

Joint Governing Body Meeting Agenda

Date: Wednesday 17th November 2021, 18:00hrs to 18:40hrs

Venue: Virtual Meeting: Teams

To help the CCG respond to the coronavirus we are moving all meetings that we hold in public to virtual meetings for the foreseeable future. This also applies to our regular operational internal meetings in line with national guidance to ensure our staff are supported to work remotely. We will continue to publish papers as normal.

NHS South Sefton CCG Governing Body Members

Dr Peter Chamberlain	Chair & Clinical Director	PC
Alan Sharples	Deputy Chair & Lay Member - Governance	AS
Steven Cox	Lay Member - PPI	SC
Dr Gina Halstead	GP Clinical Director	GH
Jane Lunt	Interim Chief Nurse	JLu
Martin McDowell	Chief Finance Officer	MMcD
Dr Alison Rowlands	GP Clinical Director	AR
Dr Sunil Sapre	GP Clinical Director	SS
Dr Jeff Simmonds	Secondary Care Doctor	JS
Fiona Taylor	Chief Officer	FLT
Dr John Wray	GP Clinical Director	JW

NHS Southport & Formby CCG Governing Body Members

Dr Rob Caudwell	Chair & Clinical Director	RC
Dr Kati Scholtz	Clinical Vice Chair & Clinical Director	KS
Helen Nichols	Deputy Chair & Lay Member for Governance	HN
Dr Emily Ball	GP Clinical Director	EB
Dr Doug Callow	GP Clinical Director	DC
Dil Daly	Lay Member for Patient and Public Engagement	DD
Vikki Gilligan	Practice Manager	VG
Jane Lunt	Interim Chief Nurse	JLu
Martin McDowell	Chief Finance Officer	MMcD
Dr Anette Metzmacher	GP Clinical Director	AM
Dr Hilal Mulla	GP Clinical Director	HM
Colette Page	Additional Nurse	CP
Colette Riley	Practice Manager	CR
Dr Jeff Simmonds	Secondary Care Doctor	JS
Fiona Taylor	Chief Officer	FLT

No	Item	Lead	Report/ Verbal	Receive/ Approve/ Ratify	Time
General					
JGB21/1	Apologies for Absence	Chair	Verbal	Receive	5 mins
JGB21/2	Declarations of Interest	Chair	Verbal	Receive	
Governance					
JGB21/3	Implementing Shadow Operating Arrangements through increased delegation to the Joint Committee of Clinical Commissioning Groups (CCGs) in Cheshire and Merseyside	FLT	Report	Approve	30 mins

No	Item	Lead	Report/ Verbal	Receive/ Approve/ Ratify	Time
Closing Business					
JGB21/4	Any Other Business <i>Matters previously notified to the Chair no less than 48 hours prior to the meeting</i>				5 mins
Estimated meeting close					18:40hrs

MEETING OF THE GOVERNING BODY 17th November 2021

Agenda Item: JGB21/1	Author of the Paper: Fiona Taylor Chief Officer fiona.taylor@southseftonccg.nhs.uk 0151 317 8366	Clinical Lead: N/A
Report date: 17 th November 2021		

Title: Implementing Shadow Operating Arrangements through increased delegation to the Joint Committee of Clinical Commissioning Groups (CCGs) in Cheshire and Merseyside

Summary/Key Issues:

Subject to the passage of the Health and Care Bill into law, Integrated Care Systems (ICS) will be established, on 1st April 2022 comprising an NHS Integrated Care Board (ICB) to discharge NHS functions and duties and an Integrated Care Partnership (ICP) comprised of health and care partners across the ICS, both will work collaboratively to

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development

at the same time....

The 9 CCGs in Cheshire & Merseyside will be abolished, and their functions and people transferred to the ICB.

It is not viable to leave the handover until the 'last minute'; CCGs will be abolished on 1st April 2022 (assuming the Bill receives Royal Assent), and therefore CCGs must move to shadow operating arrangements by the end of quarter 3 (Oct-Dec 2021) as set out in the NHSE/I roadmap.

During October 2021 the nine CCGs in Cheshire & Merseyside agreed in principle to delegate all but that which they cannot legally delegate or which is unique to each CCG to the Joint Committee of CCGs in C&M supported by 3 sub committees but asked for some additional work to take place before formalising the delegation.

This additional work has been completed and is set out within this report and its appendices.

Each CCG is now asked to approve increased delegation to the Joint Committee of CCGs in C&M to enable shadow operating in line with the requirements of NHSE/I as we transition to the new system architecture which will be legally enacted (subject to Royal Assent) on 1st April 2022.

Recommendation	Receive <input type="checkbox"/>
	Approve <input checked="" type="checkbox"/>
	Ratify <input type="checkbox"/>
The Governing Body is asked to approve the recommendations within the report.	

Links to Corporate Objectives 2021/22 (<i>x those that apply</i>)	
X	To implement Sefton2gether and realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
X	To drive quality improvement, performance and assurance across the CCG's portfolio.
X	To ensure delivery of the CCG's financial plan and align it with Sefton2gether and the work plan of transformation programmes
X	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).
X	To progress the changes for an effective borough model of place planning and delivery and support the ICS development.

Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement			X	
Clinical Engagement			X	
Equality Impact Assessment			X	
Legal Advice Sought			X	
Quality Impact Assessment			X	
Resource Implications Considered			X	
Locality Engagement			X	
Presented to other Committees			X	



Implementing Shadow Operating Arrangements through increased delegation to the Joint Committee of Clinical Commissioning Groups (CCGs) in Cheshire and Merseyside

Executive Summary

Subject to the passage of the Health and Care Bill into law, Integrated Care Systems (ICS) will be established, on 1st April 2022 comprising an NHS Integrated Care Board (ICB) to discharge NHS functions and duties and an Integrated Care Partnership (ICP) comprised of health and care partners across the ICS, both will work collaboratively to

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development

at the same time....

The 9 CCGs in Cheshire & Merseyside will be abolished, and their functions and people transferred to the ICB.

It is not viable to leave the handover until the 'last minute'; CCGs will be abolished on 1st April 2022 (assuming the Bill receives Royal Assent), and therefore CCGs must move to shadow operating arrangements by the end of quarter 3 (Oct-Dec 2021) as set out in the NHSE/I roadmap.

During October 2021 the nine CCGs in Cheshire & Merseyside agreed in principle to delegate all but that which they cannot legally delegate or which is unique to each CCG to the Joint Committee of CCGs in C&M supported by 3 sub committees but asked for some additional work to take place before formalising the delegation.

This additional work has been completed and is set out within this report and its appendices.

Each CCG is now asked to approve increased delegation to the Joint Committee of CCGs in C&M to enable shadow operating in line with the requirements of NHSE/I as we transition to the new system architecture which will be legally enacted (subject to Royal Assent) on 1st April 2022.

1. Purpose of the report

- 1.1 The purpose of this report is to provide evidence and assurance that the areas of further work identified by the 9 CCG Governing Bodies on or shortly after 12th October 2021 has been completed enabling the CCGs to approve and enact increased delegation to the Joint Committee of CCGs in Cheshire & Merseyside in line with the ICS Establishment Roadmap set out by NHSE/I.

2. CCGs in Cheshire & Merseyside

- 2.1 This report is submitted to the Governing Body of each of the 9 CCGs across Cheshire & Merseyside:

NHS Cheshire CCG

NHS Halton CCG

NHS Knowsley CCG

NHS Liverpool CCG

NHS South Sefton CCG

NHS Southport & Formby CCG

NHS St Helens CCG

NHS Warrington CCG

NHS Wirral CCG

3. Recommendations

- 3.1 The Governing Body is recommended to:

- 3.1.1 **Approve** delegation of all duties and functions to the Joint Committee of CCGs in Cheshire & Merseyside other than those which cannot legally be delegated and any CCG specific arrangements, e.g. those governing section 75 agreements:

- Audit,
- Remuneration,
- Primary Care Commissioning,
- CCG closedown
- Those relating specifically to an individual CCG such as Section 75 agreements.

- 3.1.2 **Endorse** the establishment of three sub committees of the Joint Committee to continue related work underway in the 9 CCGs for all functions and duties that are delegated:

- A Quality Sub Committee
- A Finance and Resources Sub Committee
- A Performance Sub Committee

- 3.1.3 **Receive** the assurance provided by Mersey Internal Audit Agency (MIAA) to CCGs that the arrangements set out in appendices 2 and 3 are sufficient and appropriate
- 3.1.4 **Agree** the proposal that MIAA is commissioned to carry out a review of the operation of the Joint Committee and its Sub Committees at the end of January 2022 for consideration by each Governing Body
- 3.1.5 **Delegate** responsibility to the Chair and Accountable Officer (AO), working collaboratively with other Chairs and AOs in C&M, to ensure the proposed arrangements for determining membership of each sub-committee and the required secretariat support are implemented no later than 25th November 2021.

4. Background

- 4.1 Subject to the passage of the Health and Care Bill into law, Integrated Care Systems (ICS) will be established, on 1st April 2022 comprising an NHS Integrated Care Board (ICB) to discharge NHS functions and duties and an Integrated Care Partnership (ICP) comprised of health and care partners across the ICS, both will work collaboratively to

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development

at the same time....

The 9 CCGs in Cheshire & Merseyside will be abolished, and their functions and people transferred to the ICB.

- 4.2 The Cheshire & Merseyside Transition Programme has been established to oversee the safe and effective transition to the new statutory architecture on 1st April 2022:
- the establishment of an Integrated Care Board (ICB) to be Day 1 ready – the Receiver Body
 - the safe transfer of people and functions from the 9 CCGs into the ICB – the Sender Bodies
 - the closedown of the 9 statutory bodies (CCGs)
- 4.3 It is not viable to leave the handover until the 'last minute'; CCGs will be abolished on 1st April 2022 (assuming the Bill receives Royal Assent), and therefore CCGs must move to shadow operating arrangements by the end of quarter 3 (Oct-Dec 2021) as set out in the NHSE/I roadmap.

5. Progress to date

5.1 On 12th October 2021, seven CCG Governing Bodies met in Common to consider a paper (appendix 1) which set out a proposal to delegate all but those functions that cannot legally be delegated or which are unique to an individual CCG, to the Joint Committee of CCGs in Cheshire & Merseyside (C&M). The remaining two CCGs (NHS South Sefton and NHS Southport & Ormskirk CCGs) subsequently met to consider the same paper.

5.2 At the meeting in common on 12th October and thereafter for the remaining two CCGs, each Governing Body had some time individually to discuss the paper. All 9 CCGs gave approval in principle and asked for some additional work to be carried out to provide assurance that robust governance arrangements would be put in place to ensure that each CCG Governing Body could discharge their duties and functions effectively, efficiently and economically:

5.3 There were 3 consistent themes raised:

- **The paper stated that Terms of reference for the three proposed sub committees of the Joint Committee were to be developed, however, Governing Bodies wished to have sight of them for assurance**

The Terms of Reference for the Joint Committee have been reviewed to reflect the increased delegation and are attached at Appendix 2

Terms of Reference for the three Sub Committees of the Joint Committee are attached at Appendix 3

- **Governing Bodies wanted to gain assurance that all areas of ongoing committee work and scrutiny relevant to the increased delegations would be captured.**

Each CCG's Governance Lead has reviewed the current workplan of their CCG committees as appropriate to the delegations that have been approved in principle.

These reviews were sent to MIAA who then mapped all items across to the Joint Committee and then to each sub committee using a 'test':

Is this an item unique to one CCG?

Yes = retained by that CCG

No = mapped to Joint Committee and its Sub Committees

- **Confirmation from the internal auditors (MIAA) that the proposed arrangements provide GBs with reasonable assurance of appropriate delegation to the Joint Committee.**

As requested by the Governing Bodies on 12th October 2021, the Executive Director of Transition has commissioned MIAA as the Internal Auditors for all 9 CCGs, to review the arrangements to increase delegation to the Joint Committee to put in place shadow operating in line with the requirements of NHSE/I.

In summary, the opinion of MIAA is that the arrangements as described provide reasonable assurance to CCGs in discharging their duties and functions through the Joint Committee of CCGs in Cheshire & Merseyside.

The MIAA report is attached as Appendix 4.

6. Clarifications

6.1 During discussions on 12th October, and thereafter for the other 2 CCGs, some clarifications were sought.

- Governing Bodies remain accountable for discharging their duties and functions until such a time as they are abolished which is planned for midnight 31st March 2022
- In moving to shadow operating, in advance of being abolished on 31st March 2022, CCGs are delegating responsibility but not accountability to the Joint Committee. CCGs remain Statutory NHS Bodies up to and including 31st March 2022.
- The Joint Committee of CCGs in C&M is not a Sub Committee of any one CCC but a Committee of all nine CCGs.
- At the time of the first fully delegated meeting of the Joint Committee of CCGs in C&M, there will be just 4 months until the abolition of the 9 NHS Clinical Commissioning Groups (CCGs) in Cheshire & Merseyside (assuming Royal Assent) and the establishment of the NHS Cheshire & Merseyside Integrated Care Board as the successor body i.e. the Receiver of CCG functions and staff. This means that there is no reasonable expectation that any procurement activity by CCGs will take place in advance of this transition which should provide comfort to the CCG which has raised this potential issue.
- All CCG/borough specific work/services which are unique to a CCG boundary will remain with the CCG as only those areas which involve more than one CCG will be delegated to the Joint Committee.
- Each CCG will want to review its individual committee structure as a consequence of shadow operating arrangements to ensure there is no duplication of responsibility between the Joint Committee and its Sub Committees and those retained by individual CCGs.
- During shadow operation each CCG's key focus should be on attaining assurance that the shadow arrangements are robust and enable CCGs to discharge their duties and functions effectively, efficiently and economically up to and including 31st March 2022. This will be achieved through the reporting arrangements as follows:
 - Joint Committee membership replicating that of a Governing Body
 - Joint Committee Sub Committees will include membership from all 9 CCGs

- All papers circulated via Accountable Officer when issued prior to each meeting
- Chair's update to be circulated to all Governing Bodies within 4 working days of each meeting
- A Key issues report produced and circulated to each Governing Body following each Joint Committee meeting
- MIAA will review how the Joint Committee and its Sub Committees are operating at the end of January 2022
- Any issue relating to an individual CCG and its ability to meet its duties will continue to be considered by its Governing Body.

