clinical majority, the CCG members should ensure it consists of clinicians, lay members and executives).
5.3	Non-voting members: • The Independent Chair of the Joint Committee Non-voting attendees: • The STP Lead; • The STP Medical Director; • A vice chairman to be elected from the membership of the JCCCGs by the members and who will retain their voting rights; • The NHS England Specialised Commissioning Assistant Director will be invited to each meeting, in a non-voting capacity; • A Healthwatch representative nominated by the local Healthwatch groups; • Such representation from the Combined and/or Local Authorities as the JCCCG deems appropriate; • The Lead for the Prevention and Population Health Programme; • The Chair of the Finance and Investment Group
5.4	Committee members may nominate a suitable deputy when necessary and subject to the approval of the Chair of the Joint Committee. All deputies should be fully briefed and the secretariat informed of any agreement to deputise, so that quoracy can be maintained.
5.5	No person can act in more than one role on the Joint Committee, meaning that each deputy needs to be an additional person from outside the Joint Committee membership.
6.	**Meetings**
6.1	The Joint Committee shall adopt the standing orders of Blackpool CCG, insofar as they relate to the: a) notice of meetings b) handling of meetings c) agendas d) circulation of papers e) conflicts of interest Notice of Meetings and the Business to be transacted (1) Before each meeting of the JCCCG, a clear agenda and supporting documentation, specifying the business proposed to be transacted shall be sent to every member of the JCCCG at least six clear days before the meeting.

	The agenda and papers will also be published on the Healthier Lancashire and South Cumbria website. (2) No business shall be transacted at the meeting, other than that specified on the agenda, or emergency motions allowed under Standing Order 3.8. (3) Before each public meeting of CCG Governing Body meetings, a public notice of the time and place of the next Joint Committee meeting and the public part of the agenda shall be displayed on the CCG's website, at least three clear days before the meeting.

7.	**Voting**
7.1	The Joint Committee will aim to make decisions by consensus wherever possible. Where this is not achieved, a voting method will be used. The voting power of each individual present will be weighted so that each party (CCG) possesses 12.5% of total voting power.
7.2	It is proposed that recommendations can only be approved if there is approval by more than 75%.

8.	**Quorum**
8.1	At least one voting member (or nominated deputy) from each CCG must be present for the meeting to be Quorate.

9.	**Frequency of Meetings**
9.1	Frequency of meetings will usually be monthly, but as and when required, in line with priorities.

10.	**Meetings of the Joint Committee**
10.1	Meetings of the Joint Committee shall be held in public, unless the Joint Committee considers that it would not be in the public interest to permit members of the public to attend a meeting or part of a meeting. Therefore, the Joint Committee 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.
10.2	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 the knowledge and ability and endeavor to reach a collective view.
10.3	The Joint Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.

10.4	The Joint Committee has the power to establish sub groups and working groups and any such groups will be accountable directly to the Joint Committee.
10.5	Members of the Joint Committee shall respect confidentiality requirements as set out in the Standing Orders referred to above, unless separate confidentiality requirements are set out for the Joint Committee, in which event these shall be observed.

11.	**Secretariat Provisions**
11.1	The agenda and supporting papers will be circulated by email, five working days prior to the meeting. The agenda and papers will also be published on the Healthier Lancashire and South Cumbria website.
11.2	Papers may not be tabled without the agreement of the Chair.
11.3	Minutes will be taken and distributed to the members within 14 working days after the meeting.
11.4	Minutes will be published in the public domain, unless there are discussions which need to be recorded confidentially - in which case there will be recorded separately and will not be made public.
11.5	Agenda and papers to be agreed with the Chairman seven working days before the meeting.

12.	**Reporting to CCGs and NHS England**
12.1	The Joint Committee will hold annual engagement events to review aims, objectives, strategy and progress. The Joint Committee will also publish an annual report on progress made against objectives.

13.	**Decisions**
13.1	The Joint Committee will make decisions within the bounds of the scope of the functions delegated.
13.2	The decisions of the Joint Committee shall be binding on all member CCGs, which are: Blackburn with Darwen CCG; Blackpool CCG; Chorley & South Ribble CCG; East Lancashire CCG; Fylde & Wyre CCG; Greater Preston CCG; Morecambe Bay CCG; and West Lancashire CCG.
13.3	All decisions undertaken by the Joint Committee will be published by the Clinical Commissioning Groups.

14	Review of Terms of Reference
14.1	These terms of reference will be formally reviewed by Clinical Commissioning Groups at least annually, taking the date of the first meeting, following the year in which the JCCCG is created and may be amended by mutual agreement between the CCGs at any time to reflect changes in circumstances as they may arise.

15.	Withdrawal from the Joint Committee
15.1	Should this joint commissioning arrangement prove to be unsatisfactory, the Governing Body of any of the member CCGs or NHS England can decide to withdraw from the arrangement, but has to give six months' notice to partners, with new arrangements starting from the beginning of the next new financial year.

16. Signatures	
Blackburn with Darwen CCG	**Blackpool CCG**
Chorley & South Ribble CCG	**East Lancashire CCG**
Fylde & Wyre CCG	**Greater Preston CCG**
Morecambe Bay CCG	**West Lancashire CCG**

Schedule 1 - Delegation by CCGs to Joint Committee

A. As required to achieve the purpose of the Joint Committee of CCG's, the following CCG functions will be delegated to the Joint Committee of CCGs ('**the JCCCGs**') by the member CCGs in accordance with their statutory powers under s.14Z3 of the NHS Act 2006 (as amended). s.14Z3 allows CCGs to make arrangements in respect of the exercise of their functions and includes the ability for two or more CCGs to create a Joint Committee to exercise functions. The delegated functions relate to the health services provided to the member CCGs by all providers they commission services from in the exercise of their functions.

