NHS
North Lincolnshire
Clinical Commissioning Group

Date: 14.04.16	Meeting: CCG Governing Body
Item No.	7.2
Public X	Private

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REPORT TITLE: STP Footprint Joint Commissioning Arrangements

DECISIONS TO BE MADE: Governing Body is asked to:

Agree to progress the development of joint commissioning arrangements; agree the terms of reference; and commend to Council of Members the necessary constitutional changes

Continue to improve the quality of services	x	**Improve patient experience**	x
Reduced unwarranted variations in services	x	**Reduce the inequalities gap in North Lincolnshire**	
Deliver the best outcomes for every patient	x	**Statutory/Regulatory**	

Executive Summary (Question, Options, Recommendations):

Work has progressed rapidly over the last 12 weeks to consider how the 8 CCGs in North Yorkshire and Humber to commission together more effectively where it makes sense to do so.

In parallel the 6 CCGs of Humber Coast and Vale (as a subset of the North Yorkshire and Humber CCGs) comprising North Lincolnshire, North East Lincolnshire, East Riding of Yorkshire, Hull, Vale of York and Scarborough and Ryedale CCGs, have come together as an STP (Sustainability and Transformation Plan) footprint together with our social care and provider partners.

The attached papers reflect the agreement through the Accountable Officers group to come together as providers to support and simplify commissioning activities at scale for our footprint. These proposals have been discussed and challenged through the AOs group and are now commended to the Governing Body for adoption.

Equality Impact	**N**	No changes to commissioned services at this point
Sustainability	**Y**	Potential ability to address sustainability issues more effectively
Risk	**Y**	Reduced direct control over commissioning decisions to be delegated to the committee
Legal	**Y**	Potential requirement for changes to the constitution
Finance	**N**	No immediate implications

Patient, Public, Clinical and Stakeholder Engagement to date									
	N/A	***Y***	***N***	***DATE***		***N/A***	***Y***	***N***	***DATE***
Patient:	*x*				Clinical:	*x*			
Public:	*x*				Other:	*x*			

Item:

Report to:	CCG Governing Body
Date of Meeting:	
Subject:	Joint Collaborative Commissioning Committee – Yorkshire Coast and Humber CCGs
Presented by:	
Author:	Mike Napier, Associate Director of Corporate Affairs, NHS Hull CCG

STATUS OF THE REPORT:

To approve	✓	To endorse	☐
To ratify	☐	To discuss	☐
To consider	☐	For information	☐
To note	☐		

PURPOSE OF REPORT:

To consider the governance arrangements and next steps for the establishment of a Joint Collaborative Commissioning Committee for the six Yorkshire Coast and Humber CCGs.

RECOMMENDATIONS:
It is recommended that member CCGs:

a Submit to their governing body for approval the proposed governance arrangements for the establishment of a Yorkshire Coast and Humber CCG Joint Commissioning Committee.

b Commence the necessary governance steps to establish a joint committee, specifically updating their individual Constitutions and Schemes of Delegation.

c Confirm the timescale for which updated Constitutions (including Schemes of Delegation) must be submitted to NHS North of England for approval as well as the timescale for completion of other actions to establish the committee.

REPORT EXEMPT FROM PUBLIC DISCLOSURE No ✓ Yes ☐

If yes, grounds for exemption
(*FOIA or DPA section reference*)

CCG STRATEGIC OBJECTIVE	**BOARD ASSURANCE FRAMEWORK SPECIFIC OBJECTIVE**
Short summary as to how the report links to the CCG's strategic objectives Objective 1: Value for Money, Delivering the best services we can with the resources we have. Objective 5: Analyse and develop the CCG infrastructure, Hull 2020 operating model and practices enabling the organisation to be agile, flexible, resilient and effective in the management and execution of its strategic purpose and annual operational plans.	*Short summary as to how the report adds assurance to the Assurance Framework* BAF Risk 5: Review of governance arrangements ensuring systems and reporting is streamlined and reduces duplication with high levels of devolved decision making.

