

Committees in Common - Governance

Agenda item 23 Paper 19	
Author:	Justin Dix, Governing Body Secretary
Executive Lead:	Ralph McCormack, Chief Officer
Relevant Committees or forums that have already reviewed this paper:	None
Action required:	For decision
Attached:	Framework Terms of Reference for Committees in Common'; addendums for the Stroke Services Review Committee and the Children's Community Health Services Procurement Committee
CCG Strategic objectives relevant to this paper:	Urgent care Children and maternity Strategy implementation Core business: relevant to all / most objectives
Risk	Stroke services are on the CCG risk register
Compliance observations:	Finance: There are no immediate cost pressures associated with these projects
	Engagement : The projects concerned have both been subject to extensive engagement
	Quality impact: Conducted as part of the projects listed
	Equality impact: Conducted as part of the projects listed
	Privacy impact: No specific issues
	Legal: This is designed to ensure that the CCG complies with

EXECUTIVE SUMMARY

Surrey CCGs' Governing Bodies have previously signed up to "Committees in common" governance arrangements, in support of Surrey wide decision making. To this end, Terms of Reference and nominated delegates have been approved for the CAMHS procurement, stroke services review and, most recently, the children community health services procurement 'committees in common'.

A revision to the model is now being proposed to ensure it is consistently understood and operated across the six participating Surrey CCGs, thereby ensuring a consistent and proper governance for public decision making. This requires the Governing Body to review and approve a 'Framework for Committees in Common,' with the detail of the composition and operation of NHS Surrey Downs CCG's 'Committee' set out in a separate addendum.

There is no risk to the validity of decisions taken to date as where CCGs were not yet duly authorised to participate (i.e. with the necessary Constitutional provisions), subsequent Chair's action has been taken by individual Governing Bodies to ratify recommendations.

The Governing Body is asked to:

- AGREE the 'Framework Terms of Reference for Committees in Common' (which will be used for both stroke services review and children community health services procurement);
- AGREE the individual CCG addendums which describe the composition and operation for (a) the Stroke Services Review Committee and, (b) the Children Community Health Services Procurement Committee for NHS Surrey Downs CCG. This includes, in the case of (b) agreeing the proposed quorum arrangements and nominated deputies.

This approach has been developed by Guildford and Waverley CCG with legal advice from Hempsons Solicitors on behalf of the six CCGs in Surrey.

When approved, the CCG's new constitution (Section 6.5.1) provides for the CCG to set up joint committees with other CCGs.

Date of paper

11th March 2016

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Surrey CCGs'

Framework for Committees in Common

Framework for Surrey wide 'Committees in Common' (CIC)

The extent of appetite for joint working across Surrey CCGs (decisions by consensus and no delegation beyond each Group) has prompted a revision to the way in which the Committees in common model are described. This is in order to be consistent, open and transparent about how it works, and thereby assured of watertight governance for public decision making.

In effect, the CCG is asked to work in accordance with a 'framework approach' for committees in common - to meet and take decisions simultaneously and by consensus. The Terms of Reference have been amended to reflect this, and also to include a separate addendum for each CCG to sign, which describes the composition and operation of its 'committee' (or 'nominated individual' in some cases), including specifying its own quoracy. The scope of decision making will be the same for all.

Two other implications of following this model:

- (a) we cannot now 'share' the lay/clinical representation with other CCGs as part of the specified quorum. We are required to determine this for our own 'Committee' – and
- (b) the Chair will be referred to as a 'convenor' (otherwise the Chair will need to be a member of each CCG's committee).

To do both (a) and (b), as we had envisaged in a CIC arrangement, requires a 'membership' provision in each CCG's Constitution to be included (as has been advised from the outset), which has not been uniformly supported or expedited.

Each Constitution must also 'allow' the Governing Body the power to set up new committees that it considers necessary. This is still required.

The Stroke Services Committee Framework and Terms of Reference, including the Addendum for Guildford and Waverley CCG is attached, together with the Addendum for Children Community Health Services Procurement. (The Terms of Reference for the latter have already been signed off so the content will be aligned to the framework terms of reference, once agreed).

Subject to approval of this approach, we will have a clearer, consistent, 'simultaneous' decision making arrangement for Surrey CCGs which has a greater likelihood of success in terms of reaching a consensus and has legal assurance that it will withstand scrutiny going forward. Furthermore, it should not require the burden of follow up that collaborative decision making arrangements to date ie. visiting each Governing Body in turn, has required. However there is no provision for when consensus is not reached, as voting majority provisions within the Terms of Reference were also not supported.

