

**Joint Committee Meeting
16:00 to 17:30hrs
Thursday 25 March 2021
Teams**

Committee membership

| Southport and Formby CCG | |
|--------------------------|-----------------------|
| Fiona Taylor | Chief Officer |
| Rob Caudwell | CCG Clinical Chair |
| Anette Metzmacher | GP member |
| Helen Nichols | Lay member governance |

| West Lancs CCG | |
|-------------------|----------------------|
| Paul Kingan | Deputy Chief Officer |
| Dr Peter Gregory | Chair |
| Greg Mitten | Lay member PPI |
| Dr Dheraj Bisarya | GP exec lead |

In attendance

Suzy Ning Project Director Shaping Care Together (system role)
Ruth Fairhurst Head of Corporate Governance and HR – West Lancs CCG
Terry Stapley Minutes

| Item no. | Item | Process | Lead |
|----------|--|----------|--------------|
| 21/22 | Introductions | | Chair |
| 21/23 | Declarations of interest | | Chair |
| 21/24 | Minutes of the meeting held on 23 rd January 2020 | Document | Chair |
| 21/25 | Shaping Care Together Update <ul style="list-style-type: none"> The programme approach The engagement approach | Document | All |
| 21/26 | Clinical feedback | Verbal | RC / DB / AM |
| 21/27 | Highlight Report - Current stage of the Programme | Document | Suzy Ning |
| 21/28 | Terms of Reference – For approval | Document | Chair |
| 21/29 | Any other business | Verbal | Chair |
| 21/30 | Date and time of next meeting: Joint Committee Development Session: Thursday 22 nd April 2021 – 16:00-17:30hrs Joint Committee in Public: To be confirmed | | Chair |

Joint Committee **DRAFT** Minutes

Date: Thursday 23rd January 2020
Time: 10:30am
Venue: Maghull Town Hall

Members in Attendance

| | | |
|-------------------|---|-----|
| Helen Nichols | Chair - S&F Deputy Chair & Lay Member for Governance | HN |
| Dr Rob Caudwell | S&F Chair & Clinical Director | RC |
| Fiona Taylor | S&F Chief Officer | FLT |
| John Caine | West Lancs – Chair | JC |
| Gregg Mitten | West Lancs – Lay Member PPI | GM |
| Dr Dheraj Bisarya | West Lancs – GP Executive Lead | DB |
| Paul Kingan | West Lancs - Deputy Chief Officer/Chief Finance Officer | PK |

In Attendance

| | | |
|-------------------|---|-------|
| Debbie Fairclough | Interim Programme Lead – Corporate Services <i>and minute taker</i> | DFair |
| Cameron Ward | Programme Director | CW |
| Suzy Ning | Programme Director – Acute Sustainability | SN |
| Daniel Grice | Communications and Engagement Lead | DG |
| Ruth Fairhurst | Head of Corporate Governance and HR – West Lancs CCG | RF |
| Jackie Moran | West Lancs – Director of Strategy and Operations | JM |

Attendance Tracker

✓ = Present

A = Apologies

N = Non-attendance

| Name | | Nov 2019 | Jan 2020 | | | | | | |
|-------------------|---|----------|----------|--|--|--|--|--|--|
| Dr Rob Caudwell | Chair & Clinical Director | ✓ | ✓ | | | | | | |
| Helen Nichols | Vice Chair & Lay Member for Governance | ✓ | ✓ | | | | | | |
| Dr Tim Quinlan | GP Clinical Director | ✓ | L | | | | | | |
| Fiona Taylor | Chief Officer | ✓ | ✓ | | | | | | |
| Mike McGuire | West Lancs – Chief Officer | ✓ | L | | | | | | |
| John Caine | West Lancs – Chair | ✓ | ✓ | | | | | | |
| Greg Mitten | West Lancs – Lay Member PPI | ✓ | ✓ | | | | | | |
| Dr Dheraj Bisarya | West Lancs – GP Executive Lead | ✓ | ✓ | | | | | | |
| Paul Kingan | Deputy Chief Office/Chief Finance Officer | | ✓ | | | | | | |

