

# TERMS OF REFERENCE

## OUR HEALTH OUR CARE (OHOC) JOINT COMMITTEE

Document Reference:	CSRGP/TOR/YHYH
Document Title:	Terms of Reference – OHOC Joint Committee
Version:	0.16
Supersedes:	N/A
Authors:	Sarah Mattocks and Erin Portsmouth
Authors' Designation:	Corporate Affairs and Governance Manager and Head of Communications and Engagement
Consultation Group:	Governing Body
Date Ratified:	December 2018
Review Date:	December 2019

## Version Control

Version	Date	Author	Status	Comment / Details of Amendments
0.1		Mrs S Mattocks	Draft	Document drafted
0.2	14.01.16	Ms K Sharrocks	Draft	Discussed at Joint Programme Board
0.3	15.01.16	Ms K Sharrocks	Draft	Discussion for Governing Bodies
0.4	09.04.18	Ms K Sharrocks	Draft	Discussion for Governing Bodies
0.5	11.07.18	Ms E Portsmouth	Draft	Review by legal team and discussion and approval by Governing Bodies
0.6	30.07.18	Hempsons	Draft	Legal review
0.7	22.08.18	Mrs S Mattocks	Draft	Governance and constitution review
0.8	29.08.18	Hempsons	Draft	Legal review
0.9	31.08.18	Ms E Portsmouth	Draft	Governance review
0.10	28.09.18	Mrs S Mattocks	Draft	Amends following Governing Body comments
0.11	04.10.18	Ms E Portsmouth	Draft	Amends following Governing Body comments
0.12	07.11.18	Mrs S Mattocks	Draft	Amends following Governing Body comments
0.13	14.11.18	Mrs S Mattocks	Draft	Amends following Chairs comments
0.14	15.11.18	Mrs S Mattocks	Draft	Amends following Chairs comments
0.15	16.11.18	Mrs S Mattocks	Draft	Membership amendment following legal advice
0.16	30.11.18	Mrs S Mattocks	Final	Amends following approval at Governing Body

## Circulation list

Prior to approval, the Terms of Reference are circulated to the following for consultation:

- CCG Management Executive Team
- CCG Governing Body members

Following approval these Terms of Reference will be circulated to:

- CCG Governing Body members

- Integrated Care Partnership (shadow) Board members

## **1.0 Introduction**

**1.1** The Constitutions for NHS Chorley and South Ribble Clinical Commissioning Group (CCG) and NHS Greater Preston Clinical Commissioning Group (CCG) state in section 6.5.5 that:

*“Where the Group makes arrangements which involve all the CCGs exercising any of their commissioning functions jointly, a joint committee may be established to exercise those functions”.*

**1.2** NHS Chorley and South Ribble CCG and NHS Greater Preston CCG (hereafter referred to as “the CCGs”) have, in conjunction with Lancashire Teaching Hospitals (LTHTR) and NHS England, established a programme entitled ‘*Our Health Our Care (OHOC)*’. This is a programme through which any future public consultation on the Lancashire Teaching Hospitals NHS Foundation Trust service is re-designed and encompasses all local health and care transformation.

**1.3** To this end, the CCGs have agreed to establish an ‘OHOC Joint Committee’. The Joint Committee is established as a committee of the CCGs, with delegated responsibility for joint decision making in relation to the OHOC programme. This will provide a structure through which the CCGs can exercise their leadership role for the programme.

## **2.0 Membership**

**2.1** The Joint Committee will be chaired by the Accountable Officer for both CCGs.

**2.2** Membership of the Joint Committee will be made up of members and attendees from both CCG Governing Bodies.

**2.3** The Joint Committee shall consist of:

- Chief Accountable Officer (Chair of Committee)
- Chief Finance and Contracting Officer (Vice Chair of Committee)
- Chair and Clinical Leader of NHS Chorley South Ribble CCG
- Chair and Clinical Leader of NHS Greater Preston CCG
- Vice Chair (Lay Member) of NHS Chorley South Ribble CCG
- Vice Chair (Lay Member) of NHS Greater Preston CCG
- GP Directors of both CCGs
- Lay Members for Finance, Audit and Conflicts of Interest of both CCGs
- Lay Members for Patient and Public Involvement of both CCGs
- Governing Body Nurse
- Secondary Care Doctor
- Director of Quality and Performance
- Director of Transformation and Delivery

**2.4** The Chief Officer of the CCGs is the Senior Responsible Officer for OHOC acute reconfiguration.

**2.5** A decision can only be made by the Committee on the principle of approval by 75% of the voting membership. Where 25% or more of members do not approve a decision, the item will not be approved. Each member will have a single vote exercisable by their representatives.