Appendix A

Protocol for Meetings in Public

1. Introduction

As the Stroke Services Review Committees in Common (SSRCiC) are committees or delegates, they are not obliged to meet in public. However as the SSRCiC will be taking decisions in relation to service review/potential service change, the SSRCiC will meet in public for Category 1 decisions to promote transparency of decision-making

The purpose of this protocol is to provide guidance on the preparation and running of any Committees in Common (CiC) meeting in public.

2. Preparation for a Meeting in Public

Before a meeting in public is called, the agenda and arrangements for the meeting should be agreed with the Convener of the SSRCiC and consulted upon with SSRCiC members at a preceding meeting.

The costs of holding meetings in public will be met from the Stroke Services Review Programme budget.

The following issues should be considered at the initial preparation stage:

Objectives/purpose. All Category 1 decisions should be taken at meetings in public of the SSRCiC.

Time, date and venue. Consideration should be given to the likely number of attendees, thinking particularly about places that have convenient access for people with disabilities. A suitable venue should be chosen which can accommodate the numbers expected to attend.

Publicity. The event should be publicised, as agreed by the SSRCiC, at least four weeks in advance of the meeting so that people can plan to attend, know where to go and what to expect. The SSRCiC will be required to publicise the event as follows:

- All CCG member websites and in the normal places where local CCG Governing Board meetings are publicised (by CCGs)
- A dedicated consultation website if this is established.
- Through key stakeholder groups to be identified when the agenda for the meeting is set (by SSR Programme Team and CCGs where applicable).

Convener arrangements. Meetings in public will be convened by the appointed lay Convener who will facilitate discussions and be required to work with the team to agree the use of presentational aids (where required) and general housekeeping matters.

Provide accessible and timely information. The SSRCiC will publish the agendas (only) for all meetings in public two weeks in advance of the meeting taking place on the dedicated or CCGs' website. Unless otherwise directed by the SSRCiC, Members will receive papers for meetings in public one week in advance of the meeting taking place, at which point papers will be available to the public on request. To ensure papers are accessible, each paper will have an overview summary or introduction to the topic that external audiences can easily understand.

3. Guidelines for the Meeting

The role of the Convener should be to:

- open the meeting
- keep the meeting focused on the agenda – if necessary, to refer people back to the agenda
- make sure that everyone who wants to speak gets an opportunity – not allowing one or two people to dominate proceedings
- draw the meeting to a close at the appropriate time.

Creating the right atmosphere

The organiser(s) should aim to arrive at the venue in good time to check that any equipment and facilities requested are in place. This will include any catering arranged, as well as the equipment needed at the meeting. The location of fire doors and alarms should also be checked. Those attending should be greeted as they arrive, avoiding any serious debates or discussions before the meeting starts.

Making a good start

The meeting should be started at the time arranged, with the appropriate introductions and a summary of the purpose of the meeting. If it is likely to be a while before the attendees can express their views (e.g. because there is a short, initial presentation), this should be made clear, so that people have an expectation about the way the event is likely to proceed.

Getting the most from the meeting

Make good use of questions raised at the meeting to probe, challenge and fully understand the views that people may have

Arrange for someone to keep notes on the main points raised

Keep an attendance sheet, with contact details, so that those attending can be provided with follow up information

At the end of the meeting thank people for attending and explain clearly what the next steps will be.

After the Meeting

All agreed actions should be followed up after the event. Consideration should also be given to lessons learnt from the process, such as:

- did the meeting achieve what was expected?
- what aspects of the meeting were successful and what did not work?
- did things go as planned or were there any surprises?
- were there any problems that could have been avoided?

TERMS OF REFERENCE

STROKE SERVICES REVIEW

COMMITTEES IN COMMON (SSRCiC)

1. Introduction – Stroke Services Review

A pan-Surrey stroke services review is underway. Clinicians, service users, stakeholders from throughout Surrey and national experts have been considering options for the pathway of care including hyper acute stroke units (HASU), acute stroke units (ASU) and community rehabilitation services. The review is being led by the Stroke Change Board on behalf of all Surrey CCGs. If there is a recommendation for the configuration of services to alter, this may require public consultation and final decisions by six Surrey CCGs on the preferred way forward.

The remit of the Stroke Change Board is to provide clinical input and to drive the review forward – (a) to scope the stroke review; (b) to provide support to ensure relevant evidence is collected to support the case for change; (c) to shape the options for the future. However it does not have formal decision making powers in terms of going to consultation or decisions about service reconfiguration.

