

MEETING: Governing Body - Open Meeting

Item Number: 9.3

DATE: 25 March 2014

REPORT TITLE:	Healthier Together Committees in Common Revised Terms of Reference (Version 1.1)
REPORT AUTHOR:	Alex Heritage, Programme Director, Healthier Together Committees in Common
PRESENTED BY:	Dr Tim Dalton
RECOMMENDATIONS/DECISION REQUIRED:	To approve and advise Healthier Together Committees in Common
EXECUTIVE SUMMARY	
<p>The Governing Body is requested to approve the revised version of the Healthier Together Committees in Common Terms of Reference (Version 1.1). This version has been reviewed by Hempsons Solicitors and includes the amendment on page 3 as requested by Wigan Borough CCG at the last CiC meeting (26/02/14).</p>	
FURTHER ACTION REQUIRED:	Minutes showing approval to be made available for the Healthier Together Committees in Common.

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Version Control

Title	Terms of Reference for Greater Manchester Healthier Together Committees in Common (HTCiC)		
Author	Alex Heritage (Programme Director)		
Version	V 1.1		
Target Audience	Greater Manchester Clinical Commissioning Group Governing Bodies		
HTP Reference	HTP – 042		
Created - date	10 May 13		
Date of Issue	27 th February 2014		
Document Status	Final v1.1		
Description	Terms of Reference for Greater Manchester Healthier Together Committees in Common (HTCiC)		
File name and path	S:\Transformation\SERVTRAN\HealthierTogether\Boards&SubGrps\Committee in Common (HTCiC)\Terms of Reference		
Document History:			
Date	Version	Author	Notes
10-Dec-13	1.0	M. Dolan	Updated to take account of comments received and agreed at HTCiC meeting 18 November 2013 and subsequent comments from Lesley Mort (HMR CCG) and the Healthier Together Programme Team.
27-Feb-14	1.1	A. Heritage	Updated with amendments based upon proposal from Wigan Borough CCG and advice from Hempsons received at CiC 26 th February 2014.
Approved by:			These TOR were considered and approved by the HT CiC on:

NHS Greater Manchester Clinical Commissioning Groups Healthier Together Committees in Common (HTCiC)

Terms of Reference

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 Healthier Together Committees in Common functions.

1. Introduction

The Greater Manchester Clinical Commissioning Groups have established an association of them known as the Association of Greater Manchester Clinical Commissioning Groups (Association). The Association was established by an agreement dated 2nd April 2013 (Establishment Agreement).

The CCG members of the Association together with other CCGs who are listed in the table below as Voting Members (CCGs) have decided to work together on the Healthier Together programme. To this end, the Governing Body of each of the CCGs has agreed to establish a committee (known as a committee in common) which shall be responsible for Level B decision making in relation to the Healthier Together programme. The CCGs' committees in common shall be called the Healthier Together Committees in Common (HTCiC). Each HTCiC is comprised of one representative from each of the CCGs and its constitution; meeting arrangements etc... are set out in these terms of reference.

Healthier Together is one part of an overall public sector service transformation programme led by Greater Manchester Local Authorities and the NHS, alongside other partners. As defined within the Strategic Direction Case, the scope and focus of the Healthier Together hospital programme is:

- Urgent, Emergency & Acute Medicine;
- Emergency General Surgery;
- Children's and Women's Services.

In addition, it is recognised that there are key services that are interdependent with the above services which will be included *to the extent of their dependency*, within the final Model of Care (Hospital Services):

- Anaesthetic Services;
- Critical Care;
- Neonatal Services; and Clinical Support Services (e.g. Diagnostics).

Furthermore, programme documentation will also describe the enabling changes in local 'Out of Hospital' services that will need to take place before changes to hospital services are made.

Each HTCiC 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 Healthier Together programme, which will involve public consultation and which have not already or will not be consulted on as part of a separate process.

