NHS
Bury
Clinical Commissioning Group

Meeting: Governing Body			
Meeting Date	26 September 2018	**Action**	Approve
Item No.	9	**Confidential**	No
Title	Establishing the Joint Commissioning Board (JCB) as a Joint Committee		
Presented By	Stuart North, Chief Officer		
Author	Emma Kennett, Corporate Affairs and Governance Manager		
Clinical Lead	-		

Executive Summary

The attached paper was considered by the Greater Manchester Joint Commissioning Board (JCB) on the 18th September 2018 in order to facilitate approval of the process for the JCB to be formally established as a Joint Committee to be capable of making appropriately delegated decisions.

This paper is therefore seeking approval from the Governing Body to the constitution of the JCB as a formal joint committee. It can be noted that this will become the forum for joint decision making by CCGs, Local Authorities and the Greater Manchester Health & Care Partnership. This will be for decisions:

- Already delegated from NHS England to the Chief Officer of GMH&SCP, such as specialised commissioning.
- Delegated from GM commissioning organisations through formal agreement.

Recommendations

It is recommended that the Governing Body:

(I) Supports the formation of a joint committee of the CCG with the nine other clinical commissioning groups in Greater Manchester in accordance with its powers under section 14Z3 of the National Health Service Act 2006 (the Joint Commissioning Board);

(II) Approves the terms of reference of the Joint Commissioning Board as set out in the appendix to this paper.

(iii) Formally approves the delegations as described in sections 3.3 and 3.4 of the above named Terms of Reference.

Links to CCG Strategic Objectives	
To encourage people so that they want to, and do, take responsibility for their own health and well-being.	☐
To drive and support system wide transformation.	☐

To commission joined-up health and social care for people in Bury through a Single Commissioning Framework.	☐
To achieve financial sustainability for the Bury health and social care economy.	☐
To support the Locality Care Alliance to deliver high quality services in line with commissioner intentions.	☐
To be a high-performing, well-run and respected organisation with an empowered workforce	☒
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:	
GBAF *n/a*	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	☐	No	☐	N/A	☒
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	☐	No	☐	N/A	☒
Have any departments/organisations who will be affected been consulted ?	Yes	☐	No	☐	N/A	☒
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☐	N/A	☒
Are there any financial Implications?	Yes	☐	No	☐	N/A	☒
Has a Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☐	N/A	☒
Is a Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☐	N/A	☒
Are there any associated risks including Conflicts of Interest?	Yes	☐	No	☐	N/A	☒
Are the risks on the CCG's risk register?	Yes	☐	No	☐	N/A	☒

N/A

Governance and Reporting		
Meeting	**Date**	**Outcome**
JCB	18/09/2018	Requested that CCG Boards consider and approve the resolution and Terms of Reference prior to the JCB on the 17th October 2018.

Greater Manchester Joint Commissioning Board

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Date: 18 September 2018

Subject: Establishment of the JCB as a Joint Committee

Report of: Rob Bellingham, Interim Managing Director, GM Health and Care Commissioning

Liz Treacy, GMCA Solicitor and Monitoring Officer

PURPOSE OF REPORT:

The report follows on from the paper discussed at last month's JCB meeting, attempting to address the issues raised and therefore facilitate approval of the process for the JCB to be formally established as a Joint Committee, capable of making appropriately delegated decisions.

Following feedback, the JCB Terms of Reference have been amended and the revised version is attached and we trust this now forms a robust basis upon which to carry out the necessary local engagement with each of the CCG Governing Bodies to facilitate final sign off at the October JCB meeting.

To support the necessary engagement taking place at locality level, a presentation summarising this paper and Frequently Asked Questions (FAQs) have been produced and were circulated to localities following the last JCB meeting. For ease of reference, they have been attached to this paper for information.

As previously indicated, the authors of this paper will make themselves available to support local engagement processes as required.