The Governing Body of each of the Surrey CCGs has agreed to establish a committee (CCG Stroke Services Committee) or appoint an individual who is a member of its Governing Body (CCG Stroke Services delegate) to be responsible for its decision-making in relation to the Surrey Stroke Review.

The CCG Stroke Services Committees and CCG Stroke Services delegates are collectively called the Surrey Stroke Services Review Committees in Common (SSRCiC) and each of them shall be called an SSRCiC member. Each of the SSRCiC members has delegated authority to make decisions on behalf of their CCG on changes in services for stroke in its locality. The SSRCiC will be able to approve, through consensus of the SSRCiC members, the mandate to proceed with developing service specifications, consultation, approving options, etc. and making the final decision about any service changes.

2. Establishment of the ‘Committees in Common’

Each CCG’s Governing Body¹ has agreed to establish or nominate a CCG Stroke Services Committee or CCG Stroke Services Committee Delegated with these terms of reference. They shall meet together as the SSRCiC.

The SSRCiC will meet at the same time, around one table, to make the decisions in relation to the Stroke Services Review.

Since each of the SSRCiC members has delegated powers from its respective Governing Body to make decisions in relation to the Stroke Services Review, the decisions of each SSRCiC member will not need to be ratified by its Governing Body. Each SSRCiC member retains its own decision-making accountability.

Each SSRCiC member can bind its parent CCG so when they meet together they can make a decision which will be achieved by consensus.

3. Functions of the ‘SSRCiC’

¹ East Surrey, Guildford and Waverley, North East Hants and Farnham, North West Surrey, Surrey Downs and Surrey Heath

² (i) CCGs’ consultation and involvement duties are set out in Section 14Z2 of the NHS Act 2006, as amended by the Health and Social Care Act 2012.
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In order to begin commissioning stroke services differently from April 2016, the SSRiC will take decisions to ensure delivery of the following key milestones in accordance with the high level timeline in the Project Plan:

- (1) Finalising scope of pathway / options
- (2) Broad statement of intent in CCGs' commissioning intentions
- (3) Deciding whether public consultation is required² and, if so, taking any decisions in relation to that public consultation
- (4) Following outcome of consultation (if any), decisions about the preferred model
- (5) Taking any other decisions required in relation to the Surrey Stroke Services Review Programme that would otherwise be taken by the CCG Governing Bodies.

4. Scope of decision making

4.1 Delegated authority for SSRiC

Each SSRiC member will perform the functions delegated to it by its Governing Body in relation to any healthcare service changes (either in hospital or out of hospital) proposed as part of the Surrey Stroke Services Review Programme, which may involve public consultation. To facilitate this process, Category 1 and Category 2 decisions have been detailed in Section 4.2 to be within the scope of the SSRiC.

4.2 Category 1 and Category 2 decisions

Category 1 and Category 2 decisions are differentiated so that Category 1 decisions must be taken in meetings in public.

Decision about the broad statement to be included in CCG Commissioning Intentions 2016/17. **[Category 2]**

- (1) Decision about the scope of model / care options for further consideration / consultation. **[Category 2]**
- (2) Signing off consultation documents listing model of care / options and consultation process and approving the mandate to proceed to consultation (if required). **[Category 2]**
- (3) Decision about service changes, if any, and what service configuration to commission, following consultation. **[Category 1]**

All other decisions of the SSRiC shall be Category 2 decisions, unless the SSRiC specifically and unanimously agree that another issue should be considered as a Category 1 decision. Category 2 decisions shall be taken in private unless the SSRiC specifically and unanimously agree otherwise.

5. Membership of the SSRiC (including Delegates)

The SSRiC shall not have a chair but instead shall appoint an individual with responsibility for convening meetings (the Convener). The Convener of the SSRiC will be a lay member of one of the CCG Governing

² (i) CCGs' consultation and involvement duties are set out in Section 14Z2 of the NHS Act 2006, as amended by the Health and Social Care Act 2012.
(ii) CCGs have a duty to consult their local authority (rather than specifically its overview and scrutiny committee) under Regulation 23(1) of The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013
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Bodies but shall not be a member of SSRCiC; s/he will not be part of the decision-making process. The Convener shall support the SSRCiC in trying to reach a consensus for each decision.

The members of each CCG Stroke Services Committee shall comprise at least two and no more than three voting Governing Body members from each of the CCGs (though it is noted that there will not be voting as part of the SSRCiC except to determine the views of each CCG Stroke Services Committee and whether a consensus has been reached). It is suggested that this could include one GP or other clinical representative and one lay member.

