

Ambulance Joint Commissioning Committee (AJCC)

Draft Terms of Reference

Introduction

- 1 Emergency ambulance services are currently commissioned on a collaborative basis across all nine South West clinical commissioning groups (“CCG”). Each CCG established by NHS England¹ under sections 14B, 14C and 14D of the National Health Service Act 2006 (as amended) (“NHS Act”) and listed in Appendix 1 to these Terms of Reference (“ToR”) has agreed to:
 - 1.1 jointly exercise their commissioning functions in relation to emergency ambulance services, pursuant to section 14Z3(2)(b) of the NHS Act; and
 - 1.2 establish a joint committee, the Ambulance Joint Commissioning Committee (“AJCC”), pursuant to section 14Z3(2A) of the NHS Act. The AJCC will function as a corporate decision-making body for the management and exercise of the commissioning functions delegated to it.
- 2 The establishment of the AJCC reflects the need to coordinate the commissioning of emergency ambulance services across the region and to integrate 999 (emergency ambulance services) with wider urgent and emergency care. It is consistent with the statutory duties on CCGs under the NHS Act, including the duty to promote integration and the duty to act effectively, efficiently and economically.
- 3 The CCGs listed in Appendix 1 work as part of wider Integrated Care Systems and each CCG’s representative on the AJCC brings to the work of the AJCC an understanding of the work of their ICS and its strategic priorities. Decisions taken on emergency ambulance commissioning by the AJCC will reflect national and local priority objectives, including the NHS Long Term Plan and local implementation plans across the South West region.
- 4 In particular, the intention is for the AJCC to fulfil a strategic commissioning function across the region, in order to ensure that the commissioning of emergency ambulance services is aligned and integrated with the wider urgent and emergency care sector, consistent with NHS England’s Commissioning Framework for Ambulance Services (September 2018). Further information about this is set out below and in the related Collaborative Commissioning Agreement entered into between the CCGs.

Status of the AJCC

- 5 Arrangements made under section 14Z3 of the NHS Act may be made on such terms and conditions (including terms as to payment) as may be agreed between the parties. The terms that have been agreed are set out below.
- 6 Joint arrangements made under section 14Z3 of the NHS Act do not affect the liability of each individual CCG for the exercise of its functions.

¹ A full list of CCGs is included in Appendix 1. In the event that any merger takes place between some of the member CCGs, the list in Appendix 1 will be updated accordingly, with the guiding principle throughout being that each individual CCG will be entitled to nominate one appropriately senior individual member to the AJCC and that each representative shall have one vote.

- 7 The AJCC is established as a committee of each CCG, in accordance with Schedule 1A of the NHS Act and with the specific provisions contained within each CCG's Constitution.
- 8 The AJCC will commence its operation on 1 February 2020.

Role of the Committee

- 9 The AJCC has been established in order to enable the members to make collective decisions on the Delegated Functions²:
 - 9.1 the commissioning of emergency ambulance services as an integral part of the urgent and emergency care system according to national requirements and standards;
 - 9.2 developing and agreeing a shared vision and understanding of emergency ambulance commissioning, working with colleagues within the urgent and emergency care system to do so and ensuring that the vision supports alignment and integration of services;
 - 9.3 negotiating and agreeing a contract that delivers national performance, clinical and quality standards, incorporating any known challenges and improvement plans into the contract;
 - 9.4 performance managing the contract against agreed standards and key performance indicators, including agreed quality standards, observance of service specifications and monitoring of activity and finance;
 - 9.5 ensuring that the ambulance service is clear on, and has plans to meet, their contractual, performance, quality, transformational and financial objectives and critical infrastructure resilience and interoperability. This includes but is not limited to all decision-making in relation to planned investments by the ambulance service;
 - 9.6 managing the ambulance service's performance against the plans referred to above and being assured of performance;
 - 9.7 supporting and challenging the ambulance service and holding it to account for planning guidance deliverables;
 - 9.8 being assured of the ambulance service's level of emergency preparedness;
 - 9.9 the award and entering into of contracts for the provision of emergency ambulance services and all decision-making in respect of variations to the contract, in accordance with national policy, service user needs and clinical developments;
 - 9.10 all decision-making in respect of financial adjustments or sanctions resulting from provider breach of the contract;
 - 9.11 all decision making relating to the termination of the contract, or any part of it, in accordance with the terms of that contract;

² The Delegated Functions are set out in the Delegation, a copy of which is enclosed in the AJCC Governance Handbook.

- 9.12 if necessary, responding to informal or formal legal challenges brought in connection with the commissioned services;
 - 9.13 ensuring compliance with all relevant statutory duties as they apply to the CCGs including, but not limited to, those relating to equality (under the Equality Act 2010 and specifically including the public sector equality duty under s 149 of that Act); health inequality (section 14T of the NHS Act); patient and public involvement (section 14Z2 of the NHS Act); improvement in quality of services (section 14R of the NHS Act); and integration (section 14Z1 of the NHS Act); and
 - 9.14 such other related commissioning functions as need to be exercised by the AJCC in order to lawfully complete the procurement and contracting process for emergency ambulance services and for managing the services in accordance with the terms of that contract.
- 10 In discharging its functions, the AJCC will:
- 10.1 ensure that patient outcomes are at the heart of everything it does;
 - 10.2 provide system leadership and ensure the ambulance service is an integral part of system planning and collaboration;
 - 10.3 work with colleagues to review and revise the agreed collaborative governance arrangements as the wider integrated care landscape develops.
- 11 In performing its role, the AJCC will exercise its functions in accordance with these ToR and the terms of the delegations made to it by the CCGs. A copy of the delegation is attached at Appendix 2.

Geographical Coverage

- 12 The AJCC will cover the entire region of South West England covered by the member CCGs as set out in their respective constitutions.

