North West London Collaboration of Clinical Commissioning Groups

NW London CCGs' joint committee terms of reference

Version: 11, 28 August 2018

1. Purpose:	The purpose of the joint committee is to bring together the leadership of the eight NW London clinical commissioning groups (CCGs – as set out in s.2 below) to: a. reduce unwarranted variation in the range and quality of services available to people living in different boroughs in NW London by improving outcomes in areas that are below average and driving up outcomes overall; b. provide a joined-up approach to the commissioning of acute and mental health services, enabling the CCGs to work most effectively with major acute and mental health providers to ultimately improve quality of outcomes for patients; c. to provide a collective mechanism for monitoring and, where appropriate, agreeing the approach to the CCGs' delivery of the Sustainability and Transformation Programme (STP); d. enable the NW London CCGs to manage financial risks collectively; and e. consider the policies of the Planned Procedure with a Threshold team and make decisions on proposed NW London-wide policies from that group. All must be undertaken in the best interests of the residents of North West London, take proper account of each CCG's sovereign duties, responsibilities and Joint Strategic Needs Assessments, be accountable to the CCGs and the populations they represent. A diagram illustrating the distribution of local and collaborative responsibilities is at Appendix 1.
2. Geographical coverage:	The joint committee shall comprise the eight CCGs that together make up the NW London collaboration of CCGs, which have collaborated closely since they were first established: 1. NHS Brent CCG; 2. NHS Central London CCG; 3. NHS Ealing CCG; 4. NHS Hammersmith & Fulham CCG; 5. NHS Harrow CCG; 6. NHS Hillingdon CCG; 7. NHS Hounslow CCG; and 8. NHS West London CCG.
3. Statutory framework:	The Joint Committee shall carry out the functions delegated to it by any of the CCGs and/or NHS England and in accordance with the NHS Act 2006 (as amended), the key clauses being sections 13Z, 14Z3 and 14Z9. Section 13Z provides that: a. NHS England's functions may be exercised jointly with a CCG or CCGs;

	b. Functions exercised jointly in accordance with section 13Z may be exercised by a joint committee of NHS England and the CCG or CCGs; and c. Arrangements made under section 13Z may be on such terms and conditions as may be agreed between NHS England the CCG or CCGs. Section 14Z3 provides that: a. Two or more CCGs may exercise any of their commissioning functions jointly including by a joint committee of those CCGs; and b. For the purposes of any arrangements made under this section a CCG may make payments, make the services of its employees or any other resources available to another CCG. Section 14Z9 provides that: a. NHS England and one or more CCGs may make arrangements for any of the functions of the CCG under section 3 or 3A of the NHS Act or for any functions of the CCG(s) which are related to the exercise of those functions, to be exercised jointly by NHS England and the CCG(s); b. For functions exercised jointly in accordance with the section to be exercised by a Joint Committee of NHS England and the CCG(s); and c. Arrangements under that section may be on such terms and conditions as may be agreed between NHS England and the CCG.
4. Duties: decision making	The Governing Bodies have delegated authority to this Committee to: a) decide matters relating to the strategic direction of the CCGs where such decisions are in line with the Sustainability and Transformation Programme (STP); b) agree multi-borough commissioning plans when such is in the best interests of the residents of NW London; c) set the direction, and take decisions as required, for those services that cross borough boundaries, are delivered by providers to NHS organisations across multiple boroughs, and are best commissioned on a multi-borough basis such as secondary care acute and mental health services; d) set and agree the joint financial strategy; and e) take decisions on behalf of Governing Bodies where such fall within its remit, as set out in the CCGs' governing documents. **Note 1 -** decisions can only be made where there is **unanimous** agreement of voting members of the Committee. **Note 2 -** decisions relating to Primary and Community Care provision in a **single** CCG's geographic area are reserved to that CCG's Governing Body.
5. Duties: monitoring	The joint committee will be responsible for monitoring the outputs and outcomes of the services it has been given delegated responsibility for. This will include the performance and quality of the acute and core mental health contracts.

6. Membership and attendance:

The joint committee will bring together the senior leadership from across the NW London CCGs and shall consist of the following membership:

- an independent chair;
- all eight NW London CCG chairs;
- the NW London CCGs' accountable officer;
- the NW London CCGs' chief finance officer;
- an independent clinician;
- the NW London CCGs' director of quality and nursing;
- three lay members – to include one with the responsibility for the CCGs' audit and finance, and one with a responsibility for patient and public engagement;
- one additional representative from the governing body of each CCG;
- two Healthwatch representatives; and
- a Public Health representative.

