

27.07.15

**South East London Clinical Commissioning Groups
Establishment Agreement for a Committee in Common for the Purpose of
Strategic Decision Making**

**Establishment
Agreement**

Preamble

1. The Clinical Strategy Committee of the six Clinical Commissioning Groups (CCGs) in south east London (Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark) agreed at its meeting on January 2015 to propose the establishment of a Committee in Common for the purpose of strategic decision making, with particular reference to Our Healthier South East London, the joint commissioning strategy, or any successor strategy as agreed by the CCGs. The governing body of each of the CCGs has resolved to participate (through its nominated members) in a committee to be known as the Committee in Common for Strategic Decision Making. This Agreement sets out the membership and terms of reference for the Committee in Common for Strategic Decision Making, which is a prime committee of each CCG's Governing Body.

Statutory Framework

2. Under paragraph 3(3) of Schedule 1A of the National Health Service Act 2006 (inserted by the Health and Social Care Act 2012) CCGs' constitutions may provide for their functions to be exercised by any members or employees of the CCG. Each of the CCGs provides in its constitution that its functions in relation to decisions taken on its behalf at meetings of the Committee in Common are delegated to the majority of such of its members of the committee as attend the meeting of the committee at which the relevant decision is taken and vote on the decision, provided further that to be binding on a CCG the decision must be unanimously agreed by all of the CCGs and, if represented by voting members on the committee at that time, NHS England.

Role of Committee in Common

3. In autumn 2013 the South East London CCGs and NHS London established a commissioning strategy programme to address the health needs and inequalities in south east London and to develop proposals for improved services across south east London which are both clinical and financially viable, and sustainable. Since then, the *Our Healthier South East London* programme has worked with clinicians, local authority colleagues, patients and the public, and other stakeholders to develop proposals for improved services which are both clinically and financially viable and sustainable. The role of the Committee in Common is to take decisions on behalf of the CCGs as set out below. Such decisions will be taken by the representatives of each CCG on behalf of their individual CCG and will be taken only after consideration of the issues by the CCG Governing Body and the engagement of the CCG membership.

Functions of the Committee:

4. The Committee in Common will perform the functions delegated to its members by their CCGs in relation to any healthcare service changes (either in hospital or out of hospital) proposed as part of the *Our Healthier South East London* programme or

subsequent programmes, as agreed by the CCGs, which involve public consultation and which have not already or will not be consulted on as part of a separate process. At meetings of the committee, the members representing each participating CCG and, if it wishes to participate and has voting members at that time, NHS England, will (on behalf of the organisation they represent):

- Agree the planning assumptions that will be used to underpin financial, workforce, access and activity modelling as part of the option selection process.
- Agree the processes by which the Decision Making Business Case will be developed and tested
- Endorse the Decision Making Business Case.
- Make any necessary decisions arising from the Decision Making Business Case.
- Liaise with the relevant Local Authorities about the process.
- Take or arrange for all necessary steps to be taken to enable the CCGs to comply with their public sector equality duties in relation to the responsibilities of the committee, including any consultation.
- Take or arrange for all necessary steps to be taken to enable the CCGs to comply with their duties in relation to the quality of health care provision in relation to the responsibilities of the committee.
- 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 their responsibilities the members of the Committee in Common 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 consultation
- 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 authority
- Receive and or review recommendations from the Clinical Commissioning Board for Our Healthier South East London 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.

Geographical Coverage

5. The Committee in Common will comprise the relevant CCGs in south east London (Bexley, Bromley, Greenwich, Lambeth, Lewisham, Southwark), together with other CCGs for whose populations the proposals may amount to a substantial change or development in services and, if appropriate, NHS England as a commissioner of relevant services, if in either case they wish to participate in the committee.

Membership

6. The Committee in Common shall consist of:
 - a) An independent chair, who will not be a voting member
 - b) Three governing body members from each participating CCG, who will be appointed by the governing body and who will be voting members
 - c) Up to three members from NHS England (if it wishes to participate in the committee), who may be voting members

Where a member of the committee is unable to attend a meeting, they may nominate as their deputy another member of the governing body of their CCG, who will be a voting member of the committee in common.

The committee will also include a number of non-voting members, to reflect the partnership approach of the programme, who may include representation from providers, local authorities, Healthwatch and the programme's Public and Patient Advisory Group.

Procedure

7. The Committee in Common shall adopt the Standing Orders relating to the conduct of meetings, agendas and declaration of interest, of Southwark CCG, save that for a meeting to be quorate there must be present at least two members from each participating CCG and, if NHS England are participating, at least one member from NHS England. The Committee in Common will meet in public except where the committee resolves to exclude the public on grounds of the confidential nature of the business to be discussed, in the interests of public order or because the committee considers that it would otherwise not be in the public interest for the public to be admitted to all or part of a meeting.
8. For a decision to be taken it must be unanimously agreed by all of the CCGs and (if it has voting members on the committee at that time) NHS England (in each case, a "participating organisation") in accordance with the delegated authority referred to in paragraph 2 above. Each participating organisation takes its decision by a majority vote of those of its committee members that are present and voting at the committee meeting at which the decision is taken.
9. The Committee in Common will make decisions on the issues being consulted on, taking proper account of all the consultation responses and all other relevant matters;
10. The decisions of a CCG's representatives taken at the Committee in Common shall be binding on that CCG by virtue of the delegated authority referred to in paragraph 2 above.

Administration

12. Support for the Committee will be provided by the Our Healthier South East London Programme Team. Papers for each meeting will be sent to Committee 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.

Caroline Taylor
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