Humber Joint Commissioning Committee

Report to Clinical Commissioning Group Governing Bodies

1. Purpose

- To share with the Clinical Commissioning Groups (CCG's) Governing Bodies the work to date in relation to the formation of a Humber Joint Commissioning Committee (JCC).
- To ask each CCG to agree to the formation of the Committee and its Terms of Reference.
- To consider the proposed approach, in relation to decision making by the CCG's, to support the Humber Acute Service Review (HASR).

2. Background Information

The four Humber CCG's, NHS Hull, NHS East Riding, NHS North Lincolnshire and NHS North East Lincolnshire, have been meeting over the last few months to consider how they will work together to commission collaboratively, where it makes sense to do so, with an initial focus on the Humber Acute Services Review. Individual CCG's will remain accountable for meeting their statutory duties.

Section 14Z3(2A) of the National Health Service Act, 2006, allows the Parties to establish a Joint Committee to exercise the Parties' respective commissioning functions jointly. Each CCG's constitution allows them to form Joint Committees, as required, to carry out their functions.

3. Proposal

The CCG's are proposing that a Humber JCC is formed to support a single commissioning voice and decision making process in relation to the HASR.

The Terms of Reference (Appendix 1) propose that the CCG's work closely together to share best practice and work collaboratively in other areas, and where delegated to do so, to act on behalf of the CCG Governing Bodies.

The Terms of Reference support decision making within the delegated authority of its members. Any decision outside individual officers delegated authority levels would require either consideration by each CCG, or the agreement of delegation of specific duties to the JCC by Governing Bodies.

The CCG's are developing how they will work together, where it makes sense to do so, building from a firm foundation of Place. Where decisions are needed by all four CCG's then they will work together to ensure Governing Bodies are synchronised to support timely and coordinated decision making.

Meetings of the Joint Commissioning Committee have been scheduled on a monthly basis, and have completed the following work to date:

- The development of draft joint commissioning intentions, which has led to:
    - The agreement of Joint Commissioning Principles (Appendix 2) which set out how the CCG's will work together and with providers
    - The development of a Commissioning Position to support the HASR which will also apply to other areas where collaboration is supported, which also sets out

how the CCG's will commission across the Humber. 'Commissioning Together' (Appendix 4).

- A forward plan for 2018/19 (Appendix 3) has been developed which includes:
  - Key actions to support the HASR
  - Sharing of information to support alignment of commissioning and identification of areas where it may make sense to commission collaboratively, or through lead CCG arrangements
  - Actions to take forward delivery of the commissioning principles
  - Actions to support the further development of the governance of the JCC including the development of a Memorandum of Understanding (MoU)

The CCG's need to consider how they will make decisions in relation to the HASR and how the JCC will support them. The JCC considered an options paper at their August meeting and proposed that, where decisions are needed by all 4 CCG's, they will work together to ensure Governing Bodies are synchronised to support timely and coordinated decision making.

4. Recommendations

Governing Bodies are asked to:

- Agree the Terms of Reference and support the membership of the Accountable Officer/Chief Officer, Director of Commissioning or equivalent, or named deputies, on behalf of the Governing Body
- Receive regular written reports to update on the work of the JCC
- Support the commissioning principles to be used in how the CCG's work together and ensure that the CCG's commissioning supports their achievement
- Support the commissioning position 'Commissioning Together'
- Note the forward plan
- Support the proposed approach to decision making.

Appendix 1

HUMBER COAST AND VALE HEALTH AND CARE PARTNERSHIP
Humber Joint Commissioning Group (4 CCG's)

TERMS OF REFERENCE

1. PURPOSE AND BACKGROUND

The four Humber CCG's, NHS Hull, NHS East Riding, NHS North Lincolnshire and NHS North East Lincolnshire, have agreed to establish a Joint Commissioning Committee (JCC) to support working together. The Committee will, as a first priority, take forward the commissioning work required to inform, influence and direct the work of the Humber Acute Services Review (HASR), along with additional areas for collaborative commissioning, as agreed by the CCG's.

The JCC is an executive working group. It is the forum where the CCG's can discuss approaches and reach consensus to enable them to speak with one voice on those areas that need to be coordinated across the four CCG's.