7. Patient and Public Involvement

- 7.1 Healthwatch is very important to each CCG as the independent voice of the local community and is very much central to the Joint Committee of CCGs in C&M as members of the Joint Committee.
- 7.2 Healthwatch colleagues have worked together to ensure representation of all Healthwatch organisations across C&M. The representatives have established a forum to gain input and receive feedback from attendance at the Joint Committee.

8. Summary

- 8.1 Subject to the passage of the Health and Care Bill into law, Integrated Care Systems (ICS) will be established, on 1st April 2022 comprising an NHS Integrated Care Board (ICB) to discharge NHS functions and duties and an Integrated Care Partnership (ICP) comprised of health and care partners across the ICS, both will work collaboratively to
- improve outcomes in population health and healthcare
 - tackle inequalities in outcomes, experience and access
 - enhance productivity and value for money
 - help the NHS support broader social and economic development

at the same time....

The 9 CCGs in Cheshire & Merseyside will be abolished, and their functions and people transferred to the ICB.

- 8.2 It is not viable to leave the handover until the 'last minute'; CCGs will be abolished on 1st April 2022 (assuming the Bill receives Royal Assent), and therefore CCGs must move to shadow operating arrangements by the end of quarter 3 (Oct-Dec 2021) as set out in the NHSE/I roadmap.
- 8.3 During October 2021 the nine CCGs in Cheshire & Merseyside agreed in principle to delegate all but that which they cannot legally delegate or which is unique to each CCG to the Joint Committee of CCGs in C&M supported by 3 sub committees but asked for some additional work to take place before formalising the delegation.

- 8.4 This additional work has been completed and is set out within this report and its appendices.
- 8.5 Each CCG is now asked to approve increased delegation to the Joint Committee of CCGs in C&M to enable shadow operating in line with the requirements of NHSE/I as we transition to the new system architecture which will be legally enacted (subject to Royal Assent) on 1st April 2022.

Signatory – Dianne Johnson, Executive Director of Transition on behalf of the Accountable Officers of the nine CCGs across C&M

November 2021

Appendices

1. Paper submitted to CCG Governing Bodies Committee in Common meeting 12th October 2021
2. Reviewed Terms of Reference for the Joint Committee of CCGs in C&M
3. Terms of Reference for the 3 sub committees of the Joint Committee of CCGs in C&M
4. MIAA report of its review of arrangements in place to increase delegations to the Joint Committee of CCGs in C&M to facilitate shadow operating during Q4 2021/22 in line with the NHSE/I published timeline

Acknowledgement

This work has been a collaboration across the 9 CCGs in Cheshire and Merseyside and in particular the Lead AO and the CCG Governance Leads who have used their collective expertise to benefit the system as we move through the transition.

APPENDIX 1

Paper from Meeting in Common

Meeting in Common of the Governing Bodies of the Cheshire & Merseyside Clinical Commissioning Groups

12 October 2021

Agenda Item D2

Title	
Transitioning from CCGs to the ICS – shadow operating arrangements and associated CCG governance changes	
Report Author	Debbie Fairclough Interim Programme Lead – Corporate Services, NHS South Sefton CCG and NHS Southport and Formby CCG
Contributors	Dawn Boyer, NHS Knowsley CCG, Michael Chandler, NHS Wirral CCG, Matthew Cunningham, NHS Cheshire CCG, Angela Delea, NHS St Helens CCG Stephen Hendry, NHS Liverpool CCG, Carol Hill, NHS Liverpool CCG, Rebecca Knight, NHS Halton CCG & NHS Warrington CCG; Phil Meakin, NHS Cheshire CCG
Executive Sponsor / Report Reviewed by	Fiona Taylor, Accountable Officer, NHS South Sefton CCG & NHS Southport & Formby CCG
Date submitted	8 October 2021

Key Issues and considerations	
<p>During the intervening few months since the publication of the White paper on Health and Care Reform and its associated guidance documents, as well as the reading of the Health & Care Bill in July 2021, it has become apparent that the challenging timescales for the transition from CCGs to an established ICB means that considerable work needs to be expedited in order that the Cheshire and Merseyside CCGs accountabilities can continue to be discharged and safely executed up to their disestablishment date (31st March 2022), support the development of the shadow ICB Board and ensure a safe and robust transition of staff, functions, liabilities to the Cheshire and Merseyside ICB.</p> <p>As such work has been undertaken by the CCG Accountable Officers, supported by CCG Governance leads, to form proposals on changes to CCG governance that will support this transition and strengthen the work to establish ICB arrangements.</p> <p>It is the ambition of the CCG Accountable Officers that the proposals set out in this paper are seen as fundamental by Governing Body members in enabling CCGs to revise governing body agendas such that they will be able to better focus on place based developments, audit, remuneration, formally authorise closedown and transfer proposals and any other matters relevant to their statutory duties, in accordance with NHSE guidance to maintain local operational delivery.</p>	

Key Issues and considerations

An earlier version of this paper was considered by the Cheshire and Merseyside CCGs Joint Committee on the 28 September 2021 and the feedback received from Committee members has been incorporated within this paper.

Recommendation(s)

The Governing Body of each CCG is asked to:

- **endorse** the recommendation that the current Joint Committee work plan is rescinded
- **endorse** the recommendation that all CCGs delegate authority to the Joint Committee to take on any and all functions normally reserved to that of a CCG Governing Body, with the exception of those areas outlined in Section Three
- **endorse** the recommendation that all CCGs agree to disestablish their existing individual CCG Committees that cover finance and resources, performance and quality and support the establishment of joint committees that cover these areas and which report into the Cheshire and Merseyside CCG Joint Committee
- **approve the** recommendation that a second meeting in common of all Governing Bodies is arranged for the first week in November 2021 to further consider and formally approve the recommendations of the Accountable Officers.

Reason for consideration by the Governing Body

Will it significantly affect or determine CCG priorities (and future commitments)?	Yes
Is it likely to be of significant public interest?	Yes
Will it have a significant impact on the CCG's ability to deliver its strategic objectives / statutory duties?	Yes
If applicable, is there a specific requirement, or has there been a specific request that the GB make the decision?	Yes
Is funding required? Please see also section below	No
Other? If "Other", please explain the rationale for presenting this report:	No

Authority to agree the recommendation

If applicable – Have you confirmed that this committee / group has the necessary authority to approve the requested recommendation(s)?	Yes
--	-----

Conflicts of Interest Consideration (if applicable)

n/a

Appendices

Appendix A	Terms of Reference – Finance and Resources Committee
Appendix B	Terms of Reference – Quality Committee
Appendix C	Terms of Reference - Performance Committee

Transitioning from CCGs to the ICS – shadow operating arrangements and associated CCG governance changes

1. Introduction

- 1.1 Under the Government's White Paper on Health and Care Reform proposals, published in February 2021, Clinical Commissioning Groups (CCGs) are set to be abolished and all CCG functions, assets and liabilities will transfer to their local integrated care system (now referred to as an Integrated Care Board (ICB)).
- 1.2 The roadmap recently described within the ICS design framework¹ states that CCGs will no longer be operating in the same way from October 2021 and there is a need to develop the governance and decision-making structure to support the Shadow ICB and enact decisions, as it is CCGs that remain the statutory bodies until 1st April 2022.
- 1.3 During the intervening few months since the publication of the White paper on Health and Care Reform and its associated guidance documents, as well as the reading of the Health & Care Bill in July 2021, it has become apparent that the challenging timescales for the transition from CCGs to an established ICB means that considerable work needs to be expedited in order that the Cheshire and Merseyside CCGs accountabilities can continue to be discharged and safely executed up to their disestablishment date (31st March 2022), support the development of the shadow ICB Board and ensure a safe and robust transition of staff, functions, liabilities to the Cheshire and Merseyside ICB.
- 1.4 As such work has been undertaken by the CCG Accountable Officers, supported by CCG Governance leads, to form proposals on changes to CCG governance that will support this transition and strengthen the work to establish ICB arrangements.
- 1.5 An earlier version of this paper was considered by the Cheshire and Merseyside CCGs Joint Committee on the 28 September 2021 and the feedback received from Committee members has been incorporated within this paper.

2. Cheshire and Merseyside CCGs Joint Committee – proposal

- 2.1 The nine Cheshire and Merseyside CCGs have established a joint committee established through the powers conferred by section 14Z3 of the NHS Act 2006 (as amended). Through a fair and transparent process, the nine CCGs identified representatives drawn from each CCG to form the membership of the Committee and which reflected the roles that make up the composition of a CCG Governing Body. Representatives from the Cheshire and Merseyside Health and Care Partnership, Healthwatch and Public Health were also invited to attend Committee meetings.
- 2.2 The overarching role of the Joint Committee has been to enable the Cheshire and Merseyside CCGs to work effectively together and make binding decisions on agreed service areas, for the benefit of the both the resident population and population registered with a GP practice in Cheshire and Merseyside.

¹ <https://www.england.nhs.uk/publication/integrated-care-systems-guidance/>

2.3 Although there was always the potential for the committee to assume greater responsibility for more areas/functions normally reserved for a CCGs Governing Body the scope of the Cheshire and Merseyside Joint Committee is currently restricted to a small set of areas which are set out in the existing work plan that was approved during Spring 2021 (Figure One).

Figure One: Current work plan of the Cheshire and Merseyside Joint Committee

Service area to be commissioned 'at scale'	Specific services to be included in the workplan of the Joint Committee of Cheshire and Merseyside CCGs
Mental Health Services	A. Children and Young People mental health services <ul style="list-style-type: none"> • Crisis services • Eating disorder services B. Agree common standards and develop a common workforce strategy to address widespread variation in access, provision, quality and outcomes C. Out of area placements
Acute services	A. Specialist Rehabilitation services (Neuro, Mental Health, Stroke, complex cases) B. To re-procure Bariatric services during 2021/22 C. Spinal services D. Standardise clinical commissioning policies e.g. IVF, interventions of low clinical importance E. Agree to adopt the National Specification for Stroke services across C&M.

2.5 For the nine Cheshire and Merseyside CCGs to effectively work in collaboration as a system, understand and address more effectively the Cheshire and Merseyside system issues, better utilise and prioritise the current resources (staff, Governing Body members) of the CCGs and to support the establishment of the ICB and its shadow ICB Board it is being proposed that greater authority is delegated to the Joint Committee going forward.

2.6 In summary the following proposals are being recommended to all nine CCG Governing Bodies for consideration:

- that the current Joint Committee work plan is rescinded
- that all CCGs delegate authority to the Joint Committee to take on any and all functions normally reserved to that of a CCG Governing Body, with the exception of those areas outlined in Section Three of this paper
- that all CCGs agree to disestablish their existing individual CCG Committees that cover finance and resources, performance and quality and support the establishment of joint committees that cover these areas and which report into the Cheshire and Merseyside CCG Joint Committee. The proposed Terms of Reference for these new Joint Committees (Quality, Performance, Finance and Resources) can be seen in Appendix One.

2.7 As there is still a significant amount of work to be undertaken to enable sufficient assurance to Governing Bodies that these recommendations would be robustly implemented and in recognition that further discussion and engagement is required with all Governing Bodies, the ask of Governing Bodies at its meeting in common in October

2022 is to **endorse** the recommendations in 2.6 and to give the mandate to the Accountable Officers to progress implementing these recommendations.

- 2.8 Additionally, Governing Bodies are asked to agree that a second meeting in common of all Governing Bodies is arranged for the first week in November 2021, which will be a meeting held in public, and where these proposals / recommendations are brought back for formal approval. If formal approval is received then the 23 November 2021 meeting of the Joint Committee would be the first meeting of the Committee with its increased authority.
- 2.9 It is the ambition of the Cheshire and Merseyside CCG Accountable Officers that the proposals set out in this paper are fundamental in enabling CCGs to revise governing body agendas such that they will focus on place based developments, audit, remuneration, formally authorise closedown and transfer proposals and any other matters relevant to their statutory duties, in accordance with NHSE guidance to maintain local operational delivery including patient safety, quality and finance, seeking assurances from the joint committee that progress is on track and other bespoke matters only relevant to the respective statutory body.