2. Establishment

The CCG's Governing Body has agreed to establish and constitute a committee with these terms of reference to be known as the HTCiC.

3. Functions of the Committee:

- Agree the planning assumptions that will be used to underpin financial, workforce, access and activity modelling as part of the option development process.
- Develop potential models of care for future healthcare provision for consultation.
- Determine the method and scope of the consultation process.
- Make any necessary decisions arising from a Pre-Consultation Business Case (and the decision to go run a formal consultation process).
- Approve the Consultation Plan and any further pre-consultation engagement processes to be carried out before the formal consultation process.
- Approve the text and issue of the Consultation Document.
- Liaise with the relevant Local Authority about the process.
- Take or arrange for all necessary steps to be taken to enable the CCG to comply with its public sector equality duties in relation to the consultation.
- Determine the mechanism by which, following the completion of the consultation process, any decision about service change will be made that takes into account all of the representations received in response to the consultation and specifically any recommendations made by any of the health service bodies involved in the consultation and any recommendations received from the public, any Overview and Scrutiny Committee, any Council executive, any local Health watch organisation or any other relevant organisations'.
- Approve the formal report on the outcome of the consultation that incorporates all of the representations received in response to the consultation document in order to reach a decision.
- Make decisions to satisfy any legal requirements associated with consulting the public and making decisions arising from it.

In discharging its responsibilities the HTCiC will also:

- Oversee the development of proposals for the range, scale and location of healthcare services as models, options and proposals are developed.
- Ensure that the redesign process identifies those areas that require formal public consultation¹.
- Ensure that the redesign process identifies any proposal for a substantial development of the health service in the area of the relevant local authority or any substantial variation in the provision of such service that will trigger the requirement for the CCG to consult with the relevant local authority².
- Receive and or review recommendations from the Healthier Together Steering Group and decide on a model for future healthcare provision that is safe, sustainable and financially viable.
- Oversee stakeholder engagement and consultation on those areas of service change that will impact on service users.

4. Category 1 and Category 2 decisions

The following decisions of the HTCiC shall be Category 1 decisions:

- i. The decision to approve the model of care and proceed to consultation;
- ii. To endorse the Pre-Consultation Business Case and Consultation document;
- iii. To reach a decision after Consultation on the preferred option;

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

5. Membership

The HTCiC will be chaired by a Non-voting Independent Chair.

The voting members of the HTCiC shall comprise one Governing Body member from each of the CCGs.

Each CCG's nominated Governing Body member is listed in the table **overleaf** ("HTCiC Member").

Membership of the committee will combine both Voting and Non-voting members. Non-voting members of the Committee represent other functions/parties/organisation or stakeholders who are involved in the programme and will provide support and advise the voting members on any proposals.

¹ 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.

² 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.

Independent Chair – Philip Watson CBE

Voting Members				
	Organisation	Member Nomination	Title	Remarks
1	NHS Bolton CCG	Dr. Wirin Bhatiani	CCG Chair	
2	NHS Bury CCG	Dr. Kiran Patel	CCG Chair	
3	NHS Central Manchester CCG	Dr. Mike Eeckelaers	CCG Chair	
4	NHS Heywood, Middleton and Rochdale CCG	Dr. Chris Duffy	CCG Chair	
5	NHS North Manchester CCG	Dr. Martin Whiting	CCG Clinical Accountable Officer	
6	NHS Oldham CCG	Dr. Ian Wilkinson	CCG Clinical Accountable Officer	
7	NHS Salford CCG	Dr. Paul Bishop	Neighbourhood Clinical Lead	
8	NHS South Manchester CCG	Dr. Bill Tamkin	CCG Chair	
9	NHS Stockport CCG	Dr. Ranjit Gill	CCG Clinical Accountable Officer	
10	NHS Tameside and Glossop CCG	Dr. Alan Dow	CCG Chair	
11	NHS Trafford CCG	Dr. Nigel Guest	CCG Clinical Accountable Officer	
12	NHS Wigan Borough CCG	Dr Tim Dalton	Clinical Chair	
Non - Voting Members				
1	HT Lead CCG and Senior Responsible Officer	Ian Williamson	COO Central Manchester CCG	
2	Greater Manchester Association of Clinical Commissioning Groups	Hamish Steadman	Chair	
3	Greater Manchester Service Transformation	Leila Williams	Director of Service Transformation	
4	AGMA Representative	Steven Pleasant	Lead Local Authority Chief Executive for Health	Geoff Little is nominated deputy
5	Chair of the External Reference Group	Vacant		
6	Greater Manchester Service Transformation	Alex Heritage	Programme Director	
7	NHS Eastern Cheshire CCG	Dr Jacki Wilkes	Chief Officer	
8	NHS East Lancashire CCG	Dr Peter Williams	GP	