B. The Lancashire and South Cumbria STP focuses on achieving clinical quality standards in the services listed below provided by the NHS Trusts within the STP. As part of this work, it is necessary to consider interdependencies between these services and any other services that are affected. The relevant services are:

a. All elements of the programme, including the Case for Change, evaluation criteria, options, communications plan and such like.

b. Such other services not set out above, which the CCG members of the JCCCGs determine should be included in the programme of work.

C. Each member CCG shall also delegate the following functions to the JCCCGs, so that it can achieve the purpose set out in (A) above:

a. Acting with a view to securing continuous improvement to the quality of commissioned services in so far as these services are included within the scope of the programme. This will include outcomes for patients with regard to clinical effectiveness, safety and patient experience to contribute to improved patient outcomes across the NHS Outcomes Framework.

b. Promoting innovation, in so far as this affects the services included within the scope of the programme, 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.

c. The requirement to comply with various statutory obligations, including making arrangements for public involvement and consultation throughout the 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) ('the Act').

d. The requirement to ensure process and decisions comply with the four key tests for service change introduced by the last Secretary of State for Health, which are:

- Support from GP commissioners;
- Strengthened public and patient engagement;
- Clarity on the clinical evidence base;
- Consistency with current and prospective patient choice.

e. The requirement to comply with the statutory duty under s.149 of the Equality Act 2010 i.e. the public sector equality duty.

f. The requirement to have regard to the other statutory obligations set out in the new sections 13 and 14 of the NHS Act. The following are relevant but this is not an exhaustive list:

13C and 14P - Duty to promote the NHS Constitution

13D and 14Q - Duty to exercise functions effectively, efficiently and economically

13E and 14R – Duty as to improvement in quality of services

13G and 14T - Duty as to reducing inequalities

13H and 14U – Duty to promote involvement of each patient

13I and 14V - Duty as to patient choice

13J and 14W – Duty to obtain appropriate advice

13K and 14X – Duty to promote innovation

13L and 14Y – Duty in respect of research

13M and 14Z - Duty as to promoting education and training

13N and 14Z1- Duty as to promoting integration

13Q and 14Z2 - Public involvement and consultation by NHS England/CCGs

13O - Duty to have regard to impact in certain areas

13P - Duty as respects variations in provision of health services

14O – Registers of Interests and management of conflicts of interest

14S – Duty in relation to quality of primary medical services

g. The JCCCGs must also have regard to the financial duties imposed on CCGs under the NHS Act 2006 and as set out in:

- 223G – Means of meeting expenditure of CCGs out of public funds
- 223H – Financial duties of CCGs: expenditure
- 223I - Financial duties of CCGs: use of resources
- 223J - Financial duties of CCGs: additional controls of resource use

h. Further, the JCCCGs must have regard to the Information Standards as set out in ss.250, 251, 251A, 251B and 251C of the Health & Social Care Act 2012 (as amended).

i. The expectation is that CCGs will ensure that clear governance arrangements are put in place, so that they can assure themselves that the exercise by the JCCCGs of their functions is compliant with statute.

j. The JCCCGs will meet the requirement for CCGs to comply with the obligation to consult the relevant local authorities under s.244 of the NHS Act and the associated regulations.

k. To continue to work in partnership with key partners e.g. the Local Authority and other commissioners and providers to take forward plans so that pathways of care are seamless and integrated within and across organisations.

l. The Joint Committee will be delegated the capacity to propose, consult on and agree future service configurations that will shape the medium and long terms financial plans of the constituent organisations. The Joint Committee will have no contract negotiation powers meaning that it will not be the body for formal annual contract negotiation between commissioners and providers. These processes will continue to be the responsibility of Clinical Commissioning Groups and NHS England under national guidance, tariffs and contracts during the pre-consultation and consultation periods.

D. The role of the JCCCGs, shall be to carry out the functions relating to decision making on pertinent Lancashire and South Cumbria wide commissioning issues that arise from the programme. This includes, but is not limited to, the following activities:

- Determine the options appraisal process;
- Determine the method and scope of the engagement and consultation processes;
- Act as the formal body in relation to consultation with the Joint Overview and Scrutiny Committees established for relevant consultation by the applicable Local Authorities;
- Make any necessary decisions arising from a pre-consultation Business Case (and the decision to run a formal consultation process);
- Approve relevant consultation plans;
- Approve the text and issues on which the public's views are sought in all documentation associated with the formal consultation process;
- Take or arrange for all necessary steps to be taken to enable the CCG to comply with its public sector equality duties;
- Approve the formal report on the outcome of the consultation that incorporates all of the representations received in response to the consultation document in order to reach a decision;
- Make decisions about future service configuration and service change, taking into account all of the information collated and representations received in relation to

the consultation process. This should include consideration of any recommendations made by the STP Board, or views expressed by the Joint Health Overview and Scrutiny Committee or any other relevant organisations and stakeholders.

At all times, the Joint Committee, through undertaking the decision making function of each member CCG will act in accordance with the terms of their constitutions. No decision outcome shall impede any organisation in the fulfillment of its statutory duties.

Schedule 2 - List of Members from each Constituent CCG