IMPLICATIONS: (*summary of key implications, including risks, associated with the paper*),

Finance	The Joint Committee would have fully devolved decision making powers, including financial authority, up to a level agreed between the member CCGs and subsequently defined within members CCG's Schemes of Delegation. This would then be set out within the Committee's Terms of Reference.
HR	Agreement has been reached amongst the CCGs to the funding of a collaborative commissioning programme lead. Capacity to service the Joint Commissioning Committee also needs to be identified and agreed.
Quality	The joint committee's scope covers service change and transformation to drive up quality of patient experience and outcomes.
Safety	As above.

ENGAGEMENT: (*Explain what engagement has taken place e.g. Partners, patients and the public prior to presenting the paper and the outcome of this*)

Senior officers of member CCGs have met and considered the principles of collaboration and mechanism through which this can be taken forward.

LEGAL ISSUES: (*Summarise key legal issues / legislation relevant to the report*)

Consideration of the collaborative working options between the sub-regional CCGs have been subject to two independent legal opinions (Beachcroft DAC and Capsticks). The proposal to establish a Joint Collaborative Commissioning Committee is consistent with the appraisals given by both.

A Joint Committee provides a lawful means through which the member CCGs may formally collaborate and take clear and transparent decisions on service change and transformation.

EQUALITY AND DIVERSITY ISSUES: (*summary of impact, if any, of CCG's duty to promote equality and diversity based on Equality Impact Analysis (EIA).* ***All*** *reports relating to new services, changes to existing services or CCG strategies / policies* ***must*** *have a valid EIA and will not be received by the Committee if this is not appended to the report*)

	Tick relevant box
An Equality Impact Analysis/Assessment is not required for this report.	✓
An Equality Impact Analysis/Assessment has been completed and approved by the lead Director for Equality and Diversity. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment.	
An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section xx in the enclosed report.	

THE NHS CONSTITUTION: (*How the report supports the NHS Constitution*)

The proposal support delivery of Principle 3 of the NHS Constitution:

The NHS aspires to the highest standards of excellence and professionalism in the provision of high-quality care that is safe, effective and focused on patient experience; in the planning and delivery of the clinical and other services it provides; in the people it employs and the education, training and development they receive; in the leadership and management of its organisations; and through its commitment to innovation and to the promotion and conduct of research to improve the current and future health and care of the population.

Joint Collaborative Commissioning Committee
Yorkshire Coast and Humber CCGs

1. Introduction

1.1 The purpose of this report is to consider the governance arrangements and next steps for the establishment of a Joint Collaborative Commissioning Committee for the six Yorkshire Coast and Humber CCGs.

2. BACKGROUND

2.1 The NHS England planning guidance 2016 - 2021 requires every local health and care system to develop a five year Sustainability and Transformation Plan. This is place-based and drives the five year forward view within localities.

2.2 The footprint of individual health and care systems is locally determined but it is influenced by a range of factors, including; natural communities, existing working relationships, patient flows and the scale needed to deliver services, transformation and public health programmes as well as best fit with other local footprints such as digital roadmaps and learning disability units of planning.

2.3 Initial consideration of a STP footprint for the Yorkshire Coast and Humber area reflected the emergence of larger scale collaboration and integrated planning in relation to the development Urgent and Emergency Care Networks (UECN), wider collaborative commissioning and local authority devolution. It also recognised that larger scale plans would to a great extent be a synthesis of smaller health and care community plans. The final footprint will be confirmed after the completion of the STP plan itself.

2.4 The Yorkshire Coast and Humber CCGs comprise:

- NHS Vale of York CCG;
- NHS Scarborough and Ryedale CCG;
- NHS East Riding of Yorkshire CCG;
- NHS Hull CCG;
- NHS North Lincolnshire CCG; and,
- NHS North East Lincolnshire CCG.

2.5 It is also noted that whilst NHS Harrogate and Rural CCG and NHS Hambleton, Richmond and Whitby CCG patient flows for acute care were more naturally aligned to the West Yorkshire and Teesside localities respectively, they also maintained interests on a diverse range of services within the Yorkshire Coast and Humber footprint and should therefore contribute to a wider planning construct on a service by service basis.

2.6 The senior officers and clinical leaders of the Yorkshire Coast and Humber CCGs met and agreed that there were compelling grounds for exploring formal collaborative commissioning arrangements at a scale consistent with the emerging STP footprint. Following consideration of the potential models available it was agreed that a Joint Collaborative Commissioning Committee was the preferred option.