9	NHS North Derbyshire CCG	Dr Debbie Austin	Governing Body GP	
10	NHS Warrington CCG	Dr Andrew Davies	Chair CCG	
In Attendance - As Required				
	Organisation	Name	Title	Remarks
1	GM Provider Chief Executive Representatives from HT Provider Reference Group	TBC	TBC	
2	Chair of the Clinical Reference Group	Dr Chris Brookes	Medical Director Healthier Together	
3	Chair of the Finance and Estates Group	Joanne Newton	Chief Financial Officer Central Manchester CCG	

Four neighbouring CCGs have been engaged to participate as non-voting members see above.

6. Deputies

The individual named in the table below (who is a Governing Body member) may deputise for the HTC Member appointed by its CCG at meetings of the HTCiC:

The table of individuals authorised by the CCGs to deputise for their representatives is shown below:

	Organisation	Deputy Nomination	Title
1	NHS Bolton CCG	Susan Long	CCG Chief Officer
2	NHS Bury CCG	Stuart North	CCG Chief Officer
3	NHS Central Manchester CCG	Ian Williamson	CCG Chief Officer
4	NHS Heywood, Middleton and Rochdale CCG	Lesley Mort	CCG Chief Officer
5	NHS North Manchester CCG	Simon Wootton	CCG Chief Operating Officer
6	NHS Oldham CCG	Denis Gizzi	CCG Managing Director
7	NHS Salford CCG	Steve Dixon	Chief Finance Officer
8	NHS South Manchester CCG	Caroline Kurzeja	CCG Chief Officer
9	NHS Stockport CCG	Gaynor Mullins Dr Vicci Owen-Smith	CCG Chief Operating Officer Clinical Director for Public Health
10	NHS Tameside and Glossop CCG	Steve Allinson	CCG Chief Officer
11	NHS Trafford CCG	Gina Lawrence	Director of Commissioning and Operations / Chief Operating Officer

	Organisation	Deputy Nomination	Title
12	NHS Wigan Borough CCG	Trish Anderson	CCG Chief Officer

Any other individual may deputise for any HTCiC Member provided that the relevant CCG has sent a completed authorisation form (Appendix 4 to the Establishment Agreement for the Association of GM CCG) in respect of such individual's attendance at the meeting to the Chair of the HTCiC to arrive no later than the day before the relevant meeting. Any individual so authorised must be a member of the CCG's Governing Body.

7. Meetings

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

Meetings of the HTCiC shall be open to the public unless the HTCiC 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. A protocol for public meetings is included at Appendix A.

8. Quorum

The quorum for a meeting of the HTCiC shall be:

- For a meeting at which a Category 1 decision will be made, all of the voting members of the HTCiC must be in attendance or able to participate virtually by using video or telephone or web link or other live and uninterrupted conferencing facilities.
- For a meeting at which no Category 1 decisions will be made, as close to 75% (in terms of whole numbers) of the voting members of the HTCiC (therefore 9 out of 12) are required to be in attendance or able to participate virtually by using video or telephone or web link or other live and uninterrupted conferencing facilities.