| No | Item | Action |
|--------|---|--------|
| AS20/0 | <p>Introductions and apologies</p> <p>No apologies for absence were received. However, it was noted that Amanda Doyle had taken up the post of Chief Officer for the CCG and Mike McGuire had now left. The governing body had agreed that the nominated representative on this committee would now be Paul Kingan, Deputy Chief Officer/Chief Finance Officer.</p> | |
| AS20/1 | <p>Declarations of Interest</p> <p>There were no declarations of interest.</p> | |
| AS20/2 | <p>Terms of Reference</p> <p>CW presented the Terms of Reference. HN proposed some further amendments to the terms of reference so that it was explicitly clear about the role of the Chair and Deputy Chair. It was agreed that HN would Chair the joint committee and GM would operate as Deputy Chair. This will be reviewed 6 months following approval of the changes by the respective governing bodies.</p> <p>The following changes were proposed:</p> <ul style="list-style-type: none"> • Title of the committee is “Joint Committee • Under role of the committee, include reference to the West Lancashire STP ICS name in full. • Add clarity that the Operational Group will meet “as and when required” • HealthWatch representatives from each CCG area to be invited to future public meetings | |
| AS20/3 | <p>Background and context to the Sefton Transformation Programme and Acute Sustainability Programme</p> <p>FLT provided an overview to the programmes. There are two distinct programmes that are currently running alongside each other but are operating in a way that they are aligned. CW is the programme director for the Sefton transformation programme and SN is the programme director for acute sustainability programme.</p> <p>The acute sustainability programme is focussed on ensuring high quality, safe, effective and affordable services in Southport, Ormskirk and West Lancs. The Sefton Transformation programme is focussed on the implementation of the Shaping Sefton 2 strategy that is a partnership plan for the borough of Sefton and is aligned to the Sefton Health and Wellbeing Strategy and the NHS Long Term plan. It seeks to transform our primary and community services across the borough to ensure there are excellent services provided out of a hospital setting that meet the needs of our local populations. This includes the local primary care networks (PCNs) and the provider alliance which is a collective of providers, including the voluntary sector that meet to agree priority areas of action.</p> <p>PK described the arrangements in place for West Lancashire. The system is now developing a memorandum of understanding that will underpin the delivery of the collective goals of improving services in West Lancs with a particular focus on “neighbourhoods”. Virgin Care is the main provider of community services in West Lancs and they are working with other providers, including those in primary care to work on the wider determinants</p> | |

| No | Item | Action |
|--------|--|--------|
| | <p>of health and support population health management. The system is experiencing some financial challenge and with that in mind there is currently a piece of work underway to explore and develop workforce modelling to better meet the needs of local communities.</p> | |
| AS20/4 | <p>Recent history on acute sustainability and current work underway – presentation by Suzy Ning.</p> <p>SN delivered a presentation that described the history of the transformation programme including the acute sustainability programme.</p> <p>SN reminded members that in 1999 following the Shield Report, Southport & Ormskirk Hospitals Trust identified a split of Adult A&E (Southport) and Children’s A&E (Ormskirk). 16 years later (2015) Deloitte were asked to develop options for sustaining acute services. In December 2017 S&O invited Northern England Clinical Senate to act as a critical friend for the ‘Care for You’ programme and recommended a three phased approach for sustainability:</p> <ol style="list-style-type: none"> 1. Implementing changes not requiring re-configuration: Improving flow and developing plans around whole system frailty model 2. Determine future configuration: co-locate the Paediatric A & E and maternity services with the A & E department and intensive care service; Introduce hot/cold site model 3. Long term sustainability: introduce more formalised network arrangements with other larger providers <p>In October 2018 the Sefton Transformation Board commissioned the Yorkshire and Humber Clinical Senate to review the case for change and progress of developing care models.</p> <p>The presentation described the vision for the acute sustainability programme and the design principles that would be applied throughout the programme.</p> <p>Members received the presentation and recommended that the same presentation be delivered to the governing bodies.</p> | |
| AS20/5 | <p>Planned Public Awareness raising</p> <p>DG delivered a presentation that summarised the public awareness raising activity to date and the key engagement activities that would be sustained throughout the acute sustainability programme.</p> | |
| AS20/6 | <p>Joint Committee workplan</p> <p>CW presented the draft work plan for the committee that had been developed to align with the development of the draft pre consultation outline business case.</p> <p>Members approved the work plan</p> | |
| AS20/7 | <p>Any other business</p> <p>There were no additional items of business..</p> | |

