

Better Health Programme (BHP)

Joint Committee

Draft Terms of Reference

1. Background

1.1 Introduction

The NHS Act 2006 (as amended) (“the NHS Act”) was amended in 2014 to allow Clinical Commissioning Groups (CCGs) to form joint committees. This means that two or more CCGs exercising commissioning functions jointly may form a joint committee. The Legislative Reform Order (“LRO”), which amended section 14Z3 (CCGs working together) of the NHS Act, was passed by Parliament and the reforms took effect from 1 October 2014. The reforms mean that CCGs will no longer find it necessary to operate work-around arrangements such as committees in common, encouraging integration and co-working.

Joint committees are a statutory mechanism which gives CCGs an additional option for undertaking collective strategic decision making.

In addition, the NHS Act provides, at section 13Z, that some of NHS England’s functions may be exercised jointly with a CCG, and that functions exercised jointly in accordance with that section may be exercised by a joint committee of NHS England and the CCG. Section 13Z of the NHS Act further provides that arrangements made under that section may be on such terms and conditions as may be agreed between NHS England and the CCG.

Although the Better Health Programme will affect services commissioned by the Specialised Commissioning function of NHS England it is not possible for that function to be shared with CCGs. Instead a collaborative commissioning arrangement will be put in place with NHS England’s Specialised Commissioning North East and Cumbria group.

Individual CCGs will still remain accountable for meeting their statutory duties. The aim of the LRO is to encourage the development of strong collaborative and integrated relationships and decision making between partners.

The Better Health Programme CCG Joint Committee (hereafter referred to as the Joint Committee) is a joint committee of

- NHS North Durham CCG,
- NHS Durham Dales, Easington and Sedgfield CCG,
- NHS Darlington CCG,
- NHS Hartlepool and Stockton-On-Tees CCG and
- NHS South Tees CCG.

The NHS Act which has been amended by Legislative Reform Order 2014/2436, provides at section 14Z3 that where two or more clinical commissioning groups are exercising their commissioning functions jointly, those functions may be exercised by a joint committee of the groups.

The CCGs named in the paragraph above have delegated the functions set out to the Better Health Programme Joint Committee.

Should this joint commissioning arrangement prove to be unsatisfactory, the Governing Body of any of the member CCGs can decide to withdraw from the arrangement. This withdrawal to be on such terms as are agreed between the other CCG members of the Joint Committee and the withdrawing CCG member.

1.2 Purpose of Group

The primary purpose is of arranging formal public consultation and then making decisions on the issues which are the subject of the consultation in relation to the Better Health Programme.

In addition, the Joint Committee will meet collaboratively with those exercising the Specialised Commissioning function of NHS England (NHS England committee or nominated individual) to ensure that integrated decisions are made in respect of the commissioning of Specialised Services and connected health services commissioned by CCGs.

NHS England Specialised Commissioning North East and Cumbria will also be involved through a collaborative commissioning arrangement.

