NHS
Morecambe Bay
Clinical Commissioning Group

AGENDA ITEM NO: 12.0.

Meeting Title/Date:	Governing Body - 26 September 2017		
Report Title:	Development of Shared Decision Making of the Joint Committee of CCGs		
Paper Prepared By:	Andrew Bennett	**Date of Paper:**	31 August 2017
Executive Sponsor:	Andrew Bennett	**Responsible Manager:**	Andrew Bennett
Committees where Paper Previously Presented:	Morecambe Bay Executive Committee		
Background Paper(s):	Not applicable		
Summary of Report:	This paper puts forward proposals to the Governing Bodies of the 8 Lancashire and South Cumbria CCGs for the development of shared decision making.		
Recommendation(s):	The Governing Body is asked to:- • Note that the Joint Committee of CCGs was established by the Lancashire and South Cumbria CCGs in December 2016 to facilitate effective and defensible shared decision making in support of the STP. • Note the expectations of national regulators for the evolution of shared decision making in this fast-track STP. • Consider and approve the requested delegations for joint decision-making through the JCCCG for 2017/18, as described in Appendix 1. • Note that further delegations are likely to be requested in future around areas described in Appendix 2. • Request that the JCCCGs reviews and strengthens the STP guiding principles for decision-making. • Note that CCG leaders have agreed to produce a Commissioning Development Strategy during the autumn of 2017 and this will be presented to Governing Bodies in due course.		

		Please Select Y/N
Identified Risks:		N
Impact Assessment: (Including Health, Equality, Diversity and Human Rights)		N
Strategic Objective(s) Supported by this Paper:		**Please Select (X)**
To Improve the health of our population and reduce inequalities in health		X
To reduce premature deaths from a range of long term conditions		X
To develop care closer to home		X
To commission safe, sustainable and high quality Hospital Health Care		X
To commission safe, sustainable and high quality Mental Health Care		X
To improve capacity and capability of primary care services to respond to the changing health needs of our population		X
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Lancashire and South Cumbria STP

Paper for CCG Governing Bodies

Development of Shared Decision Making for the Joint Committee of CCGs

1. Purpose of the paper

In the light of the publication of the Five Year Forward View – Next Steps (March 2017), and the required establishment of the Lancashire & South Cumbria Sustainability and Transformation Partnership (STP), this paper puts forward proposals to the Governing Bodies of the 8 Lancashire & South Cumbria CCGs for the development of shared decision-making that will:

- enable effective shared decision making on agreed STP-wide priorities;
- give CCG Governing Bodies assurance on appropriate governance arrangements and confidence to delegate decision-making authority to the Joint Committee of CCGs;
- provide a consistent framework which also supports and clarifies decision-making in local accountable systems (Local Delivery Partnerships) and neighbourhoods.

The organisations making up the Lancashire and South Cumbria STP have established a number of work-streams with the expectation that these will bring forward proposals requiring collective decision making by commissioners. For this reason, this paper requests the approval of each Governing Body to delegate a number of decisions that will need to be taken in 2017/18 and which may include a process leading to formal public consultation.

This paper has been revised following an earlier opportunity for feedback from Governing Bodies– the requested delegations, as set out in **Appendix 1**, have been adjusted to take account of the comments received.

2. Joint Committee of CCGs (JCCCGs)

Early in 2016, NHS England required health and care organisations across geographical footprints to come together to agree five year Sustainability and Transformation Plans. Through the development of their plans, the partners were expected to demonstrate high levels of capability for joint working and shared decision making to address the identified gaps in health and well-being; care and quality; and finance and efficiency.

Consequently, the 8 CCGs in Lancashire and South Cumbria established a Joint Committee, in line with legal advice on effective joint decision-making. The terms of reference of the Joint Committee (see **Appendix 3**) have been incorporated within the Constitution of each CCG. These terms of reference set out the *types* of decision that could be delegated to the Joint Committee, but not the specific decisions. In the light of the role of the Sustainability and Transformation Partnership described within the *Five year Forward View – the next steps*, CCG Governing Bodies are now being asked to support an extension of delegated decision-making into the JCCCGs to make what are expected to be some important collective decisions during 2017/18.