3. Considerations and product development

- 3.1 It is recognised that there is still a significant amount of work to be undertaken to enable these recommendations to be fully implemented. Work is ongoing to ensure that robust processes are in place to provide the necessary assurance to Governing Body members that this further delegation of authority and transition to a Cheshire and Merseyside decision making forum will be done safely and thoroughly.
- 3.2 There is now a regular governance work stream meeting, attended by representatives of all CCGs and the Cheshire and Merseyside Health and Care Partnership, and a nominated Accountable Officer (Fiona Taylor) to oversee the work stream. This work stream has been tasked at identifying what functions/areas may or will need to stay at Governing Body/Place level based on current arrangements as well as what could and should be covered within the authority of the Joint Committee and its sub-committees. Aligned to this there will need to be work undertaken to amend each CCGs Scheme of Reservation and Delegation (SORD) and Standing Financial Instructions. The governance work stream will also be developing a 'decision map' tool for use for staff within each CCG so as to help inform them as to how and where CCG business will need to go for decisions within the new CCG governance infrastructure (once established).
- 3.3 Due to the statutory or mandated nature of certain CCG Committees changes are not being proposed to the current operation of individual CCGs Primary Care Commissioning, Audit and Remuneration Committees. Matters in scope of these Committees will continue to be determined and managed at individual CCG level. In time however as part of CCG closedown and transition to the ICB these Committees may also need to be undertaken in common across all CCGs.
- 3.4 Existing arrangements at each Place/CCG level in relation to other joint committees either with CCGs within our outside of Cheshire and Merseyside, or arrangements with local authorities are also not being proposed to be changed at this time. For example, the oversight, management and scrutiny of place based partnership arrangements for section

75 will remain within the nine places. However, within the context of reporting in the finance and resource committee it is likely that the financial reporting will also reference the Better Care Fund for completeness.

- 3.5 Regardless of delegating increased authority to the Joint Committee, each CCG still needs to retain their Governing Body. The Governance work stream, with the support of Governing Body members, will be looking to collate from each CCG a combined list of the CCG business that was due to come to each CCG Governing Body for the remainder of this year. This list will then aide in understanding what CCG business would best be considered at the Joint Committee or which would best be considered at individual CCG level – either through the Governing Body or Executive/Senior Leadership teams.
- 3.6 As an example, the list below summarises core responsibilities that should remain in scope of individual Governing Bodies:
- ensure that the CCG has appropriate arrangements in place to exercise its functions effectively, efficiently and economically, and in accordance with the CCG's principles of good governance (its main function);
 - determine the remuneration, fees and other allowances payable to employees or other persons providing services to the CCG and the allowances payable under any pension scheme established;
 - approve arrangements for co-ordinating the commissioning of services with other CCGs and or with the local authority(ies), where appropriate;
 - approve decisions that individual members or employees of the CCG participating in joint arrangements on behalf of the CCG can make;
 - approve arrangements for financial risk sharing and or risk pooling with other organisations;
 - approve variations to the approved budget where variation would have a significant impact on the overall approved levels of income and expenditure or the CCG's ability to achieve its agreed strategic aims;
 - approve amendments to the CCGs constitution (subject to the caveats requiring membership approval);
 - approve amendments to the CCG's overarching scheme of reservation and delegation for inclusion in the CCG's constitution;
 - approve amendments to the CCG's standing financial instructions that underpins the CCG's 'overarching scheme of reservation and delegation' as set out in its constitution;
 - approve appointments to the CCG Governing Body
 - approve Governing Body member appointments to CCG Committees;
 - approve who can execute a document by signature / use of the seal
 - approve the CCG's operating structure;
 - approve the arrangements for discharging the CCG's statutory financial duties;
 - approve the CCG's budgets that meet the financial duties as set out in the constitution;
 - approve the arrangements for discharging the CCG's statutory duties as an employer;
 - oversee risk assessment and securing assurance actions to mitigate identified strategic risks (Governing Body Assurance Framework risk);
 - approve the annual report and accounts;
 - approve the CCG's counter fraud and security management arrangements;
 - have oversight of and approve CCG Emergency Planning, Resilience and Response arrangements so as to ensure the CCG acts in accordance with the Civil Contingency

Act 2004, the NHS Act 2006, the Health and Social Care Act 2012, Home Office guidance, and Department of Health national policy and guidance;

- consider any case for change that may result in the Governing Body seeking approval from the CCGs membership for any application by the group to NHS England to enter into a merger, separation, or dissolution.

3.7 As well as the responsibilities listed in 3.6, there will still be a role for individual Governing Bodies in:

- approving strategies, reports etc. that are required (by other bodies such as NHSE/I) to have corporate “sign off” (as the Governing Body will continue to be the body corporate – or the legal entity acting on behalf of the CCG). That will also be the case for certain formal agreements, statement or assurance returns to the regulators. (e.g., EPRR, WRES);
- considering assurance reports from the committees where escalation required, including: Audit, Remuneration and Cheshire and Merseyside CCG Joint Committee;
- considering updates on strategic risks affecting the CCG via the Governing Body Assurance Framework (GBAF);
- having oversight of the internal work on CCG close-down/transition process.

3.8 **Sub-Committees of the Cheshire and Merseyside CCGs Joint Committee.** Having considered the current arrangement across the nine CCGs the proposal to establish sub-committees of the Joint Committee are duly recommended in order to reflect and enact the delegated duties and accountabilities of the CCGs until 31 March 2022. Subject to the Governing Bodies endorsing the recommendations as outlined in Section Two of this paper, Governing Body members are asked to review the proposed terms of reference in **Appendix Three** and provide any feedback prior to the Terms of Reference being considered at the next meeting of the Joint Committee on 26 October 2021.

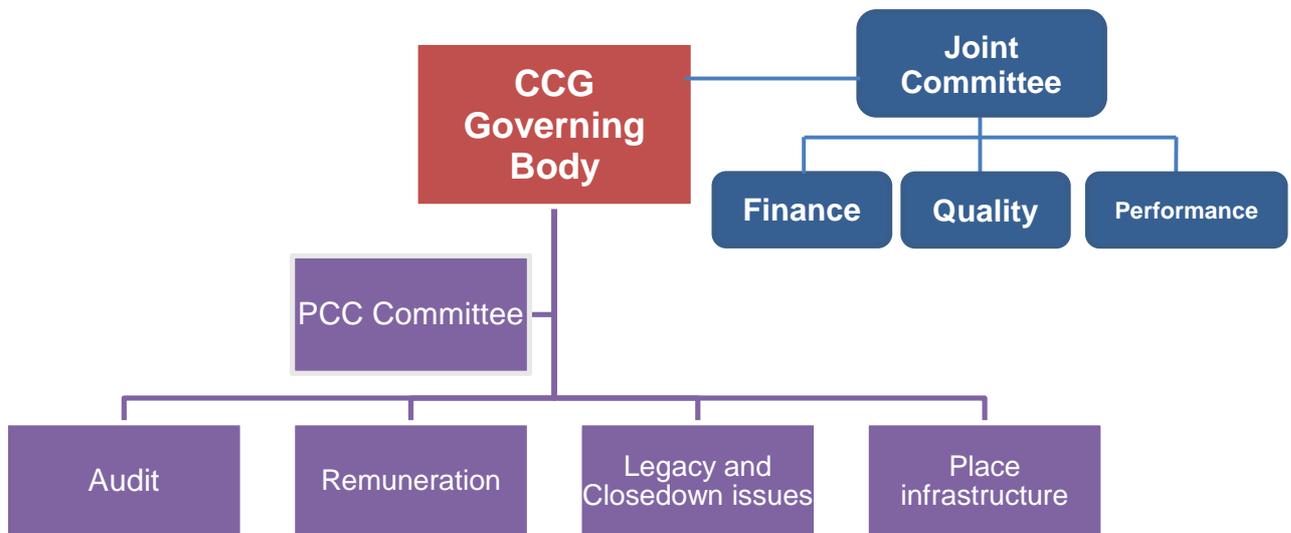
3.9 In establishing these reporting sub committees, the joint committee shall ensure that the sub committees receive the necessary reporting of information from each CCG to enable a single central mechanism across Cheshire and Merseyside for reporting. Whilst the proposal is to disestablish the existing CCG committees that cover finance, performance and quality it is anticipated that each CCG/Place will continue to operate an ‘Operational and Assurance’ type meeting on these areas so as to not lose any grip on local issues. These groups would then inform the established sub committees of the Joint Committee.

3.10 There will need to be a membership at each sub-committee reflective of the current CCG committee arrangements, including Lay Members/Clinical leads (GB Members) in order to discharge the CCG duties and responsibilities through this new structure but collectively across Cheshire and Merseyside. It is recommended that these sub-committees are chaired by a lay member drawn from the nine CCGs. It is proposed that membership of these Committees would be selected in a similar manner to that which enabled the identification of the membership of the Joint Committee.

3.11 It is expected that each proposed sub committee will provide an assurance report on activity, issues and risks and matters for escalation following each meeting. One overarching assurance report will be produced for all CCG Governing Bodies which will provide the necessary detail for assurance matters. These sub committees whilst reporting into the Cheshire and Merseyside CCGs Joint Committee, will also be able to inform and assure the individual CCG Governing Bodies via the reporting to each CCG

governing body of the ratified minutes of both the public and private meetings of the Joint Committee.

- 3.12 Subject to agreement, it is proposed that the new sub committees are established in November 2021 following approval of the Terms of Reference at the October Joint Committee meeting and following the completion of any final remaining scheduled CCG Committee meetings throughout October and early November. As part of these final meetings there will need to be closedown and handover plans created to inform the new sub-committees. These closedown and handover plans will need to be approved by the Chairs of the respective CCG Committees.
- 3.13 The Joint Committee is required to have in place a risk register and supporting escalation framework so that there is a mechanism in place for managing risk and alerting the respective statutory bodies of any emerging risks. These will also need to be captured in the respective CCGs GBAF.
- 3.14 Place based partnerships in each of the boroughs are continuing to grow and develop and report direct to the Health and Care Partnership in terms of progress – with the intention that formal governance arrangements between Place and the ICB be agreed by the Shadow ICB. It will be necessary however, for each “place” arrangements to have mechanisms for assuring quality and finance, providing this assurance to each governing body to ensure that accountability is maintained. There will also arise legacy issues for each CCG which will be subject to local resolution with accountability and compliance sitting with the respective CCGs.
- 3.15 In recognising the on-going development of place-based partnerships at pace and agreement of respective governance frameworks; the Joint Committee may need to review the extent of delegations, as they are likely to be devolved to Place.
- 3.16 The C&M Joint Committee is **not** a sub-committee of the nine governing bodies - it is a committee of each of the nine CCGs (as membership bodies). However, governing bodies on behalf of CCG membership will, from time to time require assurances on such matters to enable a collective response. Primarily this should be delivered via a governance structure. A minimal local structure, reflecting the role of the Cheshire and Merseyside CCGs Joint Committee, can be seen in Figure Two.



4. Next Steps and indicative timelines

- 4.1 Subject to receiving the support to progress the recommendations outlined within this paper the following areas will be progressed within the indicative timelines outlined below. This list is not exhaustive as other areas of work will be required to be undertaken as the development of the ICB progresses, further details emerge during the passage of the Bill through the House of Commons and in response to further guidance and directions from NHS England and Improvement. Additionally a more detailed project / programme plan and timeline up until the end of March 2022 will need to be created and brought back to the Governing Bodies/Joint Committee.

October 2021

- receive feedback on proposed sub-committee TORs
- Sub-Committee TORs to be considered for approval at the 26 October Joint Committee Meeting
- revised Joint Committee TOR to be considered at the 26 October Joint Committee meeting prior to submission to CCG Governing bodies for approval
- amendments to CCG SORDS and SFIs developed ahead of consideration by CCG Governing Bodies for approval
- existing CCG Finance, Quality and Performance Sub-committees to meet for final time and agree closedown and handover reports
- identification of legacy issues and process and forums for management by individual CCGs
- development of a collated CCGs business forward plan and business route map to identify what will need to go where and by when
- development of CCG Business items 'decision map flow charts' to support CCG staff understand where CCG business items will need to be considered
- agree process to and identify CCG representatives to form the membership of the new Sub-Committees.

November 2021

- an additional CCGs Governing Bodies meeting in common to be arranged in the first week of November 2021 to consider formal approval of the recommendation outlined in 2.6, a revised Joint Committee TOR, amended CCG SORD & SFIs, and other associated products
- existing CCG Finance, Quality and Performance Sub-committees to meet for final time and agree closedown and handover reports
- Identification of legacy issues and process and forums for management by individual CCGs
- first meeting of Joint Committee with increased authority
- first meetings of newly formed sub-committees.

5. Conclusion

- 5.1 An enhanced remit and increased authority delegated to the Joint Committee of Cheshire and Merseyside CCGs and the establishment of reporting sub committees will allow for aligned, timelier and responsive decision making that is required to meet the timetable and demands for change to a full ICB in April 2022.

- 5.2 This will contribute to the safe and effective transfer of all nine CCGs responsibilities, assets and liabilities to a fully enacted Cheshire and Merseyside ICB from 1 April 2022.

