

Joint Committee Meeting
11.00am – 12:30pm
Thursday 23rd January 2020
Maghull Town Hall

Committee membership

Southport and Formby CCG	
Fiona Taylor	Chief Officer
Rob Caudwell	CCG Clinical Chair
Helen Nichols	Lay Member Governance
Urgent Care Lead	TBC

West Lancs CCG	
Paul Kingan	Chief Finance Officer
John Caine	Chair
Greg Mitten	Lay member PPI
Dr Dheraj Bisarya	GP Executive Lead
Jackie Moran	Director of Strategy and Operations

In attendance

Cameron Ward	Programme Director Sefton Transformation Programme
Suzy Ning	Project Director Acute Sustainability
Daniel Grice	Comms & Engagement Manager – Sefton Transformation Programme
Debbie Fairclough	Interim Programme Lead – Corporate Services – S&F CCG
Ruth Fairhurst	Head of Corporate Governance and HR – West Lancs CCG

Item no.	Item	Process	Lead
	Introductions	Verbal	Chair
AS 20/01	Declarations of interest	Verbal	Chair
AS 20/02	Terms of reference for the Joint Committee	Report	Chair
AS 20/03	Background and context to the Sefton Transformation Programme and Acute Sustainability Programme	Verbal	FLT
AS 20/04	Recent history on acute sustainability and current work underway	Presentation	S Ning
AS 20/05	Proposed stakeholder and public update	Presentation	D Grice
AS 20/06	Outline work programme	Report	C Ward
AS 20/07	Any other business	Verbal	Chair
	Date of next meeting: 2nd April 2020		

Acute Sustainability Joint Committee NHS Southport & Formby CCG and NHS West Lancs CCG

Agenda Item: AS 20/01	Author of the Paper: Cameron Ward Programme Director Email: cameron.ward1@nhs.net Tel: 01512967119						
Report date: January 2020							
Title: Joint Committee Terms of Reference							
Summary/Key Issues: The draft terms of reference were discussed at a development session of the Joint Committee in November 2019 and a small number of amendments were proposed. The Joint Committee is now presented with the final version for approval.							
Recommendation The Joint Committee is asked to confirm the Committee's Terms of Reference and recommend them to the respective governing bodies for final approval.	<table style="border: none;"> <tr><td>Receive</td><td><input type="checkbox"/></td></tr> <tr><td>Approve</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Ratify</td><td><input type="checkbox"/></td></tr> </table>	Receive	<input type="checkbox"/>	Approve	<input checked="" type="checkbox"/>	Ratify	<input type="checkbox"/>
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Joint Committee Terms of Reference

NHS Southport and Formby CCG
NHS West Lancashire CCG

Introduction

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 for a joint committee as a result of the LRO amendment to s.14Z3 (CCGs working together) of the NHS Act. Joint committees are a statutory mechanism which gives CCGs an additional option for undertaking collective strategic decision making.

The Joint Committee is being established to consider and agree on commissioning decisions relating to acute services for the populations of Southport, Formby and West Lancashire provided by Southport & Ormskirk Hospitals Trust and how they are best supported by appropriate community and primary care services.

Establishment

The NHS Southport and Formby CCG and West Lancashire CCG (the CCGs) have agreed to establish and constitute a Joint Committee with these terms of reference to be known as the Sefton Acute Sustainability Joint Committee of Clinical Commissioning Groups (CCGs).

Role of the Committee

The overarching role of the Joint Committee is to take collective commissioning decisions about acute services and take into account specialised services commissioned by NHS England.

Decisions will be appropriate and in accordance with delegated authority from each CCG Member. Members will represent, and make decisions relating to, the whole population covered.

Decisions will also support the aims and objectives of the Cheshire & Merseyside Health & Care Partnership, whilst contributing to the sustainability of the 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 Parties.

Remit of the Joint Committee

The Joint Committee will be responsible for decisions regarding the delivery of programmes of transformation across a defined range of services commissioned collectively by its members.

The acute services within scope will be defined and agreed by the CCGs.

