London Borough of Hammersmith & Fulham

Health, Adult Social Care and Social Inclusion Policy and Accountability Committee

Supplementary Agenda

Tuesday 13 March 2018
7.00 pm
Courtyard Room - Hammersmith Town Hall

MEMBERSHIP

Administration:	**Opposition**
Councillor Rory Vaughan (Chair) Councillor David Morton Councillor Mercy Umeh	Councillor Andrew Brown Councillor Joe Carlebach
Co-optees	
Victoria Brignell, Action on Disability Debbie Domb, Disabilities Campaigner Jim Grealy, Save Our Hospitals Bryan Naylor, Age UK	

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Date Issued: 08 March 2018

London Borough of Hammersmith & Fulham

Health, Adult Social Care and Social Inclusion Policy and Accountability Committee

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13 March 2018

London Borough of Hammersmith & Fulham **HEALTH, ADULT SOCIAL CARE & SOCIAL INCLUSION POLICY & ACCOUNTABILITY** **13 March 2018**	
NORTH WEST LONDON COLLABORATION OF CCGS SHADOW JOINT COMMITTEE TERMS OF REFERENCE	
Report of the Managing Director Hammersmith and Fulham CCG	
Open Report.	
Classification – For noting **Key Decision: No**	
Wards Affected: All	
Accountable Director: n/a	
Report Author: Jane Cree	**Contact Details:** Tel: E-mail: Janet.cree@nhs.net

1. EXECUTIVE SUMMARY

1.1. This report provides a summary of the progress with the development of the terms of reference for the shadow joint committee that the 8 CCGs across NW London have agreed to establish.

2. RECOMMENDATIONS

2.1. The Committee is asked to note the report.

3. REASONS FOR DECISION

3.1. N/A

4. INTRODUCTION AND BACKGROUND

4.1. In January 2018 the 8 Governing Bodies of the Clinical Commissioning Groups across NW London approved the establishment of a joint committee. It was agreed that this should be set up in shadow form in the first instance in order to

work through a number of key governance and other logistical issues. The shadow committee has no delegated authority to make decisions at this time. Although a proposed set of terms of reference were included with the paper that the Governing Bodies considered these were not approved. These were considered draft at the point they were published with the papers and are attached for reference. The terms of reference will be formally considered at the point the shadow joint committee makes a proposal to Governing Bodies that the joint committee be formally established with delegated decision making. Governing Bodies agreed that this should not be before April 2018. Once the joint committee begins to meet with delegated authority the meetings will be held in public. Until such time the committee will continue to work through the process issues of ensuring that the committee can be efficient and effective in undertaking its business which will be set out in terms of reference to be approved by the Governing Bodies later in the year.

5. PROPOSAL AND ISSUES

5.1. Not applicable.

6. OPTIONS AND ANALYSIS OF OPTIONS

6.1. Not applicable.

7. CONSULTATION

7.1. Not applicable.

8. EQUALITY IMPLICATIONS

8.1. Not applicable.

9. LEGAL IMPLICATIONS

9.1. Not applicable.

10. FINANCIAL AND RESOURCES IMPLICATIONS

10.1. Not applicable.

11. IMPLICATIONS FOR BUSINESS

11.1 Not applicable.

12. RISK MANAGEMENT

12.1 Not applicable

13. PROCUREMENT AND IT STRATEGY IMPLICATIONS

13.1 Not applicable.

LOCAL GOVERNMENT ACT 2000
LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
1.	None.		

LIST OF APPENDICES:

Appendix A – Terms of Reference published with Governing Body Papers January 2018

North West London Collaboration of Clinical Commissioning Groups

Terms of Reference for the Joint Committee of NW London CCGs

Version: 19 December 2017

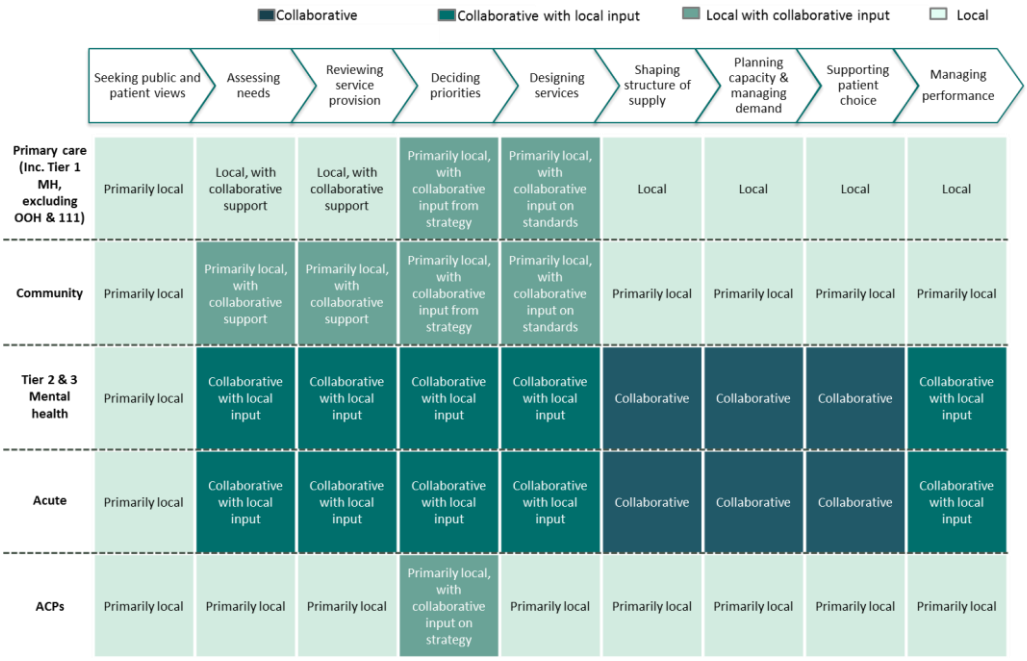
1. Purpose:	The purpose of the joint committee is to bring together the leadership of the eight NW London clinical commissioning groups (CCGs) to: a. reduce unwarranted variation in the range and quality of services available to people living in different boroughs in NW London by improving outcomes in 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. enable the NW London CCGs to manage financial risks more effectively.
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; 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;