3. INFORMATION

3.1 A Joint Collaborative Commissioning Committee carries collective responsibility for decision making and, on behalf of member CCGs, would have delegated authority such that majority decisions would apply. Decisions reached by the committee would bind the individual CCGs to the collective judgement, subject to the scope and limits of the committee's terms of reference.

3.2 The advantage of a joint committee over alternative options is that it facilitates effective and timely decision making, without the need to defer back to individual CCG's hierarchy for formal approval of decisions. This, in turn, also provides a single focal point in the event of legal challenge as opposed to all constituent members.

3.3 The following steps would be required to establish a joint committee:

i. The governing bodies of individual member CCGs will need to consider and approve the proposals as set out within this paper.

ii. Individual CCG's Constitutions will need to be checked to confirm that there is provision within each to allow delegation of "authority to act" to other groups or entities (such as joint committees).

iii. CCG Constitutions to be updated to include reference to the joint committee and schemes of delegation amended to set a common level of authority and to define the decisions within the remit of the joint committee.

iv. Amendments to CCG Constitutions to be approved by their respective Council of Members (as per Constitutional requirements) and submitted to NHS North of England for final approval.

v. A partnership agreement be drawn up and agreed between member CCGs which covers, amongst other things:

   a. How the parties will work together – principles, behaviours and shared values;
   b. The duties and responsibilities of the parties;
   c. How risks will be managed and apportioned between the parties; and,
   d. Financial arrangements, including, if applicable, financial payments towards a pooled fund;

3.4 Subject to the agreement to the proposal by the individual member CCGs, terms of reference would be established for the committee incorporating the following key aspects:

i. The *formal functions* of the committee;

ii. The *scope of service areas* to be considered: including,

   a. Major trauma;
   b. Emergency and urgent care;
   c. Cancer;

d. Specialised services path ways;
e. Stroke;
f. Vascular; and
g. Critical care.

In addition, the wider planning construct would also consider complex mental health and specialised commissioning transitions to CCGs.

iii. Linkages to other system-wide programmes of work such as the health and social care agenda and STP planning footprint should be articulated.

iv. *Membership* – to comprise equal representation from member CCGs, recommended for reasons of practicality to be up to three members per CCG giving a total membership of 18. These would be drawn across the spectrum of senior officer, clinical and lay members.

v. *Quorum* – the absolute number, and mix, of members needed to be in attendance in order for formal decisions to be made. This is typically set at 1/3 the full membership (6 members) but may wish to be set at a higher level

vi. Other practical arrangements such as voting, notice period for meetings and minimum distribution period for circulation of papers.

3.5 Consideration may also be given to the identification of support structure arrangements which can inform the decision making of the committee. This could include:

i. Programme Board;
ii. Clinical;
iii. Financial; and
iv. Patient / service user experience and formal public consultations.

The mobilisation of such arrangements could commence in parallel to the formal steps set out above to establish the joint committee.

