

## SCHEDULE 2: JOINT COMMITTEE – TERMS OF REFERENCE

<p><b>Introduction and purpose</b></p>	<p>From April 2023, Integrated Care Boards (ICBs) entering joint working agreements with NHS England will become jointly responsible, with NHS England, for commissioning the Joint Specialised Services set out in Schedule 3 of the Agreement, and for any associated Joint Functions set out in Schedule 4.</p> <p>NHS England and ICBs will form a statutory joint committee to collaboratively make decisions on the planning and delivery of the Joint Specialised Services, to improve health and care outcomes and reduce health inequalities. Joint Committees are intended as a transitional mechanism prior to ICB taking on full delegated commissioning responsibility.</p> <p>Subject to Clauses 7.1 and 7.2 of this Agreement (Further Collaborative Working), the Partners may, to such extent that they consider it desirable, table an item at the Joint Committee relating to any other of their functions that is not a Joint Specialised Service or a Joint Function to facilitate engagement, promote integration and collaborative working.</p> <p>The Partners may, from time to time, establish sub-groups or sub-committees of the Joint Committee, with such terms of reference as may be agreed between them. Any such sub-groups or sub-committees that are in place at the commencement of this Agreement may be documented in the Local Terms (Schedule 9).</p>
<p><b>The Terms of Reference</b></p>	<p>These Terms of Reference provide a template to support effective collaboration between NHS England and ICBs acting through Joint Committees in 2023/24.</p> <p>The Terms of Reference set out the role, responsibilities, membership, decision-making powers, and reporting arrangements of the Joint Committee in accordance with the Agreement between the ICB and NHS England.</p> <p>It is acknowledged that Joint Working Arrangements aim to give ICBs greater involvement in the commissioning of Specialised Services to better align and transform pathways of care around the needs of local populations.</p> <p>The Joint Committee will operate as the decision-making forum for exercising the agreed Joint Functions in accordance with the Agreement.</p> <p>By agreement, the Partners may use an alternative title for the Joint Committee that reflects local arrangements, for example, 'Commissioning Committee.'</p>
<p><b>Statutory Framework</b></p>	<p>The Partners have arranged to exercise the Functions jointly pursuant to section 65Z5 of the NHS Act 2006.</p> <p>The Joint Committee is established pursuant to section 65Z6 of the NHS Act 2006.</p>

	<p>Apart from as set out in the Agreement, the Joint Committee does not affect the statutory responsibilities and accountabilities of the Partners.</p>
<p><b>Role of the Joint Committee</b></p>	<p>The role of the Joint Committee is to provide strategic decision-making, leadership and oversight for the Joint Specialised Services and any associated activities. The Joint Committee will safely, effectively, efficiently and economically discharge the Joint Functions and deliver these Joint Specialised Services through the following key responsibilities:</p> <ul style="list-style-type: none"> <li>▪ Determining the appropriate structure of the Joint Committee;</li> <li>▪ Making joint decisions in relation to the planning and commissioning of the Joint Specialised Services, and any associated commissioning or statutory functions, for the population, for example, through undertaking population needs assessments;</li> <li>▪ Making recommendations on the population-based Specialised Services financial allocation and financial plans;</li> <li>▪ Oversight and assurance of the Joint Specialised Services in relation to quality, operational and financial performance, including co-ordinating risk and issue management and escalation, and developing the approach to intervention with Specialised Services Providers where there are quality or contractual issues;</li> <li>▪ Identifying and setting strategic priorities and undertaking ongoing assessment and review of Joint Specialised Services within the remit of the Joint Committee, including tackling unequal outcomes and access;</li> <li>▪ Supporting the development of partnership and integration arrangements with other health and care bodies that facilitate population health management and providing a forum that enables collaboration to integrate service pathways, improve population health and services and reduce health inequalities. This includes establishing links and working effectively with Provider Collaboratives and cancer alliances, and working closely with other ICBs, Joint Committees and NHS England where there are cross-border patient flows to providers;</li> <li>▪ Ensuring the Joint Committee has effective engagement with stakeholders, including patients and the public, and involving them in decision-making;</li> <li>▪ Ensuring the Joint Committee has appropriate clinical advice and leadership, including through Clinical Reference Groups and Relevant Clinical Networks;</li> <li>▪ Commencing longer-term planning, particularly in view of the ICB(s) receiving full delegated commissioning responsibility in future;</li> <li>▪ Discussing any matter which any member of the Joint Committee believes to be of such importance that it should be brought to the attention of the Joint Committee;</li> </ul>