9. Attendees

The Chair of the HTCiC 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 HTCiC shall not count towards the quorum or have the right to vote at such meetings.

10. Attendance at meetings

Members of the committee may participate in meetings in person or virtually by using video or telephone or web link or other live and uninterrupted conferencing facilities.

11. Voting

For Category 1 decisions, a majority vote would require the support of as close to 75% (in terms of whole numbers; therefore 9) of the total number of voting members at any given time.

Assuming that any meeting is quorate for Category 2 decisions, the support of as close to 75% (in terms of whole numbers, see Appendix B) of CCG voting members participating in the respective decision would be required for it to be agreed.

12. Administrative

Support for the HTCiC will be provided by the Healthier Together Programme Team.

Papers for each meeting will be sent to HTCiC 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.

Appendix A

Protocol for Public Meetings

1. Introduction

Meetings of the HTCiC shall be open to the public unless the HTCiC 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 public meeting.

The purpose of this protocol is to provide guidance on the preparation and running of any public meeting arranged by the Healthier Together Programme Team.

2. Preparation for a Public Meeting

Before a public meeting is called, the agenda and arrangements for the meeting should be agreed with the Independent Chair of the HTCiC and consulted upon with HTCiC members at a proceeding meeting.

The costs of holding public meetings will be met from the Healthier Together Programme budget.

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

- **Objectives/purpose.** All Category 1 decisions should be taken at public meetings of the HTCiC.
- **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 HTCiC, 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 HTCiC will be required to publicise the event as follows:
 - The Healthier Together website (by HT Programme Team)
 - All CCG member websites and in the normal places where local CCG Governing Board meetings are publicised (by CCG's).
 - Through key stakeholder groups to be identified when the agenda for the meeting is set (by HT Programme Team and CCGs where applicable).
- **Chairing arrangements.** Public meetings will be formally chaired by the appointed Independent 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 HTCiC will publish the agendas (only) for all public meetings two weeks in advance of the meeting taking place on the Healthier Together website. Unless otherwise directed by the HTCiC, Members will receive papers for public meetings 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 understandable 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 a chance – 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?

Appendix B

Quoracy & Voting for Category 2 Decisions

Quorate

For a meeting at which no Category 1 decisions will be made, as close to 75% (in terms of whole numbers) of the voting members of the HTCiC (therefore 9 out of 12) are required to be in attendance or able to participate virtually by using video or telephone or web link or other live and uninterrupted conferencing facilities.

Voting

Assuming that any meeting is quorate for Category 2 decisions, the support of as close to 75% (in terms of whole numbers) of CCG voting members participating in the respective decision would be required for it to be agreed.

As a minimum of 9 CCG voting members are required to participate in a Category 2 decision the following rules apply.

<i>Number of Voting Members Participating In the Category 2 Decision</i>	<i>Number of Votes Required to Support Decision</i>
12	9
11	8
10	8
9	7

Document History Version Control

Date	Version	Author	Note
10-May-13	0.1	J Martin	Draft Terms of Reference created
21-May-13	0.2	Hempsons	Amendments to v0.1
22-May-13	0.3	J Martin	Formatting amendments
29-May-13	0.4	J Martin	Hempsons comments/CCG Workshop 22 May 2013
31-May-13	0.5	Hempsons	Amendments to v0.4
10-Jun-13	0.6	J Martin	Neighbouring CCGs added
21-Jun-13	0.7	J Martin	Voting and quorate arrangements included
05-Jul-13	0.8	J Martin	Voting and majority voting arrangement amended following AGG Meeting 2 July 2013
01-Aug-13	0.8	S Livesey	Following email 31 July 2013 - T&G Dr. Dow now nominated member, S Allinson now deputy
08-Aug-13	0.9	J Martin	Change to status of any non-GM CCGs to that of non-voting members
13-Nov-13	0.10	M Dolan	Updated to take account of comments received and agreed at HTCIC meeting 16 and 30 October 2013.

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