

Agenda item: 22

Paper no: 18

Title of Report:	Improving Healthcare Together 2020-2030 Committees in Common Terms of Reference	
Status:	TO APPROVE	
Committee:	Surrey Downs Governing Body	Date: 18/12/19
Venue:	Martineau Room, Dorking Halls	

Presented by:	Dr Russell Hills, Clinical Chair, Surrey Downs CCG	
Executive Lead sign off:	Elaine Newton, ICS Director of Governance and Corporate Affairs	Date: 13/12/19
Author(s):	Natasha Moore, Governance Manager	

Governance

Conflict of Interest: The Author considers:	None identified	✓
Previous Reporting: (relevant committees/ forums this paper has previously been presented to)	Governing Body previously reviewed and approved the Terms of Reference and Committee membership in July 2018.	
Freedom of Information: The Author considers:	Open – no exemption applies. Part I paper suitable for publication.	✓

Executive Summary

<p>Background</p> <p>Surrey Downs CCG, along with Sutton and Merton CCGs, each agreed the establishment of an Improving Healthcare Together 2020-2030 Committee to meet under ‘in common’ arrangements for the purpose of collaborative decision making for the programme.</p> <p>The remit of the CinC is in relation to any significant change to the commissioning of acute services at Epsom and St Helier University Hospitals Trust. The CinC will be responsible for ensuring that key decisions are taken in relation to the programme including the planning and delivery of engagement activities, the pre-consultation business case development and any future consultation requirements.</p>
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Working together across Surrey Heartlands

Terms of Reference

The attached Terms of Reference are being presented for approval. There have been no changes made to the main body of the ToR since the Governing body last approved in July 2018, however the Surrey Downs CCG membership and quorum need to be reconfirmed in the light of changes to Governing Body membership.

Membership/ Quorum

The following membership and quorum is proposed for the SD Improving Healthcare Together (IHT) 2020-2030 Committee:

Role	Name	Deputy
Joint Accountable Officer/ ICS Accountable Officer	Matthew Tait	Karen McDowell, Chief Finance Officer/ ICS Director of Finance
Clinical Chair	Dr Russell Hills	Jacky Oliver, Lay Member PPE
Independent Nurse	Julia Dutchman-Bailey	Debbie Stubberfield, Deputy Independent Nurse
GP Representative	Dr Andy Sharpe	N/A
Lay Member Audit	Jacqui Burke	N/A

Amendments are as follows:

- *Lay Member Audit replaces Deputy Lay Member Audit, (following resignation as of 1/11/19)*
- *Addition of Independent Nurse.*
- *Provision of named deputies to count towards quorum.*

Quorum:

Quorum is two members which must include at least one clinician (either Independent Nurse, Clinical Chair or GP Representative.) Nominated deputies count towards quoracy.

Implications

What is the health impact/outcome and is this in line with the CCGs' strategic objectives ?	<ul style="list-style-type: none">• Objective 1: Continue to work towards achieving sustainable systems.• Objective 2: Develop collaborative working and organisational change, at both place and scale.
What is the financial/resource required?	No implication
What legislation, policy or other guidance is relevant?	<ul style="list-style-type: none">• Committee Terms of Reference• Strategic Scheme of Reservation and Delegation
Is an Equality Analysis required?	Not indicated
Any Patient and Public Engagement/ consultation required?	Any potential Engagement/ Consultation will be included as part of the programme.
Potential risk(s) ? (including reputational)	Risk 293: Our main acute provider is facing a number of barriers to delivery its vision of high quality integrated care for patients regarding delivering clinical quality; providing

	healthcare from modern buildings; and achieving financial sustainability. (current rating= 15; target= 6)
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Recommendation(s)

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| <p>(1) TO APPROVE the above membership and quorum; and
(2) TO APPROVE the attached Terms of Reference.</p> |
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Next Steps

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| <p>(1) IHT Committees in Common meeting to take place in January 2020.</p> |
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Surrey Downs CCG, Sutton CCG and Merton CCG

COMMITTEES IN COMMON

Improving Healthcare Together: 2020-2030

Draft Terms of Reference

June 21st 2018

1. Introduction and establishment of a Committees in Common

The three Clinical Commissioning Groups (CCGs) for Merton, Sutton and Surrey Downs have agreed the establishment of the Improving Healthcare Together: 2020-2030 Committees in Common (or CiC) arrangement for the purpose of collaborative decision making for the programme. The governing body of each of the CCGs has agreed to participate in this CiC arrangement and each CCG Committee has delegated authority to make decisions about the matters within the scope of this CiC on behalf of its own CCG and without the need to be ratified by its Governing Body.

2. Statutory framework

Each of the CCGs provides in its Constitution a mechanism that allows specified functions to be delegated to a designated committee, which may meet with delegated committees of other CCGs in a CiC arrangement.

