

## ANNEX 8

### NHS Nene Clinical Commissioning Group

#### Joint Executive Management Team (JEMT) (operating under joint working arrangements with NHS Corby CCG) Terms of Reference

<b>Membership</b>	<ul style="list-style-type: none"> <li>• Joint Accountable Officer (Chair)</li> <li>• Joint Chief Finance Officer</li> <li>• Director of Primary and Community Integration</li> <li>• Director of Population Health Strategy</li> <li>• Director of Transformation Delivery</li> <li>• Director of Outcome-based Contracting</li> <li>• Chief Nurse and Quality Officer</li> <li>• GP Governing Body Members, NHS Corby CCG (x3)</li> <li>• Commissioning and Membership Engagement Executives (CMEE's) NHS Nene CCG (x3)</li> <li>• Clinical Executive Director, NHS Nene CCG (x3)</li> </ul>
<b>Quorum</b>	<ul style="list-style-type: none"> <li>• Deputies will only be permitted to attend with the approval of the Chair</li> </ul> <p>Meeting quorum will be 62% of members of which there must be representation by the Joint Accountable Officer and/or chosen deputy, and at least one NHS Corby CCG GP Governing Body Member, one NHS Nene CCG Commissioning and Membership Engagement Executive and one NHS Nene CCG Clinical Executive Director.</p>
<b>In Attendance</b>	<ul style="list-style-type: none"> <li>• Deputy Director of Corporate Affairs</li> <li>• Assistant Board Secretary</li> </ul> <p>Ad hoc invitations as required will be extended to individuals where they are not a member, to be in attendance at relevant meetings of the group and requested by the Chair</p>
<b>Frequency of Meetings</b>	<ul style="list-style-type: none"> <li>• Monthly</li> </ul>
<b>Accountability and Reporting</b>	<ul style="list-style-type: none"> <li>• Accountable to Corby and Nene Governing Bodies</li> </ul> <p>Highlight Report from the Chair of the Committee to be presented to both Governing Bodies Approved minutes presented to both Governing Bodies</p>
<b>Date of Approval by Committee</b>	<ul style="list-style-type: none"> <li>• August 2019</li> </ul>
<b>Date of Ratification by both Governing Bodies</b>	<ul style="list-style-type: none"> <li>• August 2019</li> </ul>
<b>Effective Date</b>	<ul style="list-style-type: none"> <li>• September 2019</li> </ul>
<b>Review Date</b>	<ul style="list-style-type: none"> <li>• August 2020</li> </ul>

## 1. Constitution

The Joint Accountable Officer (JAO) hereby resolves to establish a group called the Joint Executive Management Team (JEMT). This is a Joint Executive Committee of both NHS Nene CCG and NHS Corby CCG (CCGs) and thereby accountable to both Governing Bodies.

Its principle aim, under the chairmanship of the Joint Accountable Officer for NHS Corby and Nene CCGs, is to bring together those Executive Officers of both Nene and Corby CCGs together with CCGs Clinical Leads, to discuss matters and make decisions to ensure the efficient and effective operation of both CCGs.

JEMT will ensure that services are clinical led, managerially supported, to deliver the commissioning strategy of Corby CCG and Nene CCG's and aligned with the CCG's key objectives as agreed by both Governing Bodies.

## 2. Purpose

The purpose of the Nene and Corby CCGs JEMT is to bring together, under the chairmanship of the JAO, the Executive and the Clinical Leads who have the accountability and responsibility to make decisions and ensure a single united commissioning voice/message to providers.

Led by the JAO, members will be held to account for ensuring the successful delivery of the annual plan and delivery of key quality, performance, and financial requirements. JEMT will ensure (alongside the priority focus on quality) that there is a shared approach across localities on financial discipline and value for money is retained and further improved.

JEMT provides the forum to discuss and agree between the Executive Team and Clinical Leads the sustainability for commissioning services and how these priorities will be delivered – not a focus on quick fixes, but to ensure a process of improvement is based on a detailed understanding and commissioning & STP priorities, is evidenced based and focussed on the outcomes to be delivered.

