



NHS Knowsley CCG

NHS Liverpool CCG

NHS South Sefton CCG

NHS Southport and Formby CCG

North Mersey Joint Committee of Clinical Commissioning Groups (CCGs)

Terms of Reference

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 statutory mechanisms which enable CCGs to undertake collective strategic decision making.

- 1.2 Health and Care Partnerships have been established nationally in accordance with the NHS Shared Planning Guidance requirements 2015/16, which required every health and care system to come together to develop plans to accelerate implementation of the NHS Five Year Forward View. CCGs are encouraged to form Joint Committees to facilitate effective, collaborative decision-making, where appropriate.

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 North Mersey Joint Committee of Clinical Commissioning Groups (CCGs).

3 Role of the Committee

- 3.1 The overarching role of the Joint Committee is to take collective commissioning decisions about services provided for the North Mersey population. Decisions will be taken by members of the Joint Committee in accordance with delegated authority from each CCG. Members will represent the whole North Mersey population and make decisions in the interests of all patients.
- 3.2 Decisions will also support the aims and objectives of the Health and Care Partnership for Cheshire & Merseyside and will contribute to the sustainability and transformation of 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 CCGs.

4 Remit of the Joint Committee

- 4.1 The Joint Committee will be responsible for decisions regarding the delivery of programmes of transformation / service redesign across a defined range of services commissioned collectively by its members. The services within scope will be defined in a forward programme approved by each CCG Governing Body, to be appended to the Terms of Reference.

5 Functions of the Joint Committee

- 5.1 The Committee is a Joint Committee of NHS Knowsley CCG, NHS Liverpool CCG, NHS South Sefton CCG and NHS Southport & Formby 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:
 - Make decisions defined in a work plan, approved by each North Mersey 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
 - Act as a decision-making body; authorising sub-groups to oversee and lead implementation of service changes
 - Within the defined work programme, approve 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, which meets best practice standards and is compliant with CCGs' statutory responsibilities with regard to involvement, as set out in the NHS Health and Social Care Act 2012.
- Ensure compliance with public sector equality duties, as set out in the Equality Act 2010 for the purposes of implementation.
- Ensure appropriate consultation with the Overview and Scrutiny Committees and Health and Wellbeing Boards (or equivalent) established by the relevant Local Authorities

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 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 and templates, 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.

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 North Mersey Joint Committee member organisations are:

- NHS Knowsley CCG
- NHS Liverpool CCG
- NHS South Sefton CCG
- NHS Southport & Formby CCG

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

6.3 Chairing of the Joint Committee will be managed on a 6 month rotation between the four CCGs. A Deputy Chair will be identified in the event of absence of the Chair.

6.4 Decisions made by the Joint Committee, within its remit, will be binding on its member Clinical Commissioning Groups.

6.5 Healthwatch will be invited to have one representative to be in attendance on behalf of the local Healthwatch Groups in the North Mersey footprint.

6.6 Other organisations, including local authorities within the North Mersey area, may be invited to send representatives to the meetings. In attendance members may represent other functions / parties/ organisations or stakeholders who are involved in the programmes of work of the Joint Committee and may provide support and advice to members.

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

7 Deputies

7.1 Each full member organisation will identify a named deputy member to represent members in the event of absence.

7.2 A named deputy will have delegated decision making authority to fully participate in the business of the Committee.

8 Decision-Making

- 8.1 The Joint Committee will aim to make decisions through consensus. In the event of a requirement to make a decision by taking a vote, the threshold for a decision will be by achieving a majority by members of 10 out of 12 votes.
- 8.2 Joint Committee members will make decisions in the best interests of the whole North Mersey population, rather than the population of the Governing Body they are drawn from.

9 Quoracy

- 9.1 The meeting will be quorate with at least two representatives of each CCG (including the Joint Committee Chair/Deputy).
- 9.2 In the event of the Joint Committee making a formal decision which requires a vote, ten members (or deputies) will be required for the meeting to be considered quorate.

10 Meetings

- 10.1 The Joint Committee shall meet at least annually and then as required in order to make decisions regarding the work programme. 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 four CCG websites at least 5 days before the meeting. Agendas and papers will be published on the four CCG websites.
- 10.4 In the event that a sub group or working group is considered appropriate from such a meeting, all parties will need to agree the reporting arrangements.
- 10.5 Joint Committee meetings will be held in public. Members of the public may observe deliberations of the Committee, with feedback encouraged through the public engagement or consultation process. Items the 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.

11 Conflicts of Interest

- 11.1 Individual members of the Joint Committee 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, 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.
- 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) 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 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 via video, telephone, 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 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.

14 Review

- 14.1 These terms of reference shall be reviewed by the Joint Committee annually, with input from governing bodies, and any amendments approved by each CCG Governing Body.
- 14.2 Proposals for any additions or changes to the Joint Committee work programme will be recommended by the North Mersey Committees in Common, which has a role in developing a pipeline of proposals for service change.