The JCCCGs was established in December 2016, and since then the committee has maintained commissioning oversight of the developing STP programme. Morecambe Bay CCG is represented by Andrew Bennett and Clive Unitt on the JCCCGs.

The role of the JCCCGs is to undertake the implementation of policies, specifications and new care models being generated by the work-streams that will require formal agreement by CCG Governing Bodies. The work-streams are:

- Acute & specialised services
- Urgent & emergency care
- Primary care
- Regulated care
- Population health & prevention
- Adult mental health & dementia
- Children's & young people's mental health & well being
- Learning disabilities & autism
- Enabling work-streams such as Digital, Workforce, Estates, Finance, leadership & OD

To ensure effective decisions on issues requiring a collective approach across the STP, the Joint Committee terms of reference propose that decision-making on specified priority areas be formally delegated to the JCCCGs. In future, it is possible that the STP Board could also make recommendations for agreement of the outputs of the work-streams to the JCCCGs for consideration – obviously within the scope of approved delegations.

It is vital to emphasise that decisions coming to the JCCCGs for approval will do so after extensive development and consultation in each of the local areas in Lancashire and South Cumbria.

3. Requests for Delegated Decision making in 2017/18

Each of the STP work-streams has a Senior Responsible Officer (SRO). They have set out specific requests for a delegated decision(s) to the Joint Committee together with a rationale for the request and a statement about the expected impact on local health communities. Such requests have been split into two main groupings.

Appendix 1 describes those decisions where SROs are requesting delegation for JCCCGs action during 2017/18.

Appendix 2 describes those areas where further requests for delegation may be made in coming months – in the meantime, SROs will wish to keep the Joint Committee fully up to date on progress.

4. Guiding Principles and Criteria for Decision Making

There is a clear purpose in asking the Lancashire and South Cumbria CCGs to make some decisions together. This is because:

- We believe joint decision-making will give confidence to patients and the public that local NHS and local government organisations are able to work well together;

- It enables us to demonstrate how we will deliver a clinically and financially sustainable health and care system consistently and fairly across Lancashire and South Cumbria;
- It allows us to set out the common commissioning policies, care standards and outcomes we believe every patient should expect when they need local health and care services;
- We intend to reduce unnecessary variations in performance and outcomes and tackle inequalities in health;
- We must demonstrate that we have drawn on the latest evidence and advice for the configuration and development of local clinical services.

The Terms of Reference for the Joint Committee of CCGs sets out a number of guiding principles for joint decision making:

Guiding principles
Healthier Lancashire and South Cumbria will adhere to the following principles:

- People and patients come first – delivering parity of esteem and outcomes – fairness and timeliness of access to support.
- Delivering a clinically and financially sustainable health and care system across Lancashire and South Cumbria ('L&SC').
- Clinically-led, co-design and collaboration across L&SC Health & Care System delivering integrated support.
- Aligning priorities across Local Health and Care Systems and organisations – managing sovereignty and risk.
- Prioritised effort on greatest benefit – improving quality and outcomes efficiently and effectively.
- Ensuring Value for Money. Doing things right and doing the right things.
- Alignment of effort and resource – 'twin citizenship' of staff for L&SC and local levels.
- Built upon innovation, international evidence and proven best practice.
- Subsidiarity with clear framework of mutual accountability.

Following previous Governing Body feedback, however, it is recommended that the JCCCGs reviews and strengthens these principles, alongside the developing evaluation criteria that will be used to support decision-making.

5. Risks and proposed mitigations

There are identifiable risks associated with the requested delegations. Individual CCGs will wish to be confident that these are mitigated satisfactorily as the JCCCGs begins to address a more formal work plan and the system "learns" how to take effective collective decisions. Conversely, there are risks to all the CCGs in not taking important STP-wide decisions together.

Risk	Mitigation
The JCCCGs is presented with unclear evidence or rationale to support a recommendation.	The JCCCGs will request the STP work-stream (and STP Board) to undertake additional analysis and evidence gathering before accepting the recommendation.
Work-stream is unable to produce sufficient evidence against the 5 national tests for reconfiguration proposals.	Reconfiguration Tests to be a key element in the formal business cases developed to recommend major changes.

