

Black Country & West Birmingham CCGs

Joint Health Commissioning Board

Terms of Reference

Version Control

Date	Detail	By	Version	Approved
30 March 2020	First draft to be presented to GBIC	Peter McKenzie, Wolverhampton CCG	V1.0	31 March 2020 (in principle)
7 April 2020	Amends made following GBIC	Peter McKenzie, Wolverhampton CCG	V1.1	Approved via email - ratify at meeting in July
11 June 2020	Amends to subcommittee information	Emma Smith Dudley CCG	V1.2	Approved pending this amendment 11 June 2020 JHCB



1. ACCOUNTABILITY & RESPONSIBILITY

- 1.1. The Black Country and West Birmingham CCGs Health Commissioning Board (“the Board”) is a joint committee of, NHS Dudley, NHS Sandwell and West Birmingham, NHS Walsall and NHS Wolverhampton Clinical Commissioning Groups (CCGs) and is set up to manage, to the extent permitted under s.14Z3 NHS Act 2006 (as amended), the activities of the four CCGs.
- 1.2. The Board’s purpose is, on behalf of the CCG’s Governing Bodies to have overarching responsibility for all matters relating to the commissioning of healthcare services across the Black Country and West Birmingham footprint.
- 1.3. In delivering this purpose it will be responsible for exercising the following functions that have been delegated it in line with the CCGs’ Scheme of Reservation:
 - a) Determination of arrangements for discharging the CCGs’ statutory duties associated with their commissioning functions (including securing public involvement, promoting both awareness and use of the NHS Constitution, obtaining appropriate advice, promoting integration of services, enabling patients to make choices and promoting the involvement patients, carers and representatives in decisions about their healthcare).
 - b) Determination of arrangements to promote a comprehensive health service.
 - c) Determination of arrangements for working in partnership with the CCGs’ local authorities to develop joint strategic needs assessments and joint health and well being strategies.
 - d) Determining arrangements for promoting and promoting integration of both health services with other health services and/or health-related and social care services where this would improve the quality of services or reduce inequalities.
 - e) Approve arrangements for risk sharing and/or risk pooling with other organisations (for example arrangements for pooled funds with other CCGs or pooled budget arrangements under Section 75 of the NHS Act 2006)
 - f) Approval of business cases relating to new investments, new service developments or service increases within the overall operating plan or budgetary financial limit.
 - g) Approval of commissioning decisions in line with the delegated financial limit for the Governing Bodies in the CCGs’ Constitutions
 - h) Approval of the CCGs’ contracts for any commissioning support (e.g. procurement)
- 1.4. In the exercise of its general purpose and the functions delegated to it, the Joint Health Commissioning Board will be responsible for the following:-
 - a) Developing common Black Country and West Birmingham wide strategic commissioning plans and monitoring the implementation of them within each CCG area.
 - b) Providing assurance to the CCGs’ Governing Bodies on delivery against system-based objectives.
 - c) Receiving assurances via its established sub-committees regarding placed based delivery where this is specific to local places.

- d) Ensuring the four CCGs are working collaboratively in exercising their functions for the improvement of the services they commission. This will include:
- i. agreeing the annual programme of objectives; an operational plan; and performance milestones and measures;
 - ii. setting and monitoring the Black Country and West Birmingham CCGs Financial Plan including delivery of financial targets set by NHS England;
 - iii. to ensure the continuous improvement in the quality of services commissioned on behalf of the four CCGs through the development of a common quality assurance and reporting framework and quality improvement strategy;
 - iv. monitoring provider performance and taking remedial action where necessary;
 - v. reviewing and challenging plans/progress reports; making recommendations and agreeing remedial actions or mitigations, to the extent it deems necessary, to support delivery of the CCG's targets, performance measures and financial plans;
 - vi. Establishment of a single risk management framework and thereby ensuring all principal risks are identified, managed and mitigated with appropriate plans, controls and assurance reported within the Group's assurance framework;
 - vii. Set up and oversee the effectiveness of sub committees deemed necessary, agreeing terms of reference and membership of any such sub-committees.