6. Recommendations

6.1 The Governing Body of each CCG is asked to:

- **endorse** the recommendation that the current Joint Committee work plan is rescinded
- **endorse** the recommendation that all CCGs delegate authority to the Joint Committee to take on any and all functions normally reserved to that of a CCG Governing Body, with the exception of those areas outlined in Section Three
- **endorse** the recommendation that all CCGs agree to disestablish their existing individual CCG Committees that cover finance and resources, performance and quality and support the establishment of joint committees that cover these areas and which report into the Cheshire and Merseyside CCG Joint Committee
- **approve the** recommendation that a second meeting in common of all Governing Bodies is arranged for the first week in November 2021 to further consider and formally approve the recommendations of the Accountable Officers.

7. Access to further information

- 7.1 For further information relating to this report contact:

Name	Fiona Taylor
Designation	Accountable Officer
Telephone	07977986166
Email	fiona.taylor@southseftonccg.nhs.uk

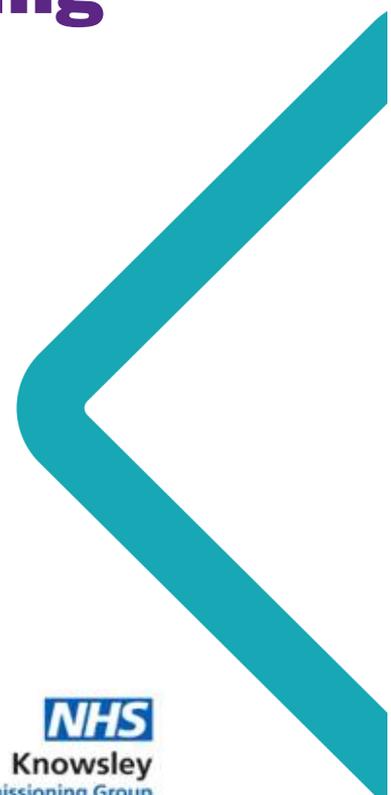
APPENDIX 2

ToR Joint Committee

Joint Committee of the Cheshire & Merseyside Clinical Commissioning Groups

Terms of Reference

November 2021



 Cheshire Clinical Commissioning Group	 Halton Clinical Commissioning Group	 Knowsley Clinical Commissioning Group
 Liverpool Clinical Commissioning Group	 Southport and Formby Clinical Commissioning Group	 South Sefton Clinical Commissioning Group
 St Helens Clinical Commissioning Group	 Warrington Clinical Commissioning Group	 Wirral Clinical Commissioning Group

Title	Terms of Reference, Joint Committee of the Cheshire and Merseyside Clinical Commissioning Groups		
Author(s)	Dianne Johnson, Accountable Officer, NHS Knowsley CCG		
Version	V0.7		
Target Audience	Cheshire and Merseyside CCG Governing Bodies and GP Memberships Cheshire and Merseyside Health and Care Partnership Board		
Date of Issue	To add		
Document Status (Draft/Final)	Final		
Description	This document describes the Terms of Reference for the Joint Committee of Cheshire and Merseyside Clinical Commissioning Groups.		
Document History:			
Date	Version	Author	Notes
11/12/2020	0.1	Dianne Johnson	Draft document for review by CCG AOs.
16/12/2020	0.2	Dianne Johnson	Draft document for review by CCG AOs.
18/12/2020	0.3	Dianne Johnson	Draft document for review by CCG AOs following review by governance leads for Cheshire CCG, Wirral CCG, South Sefton & Southport and Formby CCG and St Helens CCG
10/05/2021	0.4	Dianne Johnson	Draft document for review by CCG AOs following Joint Committee workshop in April 2021
14/05/2021	0.5	Dianne Johnson	Final
06/11/202	0.7	Matthew Cunningham	Version to be reviewed to reflect increased authority of Committee
Reviewed by:			Dianne Johnson

Distribution			
Version	Group or Individual	Date	Comments
0.1	CCG AO meeting 14 th December	11/12/2020	
0.3	CCG AOs	18/12/2020	
0.4	CCG AOs	10/05/2021	
0.7	CCG Chairs & AOs	6-8 Nov 2021	



Terms of Reference for the Joint Committee of the Cheshire and Merseyside Clinical Commissioning Groups

1. Introduction

- 1.1 The Cheshire and Merseyside Health and Care Partnership (C&M HCP) is on a journey to be designated as an Integrated Care System (ICS) by April 2021. Key to this is developing the system architecture to support consistent operating arrangements for the future ICS. In response to this, Cheshire and Merseyside Clinical Commissioning Groups (CCGs) have established and constituted a Joint Committee of the nine CCGs to make decisions collaboratively 'at scale' across Cheshire and Merseyside. Joint committees are statutory mechanisms which enable CCGs to undertake collective and binding strategic decision making.

2. Establishment

- 2.1 The Committee is a Joint Committee of the following CCG member organisations:
- NHS Cheshire CCG
 - NHS Halton CCG
 - NHS Knowsley CCG
 - NHS Liverpool CCG
 - NHS South Sefton CCG
 - NHS Southport and Formby CCG
 - NHS St Helens CCG
 - NHS Warrington CCG
 - NHS Wirral CCG.
- 2.2 The Committee has been established in accordance with the Constitutions, Prime Financial Policies, and Scheme of Delegations of each member CCG. It is established through the powers conferred by section 14Z3 of the NHS Act 2006 (as amended).

3. Role of the Joint Committee

- 3.1 The overarching role of the Joint Committee is to enable the Cheshire and Merseyside CCGs to collectively work effectively together and make joint binding decisions on those CCG functions and responsibilities exercisable by CCGs that will be for the benefit of the both the resident population and population registered with a GP practice in Cheshire and Merseyside.
- 3.2 Decisions will be taken by the Joint Committee in accordance with the delegated authority granted to the Committee from each member CCG.
- 3.3 Decisions undertaken by the Committee will support the strategic aims and objectives of the C&M HCP and will contribute to the sustainability and transformation of local health and social care systems at 'Place'. The strategic aims of C&M HCP are aligned to the NHS Long Term Plan (2019) and focus on improving and modernising our health and care services by:
- delivering safe and sustainable high-quality services;
 - improving the health and wellbeing of local communities and tackling health inequalities; and
 - delivering better joined up care closer to home.
- 3.4 The Joint Committee will at all times, act in accordance with all relevant laws and guidance applicable to the CCGs.

4. Remit and authority of the Joint Committee of the Cheshire and Merseyside CCGs

- 4.1 In accordance with that outlined within the Constitutions and Scheme of Reservation and Delegations (SoRD) of each member CCG, the Committee shall have the delegated authority to undertake decisions on all functions and responsibilities exercisable by CCGs which are normally reserved to a Governing Body and which are not otherwise:
- delegated to other Committees of the member CCGs, such as Audit and Remuneration
 - retained by the GP membership of each member CCG
 - the responsibility of a CCGs Primary (GP) Care Commissioning Committee
 - delegated to other Joint Committee or joint legal arrangements with local authorities or with organisations outside of Cheshire and Merseyside, such as Section 75 agreements
 - agreed to be at or are required to remain at individual CCG and/or Place level.
- 4.2 The Joint Committee will also have the authority to:
- commission any reports, surveys or reviews of services it deems necessary to help it fulfil its obligations, along with any scrutinising independent investigation reports
 - commission, review and authorise policies in to areas within the scope of the Committee, or where specifically delegated by the Governing Bodies of the nine Cheshire and Merseyside CCGs
 - request further investigation or assurance on any area within its remit
 - bring matters to the attention of other committees to investigate or seek assurance where they fall within the remit of that committee
 - make recommendations to and/or escalate issues to the Cheshire and Merseyside Health and Care Partnership and NHS England and Improvement.
 - approve the terms of reference of any sub-groups to the Committee
 - delegate tasks to such individuals, sub-groups or individual members as it shall see fit, provided that any such delegations are consistent with relevant governance arrangements and national guidance, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest
 - set common standards across agreed commissioned service areas, to be adhered to across Cheshire and Merseyside and aligned to where services are commissioned outside of Cheshire and Merseyside
 - monitor these standards and provide assurance they are adhered to
 - have oversight and co-ordination of any public consultation or engagement required in relation to areas within the scope of the Committees remit
 - agree allocation of spend related to the decisions made on agreed service areas within the scope if the Committee.
- 4.3 In performing its role, the Joint Committee will:
- agree and oversee a risk management strategy to support decision-making in all areas of business related to the Committees remit.
 - ensure appropriate patient, public and carer 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 Act 2006 (as amended)
 - ensure appropriate consultation with the Overview and Scrutiny Committees and Health and Wellbeing Boards (or equivalent) established by the relevant Local Authorities
 - ensure that Procurement, Patient Choice and Competition (No.2) Regulations 2013 are followed.



- ensure that no contracts for NHS healthcare services will be awarded where conflicts or potential conflicts of interest affect or appear to affect the integrity of the award
 - ensure compliance with public sector equality duties, as set out in the Equality Act 2010 for the purposes of implementation.
- 4.4 In addition, the Joint Committee will also provide a forum for the nine CCGs to consider national initiatives and/or new policy implementation which would/will impact on the delivery of individual CCG functions. Working collaboratively, the CCGs would review, determine at which level commissioning should take place i.e. Cheshire & Merseyside scale or at 'Place' and, where appropriate, agree common standards. The Joint Committee would form and submit any subsequent recommendations to each Constituent CCGs Governing Body for consideration.
- 4.5 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).
- 4.6 In discharging its responsibilities the Joint Committee will provide assurance to each Governing Body through the submission of minutes, 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.
- 4.7 The Joint Committee will conduct an annual effectiveness review which will be reported to each CCG's Audit Committee.

5. Membership

- 5.1 A CCG employee with statutory duties (Accountable Officer or Chief Finance Officer) of each full member organisation will sit on the Joint Committee. All CCG members of the Committee are voting members as set out at 5.2.
- 5.2 **Figure 1** depicts the Joint Committee membership

Figure 1: Membership

VOTING MEMBERS
Per CCG, one member with statutory duties: <ul style="list-style-type: none"> • CCG Accountable Officer (x6) • CCG Chief Finance Officer (x3)* * <i>When an AO is the AO of 2 CCGs</i>
<ul style="list-style-type: none"> • x1 Chair** • x1 Vice Chair** ** <i>To be appointed from incumbent CCG Chairs/Vice Chairs</i>
The following Committee members will also be drawn from the existing Governing Body and

<p>executive team membership of the nine Cheshire and Merseyside CCGs:</p> <ul style="list-style-type: none"> • x4 Governing Body GP representatives • x1 Secondary Care Doctor • x1 Registered Nurse • x1 Lay Member – Audit & Governance • x1 Lay member - PPI • x1 Quality Lead.

- 5.3 As Joint Committee Members, individuals will represent the whole Cheshire and Merseyside population and make decisions in the interests of all patients and residents accessing health and care services in Cheshire and Merseyside.
- 5.4 The Joint Committee may invite specified individuals from within and outside of the CCGs to be regular attendees at its meeting in order to inform its decision making and the discharge of its functions as it sees fit.
- 5.5 Regular attendees will receive advanced copies of the notice, agenda and papers for Committee meetings. They may be invited to attend any or all of the Committee meetings, or part(s) of a meeting by the Chair. Any such person may be invited, at the discretion of the Chair to ask questions and address the meeting, but may not vote.
- 5.6 Attendees with a standing invite to attend Committee meetings include:

IN ATTENDANCE – NON VOTING
x1 Healthwatch representative
x1 Cheshire and Merseyside Director of Public Health representative
at least one Cheshire & Merseyside-Health and Care Partnership representative*
at least one senior representative from the Local Authorities of Cheshire and Merseyside
at least one representative from the Provider Collaboratives in Cheshire and Merseyside

* As designate appointments are made to the Cheshire and Merseyside ICB Board and Executive Team, and at the discretion of the Chair of the Committee and designate Chair of the ICB, then more than one HCP/ICB representative will be invited to attend

6. Deputies

- 6.1 Each full member organisation will identify a named deputy member to represent members in the event of absence.
- 6.2 A named deputy will have delegated decision making authority to fully participate in the business of the Joint Committee. All deputies should be fully briefed and the Committee secretariat informed of any agreement to deputise, so that quoracy can be maintained.

7. Quoracy

- 7.1 The meeting will be quorate with at least one representative of each CCG (including the Joint Committee Chair/Deputy) being present at the meeting.
- 7.2 In the event of the Joint Committee making a formal decision which requires a vote, one voting member from each full member organisation / CCG will be required for the meeting to be considered quorate.
- 8.3 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.

8. Voting

- 8.1 The Joint Committee will aim to make its decisions through consensus.

- 8.2 In the event of a requirement to make a decision by taking a vote, a minimum of 75% of the voting committee membership in attendance at the meeting in question must be in agreement for the recommendation or decision to be carried (*i.e. of the 9 voting members present at the meeting, at least 7 voting members are in agreement*).
- 8.3 Joint Committee members will make decisions in the best interests of the whole Cheshire and Merseyside population, rather than just the population of their constituent CCG.

9. Conflicts of Interest

- 9.1 A register of interests will be compiled and maintained for the Joint Committee which will require members (full and associate) to declare any interest in respect of their role across Cheshire & Merseyside in addition to their own CCG. 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.
- 9.2 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 as soon as they are known and no longer than 28 days from any change.
- 9.3 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 'Deputies' above.
- 9.4 Should the Committee Chair have a conflict of interest, the committee members will agree a deputy for that item in line with the NHS England Management of Conflicts guidance.
- 9.5 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.
- 9.6 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.