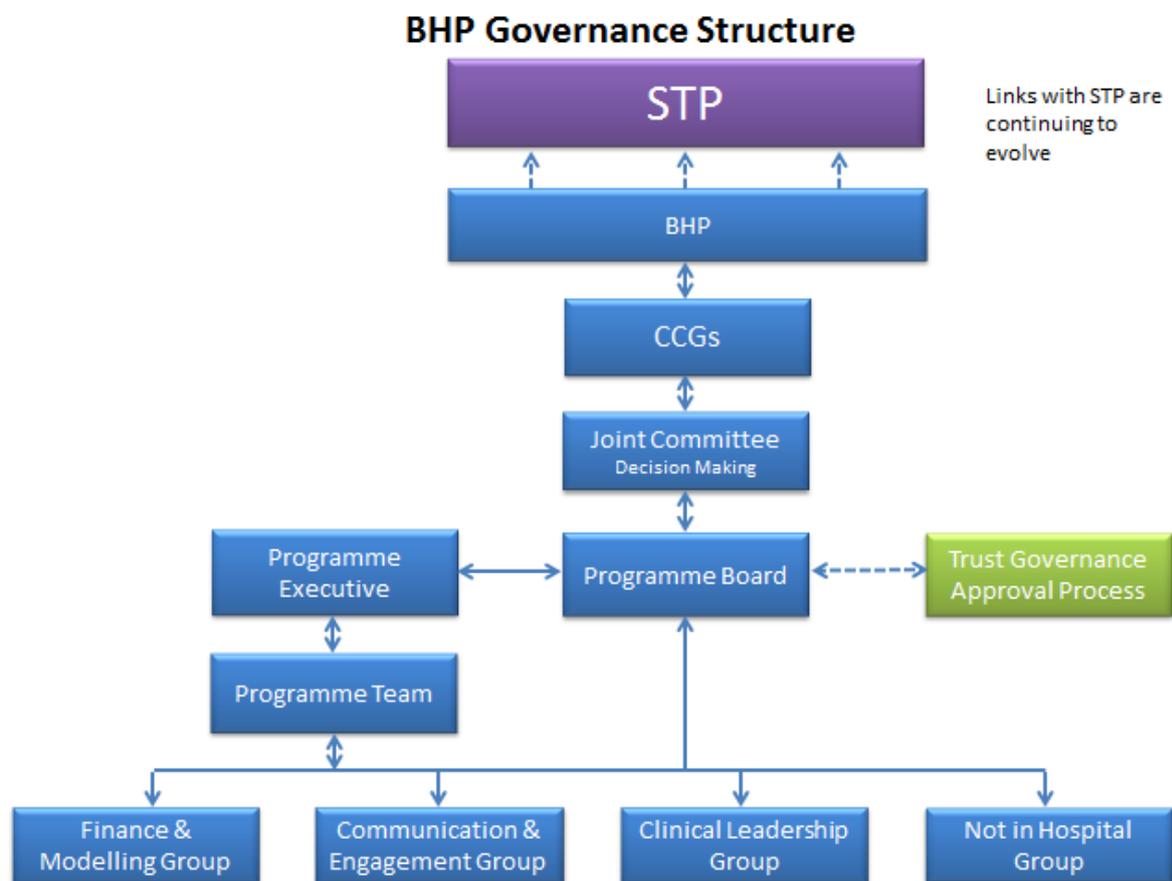
The Joint Committee will have the primary purpose of arranging and undertaking the formal public consultation and then making decisions on the issues which are the subject of the consultation in relation to the Better Health Programme.

1.3 Guiding principles:

- The needs of people in Darlington, Durham and Tees will have priority over organisational interests.
- NHS and LA Commissioners and providers will work collaboratively and urgently on system reform and transformation.
- Costs will be reduced by better co-ordinated proactive care which keeps people well enough to need less acute, long term and institutional care.
- Waste will be reduced, duplication avoided and activities stopped which have limited value. Patients who are no longer acutely unwell will be discharged promptly from hospital and cared for in their own home or a local care facility.
- Our health and social care system is made up of many independent and inter-dependent parts which can positively or adversely affect each other. We will develop strong working relationships with clear aims and a shared vision putting the needs of the people we serve first.
- There will be partnership with the people of Darlington, Durham and Tees the workforce, voluntary, community and faith based organisations, NHS and LAs.

2. BHP Governance Arrangements

The group forms part of the wider programme governance arrangements as summarised below.



Each Clinical Advisory Group reports into the Clinical Leadership Group and will be responsible for working together and with the Not in Hospital Group to develop local pathways of care, transfer and services.

There is a total of six advisory groups within the programme;

- Acute Medicine
- Acute Surgery
- Urgent and Emergency Care
- Critical Care
- Acute Paediatrics, Maternity and Neonates (APMN) and
- Radiology Services.

3. Purpose of the Joint Committee

The role of the Better Health Programme Joint Committee shall be to carry out the functions relating to undertaking formal public consultation and making decisions on the issues which are the subject of the consultation in relation to the Better Health Programme.

This includes the following key responsibilities:

- Determine the options appraisal process, including agreeing the evaluation criteria and weighting of the criteria
- Determine the method and scope of the consultation process
- Act as the formal body in relation to the public consultation with the Joint Overview and Scrutiny Committees established for it by the relevant Local Authorities
- Make any necessary decisions arising from a Pre-Consultation Business Case (and the decision to run a formal consultation process)
- Approve the Consultation Plan
- Approve the text and issues on which the public's views are sought in the Consultation Document
- Take or arrange for all necessary steps to be taken to enable the CCGs to comply with their public sector equality duties
- Approve the formal report on the outcome of the consultation that incorporates all of the representations received in response to the consultation document in order to reach a decision
- Make decisions about future service configuration and service change, taking into account all of the information collated and representations received in relation to the consultation process. This should include consideration of any recommendations made by the Programme Board or views expressed by the Joint Health Overview and Scrutiny Committee or any other relevant organisations. It should also include consideration of the implications of the decisions in relation to potential risk to the sustainability and viability of the Foundation Trusts included in the remit of the Programme.