The membership will meet the requirements of each of the CCGs' constitutions. Lay members shall be chosen by vote of the CCG chairs and existing cohort of Lay Members for a term that matches their tenure as a Governing Body member. Members will act on behalf of the whole North West London footprint and will not be responsible for a specific CCG or group of CCGs. Other individuals, including external advisers, may attend meetings as non-voting members.

In the event that a member of the joint committee is unable to attend a meeting, a named deputy will be permitted to attend, with the prior approval of the chair. The named deputy must be an additional person from outside of the standing committee membership. Individual CCGs have a collective duty to identify named deputies for their committee members and inform the committee secretariat.

7. Voting rights:

Joint committee role	No. of members	Voting
Independent chair, or their deputy	1	No
CCG chair, or their deputy	8	**Yes**
Accountable officer, or their deputy	1	**Yes**
Chief finance officer, or their deputy	1	**Yes**
Independent clinician, or their deputy	1	**Yes**
Director of quality and nursing, or their deputy	1	**Yes**
Lay members – including one with responsibility for finance and audit, and one patient and public engagement, or their deputy	3	**Yes**
Other governing body members, or their deputy	8	No
Healthwatch, or their deputy	2	No

8. Quorum:	The quorum of the committee is eleven voting members, which must include: a. at least one representative from each of the eight CCGs; b. the accountable officer or chief finance officer; c. the independent chair of the joint committee (or deputy); and d. one lay member.
9. Approach to voting:	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 endeavour to reach a collective view. When making decisions, members of the joint committee should consider themselves acting on the behalf of the NW London collaboration of CCGs to the benefit of all staff members and public in that footprint. Those appearing as representatives of the CCGs should provide insight into the circumstances of their respective CCG to the Joint Committee, so that fully informed decisions can be made by all members of the Joint Committee. Decisions will require a unanimous vote (i.e. all members with a vote must vote in favour). The proposed voting rights of each member have been set out at section 6 and it is proposed that each member will have one vote each. Voting rights cannot transfer for a local area to the AO, the CFO or the director of quality & nursing. The Secretariat will hold the Register of Voting Members which shall include a record of any deputies nominated for special purposes e.g. to provide cover arrangements or in order to manage a conflict of interests. Failure to inform the chair and secretariat in advance of a nominated alternate voting member shall mean that no vote shall be conferred to the alternate. This can, however, be remedied by a simple majority vote of the remaining Joint Committee members present and a note of that decision recorded in the minutes.
10. Chair and Vice Chair:	The chair of the joint committee shall be independent of the CCGs and shall be appointed via a process approved by the Chief Officer. The role of vice chair shall be rotated between lay members.
11. Advisors (in attendance):	Only joint committee members have the right to attend meetings. Key staff members and external advisors may be invited to attend for all or part of any meeting as and when appropriate, at the discretion of the chair.
12. Meetings in public:	The Joint Committee will meet at least monthly, in public, except as otherwise agreed by members and the chair. The Joint Committee may resolve to exclude the public from a meeting, either in part or in whole, if it is judged that publicity would be prejudicial to the public interest by reason of any of the following: a. the confidential nature of the business to be transacted; b. the matter is commercially sensitive; c. the matter being discussed is part of an on-going investigation; d. other special reason stated in the resolution and arising from