4. RECOMMENDATIONS

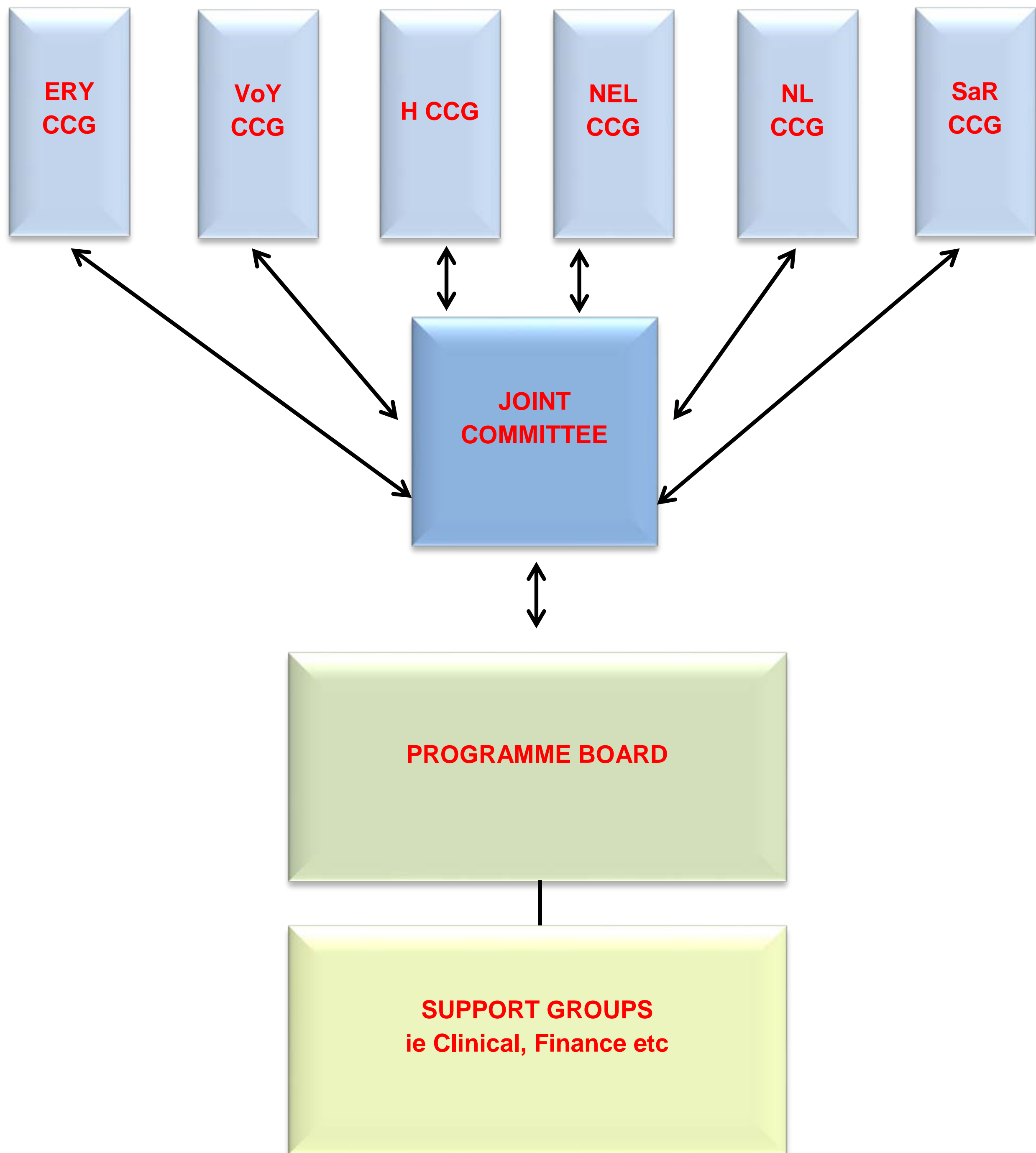
It is recommended that member CCGs:

a Submit for approval the proposed governance arrangements to their governing body for the establishment of a Yorkshire Coast and Humber CCG Joint Commissioning Committee.

b Commence the necessary governance steps to establish a joint committee, specifically updating their individual Constitutions and Schemes of Delegation.

c Confirm the timescale for which updated Constitutions (including Schemes of Delegation) must be submitted to NHS North of England for approval as well as the timescale for completion of other actions to establish the committee.

Appendix A – Draft structure



HUMBER AND NORTH YORKSHIRE CCG COMMISSIONING COLLABORATIVE

TERMS OF REFERENCE
(Version 2 – June 2014)

1. PURPOSE

The Humber and North Yorkshire CCG Commissioning Collaborative (HNYC) is directly accountable to the individual Clinical Commissioning Group (CCG) Governing Bodies and the NHS England (NHSE) Area Team for the planning, commissioning and procurement of commissioning related business across organisational boundaries and on larger footprints than single CCGs where:

- Where there is a benefit to collaborating on Commissioning 2 or more CCGs commission a single service
- A large number of CCGs commission a single service that is organised across a large geographical area
- Work together with a single provider to improve service configuration or value for money
- Collaborative commissioning between CCGs and NHSE, including the commissioning of primary care and specialised services.

The group is a working group meeting to:

- Enable multiple CCG commissioning where this is deemed by member CCGs to be the most efficient and effective method to commission services and
- Enable CCGs to work in the most efficient way in terms of capacity and share staff resources.
- Support the principle of co-commissioning with NHSE.
- Collaboration and sharing best practice on QIPP
- Ensuring Strategic Clinical Networks and Operational Delivery Networks are appropriately informed by commissioner and provider views
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The group will adhere to FOI regulations and consider FOI requests as received.