JCCCGs supports a recommendation for investment which an individual CCG believes it cannot afford	Use STP financial framework developed by the Finance Investment Group (FIG) and approved by the STP Board. Framework to be used to assess proposals, create transitional funding arrangements, and agree pace of change and share risks.
Delegated decision making arrangements do not create sufficient assurance and accountability for individual Governing Bodies.	STP lead to commission a collective Internal Audit review on behalf of all 8 CCGs of the developing delegated decision making arrangements during 2017/18.
Inadequate understanding of the role of the JCCCGs with patients, public and NHS staff.	STP communications & engagement strategy to ensure clear communication routes into local organisations, representative groups and networks.

6. Communications and Engagement

A key attribute of an effective joint decision making approach will be to demonstrate effective communications and engagement across the STP, between the STP and local delivery footprints and between the STP and local organisations, CCG member practices, representative groups and networks.

In receiving a number of requests for delegated decision making, CCGs are asked to support a two-way process of communication between the Joint Committee of CCGs and each Governing Body. This will be a critical area of learning and development during the remainder of 2017/18.

7. Commissioning Development in the STP

Commissioning leaders from each CCG and NHSE met on 30th August 2017 to consider the priorities for commissioning development in the STP. It was agreed that current commissioning arrangements will need to evolve in the light of the 5 Year Forward View and that a strategy for Commissioning Development needs to be developed and agreed during the autumn of 2017. This will encompass:

- Collective commissioning – how commissioners will take decisions together to address common priorities across the STP
- Local Delivery Partnerships – how commissioners will support the development of accountable care arrangements in the 5 local health and care communities.
- Integrated commissioning – how CCGs will work with other key partners including Local Government, NHS England and Midlands and Lancashire CSU to align priorities and resources

8. Recommendations

The Governing Body is asked to:

- Note that the Joint Committee of CCGs was established by the Lancashire and South Cumbria CCGs in December 2016 to facilitate effective and defensible shared decision making in support of the STP.
- Note the expectations of national regulators for the evolution of shared decision making in this fast-track STP.
- Consider and approve the requested delegations for joint decision-making through the JCCCG for 2017/18, as described in Appendix 1.
- Note that further delegations are likely to be requested in future around areas described in Appendix 2.
- Request that the JCCCGs reviews and strengthens the STP guiding principles for decision-making.
- Note that CCG leaders have agreed to produce a Commissioning Development Strategy during the autumn of 2017 and this will be presented to Governing Bodies in due course

Andrew Bennett
Chief Officer

Appendix 1 - Proposed delegated decisions across STP work-streams during 2017/18

	Work-stream	Delegated decisions	Rationale for requesting delegation	Impact on local health economies
1	Commissioning & prescribing policies	• To ratify agreed set of Lancashire & South Cumbria wide clinical commissioning and prescribing policies	Alignment of decision making across L&SC with consistent application of an ethical framework and evidence base to support decision making	Makes a standard offer to population across STP
2	Stroke	• To consider recommendations on the number of hyper-acute sites required to meet the agreed specification for stroke services and on any proposed consultation process	National and regional outlier for stroke outcomes. Unexplained and unwanted significant variation across the pathway. Requires consistent implementation	Delivers consistent offer for populations across Lancashire and South Cumbria and reduces variations in outcomes
3	Adult Mental Health & Dementia	• To agree a revised Operating Model for implementation of nationally prescribed Mental Health & Well being strategy (MH Five year Forward View) – including investment and resources, outcomes & standards - at local and STP level	Nationally defined delivery plan with STP level accountability for delivery – requires collective plan for consistent implementation	Delivers consistent offer for populations across Lancashire and South Cumbria and reduces variations in outcomes
4	Learning Disabilities	• To agree option for commissioning of CCG acute learning disability inpatient services	Anticipated urgency of commissioner action upon LD in patient services	Delivers consistent offer for populations across Lancashire and South Cumbria

Appendix 2 - Work-streams where current actions may lead to requests for further delegated decisions during 2017/18

