

SURREY HEARTLANDS JOINT COMMITTEE – INTEGRATED COMMISSIONING TERMS OF REFERENCE

1. Context

On the 15 June 2017, a Trilateral Agreement was signed between local and national partners¹ setting out the commitment to develop a devolved approach to delivering health and social care across Surrey Heartlands.

The Trilateral Agreement set out the initial governance structure that would be established to oversee the implementation of the devolution arrangements including the establishment of a new Joint Committee (JC) and Executive Leadership Group (ELG).

The annexed Scheme of Delegation sets out the scope of services functions and decision making responsibilities / authority of the Joint Committee – in line with the Trilateral Agreement and the commitment to the ‘progressive implementation of Devolution in Surrey Heartlands’, there will be a phased approach to developing the Joint Committee through 2017/18 (the ‘shadow year’) on route to being fully established from 1 April 2018 through an agreement made under section 75 of National Health Services Act 2006. During the ‘shadow year’, decisions made at the Joint Committee meetings will be made by individuals (or groups of individuals) with delegated authority from the relevant organisation to make those decisions.

2. Purpose and Objectives

The JC exercises strategic oversight for health and social care commissioning across Surrey Heartlands including any responsibilities delegated to it from local and national partners. The JC will be outcomes led, taking into account best clinical practice and the views of the citizens of Surrey Heartlands.

The JC is:

- Responsible for developing proposals in 2017/18 for a joint Surrey Heartlands Commissioning Strategy for health and social care.
- Responsible for overseeing the development of the Surrey Heartlands devolution / integrated commissioning governance arrangements and negotiations with national bodies in relation to the scope and scale of services to be delegated / devolved to Surrey Heartlands.
- A forum for bringing together representatives from the County Council, the three Clinical Commissioning Groups within Surrey Heartlands and NHS England to develop and discuss proposals and make aligned decisions relating to the commissioning of health and social care services on Surrey Heartlands footprint.
- Responsible for the delivery of the Surrey Heartlands Commissioning Strategy via its commissioning decisions.

The JC will operate in line with the principles, vision and objectives set out for Surrey Heartlands in the Surrey Heartlands Devolution Trilateral Agreement (the “Surrey Heartlands Vision”).

Commissioning decisions for Surrey Heartlands will be taken at the JC – during the shadow year these decisions will be taken by individuals (or groups of individuals) acting under delegated authority from the organisations they represent. In developing the scheme of

¹ Local partners: Surrey County Council, Guildford & Waverley CCG, North West Surrey CCG, Surrey Downs CCG
National partners: NHS England, NHS Improvement

delegation (and proposal for any functions to be delegated to Surrey Heartlands by national partners) to the JC throughout the shadow year, the JC will pay due regard to the principle of subsidiarity set out in the Trilateral Agreement to ensure that decision making authority is delegated to the most appropriate level.

3. Responsibilities

Subject always to the Surrey Heartlands Vision, the key responsibilities of the JC are:

- To develop a proposal for a Surrey Heartlands Commissioning Strategy and associated financial plan(s), including an agreed and shared set of health and social care outcomes for the Surrey Heartlands population.
- To develop and agree the mechanism and protocol to determine what should be commissioned at a Surrey Heartlands level (and within the scope of the JC), subject to agreement by the relevant partners.
- To develop and agree the process by which the JC will accept commissioning responsibility for delegated functions.
- To undertake a quality, performance, risk management and oversight role for commissioned health and social care services in Surrey Heartlands.
- To exercise strategic oversight of the commissioning of health and social care services for the people of Surrey Heartlands
- To develop proposals for policies and / or agree the principles for the procurement of and/or the award of contracts to deliver health and social care services in Surrey Heartlands
- To agree the overall principles for the allocation of resources across Surrey Heartlands
- To review and pay due regard to the outcome of any consultations (which cross CCG boundaries) in relation to proposed significant services changes.
- To ensure an assessment of health and social care need across Surrey Heartlands, using the Surrey Joint Strategic Needs Assessment as the primary source, informs and underpins planning and decision making at the JC.
- To agree the form and function of the Executive Leadership Group for Surrey Heartlands (the ELG) and to monitor its performance.
- To define (and rationalise where required) the supporting governance arrangements to the JC.

As set out in the Surrey Heartlands Investment Framework, the Joint Committee has been delegated responsibilities to enable the application and approval of transformation funds across Surrey Heartlands. Responsibilities under the Investment Framework include²;

- Providing input to the STP Core Group who will approve Level 1 investments,
- Providing agreement to the Transformation Board who will approve Level 2 investments, and
- Formally deciding on the approval of Level 3 investments (during 2017/18 the formal decision will be made by the Joint Accountable Officer at the Joint Committee meeting).