RECOMMENDATIONS:

The GMHSC Partnership Joint Commissioning Board is asked to:

1. Ensure that the necessary engagement takes place to ensure that the local CCG Boards can approve the resolution and Terms of Reference prior to the 17 October JCB meeting

2. Note the attached presentation and Frequently Asked Questions to support local engagement

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GREATER MANCHESTER HEALTH AND SOCIAL CARE PARTNERSHIP

Terms of Reference of the Joint Commissioning Board

Version control

Version	Author	Date
001	Hempsons	28 May 2018
002	Hempsons	29 June 2018
003	Hempsons	3 July 2018
004	Hempsons	12 July 2018
005	Hempsons	13 July 2018
006	RB/ LT suggested amends for JCB consideration	14 August 2018
007	RB/LT suggested amends for JCB consideration to section 3.4.	6 September 2018
008	RB/LT suggested amends for JCB consideration to section 17.1, 4.1.3, 13.9	11 September 2018

1. AUTHORITY

1.1. The Joint Commissioning Board (JCB) has been established as a joint committee of the following Clinical Commissioning Groups (CCGs):

1.1.1. NHS Bolton Clinical Commissioning Group

1.1.2. NHS Bury Clinical Commissioning Group

1.1.3. NHS Manchester Clinical Commissioning Group

1.1.4. NHS Oldham Clinical Commissioning Group

1.1.5. NHS Heywood, Middleton and Rochdale Clinical Commissioning Group

1.1.6. NHS Salford Clinical Commissioning Group

1.1.7. NHS Stockport Clinical Commissioning Group

1.1.8. NHS Tameside and Glossop Clinical Commissioning Group

1.1.9. NHS Trafford Clinical Commissioning Group

1.1.10. NHS Wigan Borough Clinical Commissioning Group

pursuant to the powers to form joint committees contained in section 14Z3 of the National Health Service Act 2006. The CCGs have agreed to work together collaboratively on certain matters as set out in these Terms of Reference.

1.2. Each CCG's constitution provides that its Governing Body may establish a committee of the CCG whose members may consist of or include persons other than members or employees of the CCG.

1.3. The CCGs have each agreed to adopt these terms of reference in the same form for the purpose and objectives set out below but they intend that in the future they will agree more fully inclusive terms of reference for a Joint Committee which will have delegated decision-making powers for local authority and NHS commissioning.

2. PURPOSE AND OBJECTIVES

2.1. The Joint Commissioning Board (JCB) is the forum for collective commissioning / decommissioning decision making.

2.2. The JCB will have oversight of commissioning undertaken on a GM footprint.

2.3. The JCB will provide strategic input into commissioning decisions made by commissioning organisations in GM.

3. RESPONSIBILITIES

3.1. The JCB will oversee the work of the Commissioning Hub.

3.1.1. The JCB will agree the scope of work to be undertaken by the Commissioning Hub.

3.1.2. Before approving a piece of work, JCB will ensure that:

3.1.2.1. there is an agreed common vision or model for a new, or reduced, or decommissioned service

3.1.2.2. that the required investment or disinvestment is available or agreed in principle

3.1.2.3. that the Hub has access to sufficient capacity to do the work

3.1.3. Project timescales will be agreed and implementation progress monitored through the JCB.

3.2. The CCGs may delegate commissioning to the JCB where they consider it is appropriate to commission GM wide services together.

3.3. In particular each of the CCGs delegates to the JCB responsibility for the oversight and decision making processes relating to the programme known as "Theme 3" of the Greater Manchester 5 year plan *Taking Charge*. Theme 3 is a programme defined as "Standardising Acute & Specialist Care" and is described as, "The creation of "single shared services" for acute services and specialist services to deliver improvements in patient outcomes and productivity, through the establishment of consistent and best practice specifications that decrease variation in care; enabled by the standardisation of information management and technology.

3.4 The delegations described in these Terms of Reference relate only to the process up to and including the decisions to agree the preferred option for the configuration of the services listed below. The scope of the decisions to be delegated for Theme 3 is decisions on GM wide acute hospital care standards and reconfiguration in the following specialties: -

- Paediatrics (including specialised children's services),
- Respiratory and cardiology
- Benign urology
- MSK and orthopaedics

- Breast services
- Neuro-rehabilitation
- Vascular
- A&E, Acute Medicine and General Surgery (Healthier Together)
- OG cancer
- Urology cancer.