10. Meetings

- 10.1 The Joint Committee shall meet not less than six times a year in order to undertake its business and make decisions regarding the work plan in a timely manner. 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 nine CCG websites at least 5 working days before the meeting. Agendas and papers will be published on each of the nine CCG websites.

- 
- 10.4 The Joint Committee may appoint task and finish groups or sub-committees for any agreed purpose which, in the opinion of the Joint Committee, would be more effectively undertaken by a task and finish group or sub-committee. Any such task and finish group or sub-committee may be comprised of members of the CCGs or other relevant external partners, who are not required to be members of the Joint Committee. Minutes/reports of task and finish group or sub-committees will be promptly submitted to the Joint Committee.
- 10.5 Joint Committee meetings will be held in public but are not public meetings. Members of the public may observe deliberations of the Joint Committee, with feedback encouraged through the public engagement or consultation process. Items the Joint 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.
- 10.6 Members of the Joint Committee may participate in meetings in person or virtually via video, telephone, web link or other live and uninterrupted conferencing facilities.
- 10.7 Members of the Sub Committee have a duty to demonstrate leadership in the observation of the NHS Code of Conduct and to work to the Nolan Principles, which are selflessness, integrity, objectivity, accountability, openness, honesty and leadership.

11. Infrastructure/Organisational Support

- 11.1 To enact the business of the Joint Committee and progress the work plan for agreed service areas, dedicated administrative resource for the Joint Committee will be agreed by the nine CCGs. A nominated Accountable Officer and a governance lead drawn from the Cheshire and Merseyside CCGs shall be responsible for supporting the Joint Committee Chair in forward planning, agenda setting, follow up of actions and circulation of minutes.
- 11.2 Papers for each meeting will be 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.

12. Review of Terms of Reference

- 12.1 These terms of reference shall be reviewed by the Joint Committee annually, with input from CCG Governing Bodies, and any amendments approved by each CCG.
- 12.2 They may also be amended by mutual agreement between the CCGs at any time to reflect changes in circumstances as they may arise.

13. Withdrawal from Committee

- 13.1 Should the Joint Committee arrangement prove to be unsatisfactory, the Governing Body of any member CCG can decide to withdraw from the arrangement, but has to give a minimum of six (6) months' notice to partners, with consideration by the Committee of the impact of a leaving partner – a maximum of 12 months' notice could apply.

14. Dispute Resolution

- 14.1 Where any dispute arises between the member CCGs or where the Joint Committee cannot reach a decision in accordance with its terms of reference, the member CCGs must use their best endeavours to resolve that dispute on an informal basis at the next meeting of the Joint Committee.

- 
- 14.2 Where any matter referred to dispute resolution is not resolved under 14.1, any Party in dispute may refer the dispute to the Accountable Officer(s) of the relevant CCG(s), who will cooperate in good faith to recommend a resolution to the dispute within ten (10) Working Days of the referral.
 - 14.3 If the dispute is not resolved under Clauses 14.1 and 15.2, any CCG in dispute may refer the dispute to NHS England and each CCG will co-operate in good faith with NHS England to agree a resolution to the dispute within ten (10) Working Days of the referral.
 - 14.4 Any referral to NHS England under Clause 15.3 shall be to the Regional Director of Commissioning, NHS England.
 - 14.5 Where any dispute is not resolved under Clauses 15.1. to 15.4, any CCG in dispute may refer the matter for mediation arranged by an independent third party and any agreement reached through mediation must be set out in writing and signed by the member CCGs in dispute.

APPENDIX 3

ToR of Sub Committees

Finance and Resources Sub Committee of the Joint Committee of Cheshire & Merseyside Clinical Commissioning Groups

Terms of Reference

November 2021

 <p>NHS Cheshire Clinical Commissioning Group</p>	 <p>NHS Halton Clinical Commissioning Group</p>	 <p>NHS Knowsley Clinical Commissioning Group</p>
 <p>NHS Liverpool Clinical Commissioning Group</p>	 <p>NHS Southport and Formby Clinical Commissioning Group</p>	 <p>NHS South Sefton Clinical Commissioning Group</p>
 <p>NHS St Helens Clinical Commissioning Group</p>	 <p>NHS Warrington Clinical Commissioning Group</p>	 <p>NHS Wirral Clinical Commissioning Group</p>

Title	Terms of Reference, Finance and Resources Sub Committee of the Joint Committee of Cheshire and Merseyside Clinical Commissioning Groups		
Author(s)			
Version	V0.1		
Target Audience	Cheshire and Merseyside CCG Governing Bodies		
Date of Issue	8.11.21		
Document Status (Draft/Final)	Draft		
Description	This document describes the Terms of Reference for the Finance and Resources Sub Committee of the Joint Committee of Cheshire and Merseyside Clinical Commissioning Groups.		
Document History:			
Date	Version	Author	Notes
05/11/21		Matthew Cunningham	
Reviewed by:			Dianne Johnson

Distribution			
Version	Group or Individual	Date	Comments



Finance and Resources Sub Committee of the Joint Committee of the Cheshire and Merseyside Clinical Commissioning Groups

Terms of Reference

1. Introduction

- 1.1 High functioning Committees traditionally focus on a number of key responsibilities: setting strategy; delivery assurance and culture and establish a number of supporting sub-committees, including performance. The Cheshire and Merseyside CCGs Finance and Resources Committee has been established as a sub-committee of the Cheshire and Merseyside CCGs Joint Committee. Under *section (add once Joint Committee TOR finalised)* of the Cheshire and Merseyside Joint Committee Terms of Reference, the Joint Committee has the authority to establish and agree the Terms of Reference for sub-committees:

“The Joint Committee may appoint task and finish groups or sub-committees for any agreed purpose which, in the opinion of the Joint Committee, would be more effectively undertaken by a task and finish group or sub-committee. Any such task and finish group or sub-committee may be comprised of members of the CCGs or other relevant external partners, who are not required to be members of the Joint Committee. Minutes/reports of task and finish group or sub-committees will be promptly submitted to the Joint Committee.”

- 1.2 These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Sub Committee and shall have effect as if incorporated into the Constitution and Standing Orders of all Cheshire and Merseyside CCGs.
- 1.3 The Sub Committee is authorised by the Cheshire and Merseyside CCGs Joint Committee to act within its terms of reference. All Members and employees of the CCGs are directed to co-operate with any request made by the Committee.
- 1.4 The establishment of a sub-committee structure under the Cheshire and Merseyside CCGs Joint Committee will not change each of the CCG partnership arrangements for Section 75. The oversight, management and scrutiny of this item will remain within the 9 CCGs in Cheshire and Merseyside and shall continue to be governed by the relevant Section 75 agreement, signed by the respective CCG(s) and local authority.

2. Role and Purpose

- 2.1 The overarching role and purpose of the sub-committee infrastructure is to support the Cheshire and Merseyside CCGs Joint Committee in the discharge of those CCG functions and responsibilities delegated to it until 31 March 2022.
- 2.2 The Sub Committee will provide a focus on financial performance and delivery of financial recovery plans to ensure delivery of the Cheshire and Merseyside CCGs strategic and operational plans are achieved within financial allocations. It will provide a focus on financial performance and delivery of financial recovery plans, and will support the development of reporting across a number of footprints.
- 2.3 In particular, the Sub Committee will provide assurance to the Cheshire and Merseyside CCGs Joint Committee and the CCGs Governing Bodies on delivery of the:

- Duty as to effectiveness and efficiency.
- Workforce matters.

- 2.2 The Sub Committee will support the implementation the Cheshire and Merseyside CCGs financial strategy, oversee financial development, management and deployment within the CCGs and the establishment of a whole system approach and culture to financial management and planning during the 21/22 transition period.
- 2.3 The Sub Committee will review and monitor the shared Cheshire and Merseyside CCGs risks and provide assurance to the Joint Committee and CCG Governing Bodies in respect of Finance and Resources.
- 2.4 The Sub Committee supports the Cheshire and Merseyside CCGs Joint Committee by providing assurance that effective use of Financial Resources underpins all services provided and commissioned on behalf of the Cheshire and Merseyside CCGs. The Sub Committee will ensure that all regulatory requirements are met, and that financial information and management is continually improved to support the joint decision making of the CCGs working across Cheshire and Merseyside until the end of March 2022.
- 2.5 The Sub Committee supports the Cheshire and Merseyside CCGs Joint Committee in ensuring that commissioning decisions are based on evidence related to financial effectiveness and influenced by patient experience, feedback and need; and in so doing, promote patient safety and a positive patient experience, in line with the principles of the NHS Constitution, the CCGs' values and the requirements of the Care Quality Commission.
- 2.6 The Finance and Resources Sub Committee is one of three sub-committees reporting into the Cheshire and Merseyside Joint Committee as indicated in Table One. The Joint Committee will in turn continue to provide assurance reports to the Governing Body of each Cheshire and Merseyside CCG.

3. Authority of the Finance and Resources Sub Committee

- 3.1 The Finance and Resources Sub Committee is not a decision-making committee but is authorised by the Cheshire and Merseyside CCGs Joint Committee to undertake any activity within these terms of reference and act within the powers delegated to it in line with the Terms of Reference of the Cheshire and Merseyside CCGs Joint Committee.
- 3.2 The Sub Committee will:
- Oversee the implementation and review of financial plans
 - Oversee the delivery of these financial plans via reporting on financial performance, contract management and financial management, including detailed reporting on the financial position, variances and progress towards meeting the targets within the CCGs' financial plans, statutory financial targets and financial control totals
 - Oversee the development and review of financial recovery plans
 - Gain assurance on the delivery of the financial recovery plan to achieve the outcomes for the CCGs in accordance with the short- and long-term plans approved by NHS England and Improvement
 - Review and provide assurance on the financial performance of the CCGs
 - Review and provide assurance on financial performance across the system
 - Review the CCGs budgets in line with the national planning guidance
 - Review the impact of Quality, Innovation, Productivity and Prevention (QIPP) plans on the financial position

- Review performance against the “finance and use of resources” elements of the NHS Oversight Framework.
- Monitor the effectiveness of the CCGs’ human resources policies through overview of recruitment, retention, turnover and sickness trends.
- Monitor and ensure delivery on the requirements of the Equality Act 2010, with particular reference to monitoring and developing the diversity of the workforce
- Ensure that services provided by other organisations, notably the CSU, are being delivered as per the CCGs expectations and to advise on remedial action where necessary.

3.3 In performing its role the Finance and Resources Sub Committee is:

- required to provide assurance to the Cheshire and Merseyside CCGs Joint Committee that there are appropriate systems in place which operate in order to enable the Committee to fulfil its finance and resources monitoring requirements
- required to provide regular reports to Cheshire and Merseyside CCGs Joint Committee on a timely basis and to also provide any updates that may be requested from time to time from the respective CCG governing body or committee established to retain responsibility for legacy matters
- required to produce an annual work plan to discharge its responsibilities until 31st March 2022
- required to provide assurance on any other financial and resource matters as requested by the Cheshire and Merseyside CCGs Joint Committee
- able to request further investigation or assurance on any area within its remit
- able to bring matters to the attention of other committees to investigate or seek assurance where they fall within the remit of that committee
- able to make recommendations to the Cheshire and Merseyside CCGs Joint Committee
- able to escalate issues to the Cheshire and Merseyside CCGs Joint Committee and, via the Joint Committee, to CCG Governing Bodies
- able to approve the terms of reference of any sub-groups to the committee.

4. Membership

4.1 Membership of the sub-committee will be drawn from the membership of the Governing Bodies and Executive teams and officers of the Cheshire and Merseyside CCGs.

4.2 All members of the Committee are expected to represent the interests of the whole Cheshire and Merseyside population and will undertake its work in the interests of all patients and residents accessing health and care services in Cheshire and Merseyside.

4.3 The Committee Membership will be composed of, as a minimum:

- Chair
- At least one Cheshire and Merseyside CCG Accountable/Chief Officer
- At least one CCG Chair
- Executive leads/Directors of Finance and Contracting from all Cheshire and Merseyside CCGs
- at least three Independent Governing Body Members*
- At least three Governing Body GP representatives.

** Incorporates Lay Members, Secondary Care Doctor and Registered Nurse members of a CCG Governing Body.*

4.4 The Sub Committee has the authority to invite other individuals drawn from Governing Bodies and Executive teams and officers of the Cheshire and Merseyside CCGs to be members of the Committee.

- 
- 4.5 All Sub Committee members may appoint a deputy to represent them at meetings of the Sub Committee. Sub Committee members should inform the Committee Chair of their intention to nominate a deputy to attend/act on their behalf and any such deputy should be suitably briefed and suitably qualified (in the case of clinical members).
 - 4.6 The Sub Committee may also request attendance by appropriate individuals to present agenda items and/or advise the sub-committee on particular issues.
 - 4.7 The Sub Committee may invite specified individuals from within and outside of the CCGs to be regular attendees (non-voting) at its meeting in order to inform its decision making and the discharge of its functions as it sees fit.
 - 4.8 Regular attendees will receive advanced copies of the notice, agenda and papers for Sub Committee meetings. They may be invited to attend any or all of the Sub Committee meetings, or part(s) of a meeting by the Chair. Any such person may be invited, at the discretion of the Chair to ask questions and address the meeting, but may not vote.

