

CHESHIRE EAST HEALTH AND WELLBEING BOARD

Reports Cover Sheet

Title of Report:	The Joint Commissioning Committee of the four Cheshire Clinical Commissioning Groups
Date of meeting:	30 January 2018
Written by:	Matthew Cunningham, Programme Director Unified Commissioning (Cheshire)
Contact details:	matthew.cunningham@nhs.net 01625 663339
Health & Wellbeing Board Lead:	Dr Paul Bowen, Dr Andrew Wilson, Jerry Hawker, Clare Watson

Executive Summary

Is this report for:	Information <input checked="" type="checkbox"/>	Discussion <input type="checkbox"/>	Decision <input type="checkbox"/>
Why is the report being brought to the board?	To provide an update to Board members on the establishment of the Joint Commissioning Committee and its initial Annual work programme.		
Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to?	Starting and Developing Well <input type="checkbox"/> Living and Working Well <input type="checkbox"/> Ageing Well <input type="checkbox"/> All of the above <input type="checkbox"/>		
Please detail which, if any, of the Health & Wellbeing Principles this report relates to?	Equality and Fairness <input checked="" type="checkbox"/> Accessibility <input type="checkbox"/> Integration <input checked="" type="checkbox"/> Quality <input type="checkbox"/> Sustainability <input checked="" type="checkbox"/> Safeguarding <input type="checkbox"/> All of the above <input type="checkbox"/>		
Key Actions for the Health & Wellbeing Board to address. Please state recommendations for action.	The Board is requested to: <ul style="list-style-type: none"> note the progress made in establishing the CCG Joint Commissioning Committee and its initial work plan. 		
Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?	This report follows on from the report ' <i>Working Together – an integrated Health and Care System for Cheshire</i> ' received by the Board at its meeting on 25 July 2017. The content of this report is formed from information that has been provided to the Governing Bodies and GP memberships of NHS Eastern Cheshire CCG and NHS South Cheshire CCG between July and December 2017.		

Has public, service user, patient feedback/consultation informed the recommendations of this report?	Not at this stage
If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.	The report outlines progress in developing a Joint Commissioning Committee for the four CCGs and which is seen as an important part of the work being undertaken towards the development of integrated health and social care systems within and across Cheshire - which will improve outcomes for our citizens, removes duplication from the present system and provides opportunities for efficiencies and value for money.

1. Report Summary

- 1.1 Between July and December 2017 the Governing Bodies and GP membership groups of each of the four Cheshire Clinical Commissioning Groups (CCGs) received and approved the Terms of Reference (TOR) and Annual Work plan for the Joint Commissioning Committee of the Cheshire CCGs ('the Committee').
- 1.2 Following submission to NHS England of the TOR and associated amendments within each of the amended CCG Constitutions of each CCG, NHS England formally approved in December 2017 the establishment of the Committee.
- 1.3 The Committee held its first meeting on 30 November 2017.

2. Recommendations

- 2.1 The Board is requested to:
 - **note** the progress made in establishing the CCG Joint Commissioning Committee and its initial work plan.

3. Reasons for Recommendations

- 3.1 Members of the Board need to be kept apprised of the development of a new forum for the four CCGs to make significant decisions on commissioned health services to benefit the local population.

4. Impact on Health and Wellbeing Strategy Priorities

- 4.1 The commissioning of health services through the Joint Committee should take into account the priorities within the respective Health and wellbeing Strategies of Cheshire East and Cheshire West and Chester.

5. Background and Options

- 5.1 As reported to the Board at its meeting on 25 July 2017¹ local health organisations and Local Authorities have worked together to agree three key improvement priorities to jointly deliver in order to drive forward the necessary transformation and improvement of the health and care services across Cheshire. These three priorities were:-
 - **Integrated Commissioning** – to move to a unified health and care commissioning approach for the population of Cheshire (i.e. for the Cheshire East and Cheshire West and Chester HWBB footprint).
 - **Integrated Provision** – to work towards the creation of excellent care systems across Cheshire delivering integrated health and care services tailored to meeting the population health needs of each area.

¹ <http://moderngov.cheshireeast.gov.uk/ecminutes/documents/s57201/ACS%20Update%20report%20East.pdf>

- **Sustainable Hospital Services Across Cheshire** – to ensure that we deliver hospital services that are sustainable both financially and clinically across Cheshire and that these services are more integrated with local health and social care services.

5.2 The content of this report specifically relates to the first agreed area – **Integrated Commissioning** – and the initial area of focus in terms of establishing the CCG Joint Commissioning Committee.

