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Black Country & West Birmingham Joint Committee

Terms of Reference – Version D4.0

AMENDMENT HISTORY

VERSION	DATE	AMENDMENT HISTORY
D1.0	31 March 2017	Emma Smith proposed TOR template
D1.0	3 April 2017	Peter McKenzie & Sara Saville submitted amends
D2.0	4 April 2017	Presented back to T&FG for comment
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REVIEWERS

This document has been reviewed by:

NAME	DATE	TITLE/RESPONSIBILITY	VERSION
Emma Smith	31 March 2017	Governance Support Manager	D1.0
Sara Saville	31 March 2017	Head of Corporate Governance	D1.0
Peter McKenzie	3 April 2017	Corporate Operations Manager	D1.0
Michelle Carolan	4 April 2017		D2.0

APPROVALS

This document has been approved by:

VERSION	BOARD/COMMITTEE	DATE

Black Country & West Birmingham Commissioning Board – Terms of Reference

1. Introduction & Purpose

- 1.1 The Black County & West Birmingham Commissioning Board (the 'Joint Committee') is established in accordance with paragraph 6.4.4 of NHS Dudley Clinical Commissioning Group's (CCG) constitution, paragraph 6.5.4 of NHS Wolverhampton CCG constitution, paragraph 6.6.4 of NHS Sandwell & West Birmingham CCG constitution and paragraph 5.10.4 of NHS Walsall CCG constitution.
- 1.2 The purpose of the Joint Committee is to establish a single commissioning view in line with the Sustainable Transformation Plan (STP) arrangements for key services across the Black Country and West Birmingham through the creation of a Joint Committee of the four CCGs.
- 1.3 Individual CCGs will remain accountable for meeting their statutory duties. Each CCG has nominated its representative members and the Joint Committee will have delegated authority from each CCG to make binding decisions on behalf of each CCG.
- 1.4 Currently the STP has no formal authority or governance and the Joint Committee will provide a basis for coordinated collective action to commission the arrangements in the plan.
- 1.5 It is a committee comprising representatives of the following organisations:
 - Wolverhampton CCG,
 - Sandwell & West Birmingham CCG,
 - Dudley CCG and
 - Walsall CCG
- 1.6 These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Joint Committee and will have effect as if incorporated into the constitution.

2. Membership

- 2.1 Each member of the Committee as defined in Paragraph 2.2 shall have one vote. The Committee shall reach decisions by a simple majority of members present, but with the Chair having a second and deciding vote, if necessary.
- 2.2 Each of the four CCGs shall nominate three members of the Joint Committee from their Governing Body, two of which will be their Chair and Accountable Officer. The four CCGs will coordinate their remaining nominations to ensure that the Joint Committee membership includes two Lay Members and two Chief Finance Officers.
- 2.3 NHS England lead for commissioning specialised services will be a co-opted member to support the committee's work on developing proposals for the commissioning specialised services – using the 'seat at the table' model.
- 2.4 The Joint Committee will be clinically led, with the Chair being taken by one of the CCG Chair members and will rotate amongst them every six months in line with a schedule determined by the committee.
- 2.5 The Vice Chair of the Joint Committee will be elected from amongst the Clinical Chairs who will deputise for the Chair of the Joint Committee as required.
- 2.6 Other representation that will normally be in attendance (members but non-voting) will include:
 - Programme Manager

- Communications Lead
- Administration support

2.6 Governing Body elected GPs, Clinical Executives, Executive Nurses, Other NHS England representation, other GP members or employees of the CCG (not already listed in the membership) may be asked to attend the committee for the purposes of specific agenda items. This will be in an advisory and non-voting capacity. NHS England's National Statutory Guidance on "Managing Conflicts of Interest" will be observed and complied with at all times.

3. Administrative Support

3.1 The Chair of the Joint Committee will be responsible for arranging administrative support for meetings of the Committee. This will include circulating the agenda and papers for the meeting five clear working days in advance of the meeting, taking minutes and actions of the meeting.

3.2 The Programme Manager shall be responsible for supporting the Chair in the management of the Committee's business and for drawing members' attention to best practice, national guidance and other relevant documents as appropriate.

