

INSERT LOGO FOR EACH CCG

Black Country & West Birmingham Joint Commissioning Committee (Joint Commissioning Committee)

Terms of Reference – Version D7.0

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
D2.0	4 April 2017	Michelle Carolan provided comments
D3.0	5 April 2017	Amended following Task and Finish Group meeting
D4.0	20 April 2017	Amended following BCWBJC
D5.0	12 July 2017	Amended following feedback from CCG GB
D6.0	1 Aug 2017	Amended following feedback from JCC and project manager comments
D7.0	19 Sept 2017	Amended for consistent use of Joint Commissioning Committee

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
BCWBJC	20 April 2017	AOs of the Black Country and West Birmingham CCGs	D4.0
Four CCG GB	12 July 2017	GB members	D5.0

APPROVALS

This document has been approved by:

VERSION	BOARD/COMMITTEE	DATE

Black Country & West Birmingham Joint Commissioning Committee – Terms of Reference

1. Introduction & Purpose

- 1.1 The Black County & West Birmingham Joint Commissioning Committee (the 'Joint Commissioning 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 Commissioning 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 Commissioning 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 Commissioning 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 Commissioning 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 Commissioning 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. There will be one vote, per role, per organisation. 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 four members of the Joint Commissioning Committee from their Governing Body, which will be their Chair, and Accountable Officer, one Chief Finance Officer and one lay member. Each of the four CCGs will nominate one lay member from their Governing Body as their fourth member.
- 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 Commissioning 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 Commissioning Committee will be elected from amongst the Chairs who will deputise for the Chair of the Joint Commissioning 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 Commissioning 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 Commissioning Committee will be quorate provided that at least five members comprising of the following are present:

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

5. Frequency of meetings

5.1 The Joint Commissioning 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.

5.2 Meetings of the Joint Commissioning Committee shall ordinarily be held in public and the agenda and supporting papers will be made available for public inspection. The Joint Commissioning 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 be 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.

5.3 The Joint Commissioning Committee will also meet in 'shadow form' whilst its terms of reference are considered by the constituent CCGs and until it has delegated decision making authority for specified commissioning services. Meetings during this period will be held in private session.

6. Remit Duties and Responsibilities

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

- To make binding decisions on those matters delegated to the Joint Commissioning Committee on behalf of the CCG
- 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;
- 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 recommend to the four CCGs that identifies the immediate benefits from shared working and supports 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 Commissioning Committee will be supported in its work by a Clinical Leadership Group to advise on clinical strategy. The Joint Commissioning Committee will determine the Clinical Leadership Groups ToR. The Clinical Leadership Group will comprise of lead clinicians from across the STP area. The Clinical Leadership 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 Commissioning Committee.

6.4 The Joint Commissioning 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 Commissioning 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 Commissioning Committee is required to manage any conflicts of interest through a transparent and robust system. A lay member will act as a conduit and safe point of contact for anyone with concerns relating to conflicts of interest and provide advice and judgement in the management of conflicts. In the event that the Chair and Vice Chair are conflicted the lay member will Chair the meeting or part of. Members of the Joint Commissioning 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. Wherever a conflict of interest may be perceived, the matter must always be resolved in favour of the public interest rather than the individual member. 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.

8. Relationship with CCG Governing Body

- 8.1 The Joint Commissioning 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 Commissioning Committee meetings minutes. The Joint Commissioning 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 Commissioning Committee.

9. Review of Joint Committee Effectiveness

- 9.1 The Joint Commissioning 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 Commissioning 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 Commissioning Committee's transformation plan. This will ensure that the Joint Commissioning 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.