5.3 **Terms of Reference.** Following the approval of the four CCG Governing Bodies to progress the establishment of a CCG Joint Commissioning Committee, subsequent work was undertaken with each CCG Governing Body and GP Membership to determine the Committees TOR. Between July and September 2017 the TOR (**Appendix A**) was received and approved by each CCG. Key areas to note within the TOR include:

- **Purpose.** The purpose of the Committee has been agreed as *‘to enable transparent, consistent and timely decision making for commissioning health services across Cheshire, thereby improving outcomes and enabling the efficient use of available resources within its delegated authority.’*
- **Principles.** The principles of the Committee have been agreed as:
 - commissioning at scale to help lead to better outcomes
 - meeting the needs of people not organisations
 - reducing unwarranted variation
 - be an enabler for the development of accountable care systems
 - ensuring the local NHS commissions services within its available resources.
- **Remit.** It has been agreed that the Committee will be responsible for exercising the following functions:
 - delegated decision making authority for recommendations made by the Cheshire and Merseyside Five Year Forward View (NHS Cheshire and Merseyside) leadership board for adoption across Cheshire
 - strategic oversight and development of the workplan for the establishment of unified health commissioning across Cheshire, providing recommendations for adoption to CCG Governing Bodies and endorsement by Health and Wellbeing Boards
 - delegated decision making authority on commissioning services at scale, as outlined with the Committees Annual Workplan.
- **Membership.** It has been agreed that each CCG will have equal representation, with the individual CCG membership on the Committee, namely:
 - Clinical representation: CCG General Practitioner (GP) Chair and one other General Practitioner Representative (voting)
 - Executive representation: Accountable Officer and one other Executive Director (voting)
 - Independent Representation: CCG Lay Member (voting)

It was also agreed by each CCG that the Committee would:

- be chaired by an independent Chair (non-voting), with the Vice Chair position of the Committee being held by a CCG GP Chair, with the post rotated between the four CCG GP Chairs.
- have additional standing members of the committee including:
 - Independent Clinical Member - Secondary Care Doctor (voting)
 - Independent Clinical Member - Registered Nurse (voting)
 - Healthwatch Cheshire representative (non-voting)

- Local Authority representation (non-voting).
- The membership of the Committee can be found in **Appendix B**.
- **Operation.** It has been agreed that the Committee will meet in public. The frequency of meetings will be determined by the activity resulting from the work plan, but the TOR state a minimum meeting frequency of four times per year.

5.4 **Annual work plan.** Between November and December 2017 each CCG Governing Body and GP Membership received and approved a high level annual work plan of the Committee (**Appendix C**). The work plan of the Committee articulates in the areas that fall within the delegated decision making authority or scope of the Committee. Work is ongoing to further define the work programmes that fall under the work plan areas that will require Committee oversight and decision.

5.5 The Committees business is defined within the work plan as being either a Level One matter/decision or a Level Two matter/decision. These are defined as:

Level One: where decision making authority is within the delegated authority of the Joint Committee as outlined within its Terms of Reference and where a decision(s) undertaken by the Joint Committee will be final and binding on all member CCGs

Level Two: where health and social care commissioning areas and operational functions affect / impact on the population of Cheshire (or wider) are considered by the Committee and any decision(s) undertaken by the Committee form the basis of endorsements and recommendations to the Governing Bodies of each member CCG, and other decision making bodies.

5.6 It has been agreed that if over the course of time the member CCGs believe that the Committee should have a greater or lesser number of areas under its Level One decision making remit, each CCG will need to seek the approval of a revised work plan for the Committee from their respective Governing Bodies and/or GP Memberships. The Committee cannot add or remove a Level One area without seeking the collective approval of the four CCGs.

5.7 Each CCG - through its Committee members - will need to undertake its own internal engagement with its Governing Body and GP memberships on papers, especially ones with Level One decision implications, in order to have a considered CCG position ahead of the deliberations undertaken at Committee meetings.

5.8 Where Level One decisions are undertaken by the Committee, the accountability for the decisions still remains with each CCG. Where decisions undertaken by the Committee may result in the need to consult, each CCG is still required to observe and undertake the necessary consultation processes and meet its legal and statutory duties. The Committee is established with this understanding.

5.9 Level Two considerations include areas where it is envisaged that a Cheshire wide (or larger) commissioning approach or consideration may be required in the future as more joint and/or integrated commissioning arrangements develop between CCGs and between CCGs and Local Authorities. The establishment of the Committee provides a forum where such arrangements can be discussed and agreed.

5.10 **Joint Commissioning Committee meeting.** The Committee held its first meeting in public on 30 November 2017.² Items discussed included its remit and operation, terms of reference, work plan and the Eastern Cheshire, South Cheshire and Vale Royal Adult and Older Persons Specialist Mental Health Services Redesign: Pre-Consultation Business Case.

5.11 The next meeting in public scheduled for 9 March 2018.

5.12 **Appendix D** demonstrates the Committees governance diagram.

6. Access to Information

6.1 The background papers relating to this report can be inspected by contacting the report writer:

Name: Matthew Cunningham

Designation: Programme Director Unified Commissioning (Cheshire)

Tel No: 01625 663339

Email: matthew.cunningham@nhs.net

² <https://www.easterncheshireccg.nhs.uk/Meetings/30-november-2017.htm>