Work-stream		Current actions underway	Rationale for requesting future delegation	Impact on local health economies
1	Acute and Specialised Services	• To agree intended prioritisation of action, commencing with clinically fragile services; pathology, radiology and other diagnostic services; and urgent & emergency care, including A&E • To agree consultation & engagement plan for co-design of options and option appraisal, prior to formal consultation on service reconfiguration • To agree evaluation criteria against which options would be assessed • To launch formal consultation process • To take decisions on the outcome of consultation process	Scrutiny of process and assurance of adherence to legal requirements – change will be across L&SC system therefore need consistent & standard scrutiny process	Shifts point of control of process from LDP to STP level but with corresponding shift of assurance that all interdependencies are recognised and all local views are considered in light of these
2	Urgent and Emergency Care	Ensuring alignment with outputs and time table for A&E review under A&SS work-stream: • To agree Urgent and Emergency Care Delivery plan for 17/18 to review current UEC system against national plan requirements • To agree defined responsibilities of STP, LDP and A& E delivery boards and governance structure within the UEC delivery plan • To agree process, specification and evaluation criteria against which designation of UTCs and walk in centres will take place • To agree consultation & engagement plan for co-design of options and option appraisal	Scrutiny of process and assurance of adherence to legal requirements – change will be across L&SC system therefore need consistent & standard scrutiny process	Shifts point of control of process from LDP to STP level but with corresponding shift of assurance that all interdependencies are recognised and all local views are considered in light of these
3	Children & Young People's Mental Health and Wellbeing	• To agree Annual transformational plan • To agree Annual business/delivery plan • To agree key products to support delivery (eg consultation exercise material, service redesign plans& specifications, options appraisals) • To agree products to offer system oversight	Scrutiny and sign off of system-wide plan for implementation of national service requirements	Impact of action and investment will vary across economies to deliver consistent standard population offer

Work-stream		Current actions underway	Rationale for requesting future delegation	Impact on local health economies
5	Adult mental health & dementia	• To approve case for change for STP wide MH commissioning function • To agree business cases for specific developments in line with the MHFYFV – including primary care and IAPT models	Nationally defined delivery plan with STP level accountability for delivery – requires collective plan for consistent implementation	Delivers consistent offer for populations across Lancashire and South Cumbria and reduces variations in outcomes
6	Transforming Care (Learning disabilities)	• To agree revised Operating Model for implementation of nationally prescribed Transforming Care programme – including operational delivery and strategic commissioning roles, investment and resources, outcomes & standards • To agree option for Commissioning of CCG acute learning disability inpatient services	Nationally defined delivery plan with STP level accountability for delivery – requires collective plan for consistent implementation Anticipated urgency of commissioner action upon LD in patient services	Delivers consistent offer for populations across Lancashire and South Cumbria and reduces variations in outcomes

APPENDIX 3 – JCCCGs Terms of Reference

Title	Healthier Lancashire and South Cumbria (HLSC): Terms of Reference (TORs) : Joint Committee of the Clinical Commissioning Groups (JCCCG)		
Responsible Person	Independent Chair		
Date of Approval	8th December 2016		
Approved By	Joint Committee of the Clinical Commissioning Groups		
Author	Amanda Doyle		
Date Created	18th April 2016		
Date Last Amended	31st December 2016		
Version	4		
Review Date	1st December 2017		
Publish on Public Website		**Yes** ☑	**No**
The version of the policy posted on the intranet must be a PDF copy of the approved version			
Constitutional Document		**Yes** ☑	**No**
Requires an Equality Impact Assessment		**Yes**	**No** ☑

Amendment History		
Version	**Date**	**Changes**
4	31.12.16	Updated to standardise all TORs within HLSC