NHS England Specialised Commissioning North East and Cumbria will also be involved through a collaborative commissioning arrangement.

The Joint Committee will have the primary purpose of arranging and undertaking the formal public consultation and then making decisions on the issues which are the subject of the consultation in relation to the Better Health Programme.

4. Responsibilities

The specific responsibilities of the Joint Committee will be to oversee the implementation of the Better Health Programme and to ensure that the plans and objectives of the CCGs are met via its delivery.

- Manage relationships with between CCGs and NHS England for the duration of the programme,
- Provide guidance and direction to Programme Board,
- Provide assurance of quality in relation to delivering the programme objectives to the CCG members.

5. Consultation, Decision-making and Behaviours

The Joint Committee will make decisions within the bounds of its remit.

The decisions of the Joint Committee shall be binding on all member CCGs.

Decisions will be jointly published by NHS North Durham CCG, NHS Durham Dales, Easington and Sedgefield CCG, NHS Darlington CCG, NHS Hartlepool and Stockton on Tees CCG and NHS South Tees CCG.

6. Accountability and Authority

- The Chair of this Group is a member of the Programme Board
- The Group is authorised to instigate any activity within its terms of reference and to seek information as necessary ensuring delivery within agreed budgets and governance arrangements.

7. Quorum

- Where the Chair has determined – and has given two weeks’ notice to Joint Committee members – that a key decision will be made then the quorum shall include members (or their proxies) of all organisations that the Chair determines should be present unless that organisation has instead chosen to make a written submission.
- For other meetings, at least one full voting member from each CCG must be present for the meeting to be quorate.

8. Task and Finish Groups

The Joint Committee has the power to establish sub groups and working groups and any such groups will be accountable to the Joint Committee.

9. Membership

The membership of the Joint Committee shall be two senior Governing Body decision makers from each of the member CCGs, including the Accountable officer, depending on the management arrangements for each CCG.

For each of the Clinical Commissioning Groups:

- NHS Darlington CCG
- NHS Durham Dales, Easington and Sedgefield CCG
- NHS Hartlepool and Stockton-On-Tees CCG
- NHS North Durham CCG
- NHS South Tees CCG

Associated CCG

- NHS Hambleton, Richmondshire and Whitby CCG

Chair and Vice Chair will be elected by the members of the group. The Chair and Vice Chair must come from the member CCGs, but both roles cannot be undertaken by members of the same CCG.

The Better Health Programme Director will act as Secretary to the Committee to ensure the day to day work of the Joint Committee is proceeding satisfactorily.

Other attendees, when required.

- NHS England;
- North East Commissioning Support Services; and
- Others as invited as appropriate to specific agenda items

10. Meetings

The Joint Committee will meet as and when required if required, to consider relevant matters when necessary.

Meetings of the Joint Committee shall be held in public unless the Joint Committee considers that it would not be in the public interest to permit members of the public to attend a meeting or part of a meeting. Therefore, the Joint Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

Support and advice to the Group will be provided by the BHP Programme Office. This support shall include:

- Agreement of the agenda with the Group Chair;
- The proper and timely preparation and circulation of papers which should be no later than 3 working days before the meeting;
- Ensuring minutes and papers for meetings are stored on the central file storage facility; and
- Monitoring progress of actions to be taken forward.

Members of the Joint Committee have a collective responsibility for the operation of the Joint Committee, They will participate in discussion, review evidence and provide objective expert input to the best of the knowledge and ability, and endeavor to reach a collective view.

The Joint Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions. It will be the responsibility of the BHP Programme Director to make any invitations or arrangements.

Members of the Joint Committee shall respect confidentiality requirements as set out in the Standing Orders referred to above unless separate confidentiality requirements are set out for the joint committee in which event these shall be observe

11. Reporting

The Joint Committee will make a quarterly written report to the member governing bodies and NHS England and hold at least annual engagement events to review aims, objectives, strategy and progress and publish an annual report on progress made against objectives.

12. Review of Terms of Reference

These terms of reference will be formally reviewed by the CCGs named in 4 above in April of each year, following the year in which the joint committee is created and may be amended by mutual agreement between the CCGs at any time to reflect changes in circumstances as they may arise.

13. Signatures of the Accountable Officers from Member CCGs.

Work in Progress