2. SUB-COMMITTEES

2.1 The Joint Health Commissioning Board has established the following sub-committees:-

- **Finance and Sustainability**
- **Individual Commissioning Assurance**
- **Quality and Performance**
- **System Commissioning**
- **Place Commissioning** (Dudley, Sandwell & West Birmingham, Walsall & Wolverhampton)

2.2 The Sub-Committees will have responsibility for the functions in line with the CCGs Schemes of Reservation and Delegation set out in the table below. The Joint Health Commissioning Board will have responsibility for confirming any recommendations made by the Sub-Committees outside of their agreed delegated powers.

Committee	Delegated Functions
Finance and Sustainability	<ul style="list-style-type: none"> • Approve arrangements for discharging the CCGs' statutory financial duties. • Approve variations to the approved budget where variation would have a significant impact on the overall approved levels of income and expenditure or the CCGs' ability to achieve their agreed strategic aims. • Determination of the process for making grants and loans to voluntary organisations.
Individual Commissioning Assurance	<ul style="list-style-type: none"> • Approving the arrangements for managing exceptional funding requests
Quality and Performance	<ul style="list-style-type: none"> • Approve arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.

System Commissioning	No delegations currently
Place Commissioning	No delegations currently

3. MEMBERSHIP

2.1 The membership of the Black Country and West Birmingham CCGs Health Commissioning Board shall be as follows:

- The Chairs of the CCGs
- The Accountable Officer
- The Deputy Accountable Officers
- The Chief Finance Officer
- The Chief Nursing Officer
- The Chief Medical Officer
- A Lay Representative from Each CCG Governing Body
- The GP Chairs of the System Commissioning Sub-Committee and Quality and Performance Sub-Committee
- A Secondary Care Consultant representative from the CCG's Governing Bodies

2.2 A standing invitation will be extended to other individuals in a non-voting capacity, where they are not already nominated or a member, to be in attendance at private meetings and meetings held in public, who the Board feel will contribute to their discussion. This will include other employees of the CCGs, representatives of local authorities and Healthwatch.

3.1 In the absence of a formal member, the formal member may nominate a deputy to represent them on their behalf. Nominated deputies shall be entitled to exercise voting functions at the Board meeting.

3.2 The Board shall be authorised to co-opt other members to the Board, to ensure it has sufficient expertise to enable it to deal with its agenda.

3.3 The Board may permit or require the attendance of officers of the CCGs to attend meetings of the Board, and may permit observers from the public.

4. CHAIR

4.1 The Chair is to be chosen from amongst the CCG Chairs, to serve for a term agreed by the Board.

4.2 In the absence of the Chair, meetings will be chaired by the Vice Chair who will be chosen from amongst the Lay Representatives.

4.3 In the absence of both Chair and Vice Chair, the meeting will be chaired by another non-conflicted voting member of the Board, who cannot be an executive member.

5 QUORUM

5.1 Meetings of the Board shall be quorate provided that one third of the total membership is present, which must include:-

- The Accountable Officer or a Deputy Accountable Officer;
- At least one GP member;
- At Least one lay member; and
- At least one lay or GP representative from each CCG.

5.2 A duly convened meeting of the Board at which quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by it.

6 VOTING

- 6.1 Members of the Board have a collective responsibility for its operation. Both members and attendees will participate in discussion, review evidence and provide or seek objective expert input to the best of their knowledge and ability, and endeavour to support the Board in reaching a collective view.
- 6.2 The Board will use best endeavours to make decisions by reaching a consensus, which should take into account the views shared by the non-voting attendees.
- 6.3 Exceptionally, where this is not possible, the Board Chair (or in their absence Vice Chair) may call a vote, using the following process:
- a) The meeting must be confirmed as quorate, once conflicts of interest have been accounted for, by the Chair, or in their absence the Vice Chair;
 - b) Each member will have one vote;
 - c) A decision will be made by a majority of votes cast. In the event of a draw, the Chair (or in their absence the Vice Chair) will have a final and casting vote.