5. Chair of the Sub Committee

- 5.1 The Chair and Vice Chair of the Sub Committee will be appointed from the non-Executive members of the Governing Bodies of the Cheshire and Merseyside CCGs.
- 5.2 If the Chair is unable to attend a meeting, the Vice Chair will undertake the duties of Chair at that meeting. Where both the Chair and Vice Chair are unable to attend a meeting, the Chair may designate a representative from within the membership of the Committee to act as chair.
- 5.3 If the Chair is unable to chair an item of business due to a conflict of interest, the Vice Chair will be asked to chair that item. Where both the Chair and Vice Chair are unable to chair an item of business due to a conflict of interest the meeting, the Chair may designate a representative from within the membership of the Committee to act as chair for that item.

6. Attendance and Quorum

- 6.1 The meeting will be quorate with:
 - 75% of the sub committee membership in attendance
 - Attendees shall comprise the Chair or the Vice Chair.

7. Frequency of Meetings

- 7.1 Meetings shall be held monthly.
- 7.2 Arrangements for calling meetings will be in writing to the chair of the sub-committee with a minimum of ten days' notice

8. Administrative Support

- 8.1 To enact the business of the Sub Committee and progress the work plan dedicated administrative resource for the Sub Committee will be agreed by the nine CCGs. A nominated Lead Director and a governance lead drawn from the Cheshire and Merseyside CCGs shall be responsible for supporting the Sub Committee Chair in forward planning, agenda setting, follow up of actions and circulation of minutes.

- 8.2 Papers for each meeting will be issued to 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.

9. Accountability and Reporting Arrangements

- 9.1 The Sub Committee will report to the Cheshire and Merseyside CCGs Joint Committee.
- 9.2 There will be close links between the Finance and Resources Sub Committee and the other sub-committees of the Cheshire and Merseyside CCGs Joint Committee with regular meetings between the Chair and Vice Chair of the Joint Committee and the Chairs of each sub-committee to ensure that there are no assurance gaps.

10. Conduct of the sub-committee

- 10.1 At the beginning of each meeting, the Chair will ask members whether they have any interests to declare, in accordance with the CCGs' Gifts, Hospitality and Declarations of Interests Policy.
- 10.2 If any member has an interest, financial or otherwise, in any matter and is present at the meeting at which the matter is under discussion, they will declare that interest as early as possible and act in accordance with the relevant CCG's Conflicts of Interests Policy. Subject to any previously agreed arrangements for managing a conflict of interest, the chair of the meeting may require the individual to withdraw from the meeting or part of it. The individual must comply with these arrangements, which must be recorded in the minutes of the meeting.
- 10.3 Decision making will be by a simple majority of those present and voting at the relevant meeting. In the event that a vote is tied, the chair will have the casting vote.
- 10.4 Members of the Sub Committee have a duty to demonstrate leadership in the observation of the NHS Code of Conduct and to work to the Nolan Principles, which are selflessness, integrity, objectivity, accountability, openness, honesty and leadership.
- 10.5 Finance and Resources Sub Committee papers will be stored and archived by the Sub Committee administrator and copies held in an accessible format. Details on location and how to access documents will be set out in the schemes of transfer.
- 10.6 The Finance and Resources Sub Committee will apply best practice in its deliberations and in the decision-making processes. It will conduct its business in accordance with national guidance and relevant codes of conduct and good governance practice.
- 10.7 All members of the Sub Committee are expected to comply with all relevant policies and procedures relating to confidentiality and information governance, noting the sensitivity of the information that will be considered by the Sub Committee.

11. Monitoring Effectiveness and Compliance with Terms of Reference

- 11.1 The Sub Committee will carry out a review before 31st March 2022 of its functioning and provide an outcome report of that review to the Cheshire and Merseyside CCGs Joint Committee who will in turn submit that report to the CCGs governing bodies.



12. Review of Terms of Reference

- 12.1 The terms of reference of the sub-committee shall be reviewed in January 2022 to ensure they remain fit for purpose.
- 12.2 Amendments to the Terms of Reference are to be approved by the Cheshire and Merseyside CCGs Joint Committee.

Version Control:

Version: 0.2

Performance Sub Committee of the Joint Committee of Cheshire & Merseyside Clinical Commissioning Groups

Terms of Reference

November 2021

 <p>NHS Cheshire Clinical Commissioning Group</p>	 <p>NHS Halton Clinical Commissioning Group</p>	 <p>NHS Knowsley Clinical Commissioning Group</p>
 <p>NHS Liverpool Clinical Commissioning Group</p>	 <p>NHS Southport and Formby Clinical Commissioning Group</p>	 <p>NHS South Sefton Clinical Commissioning Group</p>
 <p>NHS St Helens Clinical Commissioning Group</p>	 <p>NHS Warrington Clinical Commissioning Group</p>	 <p>NHS Wirral Clinical Commissioning Group</p>

Title	Terms of Reference, Performance Sub Committee of the Joint Committee of Cheshire and Merseyside Clinical Commissioning Groups		
Author(s)			
Version	V0.1		
Target Audience	Cheshire and Merseyside CCG Governing Bodies		
Date of Issue	8.11.21		
Document Status (Draft/Final)	Draft		
Description	This document describes the Terms of Reference for the Performance Sub Committee of the Joint Committee of Cheshire and Merseyside Clinical Commissioning Groups.		
Document History:			
Date	Version	Author	Notes
05/11/21		Matthew Cunningham	
Reviewed by:			Dianne Johnson

Distribution			
Version	Group or Individual	Date	Comments



Performance Sub Committee of the Joint Committee of Cheshire and Merseyside Clinical Commissioning Groups Terms of Reference

1. Introduction

- 1.1 High functioning Committees traditionally focus on a number of key responsibilities: setting strategy; delivery assurance and culture and establish a number of supporting sub-committees, including performance. The Cheshire and Merseyside CCGs Performance SubCommittee has been established as a sub-committee of the Cheshire and Merseyside CCGs Joint Committee. Under *section (add once Joint Committee TOR finalised)* of the Cheshire and Merseyside Joint Committee Terms of Reference, the joint Committee has the authority to establish and agree the Terms of Reference for sub-committees:

“The Joint Committee may appoint task and finish groups or sub-committees for any agreed purpose which, in the opinion of the Joint Committee, would be more effectively undertaken by a task and finish group or sub-committee. Any such task and finish group or sub-committee may be comprised of members of the CCGs or other relevant external partners, who are not required to be members of the Joint Committee. Minutes/reports of task and finish group or sub-committees will be promptly submitted to the Joint Committee.”

- 1.2 These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Sub Committee and shall have effect as if incorporated into the Constitution and Standing Orders of all Cheshire and Merseyside CCGs.
- 1.3 The Sub Committee is authorised by the Cheshire and Merseyside CCGs Joint Committee to act within its terms of reference. All Members and employees of the CCGs are directed to co-operate with any request made by the Committee.
- 1.4 The establishment of a sub-committee structure under the Cheshire and Merseyside CCGs Joint Committee will not change each of the CCG partnership arrangements for Section 75. The oversight, management and scrutiny of this item will remain within the 9 CCGs in Cheshire and Merseyside and shall continue to be governed by the relevant Section 75 agreement, signed by the respective CCG(s) and local authority.

2. Role and Purpose

- 2.1 The overarching role and purpose of the sub-committee infrastructure is to support the Cheshire and Merseyside CCGs Joint Committee in the discharge of those CCG functions and responsibilities delegated to it until 31 March 2022.
- 2.2 The Performance Sub Committee supports the Cheshire and Merseyside CCGs Joint Committee by ensuring there remains a robust performance management framework in place across the Cheshire and Merseyside CCGs system demonstrating that constitutional targets are met and there is compliance with regulatory requirements.
- 2.3 The Performance Sub Committee supports the Cheshire and Merseyside CCGs Joint Committee by ensuring there are appropriate arrangements in place to provide onward assurances in respect of contracting and performance across the Cheshire and Merseyside system.

- 2.4 The Performance Sub Committee is one of three sub-committees and reports to the Cheshire and Merseyside Joint Committee. The Joint Committee will in turn continue to provide accountability reports to the Governing Bodies of each Cheshire and Merseyside CCG.

3. Authority of the Performance Sub Committee

- 3.1 The Performance Sub Committee is not a decision-making committee but is authorised by the Cheshire and Merseyside CCGs Joint Committee to undertake any activity within these terms of reference and act within the powers delegated to it in line with the Terms of Reference of the Cheshire and Merseyside CCGs Joint Committee.
- 3.2 The Sub Committee has the authority to:
- Receive, review and scrutinise the integrated performance reports for each respective CCG area
 - Ensure that contract performance is monitored on a monthly basis (monthly is the default – other periods may be agreed for certain contract types as appropriate);
 - Explore and test explanations for significant variations from plan of all KPIs;
 - Test the appropriateness and robustness of any correcting management actions including that of demand management initiatives;
 - Ensure actual and forecast contract over-performance or under-performance is quantified in financial terms and activity terms;
 - Benchmark recovery plans against trajectories within C&M and also England
 - Agree which of the underperforming contracts need to be brought to the attention of the Cheshire and Merseyside CCGs Joint Committee who will in turn determine if any further escalation is required to CCG statutory bodies
 - Ensure compliance with Public Sector Equality Duty
 - Ensure the implementation of the priorities set out in the operational planning guidance¹ and in particular the following priorities:
 - Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19.
 - *Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services.*
 - *Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (EDs), improve timely admission to hospital for ED patients and reduce length of stay.*
 - Oversee the ongoing delivery of procurements in line with statutory requirements: Public Contract Regulations 2005 National Health Service (Procurement, patient Choice and Competition No 2) Regulations 2013; Social Value Act 2012);
 - Seek assurance that the procurement of services for C&M is consistent with relevant laws and that conflicts of interest have been declared, managed and published in accordance with Section 140 of the National Health Service Act 2006;
 - obtain such internal information as is necessary and expedient to the fulfilment of its functions
 - undertake where necessary 'deep dives' into specific issues that will enable it to gain a greater level of understanding and assurance into specific issues that fall within its remit.

¹ Available at: <https://www.england.nhs.uk/wp-content/uploads/2021/09/C1400-2122-priorities-and-operational-planning-guidance-oct21-march21.pdf>

- instruct professional advisors and request the attendance of individuals and authorities from outside the CCGs with relevant experience and expertise if it considers this necessary for or expedient to the exercise of its functions.

3.3 In performing its role the Performance Sub Committee is:

- required to provide assurance to the Cheshire and Merseyside CCGs Joint Committee that there are appropriate systems in place which operate in order to enable the Committee to fulfil its performance monitoring requirements.
- required to provide regular reports to Cheshire and Merseyside CCGs Joint Committee on a timely basis and to also provide any updates that may be requested from time to time from the respective CCG's governing bodies or committee established to retain responsibility for legacy matters.
- required to produce a work plan to discharge its responsibilities until 31st March 2022
- able to request further investigation or assurance on any area within its remit
- able to bring matters to the attention of other committees to investigate or seek assurance where they fall within the remit of that committee
- able to make recommendations to the Joint Committee
- able to escalate issues to the Cheshire and Merseyside CCGs Joint Committee through this to the Governing Bodies of the Cheshire and Merseyside CCGs
- able to approve the terms of reference of any sub-groups to the committee.

4. Membership

4.1 Membership of the sub-committee will be drawn from the membership of the Governing Bodies and Executive teams and officers of the Cheshire and Merseyside CCGs.

4.2 All members of the Sub Committee are expected to represent the interests of the whole Cheshire and Merseyside population and will undertake its work in the interests of all patients and residents accessing health and care services in Cheshire and Merseyside.

4.3 The Committee Membership will be composed of, as a minimum:

- Chair
- At least one Cheshire and Merseyside CCG Accountable/Chief Officer
- At least one CCG Chair
- Executive leads/Directors of Performance and/or Contracting from all Cheshire and Merseyside CCGs
- at least three Independent Governing Body Members*
- At least three Governing Body GP representatives

** Incorporates Lay Members, Secondary Care Doctor and Registered Nurse members of a CCG Governing Body.*

4.4 The Sub Committee has the authority to invite other individuals drawn from Governing Bodies and Executive teams and officers of the Cheshire and Merseyside CCGs to be members of the Committee.

4.5 All Sub Committee members may appoint a deputy to represent them at meetings of the committee. Sub Committee members should inform the Sub Committee Chair of their intention to nominate a deputy to attend/act on their behalf and any such deputy should be suitably briefed and suitably qualified (in the case of clinical members).

4.6 The Sub Committee may also request attendance by appropriate individuals to present agenda items and/or advise the sub-committee on particular issues.

- 
- 4.7 The Sub Committee may invite specified individuals from within and outside of the CCGs to be regular attendees (non-voting) at its meeting in order to inform its decision making and the discharge of its functions as it sees fit.
 - 4.8 Regular attendees will receive advanced copies of the notice, agenda and papers for Sub Committee meetings. They may be invited to attend any or all of the Sub Committee meetings, or part(s) of a meeting by the Chair. Any such person may be invited, at the discretion of the Chair to ask questions and address the meeting, but may not vote.