	<ul style="list-style-type: none"> <li>▪ Where agreed by the Partners, overseeing the Collaborative Commissioning Agreements set out in the Joint Working Arrangement;</li> <li>▪ Otherwise ensuring that the roles and responsibilities set out in the Agreement between the Partners are discharged.</li> </ul> <p>The Partners must implement such arrangements as are necessary to demonstrate good decision-making and compliance with all statutory duties, guidance and good practice, including ensuring that the Joint Committee has sufficient independent scrutiny of its decision-making and processes.</p> <p>The Joint Committee must adhere to these Terms of Reference and will operate the meeting as follows.</p> <p>ICB and NHSE under the joint working agreement will make joint decisions for the benefit of the population.</p>
<p><b>Accountability and reporting</b></p>	<p>The Joint Committee will be formally accountable to the Board of NHS England through the relevant NHS England regional governance structure for specialised services.</p> <p>Regional Director of Commissioning</p> <p>Regional Director of Specialised Services</p> <p>Regional Director of Primary Care and Public Health</p> <p>The Joint Committee may report to the Delegated Commissioning Group (DCG) for Specialised Services on its proceedings and decisions.</p> <p>The Joint Committee’s Chair(s) or, at the Chair’s discretion, another member of the Joint Committee, may attend the DCG and report to the DCG on its proceedings.</p> <p>Where the DCG requests that the Joint Committee provides information or reports on its proceedings or decisions, the Partners must comply with that request within a reasonable timescale.</p>
<p><b>Membership</b></p>	<p><u>Core Membership</u></p> <p>Each of the Partners must nominate one Authorised Officer to be their representative at meetings of the Joint Committee. The Authorised Officers nominated by the Partners and present at a meeting of the Joint Committee comprise the voting membership of the Joint Committee.</p> <p>Each of the Partners may nominate a named substitute to attend meetings of the Joint Committee if its Authorised Officer is unavailable or unable to attend or because they are conflicted.</p> <p>Each of the Partners must ensure that its Authorised Officer (and any named substitute) is of a suitable level of seniority and duly authorised to act on its behalf and to agree to be bound by the final position or decision taken at any meeting of the Joint Committee.</p>

	<p>The Authorised Officers (or any substitute(s) appointed) form the Core Membership of the Joint Committee.</p> <p><u>Discretionary Membership</u></p> <p>Each of the Partners may be represented at meetings of the Joint Committee by representatives (who may be officers or, in the case of an ICB, non-executive members of the ICB) who may observe proceedings and contribute to the Joint Committee’s deliberations as required, but these representatives will not have the right to vote.</p> <p>The Partners may identify individuals or representatives of other organisations that may be invited to observe proceedings and contribute to the Joint Committee’s deliberations as required. These representatives will not have the right to vote.</p> <p><u>Term of membership</u></p> <p>Each member of the Core Membership (and any substitute appointed) will hold their appointment for a term of one year. The term of appointment of each member expires on the first anniversary of the first Joint Committee meeting at which the member is in attendance. Members will be eligible to be reappointed for further terms at the discretion of the Partners.</p> <p><u>Membership lists</u></p> <p>The Chair (or in the absence of a Chair, the Partners themselves) shall ensure that there is prepared (and updated from time to time) a list of the members and that this list is made available to the Partners.</p>
<b>Chair</b>	<p>At the first meeting of the Joint Committee, the Core Membership shall select a Chair, or joint Chairs, from among the membership.</p> <p>The Chair(s) shall hold office for a period of one year and be eligible for re-appointment for 1 further term. At the first scheduled Joint Committee meeting after the expiry of the Chair’s term of office, the Core Membership will select a Chair, or joint Chairs, who will assume office at that meeting and for the ensuing term.</p> <p>If the Chair(s) is/are not in attendance at a meeting, the Core Membership will select one of the members to take the chair for that meeting.</p>
<b>Remuneration</b>	<p>The Partners shall prepare a scheme for the remuneration of any external members and for meeting the reasonable expenses incurred by other classes of membership of the Joint Committee.</p> <p>The scheme shall be reviewed on an annual basis.</p>
<b>Meetings</b>	<p>The Joint Committee shall meet monthly where possible.</p> <p>At its first meeting (and at the first meeting following each subsequent anniversary of that meeting) the Joint Committee shall prepare a schedule of meetings for the forthcoming year (“the Schedule”).</p> <p>The Chair(s) (or in the absence of a Chair, the Partners themselves) shall see that the Schedule is notified to the members.</p> <p>Either:</p>