2. HNYC VALUES

We will:

- Be guided by the NHS Constitution and the ‘mandate’
- Place patients at the heart of all our decisions
- Seek to achieve the highest quality healthcare and reduce health inequalities for our population
- Empower our clinical leaders
- Take account of the different needs of local communities
- Seek evidenced based best practice.
- Respect difference, whilst seeking to build a collective approach
- Listen to others, share information, be transparent
- Embrace innovation & learn from best practice
- Seek to work cooperatively.

- Develop strong collaborative relationships with partners
- Above all, work to benefit the population of The Humber and North Yorkshire.

3. ACCOUNTABILITY

HNYC represents the interests of and is accountable to its members. It therefore reports to each organisation's Governing Body or equivalent.

4. MEMBERSHIP

The composition of the membership of HNYC is as follows:

- Chief Officer, or nominated representative, of each member CCG
- Director, or nominated representative, of the NHSE
- Director of Commissioning of the NHSE
- Head of Specialised commissioning for the NHSE
- Director, or nominated representative, Yorkshire and Humber Strategic Clinical Network
- Commissioning Support Unit Representative (as appropriate)
- Other members, e.g. Public Health advisors, may be invited by the Chair.

The CCGs represented will be:
NHS Hull CCG
NHS East Riding of Yorkshire CCG
NHS North Lincolnshire CCG
NHS North East Lincolnshire CTP/CCG
NHS Vale of York CCG
NHS Scarborough and Ryedale CCG
NHS Harrogate and Rural District CCG
NHS Hambleton, Richmondshire and Whitby CCG

Each CCG will nominate a Senior CCG Officer to be a member of the collaborative. Members can delegate named deputies. The Chair and Deputy arrangements of the Collaborative will be determined by the collective membership and will rotate on an annual basis. The Chairs organisation will provide administrative support for the period of tenure. The Personal Assistant will be responsible for ensuring records are stored appropriately. Other organisations representatives may be asked to attend for specific issues.

5. QUORUM

The quoracy for meetings of HNYC shall be:

- 4 out of the 8 member CCGs represented (as per named delegation);
- One member from NHS England

If a quorum has not been reached, then the meeting may proceed if those attending agree but any record of the meeting should be clearly indicated as notes rather than formal minutes, and no decisions may be taken by the non-quorate meeting of the Group.

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6. POWERS AND AUTHORITY

Each individual CCG remains accountable and responsible for decisions and actions. The Group will operate within the Scheme of Delegation, Standing Orders and Standing Financial Instructions of each individual CCG member. Each nominated officer will act within the delegated limits of their own CCGs Standing Financial Instructions (SFIs) when committing resources and/or making commissioning decisions.

The Group has the ability to develop sub groups as appropriate to support the conducted at these meetings and the decisions made by it.

It is not anticipated that HNYC will need a voting mechanism as the focus is on collaboration, the emphasis will be on consensus and collaboration rather than through voting. The group will make recommendations through its governance mechanisms recognising the sovereign rights of CCG members and the implications of individual decisions on collaborative members.

7. COLLECTIVE EVALUATION OF PERFORMANCE AND REVIEW

HNYC will review its effectiveness and efficiency in the discharge of its responsibilities and achievement of objectives annually. It will review these terms of reference annually as part of that review.

8. MANAGEMENT AND REPORTING

The Group will provide minutes and decision making summaries and copies of the annual work plan to the CCG member representatives to make available within their individual CCGs in accordance to their Scheme of Delegation.

The Group will receive the minutes or reports of the:

- Yorkshire and Humber Specialist Commissioning Group (SCG)
- Clinical Senates
- Yorkshire and Humber Strategic Clinical Network
- Other local collaborative forums on a larger footprint as from time to time will be determined e.g. NHS 111 local implementation Boards
- Children's Surgical Network
- Other Networks as they emerge

9. DISOLUTION OF CCG COLLABORATIVE ARRANGEMENTS

Members leaving the collaborative are simply asked to provide a minute from their CCG.

10. FREQUENCY OF MEETINGS

Monthly.

11. MINUTES

Minutes of the meeting will be circulated promptly to all members as soon as reasonably practical. The target date for issues is 5 working days from the date of the meeting.