The Joint Committee will take into account other commissioners whose populations may be affected as may be relevant to the transformation / service redesign under consideration. All proposals will be subject to review, comment and contribution through an operational sub group to be established by the joint committee. This will allow relevant commissioners the opportunity to be involved in the development of proposals and to understand the potential impact of any service change.

The Joint Committee will take into account other service providers as may be relevant to the transformation / service redesign under consideration.

Functions of the Joint Committee

The Committee is a Joint Committee of NHS Southport and Formby CCG and NHS West Lancashire 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 acute health services within its delegated remit. This will be to properly support acute services for the population of Southport, Formby and West Lancashire in collaboration with Southport & Ormskirk Hospitals NHS Trust.

The Joint Committee will engage with community and primary care services, the public and other stakeholders to take their views into account when considering any scenarios, proposals or business cases and make decisions as appropriate on behalf of the two Clinical Commissioning Groups.

The Joint Committee will take into account possible organisational form in order to meet acute service standards for the local population.

In order to deliver its delegated functions the Joint Committee will:

- Prepare and recommend the work plan for approval by each 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
- Approve individual programme and project briefs, initiation documents and plans. This will include agreeing the parameters at the start of each programme of work, governance and financial arrangements for individual programmes.
- Act as a decision-making body; authorising sub-groups to oversee and lead implementation of service changes
- Approve future service reconfiguration, service models, specifications, and business cases up to the value as determined by each Party's CCG's Scheme of Reservation & Delegation
- Ensure appropriate patient and public consultation and engagement and compliance with public sector equality duties as set out in the Equality Act 2010 for the purposes of implementation.
- Ensure consultation with the Overview and Scrutiny Committees and Health and Wellbeing Boards (or equivalent) established by the relevant Local Authorities
- Agree and oversee the communications and engagement framework relevant to areas of work of the Joint Committee.
- Establish a sub group to enable relevant commissioners to participate in the development of proposals

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 the 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).

In discharging its responsibilities the Joint Committee will provide assurance to Governing Bodies through the submission of minutes from each meeting and an annual report to inform CCG members' annual governance statements.

The Committee will conduct an annual effectiveness review which will be reported to the respective Audit Committees.

Membership

The Committee has two levels of membership, full members and associate members. Full member organisation means those which have the final 'vote' on agreements as the Committee is a Joint Committee of those organisations. Associate members are partners who have an interest in the work plan of the Committee but are not legally bound by the decisions of the Committee

The full member organisations are:

- NHS Southport and Formby CCG
- NHS West Lancashire CCG

Each full member organisation will nominate four Governing Body representatives to sit on the Committee, one of which would be an Executive member, 2 GP members and one lay member representative.

Chairing of the Joint Committee will be managed on a three month rotation between the two CCG members.

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

Healthwatch will be invited to have one representative to be in attendance on behalf of the local Healthwatch Groups within the CCG footprints

Other organisations, including local authorities and community providers will be invited to send representatives to the meetings. In attendance members represent other functions / parties/ organisations or stakeholders who are involved in the programmes of work of the Joint Committee and will provide support and advise the members on any proposals. Representatives from NHS England will be co-opted to attend as required.

Deputies

A deputy must have delegated decision making authority to fully participate in the business of the Committee. Each full member organisation will identify a named deputy member to represent one of the full members in the event of absence.

Decision-Making

The Joint Committee will aim to make decisions through consensus.

Exceptionality - where decision making by consensus is not possible, the Committee Chair will call on each voting member to cast a vote. Where a minimum of 75% of the voting committee membership in attendance at the meeting in question are in agreement, a recommendation/decision will be carried.

Quorum

For the Committee to undertake its business the following Committee membership attendance arrangements must be met:

- a minimum of two voting representatives from each member CCG must be present
- at least one Accountable Officer, one CCG GP and one CCG lay member must be present
- the Chair or deputy chair must also be present.

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.

Meetings

The Joint Committee shall meet at two monthly intervals and then as required in order to deliver the defined objectives; the Chair will have authority to call an extraordinary meeting with at least 2 days' notice.