7 CONFLICTS OF INTEREST

- 7.1 The provisions of Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017¹ or any successor document will apply at all times.
- 7.2 The Board shall hold and publish a Register of Interests. This Register shall record all relevant and material, personal or business, interests as set out in the CCG's Managing Conflicts of Interest Policy or subsequent policy.
- 7.3 Each member and attendee of the Board shall be under a duty to declare any such interests. Any change to these interests should be notified to the Chair and the CCGs' Governance Team.
- 7.4 Failure to disclose an interest, whether intentional or otherwise, will be treated in line with the CCGs' Standards for Business Conduct Policy and may result in suspension from the Board.
- 7.5 Any interest relating to an agenda item should be brought to the attention of the Chair in advance of the meeting, or notified as soon as the interest arises and recorded in the minutes.
- 7.6 All members of the Board and participants in its meetings shall comply with, and are bound by, the requirements in the CCGs' Constitutions, Standards for Business Conduct Policy, the Standards of Business Conduct for NHS staff (where applicable) and NHS Code of Conduct.
- 7.7 The Black Country and West Birmingham Health Commissioning Board Chair (or Vice Chair in their absence or where the Chair is conflicted) will make a determination regarding the arrangements for management of conflicts of interest, in consultation, to the extent they feel appropriate, with the Governance Lead and/or CCG Conflicts of Interest Guardians.

¹ <https://www.england.nhs.uk/publication/managing-conflicts-of-interest-revised-statutory-guidance-for-ccgs-2017/>

8 MEETINGS AND PROCEEDINGS OF THE BLACK COUNTRY AND WEST BIRMINGHAM HEALTH COMMISSIONING BOARD

- 8.1 The Board shall hold at least 6 meetings each year. A special meeting may be called at any time by the Chair or by any two members of the Board upon not less than 7 working days' notice, or by exception in extremis, with 3 working days' notice being given to the other members of the Board of the matters to be discussed.
- 8.2 The Standing orders of Wolverhampton CCG insofar as they apply to the conduct of meetings will apply to Meetings of the Board, which shall be in Public and conducted as if the Public Bodies (Admission to Meetings) Act 1960 applied to the Board in the same way as it applies to the Governing Bodies of the CCG's. Reasonable provision will be made on public Board agendas to allow for public questions in accordance with the agreed protocol.
- 8.3 The Board shall keep minutes of its meetings and any committee or sub-committee that it sets up. Such minutes shall be approved as an accurate record of the meeting by the Board at its next meeting. Duplicate copies of the ratified minutes shall be submitted to each of the CCG Governing Bodies and published as part of their Board papers.
- 8.4 The Board may appoint working groups or sub committees for any agreed purpose which, in the opinion of the Board, would be more effectively undertaken by a working group or sub-committee. Any such working group or sub-committee may be comprised of members of the CCGs or other relevant external parties, who are not required to be members of the Board. Minutes/reports of working groups or sub-committees will be promptly submitted to the Board.
- 8.5 In cases of emergency, the Chair may take urgent action to decide any matter within the remit of the Board, subject to consultation with at least three other members of the Board including a representative from each CCG unless conflicts of interest prevent this. Any such urgent action shall be reported to the next Board meeting and to the CCG Governing Bodies.
- 8.6 A schedule of meetings 12 months in advance will be published and notices of the meeting shall be given in line with the requirements of the Standing Orders. Notice shall be sent in writing or by email to the address notified by each Black Country and West Birmingham Joint Health Commissioning Board member to the Board Secretary.

9 ORGANISATIONAL SUPPORT

- 9.1 The Board shall agree with the CCGs support for the operations of the Board including the provision of administrative support for its activities.

10 RELATIONSHIP WITH CCG GOVERNING BODIES

- 10.1 The Board will provide reports for assurance to the CCGs' Governing Bodies that set out details of the proceedings and the decisions made in exercise of the functions delegated to the Board in the CCGs' Schemes of Reservation and Delegation.
- 10.2 The Board will review its Terms of reference and committee efficacy at least annually. This review will be used to support the CCGs' Governing Bodies review of the efficacy of the Joint Arrangements. The Terms of Reference may be amended by mutual agreement of between the CCG Governing Bodies as required to reflect changes in circumstances which may arise.