1.1 The Committee will:

- Develop and agree strategic and commissioning intentions that will inform and shape the HASR and other areas where the Committee agrees to collaborate to commission
- Be the forum through which the four CCG's will coordinate the approach to the HASR
- Oversee and deliver a single contracting approach for Humber wide acute services
- Have strategic oversight of the service transformations taking place at Place and Humber Acute Services Review level, to make sure that, when added together, they present a coherent plan for health and care delivery for the populations covered
- Develop the commissioning requirements e.g. service standards to be met and population outcomes sought, to feed into the HASR and other areas where the Committee agrees to collaborate
- Ensure that appropriate clinical, democratic and public engagement, is taken as part of the development and redesign of services where the Committee agrees to collaborate
- Ensure that there is a robust consultation process where it is proposed that a significant service change is required
- Support the alignment of Place plans with the plans for acute services
- Identify clinical thresholds for in hospital and out of hospital services where they underpin the acute model and ensure that, across the pathway, the model meets the populations needs
- Determine the quality indicators to be used as part of the development and design of acute services

- Identify the total financial envelope that is available for acute services across the Humber area and ensure that the services developed/delivered do not exceed this value over time

- Oversee the development and implementation of innovative, appropriate contracts, that support the overall strategic direction of the CCG's and providers to deliver sustainable services, e.g. aligned incentive contracts

- Evaluate and review acute services business cases received to make recommendations for adoption to CCG's

- Agree urgent and emergency services required at scale i.e. specialist emergency services

- Share good practice across the 4 CCG's.

1.2 Links and interdependencies

The Committee is the forum for collaborative commissioning decisions across the Humber footprint. It will receive advice, information and assurance from a variety of sources, including:

- The HASR Steering Group

- Various enabling partnership work streams, particularly Urgent and Emergency Care, Elective Care, Maternity services and Cancer

- Patients and the public

2. ACCOUNTABILITY

The Committee is accountable to the CCG's with Members acting in collaboration, each being accountable to their respective nominating CCG's for overseeing and providing assurance on the matters set out within these Terms of Reference. Individual CCG's will remain accountable for meeting their statutory duties.

3. AUTHORITY

The Committee is authorised by the CCG's to carry out such activity as defined within its Terms of Reference. Subject to such directions as may be given by the CCG's, it may establish working groups as appropriate and determine the Membership and Terms of Reference of such. Members will act within the authorisations agreed by their constituent organisations.

4. REPORTING ARRANGEMENTS

All meetings shall be minuted and a record kept of all reports/documents considered.

The reporting arrangements to the CCG's shall be through the submission of a written report, following each meeting of the Committee, on the progress made and decisions reached by the Committee and any recommendations to CCG Governing Bodies. The report shall, where necessary, include details of any matters requiring the attention of the CCG's. Copies of the ratified Committee minutes will be sent to each CCG.

5. DISCLOSURE/FREEDOM OF INFORMATION ACT 2000 (FOIA)

The CCG's acknowledge that they remain subject to the requirements of the FOIA and have a statutory duty to respond individually to requests they receive. Each CCG will assist and co-operate with the others (at their own expense) to comply with information disclosure requests relating to the Humber, Coast and Vale Sustainability and Transformation Plan. FOIA requests addressed directly to the joint Committee will be processed by the host CCG.

6. MEMBERSHIP

The Membership of the Committee shall be the Accountable Officers/Chief Officers (or equivalent) and the Directors of Commissioning (or equivalent) of the constituent CCG's. Named deputies will be allowed.

In attendance will be representatives drawn from the following specialisms across the constituent CCG's, to ensure that the relevant people are present to support and inform the operation of the Committee. Attendees will be responsible for ensuring a deputy if they are not able to attend and for keeping their peers informed and engaged with the work of the JCC.

- Chief Finance Officer
- Director of Quality
- Medical Director/Clinical Leads
- Director of Public Health representation
- Contracting Leads
- Performance and Information Leads
- Informatics Leads

Along with the Programme Director for the Committee and a note taker.

Committee Members, or their deputies, are required to attend 75% of all scheduled meetings. Attendance at Committee meetings will be monitored throughout each year. Changes to the Membership of the Committee must be approved by unanimous decision of the Committee.

The Chair of the Committee may invite such other persons to attend Committee meetings as appropriate. Attendees shall not be entitled to vote on a matter. This may include lay member and clinical representation as appropriate to the items on the agenda.

