

<b>Title of paper:</b>	Stroke Change Project	
<b>Author name and job title:</b>	Justin Dix Governing Body Secretary	
<b>Date of paper:</b>	16 <sup>th</sup> September 2015	
<b>Exec Lead:</b>	James Blythe, Director of Commissioning and Strategy	
<b>Meeting name and date:</b>	Governing Body 25 <sup>th</sup> September 2015	
<b>Agenda item &amp; attachment number:</b>	Agenda Item 12 Attachment 6	
<b>Attachments – please list or state “none”</b>	Stroke CIC Terms of reference	
<b>Purpose of Paper (tick one only):</b>		
<b>For information only (to note)</b>		
<b>Requires discussion and Feedback</b>		
<b>For decision</b>		

## **Executive Summary:**

As reported at the last Governing Body meeting, a Committee In Common has been established between the six CCGs in Surrey to take forward the work on creating effective and clinical safe services across the county. The focus is on

- Ensuring workforce issues are addressed and that services are staffed with relevant expertise at all times, and with high levels of nursing and therapy staff in place
- Achieving an effective balance between the needs of the majority and those who require more specialist care in specialist settings
- Providing high quality in patient rehabilitation on stroke units
- Putting high quality Community rehab in place
- Finding a way to provide seamless health and social care
- Reconfiguring acute care through collaborative commissioning and managing access / travel time requirements
- Ensuring the long term financial viability of services

The first meeting of the committee was held on the 2<sup>nd</sup> September at which the attached terms of reference were agreed.

The Governing Body is asked to agree the attached terms of reference and note the continuing work on this programme.

### **Compliance section**

Please identify any significant issues relating to the following areas. Do not leave any boxes blank – if there are no compliance issues please state “no known issues”.

<b>Risk Register and Assurance Framework</b>	This risk is on the risk register
<b>Patient and Public Engagement</b>	Engagement has been undertaken and is ongoing. It is probable that formal consultation will also be required.

<b>Patient Safety &amp; Quality</b>	The purpose of the project is to reduce unnecessary harm and mortality for stroke victims by enabling to receive appropriate skilled care as soon as possible after an incident. Quality impact assessments will be undertaken as required.
<b>Financial implications</b>	These will become clearer during the service redesign process but are expected to be within existing financial envelopes.
<b>Conflicts of interest</b>	No specific issues
<b>Information Governance</b>	A privacy impact assessment will be carried out if required.
<b>Equality and Diversity</b>	An equality impact assessment will be carried out if required.
<b>Any other legal or compliance issues not covered above</b>	There are legal duties regarding public engagement, consultation, and clinical safety of services registered with the CQC

X:\NHS Surrey Downs CCG\CCG Corporate Governance\Governing Body\Working Folder\2015-16\Meetings\07 25th Sept GB in Public\Draft Papers\Stroke Cover sheet for GB Sept 2015.docx



# Paper 1

## DRAFT Terms of Reference

### Committee in Common

## DRAFT

### TERMS OF REFERENCE<sup>1</sup>

for

### SURREY CCGs'<sup>2</sup> STROKE SERVICES

### 'COMMITTEE IN COMMON' (SSCiC)

#### 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 will require public consultation and final decisions by six Surrey CCG Governing Bodies 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 Committee in Common is the formal decision-making forum for the Surrey Stroke Review and has responsibility, for example, for approving the mandate to proceed with consultation (approving options etc.) and making the final decision about any service changes.

---

<sup>1</sup> These Terms of Reference are drawn up using the template in Appendix 2 of the CCG Establishment Agreement (clause 12.3.2). In the event of contradiction or dispute, this document should be seen as the authoritative document in respect of the Surrey CCGs' Stroke Services 'Committees in Common' functions.

<sup>2</sup> Comprising North West Surrey CCG, Guildford & Waverley CCG, Surrey Downs CCG, East Surrey CCG, Surrey Heath CCG and North East Hants & Farnham CCG

## 2. Establishment of a 'Committee in Common'

Each CCG's Governing Body has agreed to establish and constitute a committee, with these terms of reference, to be known as the Stroke Services Review 'Committee in Common' (SSCiC).

Each CCG will delegate a 'committee' of up to three representatives to make decisions within the scope of delegated authority that has been defined in section 4, underpinned by each of the CCG's Constitutions. The six committees will meet at the same time, around one table, to make the decisions in relation to the Stroke Services Review.

Since each of the six committees has delegated powers from their Governing Boards, they do not need to go back to their individual organisations for a further decision. Each CCG committee retains its own decision - making accountability.

Each committee can bind its parent CCG so when the committees meet together they can make a majority decision. Decision will be achieved by consensus.

## 3. Functions of the 'Committee in Common'

In order to begin commissioning stroke services differently from April 2016, the 'Committee in common' will oversee the delivery of the following key milestones:

- (1) Finalising scope of pathway / options in early September 2015
- (2) Broad statement of intent in commissioning intentions in September 2015
- (3) Public consultation, if required, with potential consultation dates between October 2015 and February 2016<sup>3</sup>
- (4) Following outcome of consultation, decisions about preferred model, estimated in March 2016, depending on the timeline for public consultation
- (5) Any other decisions as required by the review process

---

<sup>3</sup> (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

## 4. Scope of decision making

### 4.1 Delegated authority for CiC membership

Each SSCiC 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 Stroke Services Review Programme, which will 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 SSCiC.

### 4.2 Category 1 and Category 2 decisions

Category 1 and Category 2 decisions are differentiated in terms of the majority thresholds required to carry the motion. Category 1 decisions must be taken in meetings in public.