| No | Item | Action |
|--------|---|--------|
| AS20/8 | Date and time of next meeting Thursday 2nd April, 10:30 am, Family Life Centre Southport. | |

Welcome to Shaping Care Together



- Healthcare professionals across Southport, Formby and West Lancashire are coming together to shape how hospital services could be delivered in the future to ensure local people receive safe, sustainable and high-quality care.
- Shaping Care Together aims to shape, develop and improve future services for everyone, based on feedback from the patients, carers and staff who use and deliver those services.
- Shaping Care Together is a partnership of NHS organisations – Southport and Ormskirk Hospital NHS Trust, NHS Southport and Formby CCG and NHS West Lancashire CCG.

Our Vision

We need to redefine how we provide hospital services, help people use them only when they need them, and ensure those services are safe, sustainable and high quality

This care will be integrated with other services to make sure that patients are supported by the services they need as quickly and safely as possible.

Why is Shaping Care Together important?

We need to redefine how we provide hospital services, help people use them only when they need them, and ensure those services are safe, sustainable and high quality. We need to consider Out of Hospital NHS services e.g. General Practice and Community-based services

We are working together to look at the challenges faced in light of:



COVID-19
pandemic

Growing
demand for
NHS services
in and out of
hospital
services

Issues with
workforce
recruitment
and retention

Financial
pressures

Challenges We Face

- Hospitals, GPs and other providers of health and social care cannot currently recruit the number of skilled staff we need to deliver those services to meet the needs of the population.
- Although health is improving in a number of areas, there remains unacceptable health inequalities in different parts of the borough and these present clear areas for improvement.
- Although life expectancy overall is close to the national levels, unacceptable variation still exists within the least affluent areas.
- Levels of long-term health conditions are much higher than the national average especially cardiovascular-related diseases. Other factors such as obesity, respiratory diseases and mental health disorders are higher in Sefton than nationally, along with dementia.