3.5 Each of the CCGs expressly withdraws any previous delegation of functions that it may have granted in relation to Theme 3 services, as they relate to any of the decisions delegated to the JCB.

4. MEMBERSHIP

4.1.The membership of the JCB (JCB members) shall be:

4.1.1. Up to three representatives for each of the following localities:

4.1.1.1. Bolton Locality comprised of NHS Bolton Clinical Commissioning Group and Bolton Council

4.1.1.2. Bury Locality comprised of NHS Bury Clinical Commissioning Group and Bury Council

4.1.1.3. City of Manchester Locality comprised of NHS Manchester Clinical Commissioning Group and Manchester City Council

4.1.1.4. Oldham Locality comprised of NHS Oldham Clinical Commissioning Group and Oldham Council

4.1.1.5. Rochdale Locality comprised of NHS Heywood, Middleton and Rochdale Clinical Commissioning Group and Rochdale Borough Council

4.1.1.6. Salford Locality comprised of NHS Salford Clinical Commissioning Group and Salford City Council

4.1.1.7. Stockport Locality comprised of NHS Stockport Clinical Commissioning Group and Stockport Council

4.1.1.8. Tameside Locality comprised of NHS Tameside and Glossop Clinical Commissioning Group and Tameside Metropolitan Borough Council

4.1.1.9. Trafford Locality comprised of NHS Trafford Clinical Commissioning Group and Trafford Council

4.1.1.10. Wigan Locality comprised of NHS Wigan Borough Clinical Commissioning Group and Wigan Council

4.1.2. The Chief Executive for the time being of Greater Manchester Combined Authority (GMCA); and

4.1.3. The Chief Officer for the time being of Greater Manchester Health and Social Care Partnership (GMHSCP), acting in their capacity as an Officer of NHS England

4.2. Each locality will appoint its representatives, with the ability to nominate a clinician, elected member and senior officer.

4.3. Commissioning decisions on behalf of NHS England will be taken in parallel through the existing delegation to the Chief Officer of the Greater Manchester Health and Social Care Partnership. These Terms of Reference have no impact or suggest no amendment to this delegation.

5. DEPUTIES

5.1. An individual may deputise for a JCB member provided that the relevant CCG or local authority or NHS England has given written notice of the deputy's attendance at the meeting to the Chair to arrive no later than the day before the relevant meeting (or within such shorter period before the meeting as the Chair may in his or her sole discretion decide).

5.2. Any deputy for a JCB member must be a member of the relevant CCG's Governing Body or an officer or member of the relevant local authority. Deputies should be drawn from the same discipline as that of the member for whom they are deputising, eg a deputy for a clinical member would be expected to be another clinician etc. Any deputy for the NHSE England JCB member must be an officer of NHS England.

6. CO-CHAIRS

6.1. Two JCB members shall be Co-Chairs of the JCB.

6.2. One of the Co-Chairs shall be a JCB member who is a GP (GP Co-Chair) and the other shall be a JCB member who is an elected member or officer of a local authority (LA Co-Chair).

6.3. JCB members can put themselves forward as candidates for the role of GP Co-Chair in line with the requirements set out in 6.2 above. If there is more than one valid

candidate to be GP Co-Chair, an election will be held using a single transferrable vote system under which:

6.3.1. each locality shall have one vote,

6.3.2. the least supported candidate shall be eliminated and second/third preference votes shall be assigned to the remaining candidates until one candidate has at least six votes.

6.4. The CCG from which the GP Co-Chair comes will be reimbursed to the value of two clinical sessions per week.

6.5. JCB members can put themselves forward as candidates for the role of LA Co-Chair. If there is more than one valid candidate to be LA Co-Chair, an election will be held using a single transferrable vote system under which:

6.5.1. each locality shall have one vote, and

6.5.2. the least supported candidate shall be eliminated and second/third preference votes shall be assigned to the remaining candidates until one candidate has at least six votes.