1.	**The Purpose of the Joint Committee of the Clinical Commissioning Groups**
1.1	The NHS Act 2006 (as amended) ('**the NHS Act**'), was amended through the introduction of a Legislative Reform Order ('**LRO'**) 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 as a result of the LRO amendment to s.14Z3 (CCGs working together) of the NHS Act.
1.2	Joint committees are a statutory mechanism which gives CCGs an additional option for undertaking collective strategic decision making. Whilst NHS England (NHSE) will make decisions on Specialised Commissioning separate from a joint committee, as such decisions cannot be delegated to a CCG or a joint committee of CCGs; they can still make such decisions collaboratively with CCGs.
1.3	Although the Healthier Lancashire and South Cumbria Programme (HLSC) will affect services commissioned by the Specialised Commissioning function of NHSE it has been decided that decisions on those services will be undertaken on a collaborative basis. This will allow sequential decisions to be undertaken allowing clarity of responsibility but also recognising the linkage between the two decisions.
1.4	Individual CCGs and NHSE will still always remain accountable for meeting their statutory duties. The aim of creating a joint committee is to encourage the development of strong collaborative and integrated relationships and decision-making between partners.

1.5	The Joint Committee of Clinical Commissioning Groups ('**JC CCGs**') is a joint committee of: • NHS Blackburn with Darwen CCG; • NHS Blackpool CCG; • NHS Chorley & South Ribble CCG; • NHS East Lancashire CCG; • NHS Fylde & Wyre CCG; • NHS Greater Preston CCG; • NHS Lancashire North CCG; • NSH West Lancashire CCG. With NSH Cumbria CCG invited to be an associate member of the JC CCGs with no voting rights.
1.6	The primary purpose of the JC CCGs is decision making on pertinent Lancashire and South Cumbria wide commissioning issues that arise from the Programme.
1.7	In addition, the JC CCGs will meet collaboratively with NHSE to make integrated decisions in respect of those services within the Programme which are directly commissioned by NHSE.
1.8	The Programme - Health leaders across the Healthier Lancashire and South Cumbria area have collectively committed to change the way certain elements of health care are provided to the local population to deliver the highest quality of care possible within the resources available. The work of the Programme is designed to deliver key clinical standards consistently across the patch so that all people receive the highest possible care and best outcomes. The relevant clinical work streams which the JC CCGs will consider under the Programme are: • Acute and Specialized • Urgent & Emergency Care • Mental Health • Population Health Model • Population Integrated locality Delivery Model
1.9	Currently for those people who do need in-hospital treatment care can be variable in terms of outcomes because not all hospitals or services meet the agreed clinical quality standards, the hospitals are competing to provide the same services in a health economy that is constrained by both finance and capacity, particularly certain elements of the workforce, to deliver services at the levels required. From the work carried out to date, it is clear that it is not sustainable to carry on without changing the way health services are delivered both regionally and locally.
1.10	HLSC will establish a Programme Board to oversee the development of agreed clinical quality standards, a feasibility analysis looking at the implications of implementing these standards, a clinical case for change, a financial case for change and a model of care.

1.11	Guiding principles: The Healthier Lancashire and South Cumbria Programme is proposing to adhere to the following principles as a minimum: • People and patients come first – delivering parity of esteem and outcomes – fairness and timeliness of access to support. • Delivering a clinically and financially sustainable health and care system across HLSC. • Clinically-led, co-design and collaboration across HLSC Health & Care System delivering integrated support. • Aligning priorities across Local Health and Care Systems and organisations – managing sovereignty and risk. • Prioritised effort on greatest benefit – improving quality and outcomes efficiently and effectively. • Ensuring Value for Money. Doing things right and doing the right things. • Alignment of effort and resource – 'twin citizenship' of staff for HLSC and local levels. • Built upon innovation, international evidence and proven best practice. • Subsidiarity with clear framework of mutual accountability.

2.	**Statutory Framework**
2.1	The NHS Act which has been amended by LRO 2014/2436, provides at s.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.
2.2	The CCGs named in paragraph 1.5 above have delegated the functions set out in Schedule 1 to the JC CCGs.