Areas of Focus

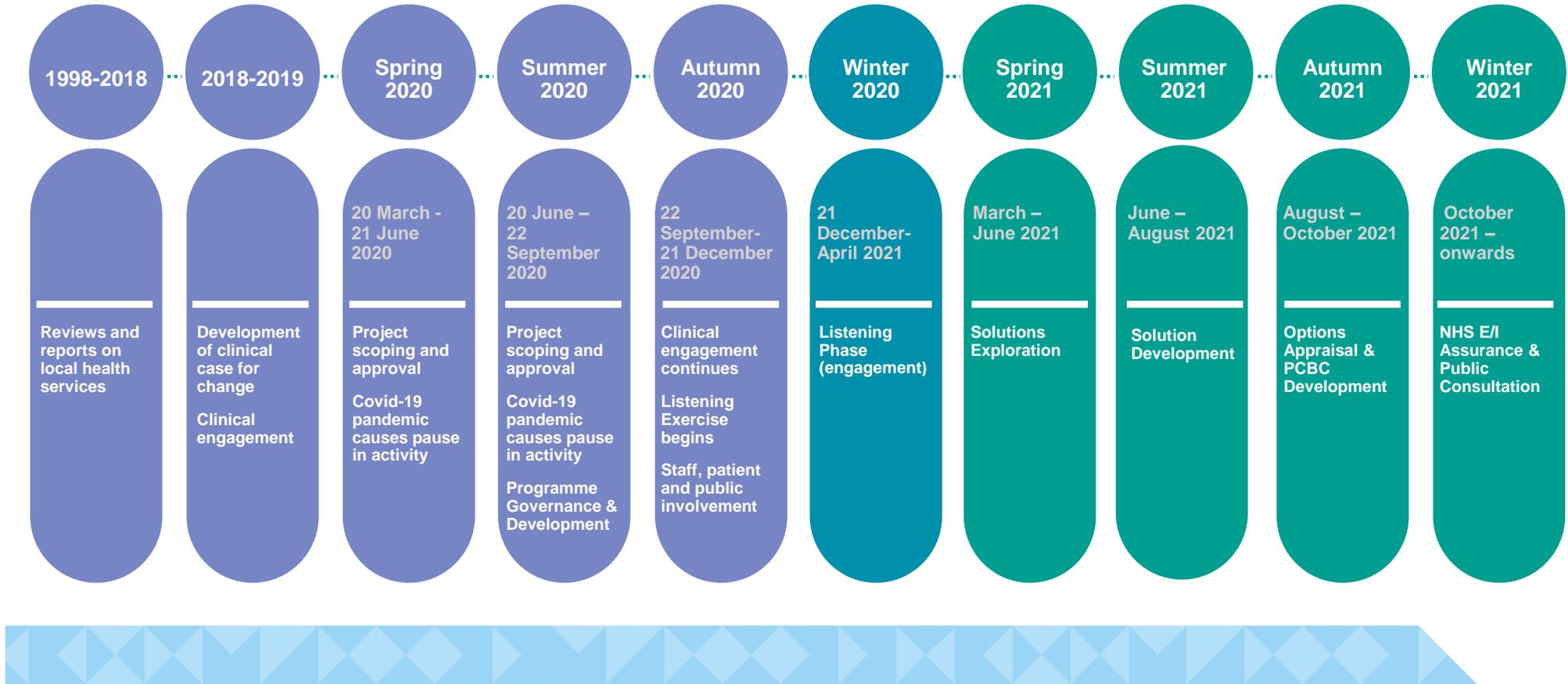
Shaping Care Together will explore how health and care services are accessible, effective and operated by skilled staff to meet everyone's needs. We have identified these areas of focus:

-  **Frail and elderly care**
-  **When you have an urgent or emergency care need**
-  **Services for children including those who have complex needs**
-  **Services for women who are pregnant and the newborn**
-  **Gynaecology – dealing with women's reproductive system**
-  **Sexual health services for all genders**
-  **Planned care, such as follow-up outpatient and/or subsequent admissions as part of ongoing treatment**