7. APPOINTMENT OF THE VICE-CHAIRS

7.1. Two of the JCB members shall be Vice-Chairs of the JCB. One of the Vice-Chairs shall be a JCB member who is a GP and the other shall be a JCB member who is an officer or elected member of the local authority that nominated him or her.

7.2. The Vice-Chairs shall be elected using a single transferrable vote process that is equivalent to the process used for the election of the Co-Chair. Their elections will be progressed once the Co-Chair have been elected so a geographic spread across the localities can be achieved if this is thought desirable.

7.3. The Vice-Chairs must not be from the same localities as the Co-Chairs or each other.

8. TERMS OF OFFICE OF THE CO-CHAIRS AND VICE-CHAIRS

8.1. The initial Co-Chairs and Vice-Chairs of the JCB shall serve annual terms of office for the duration of each financial year subject to re-elections (if any) held in accordance with paragraph 6.2.

8.2. In January each year views will be sought as to whether there should be a change of one or both Co-Chairs or one or both Vice-Chairs for the next financial year. If any post is requested in writing, by 31 January, to be re-appointed to by at least three quarters of the members of the JCB then an appointment/election will be held. The existing role holders may stand for re-election.

8.3. If a Co-Chair or a Vice-Chair of the JCB ceases to hold their relevant role that qualifies them for membership of the JCB then they will cease to be a Co-Chair or Vice-Chair.

9. SUBCOMMITTEES

9.1. The JCB may appoint and subdelegate to such subcommittees as it considers to be appropriate.

9.2. Members of a subcommittee may comprise or include persons who are not members of the JCB.

10. BUSINESS TO BE UNDERTAKEN BY THE JCB AND THE JCB EXECUTIVE

10.1. All business undertaken by the JCB and the JCB Executive team shall be categorised as Level A business or Level B business in accordance with this paragraph 10.

10.2. The JCB shall appoint an JCB Executive to undertake Level A business which shall include all business that the JCB has not identified as Level B business but for the avoidance of doubt the JCB Executive does not have delegated decision-making authority on behalf of the CCGs or JCB.

10.3. The JCB shall undertake all business that it has identified as Level B business. It will use the following criteria to assess whether an issue is Level B business.

10.3.1. the issue cannot be implemented by the harmonised actions of individual CCGs; and/or

10.3.2. a proposal cannot be implemented unless it is implemented on a Greater Manchester wide basis; and/or

10.3.3. to avoid potential legal challenge it is necessary that the issue is categorised as Level B business.

10.4. Items/papers submitted to the JCB, the JCB Executive or any subcommittee it may establish will make explicit whether they are Level A business or Level B business.

10.5. Level A decisions will be implemented through the coordinated implementation actions of individual CCGs. For the avoidance of doubt, if any CCG does not agree with any Level A decision made by the JCB, it shall not be required to implement any such decision.

10.6. The JCB, the JCB Executive and any subcommittee of the JCB shall take account of the commissioning intentions of all of the CCGs in discharging their delegated functions.

11. MEETINGS OF THE JCB

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

11.2. Meetings of the JCB shall be open to the public unless the JCB 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.

11.3. The Co-Chairs of the JCB shall each chair alternate meetings of the JCB or in their absence one of the Vice Chairs whom the meeting agrees by simple majority to chair the meeting (or in the event of a tied vote the Vice Chairs shall draw lots as to which of them shall chair the meeting).

11.4. Members may participate in meetings in person or virtually by using video or telephone or weblink or other live and uninterrupted conferencing facilities.

11.5. When appropriate and at the discretion of the Co-Chair who is chairing the meeting (or in their absence one of the Vice Chairs who is chairing the meeting) individuals from other organisations may attend meetings of the JCB but will not be members of the JCB and shall not have a vote.