The nominated Governing Body members for each CCG Stroke Services Committee are listed in the table below and also detailed in the separate addendum for the CCG.

Where a CCG Governing Body has opted to delegate decision-making authority to a CCG Stroke Services delegate, his or her name is listed in the table below and also detailed in the separate addendum for the CCG.

Members of the support team shall attend the Committees as needed to provide information.

Lay Convener (non-voting): John Guy (Surrey Heath CCG)

Members [*nominated deputies in italics and square brackets*] and delegates

East Surrey CCG		Exec.	Clinical	Lay
Dr Patrick Kerr,	GP Clinical Member		X	
Graham Hanson ,	Lay Member			X
Richard Bates,	Chief Finance Officer	X		
Guildford and Waverley CCG				
Dr. David Eyre-Brook, <i>[Dr. Darren Watts,</i>	Clinical Chair of the Governing Body <i>Vice Chair (Clinical) of the Governing Body]</i>		X <i>[x]</i>	
Sue Tresman, <i>[Phelim Brady,</i>	Lay Member <i>Lay Member]</i>			X <i>[x]</i>
Dominic Wright, <i>[Karen McDowell,</i>	Chief Officer <i>Chief Finance Officer]</i>	X <i>[x]</i>		
North East Hants and Farnham CCG (delegate)				
Dr. Peter Bibawy	GP Clinical Member		X	
North West Surrey CCG				
Dr. Liz Lawn,	Clinical Chair of the Governing Body		X	
William McKee,	Lay Member			X
Julia Ross,	Chief Officer	X		
Surrey Downs CCG				
Dr Claire Fuller, <i>[Dr. Simon Williams</i>	Clinical Chair of the Governing Body <i>GP Clinical Member]</i>		X <i>[x]</i>	
Jonathan Perkins <i>[Peter Collis</i>	Lay Member <i>Lay Member]</i>			X
<i>[James Blythe</i>	<i>Dire of Comm and Strategy] (NB does not contribute to the clinical/lay quorum)</i>	<i>[x]</i>		
Surrey Heath CCG				
Dr. Andy Brooks,	Clinical Chief Officer		X	
Alison Huggett	Director of Quality and Nursing		X	
Nicola Airey <i>[Rob Morgan</i>	Director of Planning and Delivery <i>Chief Finance Officer]</i>	X <i>[x]</i>		

TOTALS	15	4	7	4
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Named deputies for each CCG may deputise for their nominated SSCiC Members, if they are listed in the table above (or in the separate addendum). Any individual so authorised must be a voting member of the relevant CCG's Governing Body and must fulfil the same designation (i.e. executive, lay or clinical) in order that the quorum is maintained. The Convener of the SSRCiC must be advised in respect of such individual's attendance, preferably in advance of the meeting.

6. Meetings

The SSRCiC shall meet at such times and places as the Convener may direct on giving reasonable written notice to the members of the SSRCiC. Meetings will be scheduled to ensure they do not conflict with respective CCG Governing Bodies.

Meetings of the SSRCiC shall be open to the public where Category 1 decisions will be taken, as specified in Section 4.2. A protocol for meetings in public is included at Appendix A.

7. Quorum

The quorum for a meeting of the SSRCiC shall be calculated by reference to the quorum specified for each CCG's Stroke Services Committee, as set out in the Addendum for each CCG attached to this Framework. All CCGs must be represented in the decision making.

8. Attendees

The Convener of the SSRCiC may, at his or her discretion, permit other persons to attend their meetings but, for the avoidance of doubt, any persons in attendance at any meeting of the SSRCiC shall not count towards the quorum or have the right to make decisions at such meetings.

Any 'supporting' attendees nominated to attend in observer (non-voting) capacity for their respective CCGs will be set out in their addendum.

9. Attendance at meetings

The expectation is that SSRCiC members will attend all meetings. The use of video, telephone or web link, or other live and uninterrupted conferencing facilities, may be used in exceptional circumstances, if available, and will be restricted to Category 2 decisions only.

It is essential that the Committee administrator is advised of any nonattendance, where possible in advance of the meeting taking place, so that a quorum is maintained for decision making.

10. Decision Making

Achieving Consensus

The core value and intention of the SSRCiC is to make decisions based on achieving consensus across the six participating Surrey CCGs as a first principle, having taken into account the views of the representatives of each CCG and with reference to an agreed 'ethical process' which underpins this aspiration. In order for any decision to be taken, there will need to be unanimous support for the decision within the SSRCiC.