5. Chair of the Sub Committee

- 5.1 The Chair and Vice Chair of the Sub Committee will be appointed from the non-Executive members of the Governing Bodies of the Cheshire and Merseyside CCGs.
- 5.2 If the Chair is unable to attend a meeting, the Vice Chair will undertake the duties of Chair at that meeting. Where both the Chair and Vice Chair are unable to attend a meeting, the Chair may designate a representative from within the membership of the Committee to act as chair.
- 5.3 If the Chair is unable to chair an item of business due to a conflict of interest, the Vice Chair will be asked to chair that item. Where both the Chair and Vice Chair are unable to chair an item of business due to a conflict of interest the meeting, the Chair may designate a representative from within the membership of the Committee to act as chair for that item.

6. Attendance and Quorum

- 6.1 The meeting will be quorate with:
 - 75% of the committee membership in attendance
 - Attendees shall comprise the Chair or the Vice Chair.

7. Frequency of Meetings

- 7.1 Meetings shall be held monthly.
- 7.2 Arrangements for calling meetings will be in writing to the chair of the sub-committee with a minimum of ten days' notice

8. Administrative Support

- 8.1 To enact the business of the Sub Committee and progress the work plan dedicated administrative resource for the Sub Committee will be agreed by the nine CCGs. A nominated Lead Director and a governance lead drawn from the Cheshire and Merseyside CCGs shall be responsible for supporting the Sub Committee Chair in forward planning, agenda setting, follow up of actions and circulation of minutes.
- 8.2 Papers for each meeting will be issued to Sub 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.

9. Accountability and Reporting Arrangements

- 9.1 The Sub Committee will report to the Cheshire and Merseyside CCGs Joint Committee which will in turn provide update reports to the Governing Body of each CCG after each meeting.

- 
- 9.2 There will be close links between the Performance Sub Committee and the other sub-committees of the Cheshire and Merseyside CCGs Joint Committee with regular meetings between the Chair and Vice Chair of the Joint Committee and the Chairs of each Sub-Committee to ensure that there are no assurance gaps.

10. Conduct of the sub-committee

- 10.1 At the beginning of each meeting, the Chair will ask members whether they have any interests to declare, in accordance with the CCGs' Gifts, Hospitality and Declarations of Interests Policy.
- 10.2 If any member has an interest, financial or otherwise, in any matter and is present at the meeting at which the matter is under discussion, they will declare that interest as early as possible and act in accordance with the relevant CCG's Conflicts of Interests Policy. Subject to any previously agreed arrangements for managing a conflict of interest, the chair of the meeting may require the individual to withdraw from the meeting or part of it. The individual must comply with these arrangements, which must be recorded in the minutes of the meeting.
- 10.3 Decision making will be by a simple majority of those present and voting at the relevant meeting. In the event that a vote is tied, the chair will have the casting vote.
- 10.4 Members of the Sub Committee have a duty to demonstrate leadership in the observation of the NHS Code of Conduct and to work to the Nolan Principles, which are selflessness, integrity, objectivity, accountability, openness, honesty and leadership.
- 10.5 Performance Sub Committee papers will be stored and archived by the Sub Committee administrator and copies held in an accessible format. Details on location and how to access documents will be set out in the schemes of transfer.
- 10.6 The Performance Sub Committee will apply best practice in its deliberations and in the decision-making processes. It will conduct its business in accordance with national guidance and relevant codes of conduct and good governance practice.
- 10.7 All members of the Sub Committee are expected to comply with all relevant policies and procedures relating to confidentiality and information governance, noting the sensitivity of the information that will be considered by the Sub Committee.

11. Monitoring Effectiveness and Compliance with Terms of Reference

- 11.1 The Sub Committee will carry out a review before 31st March 2022 of its functioning and provide an outcome report of that review to the Cheshire and Merseyside CCGs Joint Committee who will in turn submit that report to the CCGs governing bodies.

12. Review of Terms of Reference

- 12.1 The terms of reference of the sub-committee shall be reviewed in January 2022 to ensure they remain fit for purpose.
- 12.2 Amendments to the Terms of Reference are to be approved by the Cheshire and Merseyside CCGs Joint Committee.

Version Control:

Version: 0.2

Quality Sub Committee of the Joint Committee of Cheshire & Merseyside Clinical Commissioning Groups

Terms of Reference
November 2021



 Cheshire Clinical Commissioning Group	 Halton Clinical Commissioning Group	 Knowsley Clinical Commissioning Group
 Liverpool Clinical Commissioning Group	 Southport and Formby Clinical Commissioning Group	 South Sefton Clinical Commissioning Group
 St Helens Clinical Commissioning Group	 Warrington Clinical Commissioning Group	 Wirral Clinical Commissioning Group

Title	Terms of Reference, Quality Sub Committee of the Cheshire and Merseyside Clinical Commissioning Groups		
Author(s)			
Version	V0.1		
Target Audience	Cheshire and Merseyside CCG Governing Bodies and GP Memberships Cheshire and Merseyside Health and Care Partnership Board		
Date of Issue	8.11.21		
Document Status (Draft/Final)	Draft		
Description	This document describes the Terms of Reference for the Quality Sub Committee of the Cheshire and Merseyside Clinical Commissioning Groups.		
Document History:			
Date	Version	Author	Notes
05/11/21		Matthew Cunningham	
Reviewed by:		Dianne Johnson	

Distribution			
Version	Group or Individual	Date	Comments

Quality Sub Committee of the Joint Committee of Cheshire and Merseyside Clinical Commissioning Groups Terms of Reference

1. Introduction

- 1.1 High functioning Committees traditionally focus on a number of key responsibilities: setting strategy; delivery assurance and culture and establish a number of supporting sub-committees, including performance. The Cheshire and Merseyside CCGs Quality Sub Committee has been established as a sub-committee of the Cheshire and Merseyside CCGs Joint Committee. Under *section (add once Joint Committee TOR finalised)* of the Cheshire and Merseyside Joint Committee Terms of Reference, the Joint Committee has the authority to establish and agree the Terms of Reference for sub-committees:

“The Joint Committee may appoint task and finish groups or sub-committees for any agreed purpose which, in the opinion of the Joint Committee, would be more effectively undertaken by a task and finish group or sub-committee. Any such task and finish group or sub-committee may be comprised of members of the CCGs or other relevant external partners, who are not required to be members of the Joint Committee. Minutes/reports of task and finish group or sub-committees will be promptly submitted to the Joint Committee.”

- 1.2 These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Sub Committee and shall have effect as if incorporated into the Constitution and Standing Orders of all Cheshire and Merseyside CCGs.
- 1.3 The Sub Committee is authorised by the Cheshire and Merseyside CCGs Joint Committee to act within its terms of reference. All Members and employees of the CCGs are directed to co-operate with any request made by the Committee.
- 1.4 The establishment of a sub-committee structure under the Cheshire and Merseyside CCGs Joint Committee will not change each of the CCG partnership arrangements for Section 75. The oversight, management and scrutiny of this item will remain within the 9 CCGs in Cheshire and Merseyside and shall continue to be governed by the relevant Section 75 agreement, signed by the respective CCG(s) and local authority.

2. Role and Purpose

- 2.1 The overarching role and purpose of the sub-committee infrastructure is to support the Cheshire and Merseyside CCGs Joint Committee in the discharge of those CCG functions and responsibilities delegated to it until 31 March 2022.
- 2.2 The Sub Committee will provide assurance that effective quality, safety and experience arrangements underpin all services provided and commissioned on behalf of the CCGs. The Sub Committee will ensure that all regulatory requirements are being met and patient safety is continually improved to deliver a better patient experience.
- 2.3 In particular, the Sub Committee will provide assurance to the Cheshire and Merseyside CCGs Joint Committee and the CCGs Governing Bodies:
- that effective quality arrangements underpin all services provided and commissioned on behalf of the CCGs. The Sub Committee will ensure that all regulatory

requirements are met and quality and patient safety is continually improved to deliver a better patient experience.

- that commissioning decisions are based on evidence of clinical effectiveness and influenced by patient experience, feedback and need; and in so doing, promote patient safety and a positive patient experience, in line with the principles of the NHS Constitution, the CCGs' values and the requirements of the Care Quality Commission.
- The CCGs will seek assurance from providers, raise formal queries and refer issues to the Joint Committee where there are significant concerns, which may compromise quality and patient safety.
- That CCGs will ensure that a clearly defined escalation process is in place for safety and quality measures, taking action as required to ensure that improvements in quality are implemented where necessary.
- That CCGs can satisfy themselves that children, Looked After Children, special educational needs and disability (SEND) requirements and adult's safeguarding duties are being met and that robust actions are taken to address concerns.

- 2.6 The Quality Sub Committee is one of three sub-committees and reports to the Cheshire and Merseyside Joint Committee. The Joint Committee will in turn continue to provide accountability reports to the Governing Bodies of each Cheshire and Merseyside CCG.

3. Authority of the Quality Sub Committee

- 3.1 The Quality Sub Committee is not a decision-making committee but is authorised by the Cheshire and Merseyside CCGs Joint Committee to undertake any activity within these terms of reference and act within the powers delegated to it in line with the Terms of Reference of the Cheshire and Merseyside CCGs Joint Committee.

- 3.2 The Sub Committee has the authority to:

- review the effectiveness of quality governance arrangements to ensure that the health care commissioned on behalf of the CCGs is safe and of high quality and recommending courses of action where concerns have been raised.
- Review any information, notification or advice received from NHS England and NHS Improvement, National Quality Board, CQC or any External Regulator which relates to or has a bearing on an NHS care provider's provision including the results of national clinical audit information and confidential enquiries.
- Ensure that systems to monitor the quality of commissioned services are in place and are functioning appropriately.
- Review quality information from a range of sources in accordance with the work plan.
- Provide leadership to the quality work of each organisation.
- Give direction to the development of systems and processes for managing quality governance across the local system
- Provide effective oversight and scrutiny of the quality impact assessment process for all CCGs Quality Innovation Productivity and Prevention (QIPP) programmes and being assured around the quality impact assessment processes for the cost improvement programmes of its principal providers.
- Receive and review reports on quality in respect of commissioned services to include performance against CQUINs, patient experience (including complaints and compliments) and clinical performance indicators.
- Triangulate intelligence from complaints, quality issues and patient and community experience and engagement feedback.
- Review on a rolling programme of each Place commissioning area to identify and address variation in quality and experience and to ensure that feedback on existing

services is used to inform the commissioning decisions and that patients are involved in all service redesign programmes.

- Ensure that there are robust systems and processes in place to safeguard children, special educational needs and disability (SEND) requirements, Looked After Children, and adults in line with the Mental Capacity Act (including Deprivation of Liberty Safeguards) (DoLS).
- Ensure adequate systems are in place for the governance of research in line with the Department of Health and Social Care's requirements.
- Oversee the systems and processes that are in place to ensure quality is embedded, including development of service specifications.
- Oversee work on improving clinical effectiveness.
- Consider best practice in quality and making recommendations to the Joint Committee for each local area.
- Ensure that evidence from quality assurance processes drive the quality improvement agenda and support delivery of QIPP.
- Develop and keep under review policies and procedures relevant to the role of the Sub Committee.
- Approve arrangements to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.
- Approve arrangements for supporting NHS England and NHS Improvement in discharging its responsibilities in relation to securing continuous improvement in the quality of medical services.
- Review and monitor the shared CCG risks and provide assurance to the Joint Committee and CCG Governing Bodies in respect of Quality and Safeguarding
- Review information about serious incidents including all Never Events and Serious Case Reviews (SCRs) / Safeguarding Practice Reviews (SPRs), Safeguarding Adult Reviews (SARs), and Domestic Homicide Reviews (DHRs), to identify themes/areas of risk and to ensure that actions are identified and completed to improve care delivery.

3.3 In performing its role the Quality Sub Committee is:

- required to provide assurance to the Cheshire and Merseyside CCGs Joint Committee that there are appropriate systems in place which operate in order to enable the Committee to fulfil its quality monitoring requirements
- required to provide regular reports to Cheshire and Merseyside CCGs Joint Committee on a timely basis and to also provide any updates that may be requested from time to time from the respective CCG's governing bodies or committee established to retain responsibility for legacy matters
- required to produce an annual work plan to discharge its responsibilities until 31st March 2022
- required to provide assurance on any other quality matters as requested by the Cheshire and Merseyside CCGs Joint Committee
- able to request further investigation or assurance on any area within its remit
- able to bring matters to the attention of other committees to investigate or seek assurance where they fall within the remit of that committee
- able to make recommendations to the Cheshire and Merseyside CCGs Joint Committee
- able to escalate issues to the Cheshire and Merseyside CCGs Joint Committee and, via the Joint Committee, to CCG Governing Bodies
- able to approve the terms of reference of any sub-groups to the committee.