4. Quorum

4.1 A meeting of the Joint Committee will be quorate provided that at least four members comprising of the following are present:

- Chair or Vice Chair
- One member from each CCG
- One Accountable Officer
- One Chief Finance Officer or One Lay Member

5. Frequency of meetings

5.1 The Joint Committee will formally meet on a monthly basis. There may be a need for the Committee to meet informally from time to time. Any informal meetings will support the work of the Committee and will have no delegated decision-making authority.

6. Remit Duties and Responsibilities

6.1 The Joint Committee's specific responsibilities will be delegated to it by each of the four constituent CCGs and will, where appropriate, be reflected in each CCG's Scheme of Reservation and Delegation. The committee will provide the mechanism for any regulatory requirements for shared CCG reporting, assurance or decision making.

6.2 The responsibilities of the Joint Committee will be reviewed regularly as the single commissioning view for the Black Country and West Birmingham develops. The Joint Committee's initial responsibilities will be:-

- To make recommendations to the four CCGs on the scope of services that should be commissioned at a Black Country and West Birmingham system level;
- To organise, on behalf of the four CCGs, the joint commissioning of Specialised Services across the Black Country and West Birmingham with NHSE – based on the 'seat at the table' model;
- To have oversight of the commissioning of acute and mental health services that have been established as being within the scope of services commissioned at system level, which will include:-
 - Mapping financial risks across the system;
 - Identifying Clinical priorities for transformation;
- To establish and manage a transformation programme to support the development of a

- single commissioning view for the Black Country and West Birmingham;
- To develop an Organisational Development plan across the four CCGs to identify the immediate benefits from shared working and to support the implementation of the transformation plan; and
- To make recommendations for the deployment of resources to support the implementation of the Transformation Programme.

6.3 The Joint Committee will be supported in its work by a Clinical Reference Group to advise on clinical strategy. The Joint Committee will determine the Clinical Reference Groups ToR. The Clinical Reference Group will comprise of lead clinicians from across the STP area. The Clinical Reference Group has no delegated authority, but will, by virtue of the clinical knowledge and expertise of the membership have a voice of authority to make recommendations and support the clinical leadership of the Joint Committee.

6.4 The Joint Committee will have the power to establish any task and finish group and determine the ToR for this so long as it is in line with the responsibilities given to the Joint Committee.

7. Managing Conflicts of Interest

7.1 Conflicts of interest are a common and sometimes unavoidable part of the delivery of healthcare. The Joint Committee is required to manage any conflicts of interest through a transparent and robust system. Members of the Joint Committee are encouraged to be open and honest in identifying any potential conflicts during the meeting. The Chair of the Committee will be provided with the latest Declaration of Interest register at each meeting and will be required to recognise any potential conflicts that may arise from themselves or a member of the meeting.

7.2 It is imperative that members of relevant CCGs ensure complete transparency in any decision-making processes through robust record-keeping. If any conflicts of interest are declared or otherwise arise in a meeting, the chair must ensure the following information is recorded in the minutes; who has the interest, the nature of the interest and why it give rise to a conflict; the items on the agenda to which the interest relates; how the conflict was agreed to be managed and evidence that the conflict was managed as intended.

7.3 One of the Lay members on the Joint Committee will be the designated lead for overseeing conflicts of interest (within the membership of the committee).

8. Relationship with CCG Governing Body

8.1 The Joint Committee is accountable to the each retrospective governing body to ensure that it has effectively discharging its functions.

8.2 All CCG governing body meetings will receive a copy of the Joint Committee meetings minutes. The Joint Committee will also make any recommendations or decisions reserved for the governing body directly.

8.3 Establish Task and Finish Groups as required which will report directly to the Joint Committee.

9. Review of Joint Committee Effectiveness

9.1 The Joint Committee will annually self-assess and report to the respective governing bodies and on its performance in the delivery of its objectives.

9.2 The Joint Committee's terms of reference and duties will be reviewed regularly, including at the point of Chair rotation and in line with any defined milestones in the Joint Committee's transformation plan. This will ensure that the Joint Committee reflects any changes as the STP develops.

9.3 Any changes to the terms of reference will be approved by the respective governing bodies.

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