3.	**Role of the JC CCGs**
3.1	The role of the JC CCGs shall be to carry out the functions relating to decision making on pertinent Lancashire and South Cumbria wide commissioning issues that arise from the Programme.
3.2	In relation to Acute and Specialised Services - The JCCCG will collaborate with NHSE, on that which is theirs to commission in relation to aspects as yet to be agreed, but leading is the delivery on an agreed HLSC strategy aligned to national conditions.
3.3	In relation to Urgent and Emergency Care (UEC) – The JCCCG will ensure that national standards are delivered and that there is in place an agreed UEC model developed against theses with all interdependencies mapped and considered.
3.4	Mental Health – The JCCCGs will recognise that this programme encompasses all ages and people with learning disabilities. Decisions will relate to the development of parity of esteem and delivery of national strategies. This will be done through clarity of relevant pathways and understanding what the potential reconfiguration aspects are to then agree JCCCG decisions and local decisions.
3.5	In relation to Prevention and Population Health Model – The JCCCG will provide strategic input into the delivery of a Prevention and Population Health Model to the member CCGs across the region. This will enable the member CCGs to make local decisions in alignment with the regional strategic objective.

3.6	This includes, but is not limited to, the following activities: • Determine the options appraisal process; • Determine the method and scope of the engagement and consultation processes; • Act as the formal body in relation to consultation with the Joint Overview and Scrutiny Committees established for this Consultation 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 CCG to comply with its 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, including but not exclusively relating to the work on consolidation and the reconfiguration of Acute Services across HLSC, 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 and stakeholders.
3.7	At all times, the Joint Committee, through undertaking the decision making function of each member CCG will act in accordance with the terms of their constitutions. No decision outcome shall impede any organisation in the fulfillment of its statutory duties.

4.	**Geographical Coverage**
4.1	The JC CCGs will comprise those CCGs listed above in paragraph 1.5 and cover the Lancashire and South Cumbria region.
4.2	NHS England Specialised Commissioning will also be involved through a collaborative commissioning arrangement.
4.3	The Joint Committee will have the primary purpose of decision on pertinent Lancashire and South Cumbria wide commissioning issues that arise from the Programme.

5.	**Membership**
5.1	Membership of the committee will combine both Voting and Non-voting members and will comprise of: -
5.2	Voting members: • The two individuals appointed to represent each of the member CCGs, subject to such voting being in compliance with paragraph 7 below on 'Voting'. (Whilst the JC CCG does not require a clinical majority the CCG members should ensure it consists of clinicians, lay members and executives.)

5.3	Non-voting attendees: • The Independent Chair of the Joint Committee; • A vice chairman to be elected from the membership of the JC CCGs by the members and who will retain their voting rights. • The Senior Responsible Officer for the Programme; • The Assistant Director NHS England Specialised Commissioning will be invited to each meeting in a non-voting capacity; • A Healthwatch representative nominated by the local Healthwatch groups; • Such representation from the Combined and/ or Local Authorities as the JC CCG deems appropriate. • The Clinical Lead for the Programme • The Lead for the Prevention and Wellbeing Programme • The Chairs of: • The Care System Design Board • Finance and Investment Group • Programme Director and Chair of the Programme Management Group.
5.4	Committee members may nominate a suitable deputy when necessary and subject to the approval of the Chair of the Joint Committee. All deputies should be fully briefed and the secretariat informed of any agreement to deputise so that quoracy can be maintained.
5.5	No person can act in more than one role on the Joint Committee, meaning that each deputy needs to be an additional person from outside the Joint Committee membership.

6.	**Meetings**
	The Joint Committee shall adopt the standing orders of Blackpool CCG insofar as they relate to the: a) notice of meetings b) handling of meetings c) agendas d) circulation of papers e) conflicts of interest Notice of Meetings and the Business to be transacted (1) Before each meeting of the JCCCG, a written notice specifying the business proposed to be transacted shall be sent to every member of the JCCCG and every member practice of the Group at least six clear days before the meeting. (2) No business shall be transacted at the meeting other than that specified on the agenda, or emergency motions allowed under Standing Order 3.8. (3) Before each public meeting of the Governing Body a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed on the Group's website at least three clear days before the meeting

7.	Voting
7.1	The Joint Committee will aim to make decisions by consensus wherever possible. Where this is not achieved, a voting method will be used. The voting power of each individual present will be weighted so that each party (CCG) possesses 12.5% of total voting power.
7.2	It is proposed that recommendations can only be approved if there is approval by more than 75%.