7. QUORUM

The quorum for Committee meetings shall be:

- One CCG Member from each CCG party to the Joint Commissioning Committee.

In circumstances where a Committee Member is unable to attend a meeting or they have a conflict of interest which requires them to be excluded from a Committee meeting, the nominating CCG may send to a meeting of the Committee a Deputy to take the place of the Committee Member. Where a CCG sends a Deputy, the references in these Terms of Reference to a Committee Member shall be read as references to the Deputy. CCG's must

ensure that a Deputy attending a meeting of the Committee has the necessary delegated authority to make any decisions.

If a quorum has not been reached, then the meeting may proceed if those Committee Members present agree, but any record of the meeting should be clearly indicated as notes rather than formal minutes and no decisions may be taken by the non-quorate meeting of the Committee.

8. CHAIR

The Chair of the Committee will be a Member of the Committee as nominated by the Committee Members, voting as per the Terms of Reference if there is more than one person willing to stand.

It has been agreed that the Chair will be determined on an annual basis between each of the constituent CCG's.

9. DECISION MAKING

The Committee can make decisions up to the level of individual's authority in attendance at the meeting. Any decision outside individual officers delegated authority levels would require either consideration by each CCG, or the agreement of delegation of specific duties to the Committee by Governing Bodies. The Committee will seek to reach agreement by consensus and all decisions must be unanimous.

10. VOTING

Each CCG has one vote.

In circumstances where one or more CCG's are unable to attend a meeting, then that CCG shall be entitled to exercise their vote, or votes, by proxy. These should be submitted in writing to the Chair prior to the commencement of the meeting and the completed notice:

- States the name of the CCG appointing the proxy
- Identifies the name of the CCG Committee Member who will act as the CCG's proxy and the meeting in relation to which that person is appointed and
- Is signed by the CCG's Member Representative appointing the proxy.

11. MEETINGS

Meetings shall be administered in accordance with the Standing Orders and Prime Financial Policies of the CCG that Chairs the Committee.

Meetings of the Committee shall be held monthly, or as agreed by the Committee.

The Chair will ensure the Committee is supported administratively and will oversee the following:

- Agreement of agenda and the collation/circulation of papers
- The taking of minutes and keeping a record of matters arising and issues to be carried forward
- Production of a written report to CCG's following each meeting of the Committee

- An annual schedule of meeting dates shall be agreed at, or before, the last meeting of each financial year to circulate the schedule for the following year.

12. SPECIAL MEETINGS

Special meetings of the Committee, on any matter, may be called by any of the Committee Members through the Chair by giving at least forty-eight hours' notice, by e-mail, to the other Committee Members in the following circumstances:

- Where that Committee Member has concerns relating to the safety and welfare of patients relating to the functions of the Committee
- In response to a quality, performance or financial query by a regulatory or supervisory body
- To convene a dispute resolution meeting under section 12
- For the consideration of any matter, which that Committee Member considers of sufficient urgency and importance, that its consideration cannot wait until the date of the next meeting.

13. STANDARDS OF BUSINESS CONDUCT/CONFLICT OF INTEREST

All Committee Members must adhere to their nominating CCG's Constitution and Standards of Business Conduct/Conflicts of Interest policies.

Where any Committee Member has an actual or potential conflict of interest in relation to any matter under consideration at any meeting, the Chair (at their discretion) shall decide, having due regard to the nature of the potential or actual conflict of interest, whether or not that Committee Member may participate and/or vote in meetings (or parts of meetings) in which the relevant matter is discussed. Where the Chair decides to exclude the Committee Member, the relevant nominating CCG may send a Deputy to take the place of the conflicted Committee Member in relation to that matter, in accordance with section 6.

14. REVIEW OF THE TERMS OF REFERENCE

The Terms of Reference will be reviewed not less than annually and any changes to the Terms of Reference shall be agreed in writing by the nominating CCG's. Next review due: March 2019.

15. REPORTING

The Committee shall produce an annual report of the work of the Committee, prior to the end of each financial year, which shall be provided to the Members and/or Governing Bodies of each CCG.

Appendix 2

Humber JCC Commissioning Principles

The CCG's have agreed the following principles that support collaborative commissioning.