12. QUORUM FOR JCB MEETINGS

12.1. A meeting of the JCB shall be quorate if at least one representative from each locality and the GMCA and GMHSCP representatives are present.

13. VOTING AT JCB MEETINGS

13.1. Each group of locality members who are present at a meeting of the JCB shall jointly exercise a single vote. If they do not agree how to cast their vote then they shall not be entitled to vote at all. If one but not all of the locality members is present at a JCB meeting, then the one present shall vote on behalf of all of them. For clarity, it will normally be the officer member of the JCB, who casts the vote on behalf of the locality and in their absence, another nominated member.

13.2. It is the intention of the participant organisations to value the (possibly) differing views of individuals and individual commissioners and to work by consensus.

However there may be occasions when it important to be absolutely clear about the view of the JCB.

13.3. Therefore at any meeting of the JCB a resolution put to the vote of the meeting shall be decided on a show of hands unless a poll is (before or on the declaration of the result of the show of hands) demanded, either:

13.3.1. by the Chair of the JCB; or

13.3.2. by at least nine members present in person at a meeting of the JCB.

13.4. Unless a poll is demanded then a declaration by the Chair that a resolution has, on a show of hands, been carried unanimously or by a majority, or lost, shall be made and an entry to that effect in the minutes of the proceedings of the JCB shall be conclusive evidence of the fact without proof of the number or proportion of the votes recorded in favour or against such resolution. The demand for a poll may be withdrawn.

13.5. If a poll is duly demanded then it shall be taken in such a manner as the Chair directs and the result of the poll shall be deemed to be the resolution of the meeting and an entry to that effect in the minutes of the proceedings of the JCB shall be conclusive evidence of the fact without proof of the number or proportion of the votes recorded in favour or against such resolution.

13.6. In the case of an equality of votes whether on a show of hands or on a poll the Chair (or in his or her absence one of the Vice Chairs who is chairing the meeting) at which the show of hands takes place or at which the poll is demanded shall be entitled to a second or casting vote.

13.7. Level B decisions of the JCB, (see section 10 above), will be binding on the CCGs if there are not less than seven votes in favour of it. Decisions relating to the "Theme 3" programme, (see section 3.3 above will be Level B decisions).

13.8. NHS England reserves a proportionate ability for NHS England to notify the JCB where an item due for consideration could have significant ramifications for NHS England, eg proposed spending beyond existing budget(s); or potential and significant adverse implications for communities beyond Greater Manchester.

13.9. To allow appropriate positions to be reached in terms of exercising locality votes and to support the production of a clear audit trail, papers will be made available setting out the relevant professional advice and recommendations.

14. MEETINGS OF THE JCB EXECUTIVE

14.1. The JCB Executive shall meet in any month when the JCB does not meet unless the Co-Chairs decide that a meeting is unnecessary.

14.2. The JCB shall approve terms of reference for the JCB Executive.

15. STANDARDS OF BUSINESS CONDUCT AND CONFLICTS OF INTEREST

15.1. The standards of business conduct and procedures for managing conflicts of interest which are set out in the CCGs' respective Constitutions and conflict of interest policies will apply to the JCB and the JCB Executive Team.

16. DISPUTE RESOLUTION

16.1. In the event of dispute a dispute resolution process will be implemented. The focus of this process will be threefold: to understand why dispute has occurred; to determine/understand the potential implications of the dispute; and to resolve where possible.

16.2. Where appropriate disputes will be resolved at place level. Where disputes cannot be resolved at place level, a group comprised of an agreed number of members from each stakeholder group to arbitrate and make recommendation. The recommendations made by the dispute resolution group are binding.

17. SUPPORT

17.1. Officers from the Governance and Scrutiny, Greater Manchester Combined Authority (GMCA) will provide policy and administrative support to the JCB.

17.2. Additional support will be provided by the GM Health and Social Care Programme Management Office.

18. ACCOUNTABILITY

18.1. The JCB is accountable to each of the CCGs.

19. REVIEW OF TERMS OF REFERENCE

19.1. These terms of reference will be formally reviewed on an annual basis, with an initial review taking place no later than 31 March 2019.