**2.6** Other parties may be represented at the Joint Committee as non-voting attendees to represent other functions/parties/organisations or stakeholders who are involved in the programme, at the request of the Committee Chair, to provide support and advise the voting members on any proposals. Examples of such representatives are:

- NHS England
- Integrated Care System representative
- Greater Manchester Health and Social Care Partnership representative

**3.0 Attendance**

**3.1** Members would normally attend all meetings and it is expected that members will attend a minimum of 75% of meetings per annum barring any exceptional circumstances.

**4.0 Quorum**

**4.1** Quorum shall be 10 voting members, and must include a minimum representation of members from the categories listed below.

<b>Category</b>	<b>Minimum number to attend to achieve quorum</b>	<b>Details</b>
Chief Accountable Officer / Chief Finance and Contracting Officer	1	Chair and Vice Chair of the Committee, respectively
Chair and Clinical Leader of CCG / Vice Chair (Lay Member) of CCG	2	Must be a minimum of 1 representative per CCG
GP Directors	4	Must be a minimum of 2 representatives per CCG
Lay Members	2	Must be a minimum of 1 representative per CCG
Secondary Care Doctor / Governing Body Nurse	1	

**4.2** The Chair of the Joint Committee shall reserve the right to reconvene and rearrange a meeting should they feel this necessary.

**5.0 Frequency and notice**

**5.1** The Committee shall meet on a frequent basis, and not less than quarterly. All meetings shall be held in public unless the Chair agreed that it would not be in the public interest to permit members of the public to attend a meeting or part of a meeting due to the confidential nature of the discussion. The Chair of the Committee may arrange extraordinary meetings at their

discretion.

**5.2** Unless otherwise agreed, not less than 1 months' notice shall be given for a meeting.

**5.3** Extraordinary meetings may be agreed by the Chair.

## **6.0 Meeting papers**

**6.1** The agenda shall be developed by the Chair. Administration of meetings will be provided by the CCGs, and papers will be circulated a minimum of five working days in advance of the meeting.

## **7.0 Purpose**

**7.1** The Joint Committee has been established to:

- Formally consider the proposals (including alignment with their commissioning intentions, any other strategic programmes e.g. Healthier Lancashire) and approve them pre-consultation.
- Seek assurance that any proposal for consultation is in line with the CCGs' strategic intentions.
- Lead on discussions around the engagement or consultation approach for OHOC
- Ensure compliance with the 5 tests for service change and the NHS England assurance process:

1. Strong public and patient engagement
2. Consistency with current and prospective need for patient choice
3. A clear clinical evidence base
4. Support for proposals from clinical commissioners
5. Patient care test for hospital bed closures

- Ensure plans align to analysis around workforce and capital funding.
- Be co-signatories to the consultation document, taking an appropriate role in leading the consultation.
- Receive the outcome from the consultation.
- Receive recommendations for post-consultation decision making.
- Make decisions on appropriate on the above.

## **8.0 Duties**

**8.1** The Joint Committee shall take responsibility to:

- Approve the pre-consultation business case, option identification and evaluation criteria.
- Liaise with relevant local authorities about the process.
- Take or arrange for all necessary steps to be taken to enable the CCGs to comply with their public sector equality duties in relation to the consultation.
- Following the completion of the consultation process, consider the service changes that will be made that takes into account all of the representations received in response to the

consultation and specifically any recommendations made by the health service bodies involved in the consultation, including:

- ✓ the public
- ✓ Overview and Scrutiny Committees
- ✓ Council executives
- ✓ local Healthwatch organisations
- ✓ any other relevant organisations

- 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 to satisfy any legal requirements associated with consulting the public.

**8.2** For clarity, the Joint Committee will not make decisions on the following areas (which will remain the exclusive preserve of the CCG's Governing Bodies), including, but not limited to, each CCG:

- Financial planning
- Commissioning, contracting and performance management.

## **9.0 Reporting**

**9.1** The minutes of the Joint Committee meetings shall be formally recorded and a summary submitted to the Governing Body of each of the CCGs.

**9.2** The Joint Committee will report to the Governing Body of each of the CCGs annually on its work in support of the Annual Governance Statement.

## **10.0 Conflicts of interest**

**10.1** All potential or perceived conflicts of interest must be declared. Where there are conflicts of interest these will be managed by the Chair in line with the CCG Policy (Managing Conflicts of Interest GOV07) and recorded in the minutes.

## **11.0 Review of Terms of Reference**

**11.1** The Terms of Reference of the Committee shall be reviewed by the Governing Body of each of the CCGs at least annually, or as needed. Any amendments must be approved by each CCG Governing Body.