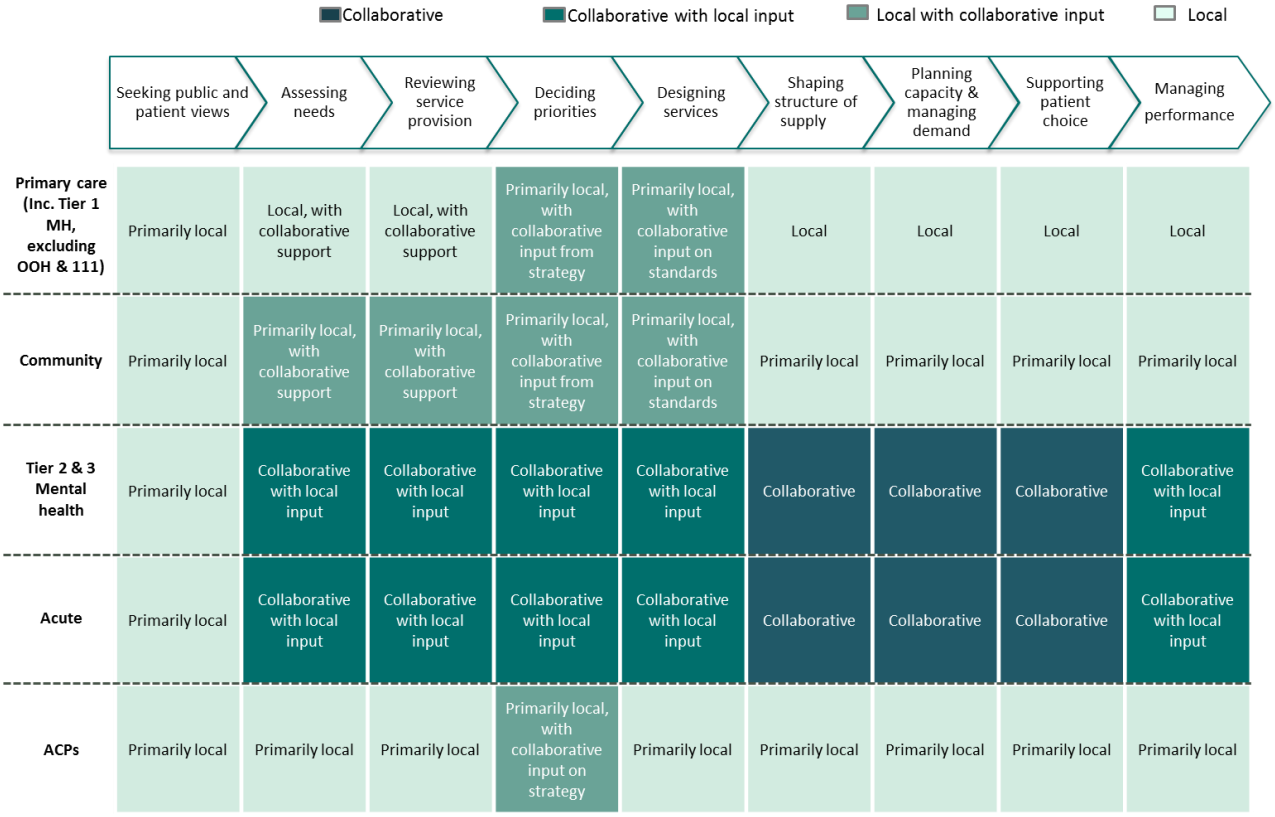
	the nature of that business or of the proceedings; e. any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time; or f. general disturbance. Questions from the public regarding items on the agenda may be lodged in advance or raised in person, after the meeting and when the public is invited to do so.
13. Frequency, location and accessibility:	The committee shall typically meet no fewer than ten times a year and with regards to the location and accessibility of meetings, will endeavour to: a. rotate the location of meetings across the eight CCGs' geographical areas; b. ensure, where an issue disproportionately affects one CCG, e.g. about a local hospital or decommissioning decision, then the Joint Committee should be held in that CCG to enable access and demonstrate openness; c. live-stream meetings, so people can access the meeting from a greater range of locations; and d. make arrangements to enable those with physical disabilities to access the meeting and its supporting materials.
14. Secretariat:	NW London Governance Team
15. Operation of the Committee:	The secretariat will prepare an agenda with the relevant meeting chair and make papers available to those required to be at the meeting no less than five working days before the meeting. Late papers will only be accepted in exceptional circumstances and following the agreement of the meeting chair and Accountable Officer. Minutes will be drafted for approval by the chair within one week of the meetings and approved at the following meeting. Meeting papers will be cascaded by local governance leads to governing body members inviting information and comment. A high-level summary, outlining discussion points and decisions made, will be circulated to governing body members and published on the Healthier NW London website no less than three working days after the meeting.
16. Conflicts of interest:	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 Conflict or Interest and Standards for Business Conduct Policies. Each member and attendee of the joint committee shall be under a duty to declare any such interests in advance and where relevant appoint an alternate, non-conflicted deputy to attend with the vote (where applicable), notifying the secretariat and chair accordingly. Any change to these interests should be notified to the Chair. Failure to disclose an interest, whether intentional or otherwise, will be treated in line with the NWL CCGs' Conflicts of Interest Policy and may result in suspension from the joint committee and disciplinary proceedings. 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. All members of the Committee and participants in its meetings shall comply with, and are bound by, the requirements in the relevant CCGs' Constitutions, Policies, , the Standards of Business Conduct for NHS staff (where applicable) and NHS Code of Conduct. 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 with the nominated Committee Secretary and/or nominated CCG Conflicts of Interest Guardian / Lay Member lead for Governance.
17. Accountability:	The joint committee is accountable to each of the NW London CCGs' governing bodies.
18. Reporting:	The joint committee is accountable to the CCG governing bodies and must ensure effective communication and reporting to its parent governing bodies. Members of the committee will be expected to provide verbal feedback to their local governing body, as required. In addition to this the report of the joint committee shall be a standing agenda item on all governing body meetings. The Secretariat of the joint committee will: • prepare an agenda for meetings with the Chair. The secretary will collate papers and circulate papers to those required to be at the meeting no less than 5 working days before the meeting. Late papers will not be permitted except in exceptional circumstances and at the discretion of the meeting chair • draft a brief summary of the meeting, for approval by the chair, to be posted publicly within 24 hours of the meeting. • draft minutes of the meetings, for approval by the chair, within seven days of the meeting. Once approved by the chair, minutes will be circulated to members for information. Minutes will be ratified at the following meeting and signed by the chair. The joint committee will demonstrate its accountability to its member CCGs, local people, stakeholders and NHS England in a number of ways, including through: • local representation at the joint committee • active local engagement and reporting on key matters for decision • public reporting of outcomes • publication of a work programme / forward planner of future agenda items • complying with NHSE guidance and with generally accepted principles of good governance
19. Standing orders	The joint committee shall have regard to CCGs' standing orders in respect of: a. notice of meetings b. handling of meetings c. agendas d. circulation of papers; and e. conflicts of interest Members, and any attendees, 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.
20. Subgroups:	The committee may not delegate any of its powers to a committee or sub-committee. However, it may appoint committees to advise and assist the committee in carrying out its role. The joint committee may also establish working groups, reporting to the committee. The terms of reference for any such working groups will be included as an annex to this document. The joint committee may receive reports and recommendations from relevant experts and/or from any working-groups established by the joint committee.
21. Conduct of the Committee and self-evaluation:	The terms of reference shall be kept under review by the committee to ensure that they meet the needs of the committee and the NW London CCGs. Any changes to the terms of reference must be agreed by the governing bodies of the NW London CCGs in accordance with their constitutions. Informally, as each CCG's governing body would have two members on the joint committee, it is expected that any managerial issues with this forum would be fed back to governing bodies through this channel. In addition, the joint committee should undertake a formal review of its operation and performance at least annually, the results of which will be tabled at each of the governing bodies.
22. Withdrawal from the Joint Committee	Any CCG may withdraw from the joint committee upon giving six months' notice of termination. A withdrawal from the joint committee should be considered a withdrawal from the collaborative working arrangements and should also be consistent with the process outlined in the relevant governing documents of those arrangements.