	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); 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 joint committee will have delegated authority from the governing bodies to take locally informed joint decisions in relation to the following services:
	• all acute medical services (*excluding* locally developed accountable care pathways) ;
	• Acute mental health services (with the exception of those conducted jointly with local authorities), including:
	  ○ adults with serious and long-term mental health needs, including bedded care and urgent care
	  ○ children and young people (CAMHS Tier 2 and 3)
	  ○ perinatal
	  ○ IAPT
	• out of hours primary medical services;
	• integrated urgent care, including NHS 111;
	• some community-based services shared between groups of CCG commissioners that would benefit from decisions made at a group level;
	• semi-specialist areas across NW London;
	• specialist care not commissioned by NHS England
	The functions delegated to the joint committee are set out below in Figure 1, in respect of which the committee will carry out:
	• approval of business cases and change requests (where related to acute services)
	• needs assessment across NW London, as informed by local strategies;
	• planning service requirements;
	• contracting and contract management;
	• developing the provider landscape;
	• setting and monitoring outcomes for providers;
	• aligning incentives across the system;
	• approval of decommissioning of services
	For all services, the joint committee will make decisions on the following functions:
	• setting consistent minimum standards and the overall strategy within which local implementation takes place;
	• setting the joint financial strategy (whilst the overall budget

	envelope for CCGs remains a matter reserved to the governing bodies)

Figure 1



5. 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 • NW London CCGs' accountable officer • NW London CCGs' chief finance officer • independent clinician • NW London CCGs' director of quality and nursing • three lay members – to include one with a responsibility for audit and finance, and one with a responsibility for patient and public engagement • one additional representative from the governing body of each CCG • Healthwatch representative • 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 for a term of one year and 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.

6. 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**
Secondary Care 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 Representative (co-opted member)	1	No
Public Health Representative (co-opted member)	1	No

7. Quorum:

The quorum of the committee is 11 voting members, which must include:

a. at least one representative from each of the eight CCGs (but not a shared director)
b. the accountable officer or chief finance officer
c. the independent chair of the joint committee (or deputy)
d. one lay member

The quoracy requirements will be revisited in the event that majority voting is in place.

8. 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.

Voting will initially be by consensus (excluding abstentions), and these arrangements shall remain under review.

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 serve to invalidate their voting rights (an eventuality which can be overturned by a simple majority vote of the remaining Joint Committee members present).
9. Chair and Vice Chair:	The chair of the joint committee shall be independent of the CCGs and shall be appointed for a term of twelve months. The role of vice chair shall be rotated between lay members. The joint committee has the power to remove the independent chair, if required, if: • they are not legally eligible to sit on a governing body committee; • a motion of no confidence is passed by simple majority of voting members present at a committee meeting. The motion can be tabled by any governing body wishing to raise the matter.
10. 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.
11. Meetings in public:	The Joint Committee will usually meet monthly, in public, except as otherwise agreed by members and the chair. The Joint Committee may resolve to exclude the public and/or co-opted members 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: a. the confidential nature of the business to be transacted; or b. the matter is commercially sensitive; or c. the matter being discussed is part of an on-going investigation; or d. other special reason stated in the resolution and arising from the nature of that business or of the proceedings; or 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
12. Frequency, location and accessibility:	The joint committee shall typically meet no fewer than 10 times a year and with regards to the location and accessibility of meetings, will endeavour to: a. rotate the location of meetings across venues in the eight CCG 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 d. consider accessibility arrangements for those with hearing loss Questions from the public may be lodged in advance or raised in person, after the meeting, noting that meetings held in public are different from public meetings.

13. Secretariat:	Senior governance lead for NW London, supported by a minute-taker In the initial phase: Director of Compliance, CWHHE CCGs & Director of Quality and Nursing, BHH CCGs [NB. organisational design remains under consultation]
14. Operation of the board:	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 5 working days before the meeting. There shall be zero tolerance of late papers, save in exceptional circumstances and as agreed with the meeting chair and executive lead. 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.
15. 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 Standards for Business Conduct Policy. 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 respective CCG's Standards for Business Conduct Policy and may result in suspension from the joint committee. 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, Standards for Business Conduct Policy, 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, to the extent they feel appropriate, with the nominated Committee Secretary and/or nominated CCG Conflicts of Interest Guardian.
16. Accountability:	The joint committee is accountable to the NW London CCGs' governing bodies.
17. 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 publically 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 • complying with NHSE guidance and with generally accepted principles of good governance
18. 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 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.
19. 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.
20. Conduct of the board 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, it is suggested that the joint committee should complete an annual self-assessment of performance, in the same way as audit committees. This self-assessment should be provided to each of the governing bodies.
21. Withdrawal from the Joint Committee	Any CCG may withdraw from the joint committee upon giving 6 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 Collaboration Agreement.

Review date: 1 April 2019