11. Administrative

Support for the SSRCiC will be provided by North West Surrey CCG. Papers for each meeting will be sent to SSRCiC members no later than one week prior to each meeting. By exception, and only with the agreement of

the Convener, amendments to papers may be tabled before the meeting. Every effort will be made to circulate papers to members earlier if possible.

Minutes will be kept of all decisions and recommendations of the SSRiC and copies of them circulated to all CCGs as soon as reasonably possible following the end of the meetings to which they relate.

In order to ensure efficient and timely communication of decisions made by the SSRiC to the individual CCG Governing Bodies, the minutes will be circulated to the Corporate Governance Lead for each CCG.

DRAFT

ADDENDUM 1 (of 6) to Surrey CCGs' Framework for 'Committees in Common' - supporting Surrey-wide governance arrangements for decision making.

NHS Surrey Downs CCG agrees to participate in the Stroke Services Review Committees in Common, working in accordance with the agreed 'Framework for Surrey-wide Committees in Common'. Surrey Downs Stroke Services Committee is convened as follows:

Membership (voting Governing Body members)	Dr Claire Fuller, Clinical Chair of the Governing Body Jonathan Perkins, Lay Member
Nominated deputies	Dr Simon Williams, Clinical Member, Peter Collis, Lay Member
Quoracy	Two out of three members, one of which will be a Lay Member. Nominated deputies may be part of the quorum where required.
Convener	The Convener of the Stroke Services Review 'Committees in Common' is John Guy, who is a lay member of one of the Surrey CCG Governing Bodies. The Convener role is shared by the individual CCG 'Committees', but the Convener is not a member of any of the committees or part of the decision making process. For the avoidance of doubt, s/he will facilitate the wider discussions to inform the decisions and work towards achieving consensus, but will not participate in individual CCGs' debate to reach their final decisions.
In attendance (non-voting) officers	Not applicable
Scope of decision making	<ol style="list-style-type: none"> (1) Finalising scope of pathway/options. (2) Broad statement of intent in CCG Commissioning Intentions. (3) Deciding whether public consultation is required and, if so, for taking any decisions in relation to that public consultation. (4) Following outcome of consultation (if any), decisions about the preferred model. (5) Any other decisions required in relation to the Surrey Stroke Services Review Programme that would otherwise be taken by the CCG's Governing Body.
Calling Meetings	At such times and places as the Convener may direct on giving reasonable written notice.

SIGNED on behalf of NHS Surrey Downs CCG

Chief Executive Date

Chair Date

ADDENDUM 1 (of 6) to Surrey CCGs' Framework for 'Committees in Common' - supporting Surrey-wide governance arrangements for decision making.

NHS Surrey Downs CCG agrees to participate in the Children Community Health Services Procurement Committees in Common, working in accordance with the agreed 'Framework for Surrey-wide Committees in Common'. Surrey Downs CCG's representatives are as follows:

Membership (voting Governing Body members)	Dr Suzanne Moore, Clinical Member of the Governing Body Gill Edelman, Lay member
Nominated deputies	
Quoracy	Two out of three members, one of which will be a Lay Member. Nominated deputies may be part of the quorum where required.
Convener	The Convener of the <u>Children Community Health Services Procurement 'Committees in Common'</u> is Phelim Brady, who is a lay member of one of the Surrey CCG Governing Bodies. The Convener role is shared by the individual CCG 'Committees', but the Convener is not a member of any of the committees or part of the decision making process. For the avoidance of doubt, s/he will facilitate the wider discussions to inform the decisions and work towards achieving consensus, but will not participate in individual CCGs' debate to reach their final decisions.
In attendance (non-voting) officers	James Blythe, Director of Commissioning and Strategy
Scope of decision making	<p>(6) Approvals to enable the procurement of Children community health services (Surrey wide) by 1st April 2017. These include approval of the:</p> <ul style="list-style-type: none"> a) Indicative scope of contract, subject to confirmation, for issue of Pre-qualifying Questionnaire (PQQ) b) Final scope of contract before Invitations to Tender (ITT) are issued c) Indicative financial envelope for PQQ and final by ITT d) Contract award length e) Organisation to hold contract on behalf of associates, post award f) Evaluation process <p>(7) Approval of the contract award to the preferred bidder post evaluation</p>
Calling Meetings	At such times and places as the Convener may direct on giving reasonable written notice.

SIGNED on behalf of NHS Surrey Downs CCG

Chief Executive Date

Chair Date