4. Membership

- 4.1 Membership of the sub-committee may be drawn from the membership of the Governing Bodies and Executive teams and officers of the Cheshire and Merseyside CCGs.
- 4.2 All members of the Sub Committee are expected to represent the interests of the whole Cheshire and Merseyside population and will undertake its work in the interests of all patients and residents accessing health and care services in Cheshire and Merseyside.
- 4.3 The Sub Committee Membership will be composed of, as a minimum:
- Chair
 - At least one Cheshire and Merseyside CCG Accountable/Chief Officer
 - At least one CCG Chair
 - Executive leads/Directors of Quality and Safeguarding from all Cheshire and Merseyside CCGs
 - at least three Independent Governing Body Members*
 - At least three Governing Body GP representatives.
 - Chief Nurse (or nominated deputy) for each CCG
 - Up to four Healthwatch representative
 - Up to two CCG Communications, People and Public Engagement representatives
 - Up to two Patient/Carer representatives
- * Incorporates Lay Members, Secondary Care Doctor and Registered Nurse members of a CCG Governing Body.*
- 4.4 The Sub Committee has the authority to invite other individuals drawn from Governing Bodies and Executive teams and officers of the Cheshire and Merseyside CCGs to be members of the Committee.
- 4.5 All Sub Committee members may appoint a deputy to represent them at meetings of the committee. Sub Committee members should inform the Chair of their intention to nominate a deputy to attend/act on their behalf and any such deputy should be suitably briefed and suitably qualified (in the case of clinical members).
- 4.6 The Sub Committee may also request attendance by appropriate individuals to present agenda items and/or advise the sub-committee on particular issues.
- 4.7 The Sub Committee may invite specified individuals from within and outside of the CCGs to be regular attendees (non-voting) at its meeting in order to inform it work and the discharge of its functions as it sees fit. This could include but is not limited to Designated Nurse Safeguarding and Looked After Children (Children and Adults) as well as Heads of Quality and any other relevant representatives.
- 4.8 Regular attendees will receive advanced copies of the notice, agenda and papers for Sub Committee meetings. They may be invited to attend any or all of the Committee meetings, or part(s) of a meeting by the Chair. Any such person may be invited, at the discretion of the Chair, to ask questions and address the meeting, but may not vote.

5. Chair of the Sub Committee

- 5.1 The Chair and Vice Chair of the Sub Committee will be appointed from the non-Executive members of the Governing Bodies of the Cheshire and Merseyside CCGs.
- 5.2 If the Chair is unable to attend a meeting, the Vice Chair will undertake the duties of Chair at that meeting. Where both the Chair and Vice Chair are unable to attend a

meeting, the Chair may designate a representative from within the membership of the Sub Committee to act as chair.

- 5.3 If the Chair is unable to chair an item of business due to a conflict of interest, the Vice Chair will be asked to chair that item. Where both the Chair and Vice Chair are unable to chair an item of business due to a conflict of interest the meeting, the Chair may designate a representative from within the membership of the Sub Committee to act as chair for that item.

6. Attendance and Quorum

- 6.1 The meeting will be quorate with:
- 75% of the membership in attendance
 - Attendees shall comprise the Chair or the Vice Chair.

7. Frequency of Meetings

- 7.1 Meetings shall be held monthly.
- 7.2 Arrangements for calling meetings will be in writing to the chair of the sub-committee with a minimum of ten days' notice

8. Administrative Support

- 8.1 To enact the business of the Sub Committee and progress the work plan dedicated administrative resource for the Sub Committee will be agreed by the nine CCGs. A nominated Lead Director and a governance lead drawn from the Cheshire and Merseyside CCGs shall be responsible for supporting the Sub Committee Chair in forward planning, agenda setting, follow up of actions and circulation of minutes.
- 8.2 Papers for each meeting will be issued to Sub 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.

9. Accountability and Reporting Arrangements

- 9.1 The Sub Committee will report to the Cheshire and Merseyside CCGs Joint Committee and through the Joint Committee will provide update reports to the Governing Body of each CCG after each meeting.
- 9.2 There will be close links between the Quality Sub Committee and the other sub-committees of the Cheshire and Merseyside CCGs Joint Committee with regular meetings between the Chair and Vice Chair of the Joint Committee and the Chairs of each sub-committee to ensure that there are no assurance gaps.

10. Conduct of the sub-committee

- 10.1 At the beginning of each meeting, the Chair will ask members whether they have any interests to declare, in accordance with the CCGs' Gifts, Hospitality and Declarations of Interests Policy.
- 10.2 If any member has an interest, financial or otherwise, in any matter and is present at the meeting at which the matter is under discussion, they will declare that interest as early as possible and act in accordance with the relevant CCG's Conflicts of Interests Policy. Subject to any previously agreed arrangements for managing a conflict of interest, the chair of the meeting may require the individual to withdraw from the meeting or part of it.



The individual must comply with these arrangements, which must be recorded in the minutes of the meeting.

- 10.3 Members of the Sub Committee have a duty to demonstrate leadership in the observation of the NHS Code of Conduct and to work to the Nolan Principles, which are selflessness, integrity, objectivity, accountability, openness, honesty and leadership.
- 10.4 Quality Sub Committee papers will be stored and archived by the Sub Committee administrator and copies held in an accessible format. Details on location and how to access documents will be set out in the schemes of transfer.
- 10.5 The Quality Sub Committee will apply best practice in its deliberations and will conduct its business in accordance with national guidance and relevant codes of conduct and good governance practice.
- 10.6 All members of the Sub Committee are expected to comply with all relevant policies and procedures relating to confidentiality and information governance, noting the sensitivity of the information that will be considered by the Sub Committee.

11. Monitoring Effectiveness and Compliance with Terms of Reference

- 11.1 The Sub Committee will carry out a review before 31st March 2022 of its functioning and provide an outcome report of that review to the Cheshire and Merseyside CCGs Joint Committee who will in turn submit that report to the CCGs governing bodies.

12. Review of Terms of Reference

- 12.1 The terms of reference of the sub-committee shall be reviewed in January 2022 to ensure they remain fit for purpose.
- 12.2 Amendments to the Terms of Reference are to be approved by the Cheshire and Merseyside CCGs Joint Committee.

Version Control:

Version: 0.2

APPENDIX 4

MIAA - Joint Committee Arrangements

To: Dianne Johnson – Executive Director of Transition

From: Gary Baines – Regional Assurance Director

Date: 04/11/2021

Re: Joint Committee Arrangements

1 Introduction and Background

MIAA has been looking at ways we can continue to provide an internal audit service that both supports the delivery of statutory objectives and the management of the transition whilst also providing a degree of flexibility to support in meeting these challenges. On this basis, each of the Cheshire & Merseyside CCGs has agreed to ring fence approximately 10% of their 2021/22 internal audit plan days for pan Cheshire & Merseyside transition support.

This support covers various elements/workstreams, one of which specifically covers the establishment and implementation of joint committee arrangements and the delegation of CCG duties to the system wide Joint Committee and supporting sub-committees.

A paper was presented to the Meeting in Common of the Governing Bodies of the Cheshire & Merseyside CCGs on the 12th October setting out the process for transitioning from CCGs to the ICS shadow operating arrangements and associated CCG governance changes.

The paper outlined the process proposed to ensure that Cheshire and Merseyside CCG accountabilities can continue to be discharged and safely executed up to their disestablishment date (31st March 2022) and support the development of the shadow ICB and ensure a safe and robust transition.

Following the meeting, each CCG was requested to map current duties of its Governing Body sub-committees to the Joint Committee/its supporting sub-committees, Finance and Resources, Performance and Quality.

The purpose of the review was to ensure clear accountability/transparency and to provide assurance that all key business was subject to oversight through the revised arrangements and that delegation to joint committees is clear.

2 Objectives & Scope

MIAA have been asked to provide assurance in relation to the establishment of the joint Committee arrangements and the mapping exercise of current CCG duties/delegation of duties to the three sub-committees of the Joint Committee:-

- Finance and Resources
- Performance
- Quality

A further phase of work will be conducted by MIAA during the transition period to ensure that the arrangements agreed are operating effectively and that assurance is provided to CCG governing bodies that delegated duties are being overseen as intended.

3 Executive Summary

At the 12th October 2021 Meeting in Common of the Governing Bodies of the Cheshire and Merseyside Clinical Commissioning Groups the following was agreed in principle:-

- CCGs to delegate authority to Joint Committee for all functions normally reserved to that of a Governing Body with specific exceptions listed within the proposal.
- Disestablishment of existing individual CCG committees covering Finance and Resources, Quality and Performance and support the establishment of joint committees to cover these areas system wide, reporting into the Joint Committee.

The governance leads of each CCG meet on a fortnightly basis in a joint meeting chaired by the Executive Director of Transition with additional meetings scheduled to specifically develop the joint governance arrangements which facilitates input from each organisation in the system and ensures a consistent approach is adopted.

Within this phase of work, MIAA has reviewed the following areas:-

- Terms of Reference of each of the three proposed joint committee sub-committees
- Mapping of duties to each sub-committee on disestablishment of existing sub-committees within each CCG governance structure.

Terms of Reference

MIAA has reviewed the Terms of Reference of each of the 3 sub-committees and confirmed that they set out the following:-

- Authority, Purpose, Role and Remit
- Specific Duties and Responsibilities
- Chairmanship and Membership

- Attendance and Quoracy
- Frequency of Meetings
- Administration
- Accountability and Reporting Arrangements (including reporting to the Governing Body of each CCG)
- Conduct
- Monitoring Effectiveness and Compliance with Terms of Reference

The Terms of Reference have been subject to further update based on feedback since the agreement in principle to the establishment of the sub-committees, e.g. CCG CFO input to Finance & Resources Terms of Reference etc.

Further areas of work required have been set out in section 4 of the report.

Mapping of CCG Duties

It is essential that CCG Governing Bodies are assured of the robustness of the revised proposals to ensure that the delegation of authority and transition to Cheshire and Merseyside joint committees will be done safely and thoroughly.

The key risk in the establishment of joint committee arrangements is that current CCG oversight is lost or there is duplication of effort at CCG and system level. To support this process each CCG Governance Lead/Team has conducted an exercise to map existing sub-committee business to joint committees.

MIAA has confirmed this process has been followed by each CCG and MIAA has reviewed the document submitted to ensure that any business to be transferred to the joint committees is reflected in the respective terms of reference documents.

The work has concluded that the majority of current CCG core business within the areas of Finance/Resources, Performance and Quality is reflected in the Terms of Reference of each sub-committee notwithstanding the need to further develop a supporting work plan (see section 4 below) to set out specific agenda items that will be needed to support the discharge of delegated duties.

Where areas have been mapped to the sub-committees which are not explicitly within the Terms of Reference, MIAA has provided further details to the Executive Director of Transition to be shared with the Accountable Officers for discussion, consensus and resolution. It should be noted that in a number of areas, coverage could be implied within broad roles and responsibilities. This heightens the need for the development of work plans to support the Terms of Reference of the joint committees.

Conclusion

In conclusion, noting that further work will continue to develop arrangements once CCG Governing Body approval has been sought, MIAA are assured that the

processes agreed have been followed and plans are in place to further develop and mobilise arrangements once approval to proceed has been received.

As aforementioned, once the arrangements have become operational, the Executive Director – Transition has requested a further phase of work to be completed by MIAA to provide assurance that joint committee arrangements are effective and that terms of Reference are being met with feedback being provided to each CCG Governing Body.

4 Next Steps/Areas for Further Consideration

The following areas need to be progressed to further develop, mobilise and review the joint committee arrangements (it is acknowledged that a number these areas are in progress/planned):-

- Secure CCG Governing Body approval of the joint committee arrangements, delegation of duties to joint committees and duties that will remain with CCG governing bodies for the remainder of 2021/22.
- Agree membership and quoracy of each committee, balancing systems wide/equitable representation with the need to transact business efficiently and effectively.
- Develop a detailed work plan for the remainder of 2021/22 to enable the joint committees to agree agendas to support the fulfilment of terms of reference.
- Establish and communicate the reporting arrangements to ensure that CCG Governing Bodies are assured re: the discharge of delegated duties and responsibilities.
- Continually review arrangements/frequency of meetings etc. to ensure ongoing effectiveness and to respond to emerging issues, supported by MIAA's independent review of the effectiveness of arrangements as further assurance for the CCG governing bodies.

Timeline - Increased Delegation to the Joint Committee of CCGs to facilitate Shadow Operating

Date	Action	Responsibility	Notes	Status
5 - 12/11/21	Determine the process for approval within each CCG to take place by 23 rd November	Chairs/AOs	This will depend on each CCG's governance	
5/11/21	<p>GB report to be circulated to Chairs and AOs along with backing papers to include</p> <ul style="list-style-type: none"> The ToR of the 3 sub committees including how Chairs and membership will be determined The mapping of current workplans within the 9 CCGs across to the 3 sub committees – this has been carried out by MIAA MIAA report which reviews the proposed arrangements and concludes that CCGs can take reasonable assurance from these, the need for committee workplan to be produced and also states that a review of how the Joint Committee and its sub committees are operating will take place at the end of January and a report provided to CCGs The Report considered at the GBs meeting in Common on 12th October 2021 	DJ	Circulated no later than morning of 8 th Nov	
8 – 10/11/21	Chairs and AOs to review the report and raise any material omissions/inaccuracies with DJ. Should there be any then these will then be addressed and a final version issued to ensure all GBs have the same document for consideration.	Chairs/AOs DJ	No material omissions and/or inaccuracies identified	
11-22/11/21	<p>Final papers issued.</p> <p>Chairs to progress to approval through the agreed appropriate route in their CCG, clarifications can be sought via Chairs/AOs to DJ</p>	Chairs/AOs/DJ		Final papers issued on 11.11.21
23/11/21	Papers issued for a Joint Committee to be held on 30 th November to formally receive the delegations, approve ToRs and establish the 3 sub committees plus any planned business	Andy Wilson/DJ	<p>Papers will be prepared as the approval process progresses.</p> <p>The JC planned for 23/11/21 is being rescheduled to 30th November.</p>	Not due
30/11/21	Joint Committee held with new delegations			Not due. Meeting booked