8.	Quorum
8.1	At least one full voting member from each CCG must be present for the meeting to be Quorate.

9.	Frequency of Meetings
9.1	Frequency of meetings will usually be monthly, but as and when required

10.	Meetings of the Joint Committee
10.1	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.
10.2	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.
10.3	The Joint Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.
10.4	The Joint Committee has the power to establish sub groups and working groups and any such groups will be accountable directly to the Joint Committee.
10.5	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 observed.

11.	Secretariat Provisions
11.1	The Programme Director (supported by the Programme Management Group) will act as secretariat to the Committee to ensure the day to day work of the Joint Committee is proceeding satisfactorily. The membership will meet the requirements of the constitutions of the 8 Lancashire CCGs.
11.2	The agenda and support papers will be circulated by email 5 working days prior to the meeting.
11.3	Papers may not be tabled without the agreement of the Chair.
11.4	Minutes will be taken by the support officer and distributed to the members within 7 working days after the meeting.
11.5	Minutes will be available to be published in the public domain unless there are discussions which need to be recorded confidentially - in which case there will be recorded separately and will not be made public.
11.6	Agenda and papers to be agreed with the Chairman 7 working days before the meeting.
11.7	All papers agreed by the Chairman should be received by the Administrator 7 working days in advance of the meeting.

12.	Reporting to CCGs and NHS England
12.1	The Joint Committee will make a quarterly written report to the CCG 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.

13.	Decisions
13.1	The Joint Committee will make decisions within the bounds to the scope of the functions delegated.
13.2	The decisions of the Joint Committee shall be binding on all member CCGs, which are: Blackburn with Darwen CCG; Blackpool CCG; Chorley & South Ribble CCG; East Lancashire CCG; Fylde & Wyre CCG; Greater Preston CCG; Lancashire North CCG; and West Lancashire CCG. With Cumbria CCG invited to be an associate member of the JC CCGs with no voting rights.
13.3	All decisions undertaken by the Joint Committee will be published by the Clinical Commissioning Groups

14	Review of Terms of Reference
14.1	These terms of reference will be formally reviewed by Clinical Commissioning Groups set out in paragraph 15.2 at least annually, taking the date of the first meeting, following the year in which the JC CCG is created and may be amended by mutual agreement between the CCGs at any time to reflect changes in circumstances as they may arise. The power to add Cumbria CCG as a full member with voting rights to the JC CCGs is delegated to the JC CCGs itself.

15.	Withdrawal from the Joint Committee
15.1	Should this joint commissioning arrangement prove to be unsatisfactory, the governing body of any of the member CCGs or NHS England can decide to withdraw from the arrangement, but has to give six months' notice to partners, with new arrangements starting from the beginning of the next new financial year.

16. Signatures	
Blackburn with Darwen CCG	**Blackpool CCG**
Chorley & South Ribble CCG	**East Lancashire CCG**
Fylde & Wyre CCG	**Greater Preston CCG**
Lancashire North CCG	**West Lancashire CCG**

Schedule 1 - Delegation by CCGs to Joint Committee

A. The following CCG functions will be delegated to the Joint Committee of CCGs ('**the JC CCGs**') by the member CCGs in accordance with their statutory powers under s.14Z3 of the NHS Act 2006 (as amended). s.14Z3 allows CCGs to make arrangements in respect of the exercise of their functions and includes the ability for two or more CCGs to create a Joint Committee to exercise functions. The delegated functions relate to the health services provided to the member CCGs by all providers they commission services from in the exercise of their functions.

B. The Lancashire and South Cumbria Change Programme ('the Programme') focuses on achieving clinical quality standards in the services listed below provided by the NHS Trusts named above. As part of this work it is necessary to consider interdependencies between these services and any other services that are affected. The relevant services are:

a. All elements of the Programme, including the Case for Change, evaluation criteria, options, communications plan and such like.

b. Such other services not set out above which the CCG members of the JC CCGs determine should be included in the programme of work.