How we will work together:

- CCG's have agreed to collaborate with neighbouring commissioners where there is a need to commission services across a broader footprint, for example to ensure that there is the right critical mass of patients to meet quality requirements and standards.

- Commissioners have agreed to a joint approach to service transformation, where it makes sense to do so, across the footprint of the four CCG's with the following specific areas highlighted:

    - Transformation will focus on the delivery services, not on organisational impact
    - No transformation of services will be pursued that has a negative, or unintended impact, in terms of safety and quality
    - Service transformation must take account of promoting positive patient experiences
    - Service transformation will take in to consideration the ability of people to access services.

- All commissioning partners will triangulate commissioning intentions and impacts on providers before finalising contracts

- A single approach to assessing the impact of service change will be adopted across the CCG's

- Where it makes sense to do so, services will be commissioned locally to ensure that they can be built around the needs of individual communities, with a clear alignment to Place Based Plans

- CCG's will adopt a commissioning model that has a focus on personal responsibility, prevention, wellbeing, self-care and delivering outcomes that matter for patients, using the assets that exist in each place and are available to individuals

- The CCG's will work together to develop an approach and timeline to apply to each service reviewed, to move to an outcomes approach to commissioning, rather than service delivery detailed specifications. Seeking outcomes for people, rather than how services will be delivered, with progress monitored at population level via key performance indicators.

How we will work with Providers:

- The CCG's will fully engage with all partners, including Local Authorities, as part of the commissioning process

- The CCG's will only commission services from providers that are able to meet essential standards, pertinent to the respective service/speciality, including delivery of agreed improvement plans

- Services must be delivered in line with progress to the delivery of a financially sustainable service against agreed benchmarks

- Where services are reviewed/re-commissioned, providers will need to demonstrate they have the required capacity, including the ability to meet predictable increases in demand and that all of their workforce have the appropriate skills to deliver the services commissioned
- We will commission on the basis of ensuring access to good quality, safe services, offering a positive patient experience, accepting that this may result in changes to the configuration of existing providers

- We will expect providers to implement best practice and alternative service models and innovations that drive greater efficiency and reduce costs

- We will expect all providers to deliver care using the appropriate technology, for example not to rely on 'face-to face' contacts as the default option

- There is an expectation that workforce models take account of best practice models, in terms of the skill mix, to deliver the service

- We will move to innovative contract models and approaches, wherever it makes sense to do so, to facilitate change

- For the agreed priorities, partners will develop an agreed approach, to how we decide on the level of engagement and consultation, to support service change and work jointly where appropriate to develop the approach.

Appendix 3

Forward Plan JCC 2018/19

Forward Plan JCC 2018/19								
July	**August**	**September**	**October**	**November**	**December**	**January**	**February**	**March**
Standing Items								
• Declarations of Interest • Notes of previous meeting • Action tracker • Update from HASR	• Declarations of Interest • Notes of previous meeting • Action Tracker • Update from HASR	• Declarations of Interest • Notes of previous meeting • Action Tracker • Update from HASR	• Declarations of Interest • Notes of previous meeting • Action Tracker • Update from HASR	• Declarations of Interest • Notes of previous meeting • Action Tracker • Update from HASR	• Declarations of Interest • Notes of previous meeting • Action Tracker • Update from HASR	• Declarations of Interest • Notes of previous meeting • Action Tracker • Update from HASR	• Declarations of Interest • Notes of previous meeting • Action Tracker • Update from HASR	• Declarations of Interest • Notes of previous meeting • Action Tracker • Update from HASR
Regular items for update								
Partnership workstreams/Specialised commissioning - by exception - Cancer Alliance, Urgent and Emergency care network, Elective Care network, Local Maternity System, Mental Health								
Items for discussion								
Mental Health Commissioning	• Decision making timeline to support HASR • Place plans – overview shared	• Procurement plans	• Alignment of place plans with emerging acute plans • Primary care commissioning	Alignment of place plans with emerging acute plans	Alignment of place plans with emerging acute plans	Work plan 2019/20 review		
Items for decision								
• Agreement of Terms of Reference • Agreement of forward Plan/Work plan and supporting action Plan				Sign off single approach to service transformation and assessing impact of service change		Sign off Commissioning Intentions	MOU for 19/20	