	<ul style="list-style-type: none"> <li>▪ NHS England, or</li> <li>▪ The ICBs acting collectively,</li> </ul> <p>may call for a special meeting of the Joint Committee outside of the Schedule as they see fit, by giving notice of their request to the Chair. The Chair(s) may, following consultation with the Partners, confirm the date on which the special meeting is to be held and then issue a notice giving not less than 2 weeks notice of the special meeting.</p>
<b>Quorum</b>	<p>A Joint Committee meeting is quorate if the following are in attendance:</p> <ul style="list-style-type: none"> <li>▪ the Authorised Officers (or substitute) nominated by NHS England;</li> <li>▪ each of the Authorised Officers (or substitutes) appointed by the ICBs.</li> </ul>
<b>Decisions and voting arrangements</b>	<p>The Joint Committee must seek to make decisions relating to the exercise of the Joint Functions and Joint Specialised Services on a consensus basis.</p> <p>The Partners must ensure that matters requiring a decision are anticipated and that sufficient time is allowed prior to Joint Committee meetings for discussions and negotiations between Partners to take place.</p> <p>In preparation for future delegation of Specialised Services and collaboration between them for this purpose, the ICBs should seek to adopt a common position on any matter to be decided.</p> <p>Decisions must be ratified by the Core Membership of the Joint Committee.</p> <p>Where it has not been possible, despite the best efforts of the Core Membership, to come to a consensus decision on any matter before the Joint Committee, the Chair(s) may require the decision to be put to a vote in accordance with the following provision.</p> <p>Individual votes for each organisation coupled with an NHS England right to substitute an alternative decision: each organisation that is a Core Member of the Joint Committee has a single vote. However, NHS England can substitute an alternative decision if it considers it is in the best interests of the health service. The reasons for substituting a decision should be documented. Core Members also have a right to refer the decision to the regional director for review.</p>
<b>Conduct and conflicts of interest</b>	<p>Members of the Joint Committee will be expected to act consistently with existing statutory guidance, NHS Standards of Business Conduct and relevant organisational policies.</p> <p>The NHS Standards of Business Conduct policy is available from: <a href="https://www.england.nhs.uk/publication/standards-of-business-conduct-policy/">https://www.england.nhs.uk/publication/standards-of-business-conduct-policy/</a></p> <p>Members should act in accordance with the Nolan Principles (the Seven Principles of Public Life). See: <a href="https://www.gov.uk/government/publications/the-7-principles-of-public-life">https://www.gov.uk/government/publications/the-7-principles-of-public-life</a>.</p> <p>Members should refer to and act consistently with the NHS England guidance: <i>Managing Conflicts of Interest in the NHS: Guidance for staff and organisations</i>. See: <a href="https://www.england.nhs.uk/ourwork/coi/">https://www.england.nhs.uk/ourwork/coi/</a>.</p>

	<p>Where any member of the Joint Committee has an actual or potential conflict of interest in relation to any matter under consideration by the Joint Committee, that member must not participate in meetings (or parts of meetings) in which the relevant matter is discussed, either by participating in discussion or by voting. A Partner whose Authorised Officer is conflicted in this way may secure that their appointed substitute attend the meeting (or part of meeting) in the place of that member.</p>
<p><b>Confidentiality of proceedings</b></p>	<p>The Joint Committee is not subject to the Public Bodies (Admissions to Meetings) Act 1960. Admission to meetings of the Joint Committee is at the discretion of the Partners.</p> <p>All members in attendance at a Joint Committee are required to give due consideration to the possibility that the material presented to the meeting, and the content of any discussions, may be confidential or commercially sensitive, and to not disclose information or the content of deliberations outside of the meeting's membership, without the prior agreement of the Partners.</p>
<p><b>Publication of notices, minutes and papers</b></p>	<p>The Partners shall provide sufficient resources, administration and secretarial support to ensure the proper organisation and functioning of the Joint Committee.</p> <p>The Chair(s) (or in the absence of a Chair, the Partners themselves) shall see that notices of meetings of the Joint Committee, together with an agenda listing the business to be conducted and supporting documentation, is issued to the Partners 1 week (or, in the case of a special meeting, 2 days prior to the date of the meeting).</p> <p>The proceedings and decisions taken by the Joint Committee shall be recorded in minutes, and those minutes circulated in draft form within 2 weeks of the date of the meeting. The Joint Committee shall confirm those minutes at its next meeting.</p>
<p><b>Review of the Terms of Reference</b></p>	<p>These Terms of Reference will be reviewed annually.</p>