² Levels 1, 2 and 3 are defined within the Surrey Heartlands Investment Framework.

4. Membership

The membership will comprise the agreed membership structure as described in the Trilateral Agreement, defined as follows:

Three Elected Member representatives from Surrey County Council.

Three representatives from each of the three Surrey Heartlands Clinical Commissioning Groups.

Ex-officio membership:

Chief Executive, Surrey County Council

Joint Accountable Officer and NHS England Director of Commissioning³

Other members / attendees

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.

No person attending the meeting in one role can additionally act on behalf of another person as their deputy, meaning that each deputy needs to be an additional person from outside the Joint Committee membership.

People from a range of areas will be invited to attend based on the needs of the agenda. This will be particularly pertinent when making connections to specific elements of the Surrey Heartlands Sustainability and Transformation Partnership.

[Insert name] will act as secretariat to the Committee to ensure the day to day work of the Joint Committee is proceeding satisfactorily.

5. Chair

The Chair, and chairing arrangements, will be agreed by the JC at its first formal meeting.

6. Quorum

The quoracy of the JC meeting is:

- At least two representatives from each of the partner organisations (Surrey County Council and the three Surrey Heartlands CCGs)
- Within the above:
 - o At least 1 CCG Clinical Chair
 - o At least 1 CCG lay governing body member
- One representative of NHS England

If any representative has a conflict of interest relating to a particular item of business such person will not count towards the quorum for that item of business (conflicted individuals may be asked to leave, and not be sent papers for the conflicted item, at the discretion of the Chair). If this renders a meeting or part of a meeting inquorate, a non conflicted person with relevant knowledge and experience may be temporarily appointed or co-opted on to the JC

³ The Joint Accountable Officer and NHS England Director of Commissioning is a dual role and will be acting in both capacities at the meeting. As such, the Joint Accountable Officer and NHS England Director of Commissioning will ensure that the capacity in which they continue to participate in the discussions is made clear and correctly recorded in the meeting minutes.

to fulfil the quorum requirements. The designation of the conflicted person or persons should be fulfilled by the temporary appointment.

If a meeting is not quorate, the Chair may adjourn the meeting to permit the appointment or co-option of additional members if necessary. If the conflicted person is a Chair or lay member of a CCG, the person temporarily appointed or co-opted must be from the same CCG as the conflicted person. Where the JC cannot collectively agree the suitability of any person who is temporarily appointed or co-opted onto the Joint Committee, the Chair will have the final decision as to their suitability.

7. Decision-making

During the 'shadow year', decisions made at the Joint Committee meetings will be made by individuals (or groups of individuals) with delegated authority from the relevant organisation to make those decisions. JC will be able to discuss, support and help to ensure alignment of decisions but the authority for making decisions will remain with individuals.

Where decisions require collective approval (for example in agreeing how the Surrey Heartlands devolution / integrated commissioning governance arrangements may need to change) proposals (to be formally agreed by those organisations represented in the JC membership) will be agreed by consensus – the intent of all partners is to achieve a dynamic way of reaching agreement between all members of the JC. All partners are committed to finding solutions that everyone actively supports.

8. Support

The JC will be supported by specialist advisory groups, primarily the ELG, and decisions will be taken with consideration to the recommendations from them.

In addition those organisations represented in the JC membership will be able to request items be added to the agenda / forward plan for discussion / consideration by the JC either at the meeting or by agreement in advance with the Chair.

Clerical, administrative and management support will be provided via [TBD].

9. Meetings

The JC will meet formally on a bi-monthly basis until the end of March 2018. From April 2018 the JC will meet formally on a quarterly basis.

The JC will meet in public and agendas and papers will be published at least seven working days in advance of the meeting except where confidential or sensitive information is likely to be disclosed. This may include:

- information given to any of the partners in confidence,
- information about an individual that it would be a breach of the Data Protection Act to disclose, or
- information the disclosure of which could prejudice the commercial interests of any of the partners or third parties.

In addition to the above formal meetings, the JC will meet informally for development sessions / seminars (jointly with the ELG when appropriate).

Meetings may be held by conference call or by electronic means, so long as these present (and members of the public) can hear each other and contribute simultaneously to the meeting.

10. Accountability

The JC is accountable to its constituent organisations (those represented in the JC membership).

Members of the JC will agree reporting arrangements back their constituent organisations (i.e. frequency and format of reporting).

11. Review of Terms of Reference

These terms of reference will be formally reviewed by the JC by mutual agreement of the membership of the JC at least annually. Any proposed significant changes to the ToR and responsibilities of the JC will be presented to the constituent member organisations (those represented in the JC membership) for approval.

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