- (1) Decision about the broad statement to be included in CCG Commissioning Intentions 2016/17 (September 2015). **[Category 2]**
- (2) Decision about the scope of model / care options for further consideration / consultation (September 2015). **[Category 2]**
- (3) Signing off consultation documents listing model of care / options and consultation process and approving the mandate to proceed to consultation (October 2015). **[Category 2]**
- (4) Decision about service changes, if any, and what service configuration to commission, following consultation (March 2016). **[Category 1]**

All other decisions of the SSCiC shall be Category 2 decisions, unless the SSCiC specifically and unanimously agrees that another issue should be considered as a Category 1 decision.

## 5. Membership

The SRCiC will be chaired by a Chair who will not be part of the decision-making and who is an independent lay member of one of the CCG Governing Bodies.

The members of the SRCiC shall comprise three voting Governing Body members from each of the CCGs (though it is noted that there will not be voting as part of the SRCiC). It is suggested that this could include one GP clinical representative and one lay member.

The nominated Governing Body members for each CCG are listed in the table below.

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

**Independent Lay Chair (non-decision-making):** John Guy

## Members

East Surrey CCG, Lay member	Graham Hanson
East Surrey CCG, Chief Finance Officer	Richard Bates
East Surrey CCG, Clinical Member	Dr Patrick Kerr
Guildford and Waverley CCG, Chair	David Eyre-Brook
Guildford and Waverley CCG, Lay Member	Sue Tresman
Guildford and Waverley CCG, Chief Officer	Dominic Wright
North East Hants and Farnham CCG	Kirsten Lawrence
North East Hants and Farnham CCG	TBC
North East Hants and Farnham CCG	TBC
North West Surrey CCG, Chair	Dr Liz Lawn
North West Surrey CCG, Lay Member	William McKee
North West Surrey CCG, Chief Officer	Julia Ross (JR)
Surrey Downs CCG, Clinical Chair	Dr Claire Fuller
Surrey Downs CCG, Lay Member	Peter Collis
Surrey Downs CCG, Chief Officer	Miles Freeman
Surrey Heath CCG	Alison Huggett
Surrey Heath CCG, Chief Officer	Andy Brooks
Surrey Heath CCG, Chief Finance Officer	Rob Morgan

Named deputies for each CCG may be nominated to deputise for any of its nominated SSCiC Members, and are listed in the table above. Any individual so authorised must be a voting member of the relevant CCG's Governing Body. The Chair of the SSCiC must be advised in respect of such individual's attendance at the meeting or before.

## 6. Meetings

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

Meetings of the SSCiC shall be open to the public unless the SSCiC considers that it would not be in the public interest to permit members of the public to attend a meeting or part of a meeting in which case a part 2 (restricted) model will be adopted. A protocol for meetings in public is included at Appendix A.

## 7. Quorum

The quorum for a meeting of the SSCiC shall be:

For a meeting at which decisions will be made, two thirds of the membership of the SSCiC must be present (12 out of a total of 18) including 50% of the clinical membership; 50% of the lay membership and with all CCGs represented (at least one member).

## **8. Attendees**

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

## **9. Attendance at meetings**

The expectation is that members of the Committee will attend all meetings. The use of video or telephone or web link or other live and uninterrupted conferencing facilities will be restricted to Category 2 decisions only.

## **10. Decision Making**

### **10.1 Achieving Consensus**

The core value and intention of the Committee in Common is to make decisions based on a unanimous consensus 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.

Any CCG dissatisfied by a recommendation of the SSCiC may, acting in good faith, give notice by email to the Chair within 2 clear working days after the recommendation is made by the SSCiC. At the Chair's discretion, s/he will re-convene a special meeting of the SSCiC to attempt to reconcile the dissatisfaction.

## **11. Administrative**

11.1 Support for the SSCiC will be provided by North West Surrey CCG. Papers for each meeting will be sent to SSCiC members no later than one week prior to each meeting. By exception, and only with the agreement of the Chair, amendments to papers may be tabled before the meeting. Every effort will be made to circulate papers to members earlier if possible.

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

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

**TERMS OF REFERENCE**  
for  
**SURREY CCGs<sup>4</sup> STROKE REVIEW**  
**'COMMITTEE IN COMMON' (SSCiC)**

CCG	DATE
<b>Signed on behalf of North West Surrey CCG:</b>  Chief Officer.....  Chair.....	
<b>Signed on behalf of Guildford and Waverley CCG</b>  Chief Officer.....  Chair.....	
<b>Signed on behalf of Surrey Downs CCG</b>  Chief Officer.....  Chair.....	
<b>Signed on behalf of East Surrey CCG</b>  Chief Officer.....  Chair.....	
<b>Signed on behalf of Surrey Heath CCG</b>  Chief Officer.....  Chair.....	
<b>Signed on behalf of North East, Hants &amp; Farnham CCG</b>  Chief Officer.....  Chair.....	

<sup>4</sup> Comprising North West Surrey CCG, Guildford & Waverley CCG, Surrey Downs CCG, East Surrey CCG, Surrey Heath CCG and North East Hants & Farnham CCG

## Appendix A

### Protocol for Meetings in Public

#### 1. Introduction

Meetings of the Stroke Services Review Committee in Common (SSCiC) shall be open to the public unless the SSCiC considers that it would not be in the public interest to permit members of the public to attend a meeting or part of a meeting. Category 1 decisions must be taken in a meeting in public.

The purpose of this protocol is to provide guidance on the preparation and running of any Committee 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 Independent Chair of the SSCiC and consulted upon with SSCiC 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 SSCiC.

**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 SSCiC, 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 SSCiC 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 CCG's)
- 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).

**Chairing arrangements.** Meetings in public will be formally chaired by the appointed Independent, lay Chair who will 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 SSCiC 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 SSCiC, 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 Chairman 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
- draws 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?