Our Journey



We Are Here



Listening to Our Stakeholders

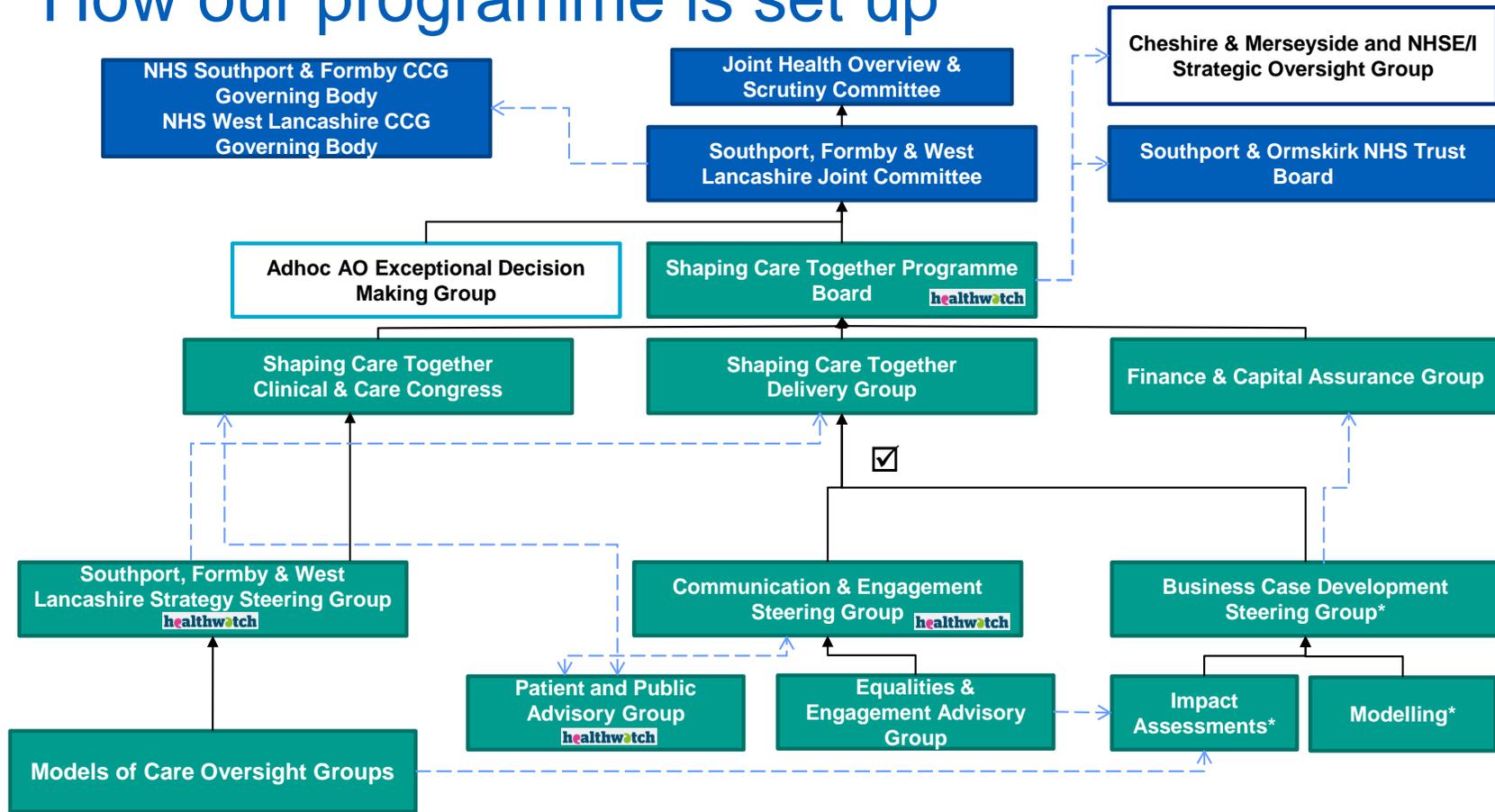
This programme will last throughout 2021 and there will be many opportunities for local people to have their say. No decisions have been made and we are seeking views which will inform our thinking and proposals for change.

We will be asking patients, carers, members of the public and health and care staff:

- What works well?
- What needs to be improved?
- What is important to them?



How our programme is set up



Key

- Accountable to
- - - - - Information flow

Statutory Body Formal Governance

SCT Programme Formal Governance

* To be established

Phase 1: Engagement Activity including seldom heard

- Online Discussion Events:
 - Southport, Ormskirk, Formby, Skelmersdale, Northern Parishes (Tarleton, Burscough, Parbold) 12 in total with 63 attendees
- One-to-one telephone interviews:
 - 20 digitally excluded individuals (more scheduled for stages 2-4)
 - 11 stakeholder interviews conducted (more scheduled for stat)
- Online Discussions
 - Surveys:
 - 198 completed by members of the public
 - 15 completed by non-Trust Staff
 - 5 completed by Hospital Staff
 - Public forum: 2 submissions
 - Public stories: 1 submission
- Partner events (arranged by Sefton CVS and West Lancs CVS) 69 attendees:
 - Sefton Carers
 - Mencap Service User
 - Sefton Young Advisers
 - Helping Hands Northern Parishes
 - Sefton Health and Social Care Partnership and Every Child Matters Partnership
 - Sefton HealthWatch
- Primary Care Networks/GP Locality Meetings
 - West Lancs PCN
 - Sefton Localities
- Hospital Staff Events x 6 (qualitative discussions)
- Staff events with Virgin Care and Mersey Care