Review date: June 2019

Appendix 1: distribution of local and collaborative responsibilities



	Seeking public and patient views	Assessing needs	Reviewing service provision	Deciding priorities	Designing services	Shaping structure of supply	Planning capacity & managing demand	Supporting patient choice	Managing performance
Primary care (Inc. Tier 1 MH, excluding OOH & 111)	Primarily local	Local, with collaborative support	Local, with collaborative support	Primarily local, with collaborative input from strategy	Primarily local, with collaborative input on standards	Local	Local	Local	Local
Community	Primarily local	Primarily local, with collaborative support	Primarily local, with collaborative support	Primarily local, with collaborative input from strategy	Primarily local, with collaborative input on standards	Primarily local	Primarily local	Primarily local	Primarily local
Tier 2 & 3 Mental health	Primarily local	Collaborative with local input	Collaborative with local input	Collaborative with local input	Collaborative with local input	Collaborative	Collaborative	Collaborative	Collaborative with local input
Acute	Primarily local	Collaborative with local input	Collaborative with local input	Collaborative with local input	Collaborative with local input	Collaborative	Collaborative	Collaborative	Collaborative with local input
ACPs	Primarily local	Primarily local	Primarily local	Primarily local, with collaborative input on strategy	Primarily local	Primarily local	Primarily local	Primarily local	Primarily local