C. Each member CCG shall also delegate the following functions to the JC CCGs so that it can achieve the purpose set out in (A) above:

a. Acting with a view to securing continuous improvement to the quality of commissioned services in so far as these services are included within the scope of the Programme. This will include outcomes for patients with regard to clinical effectiveness, safety and patient experience to contribute to improved patient outcomes across the NHS Outcomes Framework

b. Promoting innovation in so far as this affects the services included within the scope of the Programme, seeking out and adopting best practice, by supporting research and adopting and diffusing transformative, innovative ideas, products, services and clinical practice within its commissioned services, which add value in relation to quality and productivity.

c. The requirement to comply with various statutory obligations, including making arrangements for public involvement and consultation throughout the process. That includes any determination on the viability of models of care pre-consultation and during formal consultation processes, as set out in s.13Q, s.14Z2 and s.242 of the NHS Act 2006 (as amended) ('the Act')

d. The requirement to ensure process and decisions comply with the four key tests for service change introduced by the last Secretary of State for Health, which are:

- Support from GP commissioners;
- Strengthened public and patient engagement;
- Clarity on the clinical evidence base;
- Consistency with current and prospective patient choice.

e. The requirement to comply with the statutory duty under s.149 of the Equality Act 2010 i.e. the public sector equality duty.

f. The requirement to have regard to the other statutory obligations set out in the new sections 13 and 14 of the NHS Act. The following are relevant but this is not an exhaustive list:

13C and 14P - Duty to promote the NHS Constitution

13D and 14Q - Duty to exercise functions effectively, efficiently and economically

13E and 14R – Duty as to improvement in quality of services

13G and 14T - Duty as to reducing inequalities

13H and 14U – Duty to promote involvement of each patient

13I and 14V - Duty as to patient choice

13J and 14W – Duty to obtain appropriate advice

13K and 14X – Duty to promote innovation

13L and 14Y – Duty in respect of research

13M and 14Z - Duty as to promoting education and training

13N and 14Z1- Duty as to promoting integration

13Q and 14Z2 - Public involvement and consultation by NHS England/CCGs

13O - Duty to have regard to impact in certain areas

13P - Duty as respects variations in provision of health services

14O – Registers of Interests and management of conflicts of interest

14S – Duty in relation to quality of primary medical services

g. The JC CCGs must also have regard to the financial duties imposed on CCGs under the NHS Act 2006 and as set out in:

- 223G – Means of meeting expenditure of CCGs out of public funds
- 223H – Financial duties of CCGs: expenditure
- 223I - Financial duties of CCGs: use of resources
- 223J - Financial duties of CCGs: additional controls of resource use

h. Further, the JC CCGs must have regard to the Information Standards as set out in ss.250, 251, 251A, 251B and 251C of the Health & Social Care Act 2012 (as amended).

i. The expectation is that CCGs will ensure that clear governance arrangements are put in place so that they can assure themselves that the exercise by the JC CCGs of their functions is compliant with statute.

j. The JC CCGs will meet the requirement for CCGs to comply with the obligation to consult the relevant local authorities under s.244 of the NHS Act and the associated Regulations.

k. To continue to work in partnership with key partners e.g. the local authority and other commissioners and providers to take forward plans so that pathways of care are seamless and integrated within and across organisations.

l. The Joint Committee will be delegated the capacity to propose, consult on and agree future service configurations that will shape the medium and long terms financial plans of the constituent organisations. The Joint Committee will have no contract negotiation powers meaning that it will not be the body for formal annual contract negotiation between commissioners and providers. These processes will continue to be the

responsibility of Clinical Commissioning Groups and NHS England under national guidance, tariffs and contracts during the pre-consultation and consultation periods.

m. The JC CCGs is given the specific power to make Cumbria CCG a full voting member of the JC CCGs, including approving appropriate amendments to the ToR for such specific purpose, when it determines that to be appropriate.

D. The role of the JC CCGs shall be to carry out the functions relating to decision making on pertinent Lancashire and South Cumbria wide commissioning issues that arise from the Programme. This includes, but is not limited to, the following activities:

- Determine the options appraisal process;
- Determine the method and scope of the engagement and consultation processes;
- Act as the formal body in relation to consultation with the Joint Overview and Scrutiny Committees established for this Consultation 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 CCG to comply with its 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 and stakeholders.

At all times, the Joint Committee, through undertaking the decision making function of each member CCG will act in accordance with the terms of their constitutions. No decision outcome shall impede any organisation in the fulfillment of its statutory duties.

Schedule 2 - List of Members from each Constituent CCG