How we encouraged people to participate

Communications Tools:

- EHQ is more than a survey tool
- Standard Presentation
- Q&A
- Why Now?
- Weekly social media schedule
- Media releases: The programme & to promote online events
- Media training for key spokespeople
- Comms Toolkit for partners
- Personal invitation to large employers & their representatives to Breakfast Briefing
- Newsletter to those signed up to EHQ

Communications Assets:

- Trusted Voices videos x 7 Leaders & clinicians
- Reply paid postcards & pop-ups
- Posters: Vaccination centres, food banks, supermarkets, ,
- Easy Read survey
- Social media assets
- Paper surveys
- Helping Hands newsletter to 4000 homes in Northern Parishes
- CVS newsletter (West Lancs)



5 Shaping Care Together Programme Highlight Report

Overall RAG:

A

21/27

| Programme Report: | | | Joint Committee | | | | | | |
|--|----------------------------|---------------------------------------|--------------------------------|------------------------------|------------------|------------------------------------|-----------------------------------|--|-------------------------------------|
| Senior Responsible Officer | | | Programme Director | | | | Reporting Period | | |
| Trish Armstrong-Child | | | Suzy Ning | | | | 13/02/2021 -15/03/2021 | | |
| OVERALL GOVERNANCE | Scope and Approach Defined | An Effective Project Team is in Place | Project Governance is in Place | All Stakeholders are engaged | OVERALL DELIVERY | Milestone plan is defined/on track | Benefits are defined and on track | Risks are identified and being managed | Issues identified and being managed |
| ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| <p>Progress Update:</p> <ul style="list-style-type: none"> • Engagement and Communication: Phase 1 has formally concluded and the reporting process is underway to consolidate the learning so far from this listening phase. To ensure effective reach into community and protected characteristics a continuous engagement approach is being adopted to enable effective engagement throughout tranche 1. Equalities and Health Inequalities work has initiated and an approach to stage 2 during purdah has been defined • Clinical and care engagement and leadership: the Clinical and Care Congress met 11/02/21 and reviewed and redrafted the revised vision/design principles for the models of care. Models of care workshops have been booked in and the Strategy Steering Group has been established to lead on the overall Model of Care chaired by the S&F CCG Chief Nurse (interim) • Resources: the Business Case Project Manager and Programme Officer roles are out to advert. A proposal has been received for workforce modelling, a brief is out for the estates modelling and transport modelling. The digital programme manager and support officer JDs are near completion and sign off. Finance support has been identified from West Lancs and awaiting further confirmation from S&F CCG and SOHT. A meeting with BI leads is due 17/03 to establish best way forward to secure resources. • Wider system connections: Lessons learnt have been developed from the Our Health Our Care programme. Awaiting wider system configurations from NHSEI • Capital: the outline process for the route to capital has been identified (public dividend capital) which will be developed and aligned to the programme roadmap with the DoFs | | | | | | | | | |
| <p>Focus for the next reporting period</p> <ul style="list-style-type: none"> • Clinical & Care Leadership and Engagement: Models of Care workshops held, refresh of clinical case for change; finalised vision and design principles for sign off • Communication & Engagement: Issues paper produced, phase 1 reporting complete, continuous engagement process identified. Patient and Public Advisory Group established; application of purdah restrictions • Programme resources: Business Case Project Manager and Programme Officer appointed; transport, workforce and estate modelling established; capacity sourced from finance and BI • Capital: Do limited capital requirements across Southport, Formby and West Lancashire (in and out of hospital health services) | | | | | | | | | |
| <p>Key issues for resolution / escalation</p> <ul style="list-style-type: none"> • None to escalate | | | | | | | | | |