The intention of this approach is to enable consensual decision making to take place across a number of CCGs whilst maintaining the integrity of each statutory organisation's governance. Where the CiC is unable to reach a unanimous decision, then this will be recorded in the meeting minutes, and the CiC convener will close the meeting to allow for further discussion within Governing Bodies.

3. Scope

This CiC arrangement is established to enable the participating CCG Committees to consider the same issues at the same time in relation to any significant change to the commissioning of acute services at Epsom and St Helier University Hospitals Trust.

The CiC will be responsible for ensuring that key decisions are taken in relation to the programme including the planning and delivery of engagement activities, the pre-consultation business case development and any future consultation requirements.

4. Membership of individual CCG Committees

Each CCG will appoint a Committee (a "CCG Committee") including the following members:

- The CCG's Clinical Chair (voting)
- An additional Clinical member (voting)
- A lay member (voting)
- A managerial member (voting)

In attendance for each CCG will be:

- The Managing Director of the CCG
- A Health-watch representative from each CCG area
- A public engagement representative from each CCG

Each CCG may also nominate deputies who may act as alternate members of the relevant CCG Committee to the extent a member is unable to attend a meeting. A nominated deputy shall have the same background experience (clinical, lay, and managerial) as the person unable to attend.

5. Appointment of CiC Convenor

- a) The CCG Governing Body Chairs shall not appoint a Chair but shall instead appoint an individual with responsibility for convening meetings (the "Convenor"). The Convenor shall not be a member of the CiC or of any CCG Committee and therefore he/she will not be part of the decision-making process; the Convenor shall, however support the CiC in trying to reach a consensus for each decision.
- b) The term of office for the CiC Convenor will be for the time the CiC is in operation. In the event that the Convenor is unable to continue in this role, the CCG Chairs will appoint a new Convenor.

6. Procedure

- a) CiC meetings will be held in public, except where all individual committees resolve to exclude the public on the grounds of the confidential nature of the business to be discussed, in the interests of public order or because they consider that it would otherwise not be in the public interest for the public to be admitted to all or part of a meeting.
- b) The CCGs retain their own powers to exercise their own decision making accountability in line with their statutory responsibility and will exercise their powers with the other CCGs through the meeting of the CiC. As such, each CCG Committee, with full delegated authority from its own Governing Body, will bind its own CCG so that when the CCG Committees meet as the CiC, the decisions made by consensus at the CiC are finite.
- c) The CiC Convenor is responsible for agenda setting, overseeing meeting arrangements and maintaining order. The Convenor will use reasonable endeavours to assist the CCG Committees to resolve any differences and will from time to time establish the views of each CCG Committee and whether a consensus has been reached by that CCG Committee.
- d) The Convenor, at the request of one or more CCG Committee, may call additional individuals or experts to attend meetings on an ad hoc basis to inform discussions as appropriate.
- e) The Convenor, with the members of the participating CCG Committees, will agree a schedule of meetings to reach decisions on issues within its scope as set out in section 3. This schedule may be amended as required.
- f) All administration support for the CiC will be provided by the programme team.
- g) CiC papers will be circulated to CiC members one week prior to the meeting.
- h) CiC meetings will be advertised on Surrey Downs CCG, Sutton CCG and Merton CCG websites, one week prior to the CiC meeting.
- i) The minutes of each CiC meeting will consist of individual sets of minutes for each CCG Committee with exactly the same content. The CiC will formally verify the minutes at their next meeting.

- j) The decisions of each of the three CCG Committees will be recorded in the minutes.
- k) The CCG clinical chairs will hold the casting vote for each CCG Committee.
- l) It will be permissible for individual members of a CCG Committee to join the meeting remotely by telephone conference call or other digital or electronic means, subject to agreement by the Convenor that arrangements for them to contribute effectively in the meeting and with their own CCG Committee are in place.

7. Reporting Arrangements

- a) Each Committee will present the agreed minutes to its Governing Body.
- b) The individual CCG CiC Committee Chairs will, in addition, provide a written summary report to each Governing Body following each meeting of the CiC business. This should highlight: issues, decisions, risks and assurance.

8. Conflicts of interest

- a) Each CCG Committee is expected to comply fully with the guidance issued by NHS England on management of Conflict of Interest and to ensure that the individuals attending have completed all three modules of the NHS England Conflict of Interest Training.
- b) Each CCG Committee will ensure the declaration and management of any conflicts of interest by ensuring the relevant CCG register is up to date. In addition, a verbal declaration should be made at the start of each meeting in relation to any conflict relevant to the discussion.
- c) Any person in attendance who is invited to speak will be required by the Convenor to state if they know of any conflict of interest that may require consideration of the matter in hand. Any person in attendance should also make written declarations before the meeting.