Meetings will be scheduled to ensure they do not conflict with respective CCG Governing Body meetings.

Meetings with other Joint Committees in the Cheshire & Merseyside Healthcare Partnership footprint will be arranged, as required. 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.

Joint Committee meetings will be held in public, members of the public may observe deliberations of the Committee but do not have the right to contribute to the debate. 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.

Conflicts of Interest

Individual members of the Joint Committee will have made declarations as part of their respective organisation's relevant policy and procedure; 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, person or business interest, and management action as agreed by the individual's CCG. The Joint Committee register of interests will be published on each organisation's website.

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.

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 party may send a deputy to take the place of that conflicted Joint Committee member in relation to that matter.

Should the Joint Committee Chair have a conflict of interest, the committee members will agree a deputy for that item in line with NHSE guidance.

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.

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.

Attendance at meetings

Members of the committee may participate in meetings in person or virtually via video, telephone, web link or other live and uninterrupted conferencing facilities.

Administration

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.

Papers for each meeting will be sent to the 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.

Review

These terms of reference shall be reviewed by the Joint Committee at least annually, with input from governing bodies, and any consequential amendments approved by each CCG members' Governing Body.

10 January 2020

**Joint Committee
NHS Southport & Formby CCG and NHS West Lancs CCG**

Agenda Item: 20/06	Author of the Paper: Cameron Ward Programme Director Email: cameron.ward1@nhs.net Tel: 01512967119						
Report date: 23 rd January 2020							
Title: Outline work programme							
Summary/Key Issues: Based on an initial timescale a work programme has been prepared to advise on the Joint Committee's work at future meetings over the next 9 months.							
Recommendation The Joint Committee is asked to discuss and agree the work programme.	<table border="0"> <tr> <td>Receive</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Approve</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Ratify</td> <td><input type="checkbox"/></td> </tr> </table>	Receive	<input type="checkbox"/>	Approve	<input checked="" type="checkbox"/>	Ratify	<input type="checkbox"/>
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Report to the Joint Committee

January 2020

1. Executive Summary

Based on an initial timescale a work programme has been prepared to advise on the Joint Committee's work at future meetings over the next 6 months.

2. Introduction and Background

The Joint Committee has been established to consider acute sustainability and related services of Southport & Ormskirk Hospitals NHS Trust. No specific time period has been set for the life of the Committee and an initial assessment has been made for the next 6 months. This will be subject to revision.

3. Key Issues

The work programme focusses on the need to consider how best quality acute related services for the population of West Lancashire, Southport, Formby, Ormskirk and surrounding areas are best provided.

It is appreciated there are a number of complex issues to consider and address. They require an agreed approach towards the sustainable provision of services including workforce and finances.

There are risks associated with the lack of capital, workforce challenges and financial pressures.

4. Conclusions

An outline programme has been prepared and this will be revised pending the Joint Committee meeting and future actions and so is subject to review.

5. Recommendations

The Joint Committee is asked to discuss and agree the work programme.

6. Appendices

Draft work programme.

Cameron Ward
Programme Director
23rd January 2020

Work programme – draft 1

Topic	Timescale
Approval of terms of reference	Joint Committee meeting 23rd January 2020
Introduction and update on the acute sustainability programme	
Communications and engagement position	
Draft work programme	
Agreed terms of reference to Governing Body meetings for approval.	West Lancashire CCG – 28th January 2020 Southport & Formby CCG – 5th February 2020
Progress reports to Governing Body meetings	
Public and stakeholders awareness raising on current position	From 23rd January 2020
Undertake analysis on potential scenarios	To 31st May 2020
Update on scenario progress	Joint Committee meeting 2 nd April 2020
Progress reports to each Governing Body meeting	West Lancashire CCG – to be confirmed Southport & Formby CCG – 5 th April 2020
Update on scenario progress	Joint Committee meeting after 1 st June – date to be confirmed.
Clinical Senate visit	To be confirmed