Appendix 2: Example resolutions for Governing Bodies

The Governing Body of [Name] Clinical Commissioning Group hereby resolves to:

1. Form a joint committee of the CCG with the nine other clinical commissioning groups in Greater Manchester in accordance with its powers under section 14Z3 of the National Health Service Act 2006 (the Joint Commissioning Board);
2. Approve the terms of reference of the Joint Commissioning Board as set out in [the appendix to this paper];
3. Formally approve the delegations as described in sections 3.3 and 3.4 of the above named Terms of Reference.

GMCA GREATER MANCHESTER COMBINED AUTHORITY

NHS in Greater Manchester

Establishing the Joint Commissioning Board (JCB) as a Joint Committee

August 2018

Purpose of Presentation

To provide an overview of the proposal to formally establish the JCB as a Joint Committee. A version of this presentation was used to at the August JCB and has now been updated to support local engagement with regard to this matter.

How did we reach this point ?

The provenance of the JCB and the GM Commissioning Hub

- “Taking Charge” (page 24) describes, “A Joint Commissioning Board (JCB) which commissions services at the GM level to deliver the vision set out by the SPB. It will be the largest single commissioning vehicle in GM and will produce a commissioning strategy in line with the Plan.”

- “Commissioning for Reform” – Our GM Commissioning Strategy, published in 2016 – meeting the commitment set out in Taking Charge, as shown above.

- The GM Commissioning Review, approved by the SPB in July 2017 describes, “the Joint Commissioning Board, supported by a GM Commissioning Hub, discharges commissioning functions on behalf of CCGs, LAs and NHS England”

Proposed two phase approach to establishment

- Phase 1 – establishment to support the decision making process for the “Theme 3” hospital reform programme, with the first decision in this regard relating to neuro rehabilitation services, scheduled for later in this calendar year
- Phase 2 – a fully inclusive joint committee, capable of making delegated NHS and Local Authority decisions, subject to the agreement of partners

Delegation Issues

- Proposed scope of delegation in the current TOR relates to the strategic decision making process, surrounding the Theme 3 hospital services redesign programme
- This does not impact on operational commissioning processes surrounding these services. Any such proposal would be the subject of a separate process, linked to the current Target Operating Model work.
- The proposed delegations set out in the TOR do not have any impact on the existing NHS England delegations to the Chief Officer of the GM H&SC Partnership
- Any delegations over and above those set out above will be the subject of separate proposals and consideration

Membership and Voting

- Proposed model aims to honour the concept of "clinically and politically led, expertly managed"
- Up to three members per locality, ie clinician, politician, officer
- Concept of locality vote, with the members needing to agree a locality position on the issue in hand. Where there is no agreement in a locality, the vote would not be cast
- Required majority for binding decisions, (such as Theme 3), is support from at least 7 localities
- For a decision making meeting to be quorate, all 10 localities must be represented at the meeting

Review Process and Next Steps

- The TOR will be reviewed prior to the end of the current financial year, (in line with the agreed process to review the first year of operation of GM Health and Care Commissioning)
- Engagement to take place in localities to ensure that each CCG Governing Body can approve the TOR and associated delegations prior to the 17 October JCB meeting
- Agreement at JCB that “Phase 2”, (see slide 4), should be in place by April 2019
- Updated version of TOR produced reflecting the agreements reached at August JCB
- FAQs document to be produced to support the above process of engagement

GMCA GREATER MANCHESTER COMBINED AUTHORITY

NHS in Greater Manchester

For further detail go to:

www.gmhsc.org.uk

@GM_HSC

ESTABLISHING THE JOINT COMMISSIONING BOARD AS A JOINT COMMITTEE

FREQUENTLY ASKED QUESTIONS - AUGUST 2018

These FAQ's have been developed to support the process of engagement which is currently taking place in localities with regard to the establishment of the JCB. A presentation has also been prepared, along with a draft set of Terms of Reference, a model resolution for CCG Governing Bodies and a series of papers which have been considered at JCB.