JEMT discharges its delegated responsibility for decision-making through Executive & Clinical Lead portfolios. Each portfolio area is supported in the delivery of service provision through a business partner model of key non-clinical support staff (for example HR, Finance, Information, Governance). This accountability framework ensures that all parts of both CCGs are held to account for commissioning of service delivery and are supported and engaged in the corporate agenda to support a coordinated approach for the delivery of the annual commissioning plan and the longer term objectives and priorities of the STP.

JEMT will develop and ensure alignment of the workforce and OD strategy to support the development and support for commissioning staff through service change and transformation. JEMT through the workforce group will be pivotal to improve organisational culture, ensure robust and competent leadership to commission for services that is supported by robust risk and governance processes across the organisation.

When under-performance occurs, JEMT will consider the requirement to establish a task and finish group who would have a specific focus and remit to improve service quality and provide specialist support and advice to ensure timely intervention and turnaround. A report will be provided to JEMT and assurance will be provided through the AO, to the appropriate Committee of the Governing Bodies.

### 3. Membership

The membership includes;

- Joint Accountable Officer (Chair)
- Joint Chief Finance Officer
- Director of Primary and Community Integration
- Director of Population Health and Strategy
- Director of Transformation Delivery
- Director of Outcome-based Contracting
- Chief Nurse and Quality Officer
- GP Governing Body Members, NHS Corby CCG Commissioning and Membership Engagement Executives NHS Nene CCG
- Clinical Executive Director, NHS Nene CCG
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### 4. In attendance

- Deputy Director of Corporate Affairs
- Assistant Board Secretary
- Others as requested by the Chair

### 5. Quorum, Frequency of meetings and required frequency of attendance

62% will constitute a quorum and will require attendance by the Joint Accountable Officer and/ or chosen deputy, and at least one NHS Corby CCG GP Governing Body Member, one NHS Nene CCG Commissioning and Membership Engagement Executive and one NHS Nene CCG Clinical Executive Director.

No business shall be transacted unless 62% members of JEMT are present. The Corporate Affairs Team will monitor compliance with the Terms of Reference and will bring any non-compliance to the attention of the Joint Accountable Officer. In addition they will ensure that there are aligned governance and reporting processes between both CCG Governing Bodies and the Committee.

The Committee will meet monthly. The timing of this meeting will be aligned with the Governing Body Meetings in Common to ensure timely cascade of information to and from JEMT and both Governing Bodies.

Members of JEMT are required to attend a minimum of 80% of the meetings held and not be absent for two consecutive meetings without prior permission of the chair. Members of the Committee can nominate a deputy but not for more than two consecutive meetings without the prior permission of the Chair.

### 6. Authority

The Committee is authorised by NHS Corby and Nene CCGs Governing Bodies to investigate any activity within its terms of reference. The Committee shall make recommendations to both Governing Bodies through the Chair it deems appropriate on any area within its terms of reference where action or improvement is required.

Nene and Corby CCGs Governing Bodies have collective responsibility for its operation. Both members and attendees will participate in discussions, review, provide or seek objective input to the best of the knowledge and ability, and endeavour to support the Governing Bodies in reaching a collective view. The Committee will endeavour to make decisions by reaching a consensus. Where a consensus is not reached, the JAO as Chair will take options to be considered to the Governing Bodies for decision.

## 7. Duties of the Committee

The Committee will:

### 7.1 Developing Strategy for the Governing Bodies approval

- Deliver the requirements for the national direction of travel e.g. *FYFV*, Integrated Care Systems and thereby be compatible with the longer term vision for integration of health and social care commissioning (and potentially provision) recognising that local delivery may vary based on population need and not because of CCG geographic boundaries
  - To develop business plans that are aligned and support the delivery of both the Governing Bodies annual plan and objectives stated within the STP and associated systems Long Term Financial Model (LTFM)
  - Investment approvals to be submitted to the Joint Finance Committee for approval
- To develop a sustainable Commissioning Strategy with localities across the county supported by key 'enabling' strategies. The enabling strategies that will support commissioning of sustainable service models within resources available:
  - Quality strategy
  - Commission of specific reviews on clinical services and the impact of these (Royal Colleges, CQC, NICE etc.)
  - Workforce & OD strategy
  - Support cultural change and empower people to deliver service transformation
  - Leadership capability and capacity
  - Education, Learning
- To improve cross county working, understanding of key challenges and issues together with collective ownership and support of issues and solutions reached.
  - Ensure that there are no duplication of clinical or managerial executive roles/functions across the county except where it is a statutory necessity or necessary to comply with both CCG constitutions (e.g. on memberships)
- To consider, respond and develop overarching commissioning strategies, aligned with STP priorities for the Governing Bodies – for example:
  - Cancer Strategy
  - Urgent Care Strategy
  - Clinical Service Strategy
  - Estates
- To develop and ensure consistency in approach to the management of relationships with key stakeholders, including regulators, commissioners, politicians, staff, members and the public.

### 7.2 Delivery of Service

- Deliver the agreed operating plan of both Governing Bodies, ensuring clinical advice and leadership is incorporated into all programmes of work
- Ensure regular engagement and communication with staff, members and other key stakeholders as the transition arrangements progress
- To review the adequacy of reporting arrangements and ensure effectiveness in communication of internal control and risk management across the county and localities
- To ensure effective coordination and consistency of communication between corporate functions and localities.
- To work together across the county to resolve complex issues and proactively seek solutions where there are barriers to best practice and delivery;

### **7.3 Robust Risk Management processes**

To receive and review the Governing Bodies Board Assurance Framework (BAF) and Corporate Risk Register which sets out risks to the achievement of commissioning objectives and give consideration to the adequacy of the controls to manage these risks:

- Resolve any issues and risks escalated by the work streams
- Review Risk Register and alignment with the Board Assurance Framework– escalating and de-escalating risks as appropriate and in accordance with the Risk Management Policy
- Make recommendations to the Joint Governing Body in Common meeting on actions being taken.
- Deploy a single set of integrated systems and reports

The Minutes of the meeting shall be formally recorded by the Assistant Board Secretary. Copies of the minutes of the meeting shall be available to all members of the Governing Body.

### **8. Sub- Committees and Reporting Groups**

The Committee will support both Governing Bodies in discharging their responsibilities by providing objective assurance that processes are in place across both organisations to ensure alignment of clinical and management functions and delivery.

The Committee shall have the authority to establish sub-groups/task and finish groups for the purpose of addressing specific tasks or areas of responsibility. The terms of reference, including the reporting procedures of any subcommittees must be approved by the Committee and regularly reviewed.

### **9. Compliance and Effectiveness**

The Committee will report to the Governing Bodies through the JAO and a Highlight Report.

The Committee will facilitate the development of both CCGs annual reports on behalf of the Governing Bodies on the actions taken by the Committee to comply with its terms of reference.

### **10. Administration**

The Committee shall be supported administratively by the Assistant Board Secretary whose duties in this respect will include:

- Review of the Terms of Reference
- Maintain agenda against cycle of business
- Agreement of the agenda with the Chair and attendees and collation of papers;
- Taking and issuing the minutes and preparing action lists in a timely way;
- Keeping a record of matters arising and issues to be carried forward.
- Maintaining an attendance list

### **11. FOI Reminder**

The minutes (or sub-sections) of the Board, unless deemed exempt under the Freedom of Information Act 2000, shall be made available in line with national guidance.

### **12. Equality Act**

Each decision made/approved by Joint Executive Management Team Committee should align to the CCGs commitment to equality and inclusion. And by doing so, the Joint Executive Management Team Committee must be satisfied that decisions made meet the requirements of equality law, including but not limited to the Equality Act 2010; s149 Public Sector Equality Duty (PSED).

### **13. Requirement for review**

These terms of reference may be amended in consultation with both Governing Bodies, to reflect changes in circumstances that may arise. These Terms of Reference should be reviewed annually.