**Joint Committee
“Shaping Care Together”
NHS Southport & Formby CCG and NHS West Lancs CCG**

| | |
|--|--|
| Agenda Item: 21/28 | Author of the Paper: Debbie Fairclough |
| Report date: March 2021 | Interim Programme Lead – Corporate Services Email: Debbie.fairclough@southsefton.ccg.uk |
| Title: Joint Committee Terms of Reference | |
| <p>Summary/Key Issues:</p> <p>The Joint Committee Terms of Reference have recently been updated following an annual review. The Joint Committee is asked to accept and approve the changes.</p> | |
| <p>Recommendation</p> <p>The Joint Committee is asked to accept and approve the following changes:</p> <ul style="list-style-type: none"> • The membership section has been changed to reflect the current existing Chairing arrangements • The TORs show that there will be quarterly meetings of the Joint Committee to be held in public | |

| | |
|---------|-------------------------------------|
| Receive | <input type="checkbox"/> |
| Approve | <input checked="" type="checkbox"/> |
| Ratify | <input type="checkbox"/> |

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 form 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 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 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. This programme of work is called "Shaping Care Together".

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 and the Lancashire and South Cumbria Health Integrated Care System 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 the "Shaping Care Together" 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 as and when it is appropriate to do so i.e. when wider participation is relevant to the programme of work under consideration. 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 also take into account other service providers as may be relevant to the transformation ~~or~~-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~~ is 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. Should the need arise for any change to the agreed work plan, such changes must be submitted to the respective governing bodies for consideration and approval before any changes can be implemented.
- ~~Agree and oversee an effective risk management strategy to support decision-making in all areas of business related to the Joint Committee's remit~~ Ensure that there is an effective approach to risk management to support decision making in all areas related to the Joint Committees remit.
- ~~Approve~~ Receive detailed 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 as appropriate, and requiring those sub-groups to provide assurance on progress.
- Approve future service reconfiguration, service models, specifications, and business cases up to the value as determined by each CCG's Scheme of Reservation and 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 as and when required
- Operate in a way that is consistent with the duties and responsibilities of NHSE/I
- Operate in a way that is consistent with the objectives of Cheshire and Merseyside Health and Care Partnership
- Operate in a way that is consistent with the objectives of the Lancashire and South Cumbria Integrated Care System

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.

The Chair of the Joint Committee is NHS Southport and Formby CCG Lay Member for Governance. Chairing of the Joint Committee will be reviewed on an annual basis between the two CCG members. A lay member representative from one CCG will preside as Chair and a lay member representative from the other CCG will be the deputy chair.

~~Chairing of the Joint Committee will be managed on an annual basis between the two CCG members. A lay member representative from one CCG will preside as Chair and a lay member representative from the other CCG will be the deputy chair. Those arrangements will be reviewed on a six monthly basis to ensure they remain fit for purpose in enabling the Joint Committee to continue to effectively discharge its responsibilities.~~

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 each of the CCG footprints

Other organisations and stakeholders, including local authorities and community providers may be invited to send representatives to the meetings to participate and inform discussions when it is relevant to the programme of work under consideration. Representatives from NHSE/I will be co-opted to attend as required and when relevant to the programme of work under consideration.

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 ~~in public on a quarterly basis 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.

First approved: November 2019

Reviewed: March 2021

Date of next review: March 2022

Terms of Reference Approval processes and dates

Reviewed and recommended by the Joint Committee for approval to the respective governing bodies: 25th March 2021

Date approved by NHS Southport and Formby CCG Governing Body: TBC

Date approved by NHS West Lancs CCG Governing Body: TBC