The FAQs will be added to as required during the course of the engagement process.

What is a Joint Committee?

A Joint Committee can be established where commissioners wish to work together in the exercising of their commissioning functions.

Each of our CCGs has the provision to establish such committees written into their constitution.

We are working closely with legal colleagues from our Local Authorities to ensure that the process complies with relevant legislation and guidance.

Why does the JCB need to be formally established as a Joint Committee, when it has been meeting for some time already without being so?

Much of the work done by the JCB will not require joint committee status, as the decisions made will not be binding on the partner organisations, eg the agreement of service standards for local implementation.

However, for a number of key decisions, formal delegation will be required from the partners, as the outcomes require GM level decision making and will be binding on all parties. The first example of this will be work relating to the configuration of certain hospital services in GM.

Why is the process being managed in two phases?

As described above, the first examples of the sort of decision making that will require the joint committee to be in place relate to services commissioned by CCGs. It is therefore important that this first element of the process is put into place in a timely fashion to ensure that key decisions can be taken promptly and as required.

At its August 2018 meeting, the JCB resolved that phase two of the process, relating to the enabling of delegated decision making of local authority commissioned services, should be in place by no later than April 2019.

How does this impact on existing locality delegations and joint committees?

It should be emphasised that the delegation being proposed at this time relates to specific strategic decisions only, rather than any proposal for further pooling of budgets or aggregation of commissioning arrangements at a GM level. Any such proposal would be the subject of a separate process.

The Terms of Reference of the JCB address this issue in the following two ways:

- Setting out the scope of the decisions being delegated in detail, ensuring that the delegation does not seek to go beyond that which is strictly necessary to ensure the appropriate decisions can be made, (ref TOR section 3.3)
- A clause is included to confirm that any previous delegations relating to these specific issues set out in 3.3 of the TOR are withdrawn, (ref TOR section 3.4)

How can we avoid the JCB taking on more responsibility than has been specifically delegated to it?

The Terms of Reference of the JCB make it clear as to the extent and scope of decisions being delegated. Any addition to the scope of the Terms of Reference would require separate agreements to be reached and the TOR to be amended accordingly.

Who will be members of the JCB?

We are keen to ensure that the JCB is clinically and politically led and expertly managed. The membership will therefore consist of up to three members per locality, ie a clinician, an elected member of the Local Authority and a senior manager.

The GM Health and Social Care Partnership Team and the GM Combined Authority will also be represented at the Board.

The JCB will be co-chaired by a clinician and a Local Authority Officer or Member. The current co-chairs are Dr Tom Tasker, Chair of Salford CCG and Steven Pleasant, Chief Executive of Tameside Council/ Chief Officer of Tameside and Glossop CCG.

The Board will meet in public at least once a quarter. In months where a meeting in public is not required, a meeting of the JCB Executive will be held.

How will voting work?

The draft terms of reference make it clear that votes will be exercised on a locality basis, with the expectation that agreement will be reached between members as to how this should be cast. If no agreement is reached then a locality will not be in a position to exercise their vote.

Key decisions required from the JCB will be subject to detailed professional advice with reports being made publically available. It is recognised that when such decisions are made, locality members will need appropriate time to consider recommendations and engage with locality colleagues.

For a decision which is binding on all members to be reached, 70% support will be required, ie at least 7 of the 10 localities must vote in favour of the proposal being considered.

Where such decisions are being made, all 10 localities must be represented at the meeting.

How does this impact on the specific delegations made by NHS England to the Chief Officer of the GM Health and Social Care Partnership?

These delegations were approved by the Board of NHS England at its meeting in March 2016 and are unaltered by these proposals. On this basis, it will be important for the JCB to work closely with the Chief Officer of the GM Health and Social Care Partnership, as some JCB decisions will need to take into account related decision making processes required of the Chief Officer.

Will these TOR be reviewed in the light of the operation of the JCB?

Yes, the JCB has resolved that the TOR will be reviewed by the end of March 2019.

V1.0/0818