Membership

- 13 The AJCC shall consist of one representative from each CCG, as nominated by the respective CCG.
- 14 The CCGs have agreed that the representative should be the Chief Officer or Accountable Officer for each CCG or their nominated deputy, provided that such deputy must be of sufficient seniority (i.e. Executive Director level) to support the functioning of the AJCC. Where deputies are nominated the Chair of the AJCC will approve such nominations before they take effect.
- 15 Each representative is expected to ensure that matters for consideration and agreement at a meeting of the AJCC have been appropriately discussed by their CCG prior to attending to AJCC meeting.
- 16 The Chair of the AJCC will be a shared responsibility amongst all CCGs. For the first six months of the AJCC's operation the Chair will be the representative for NHS Dorset CCG. In line with the review process for the AJCC, this will be reviewed after this initial period and Chairing responsibilities confirmed at that stage by the AJCC.

- 17 The Chair will have the following roles and responsibilities:
 - 17.1 Be a visible, engaged and active leader, not a figurehead;
 - 17.2 Have sufficient time, experience and the right skills to carry the full responsibilities of the role;
 - 17.3 Ensure that the AJCC supports the delivery of a safe, risk assessed service;
 - 17.4 Create an open, honest and positive culture;
 - 17.5 Follow the specified procedures for decision-making, including in relation to managing actual and potential conflicts of interest;
 - 17.6 Ensure problem resolution;
 - 17.7 Ensure reporting requirements are complied with.
- 18 At its first meeting, the AJCC will appoint a Deputy Chair, drawn from its membership.
- 19 The following will be invited to attend the AJCC as non-voting attendees:
 - 19.1 One or more representatives from NHS England and NHS Improvement.
- 20 The AJCC may call additional experts, such as clinicians, procurement experts and others, to attend meetings on an ad hoc basis to inform discussions and assist it with the exercise of its functions.
- 21 Secretariat support will be provided to the AJCC by NHS Dorset CCG, with the general expectation being that Chairing responsibilities and secretariat support will be performed by the same member CCG.
- 22 In addition to managing meetings of the AJCC, the Secretariat shall be responsible for maintaining the AJCC Handbook, which shall include the following:
 - 22.1 the AJCC Delegation;
 - 22.2 the terms of reference for the AJCC and any sub-committees established by the AJCC;
 - 22.3 the AJCC scheme of delegation and reservation;
 - 22.4 the Collaborative Commissioning Agreement;
 - 22.5 any other relevant documents, as determined by the AJCC.

Grounds for Removal from Office

- 23 Member representatives of the AJCC shall vacate their office if any of the following grounds apply:
 - 21.1 The individual ceases to hold an appropriately senior role within their CCG and/or is otherwise disqualified from holding the role in question;

21.2 An alternative individual is nominated by the CCG member in question;

21.3 The individual fails to attend 3 or more AJCC meetings without prior agreement of the Chair, in which case the member CCG will be asked to nominate an alternative individual and/or the dispute resolution mechanisms set out below will be invoked;

21.4 The individual needs to step down from their role due to illness or other incapacity. In which case an alternative individual will be nominated by the CCG member in question;

21.5 The AJCC agree that continuation as a member representative is not in the interests of the AJCC, in which case the member CCG will be asked to nominate an alternative individual and/or the dispute resolution mechanisms set out below will be invoked.

Meetings and Voting

24 The AJCC will operate in accordance with the following provisions:

24.1 The AJCC shall adopt the standing orders of Dorset CCG insofar as they relate to the:

24.1.1 notice of meetings

24.1.2 handling of meetings

24.1.3 agendas

24.1.4 circulation of papers

24.1.5 conflicts of interest

24.2 The Secretariat will be responsible for giving notices of meetings, taking minutes and circulating these within one week after the meeting;

24.3 Any notice of a meeting will be accompanied by an agenda and supporting papers and will be circulated to each member no later than 7 days prior to the date of the meeting;

24.4 The Chair may agree that the members of the AJCC may participate in meetings by means of telephone, video or computer link or other live and uninterrupted conferencing facilities. Participation in a meeting in this manner shall be deemed to constitute presence in person at such meeting;

24.5 The Chair may determine that the AJCC needs to meet on an urgent basis, in which case the notice period shall be as specified by the Chair. Urgent meetings may be held virtually;

24.6 Each member of the AJCC shall have one vote. Attendees do not have voting rights. The aim will be for decisions of the AJCC to be achieved by consensus decision-making, with voting reserved as a decision-making step of last resort and/or where it is helpful to measure the level of support for a proposal. Where consensus cannot be reached, a decision shall be reached by 5 of the 7 members agreeing to approve the decision in question. The

Chair shall have a second and deciding vote if necessary. Where agreement cannot be reached in this way, the dispute resolution provisions set out below will be followed;

- 24.7 Quorum for decision-making shall be 5 out of the 7 representatives, including the Chair;
- 24.8 Conflicts of interest will be managed in accordance with the policies and procedures of each CCG Member and shall be consistent with the statutory duties contained in the NHS Act and the statutory guidance issued by NHS England (Managing conflicts of interest: revised statutory guidance for CCGs 2017 <https://www.england.nhs.uk/publication/managing-conflicts-of-interest-revised-statutory-guidance-for-ccgs-2017/>).
- 25 Members of the AJCC have a collective responsibility for its operation. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.
- 26 Where confidential information is presented to the AJCC, all members will ensure that they comply with any confidentiality requirements.
- 27 Decisions of the AJCC shall be binding on each CCG listed in Appendix 1.

Frequency of Meetings

- 28 For the initial period of its operation, the AJCC will meet bi-monthly, with the frequency being reviewed as part of the 6-month post commencement review.
- 29 At any stage, the frequency of meeting may be varied to meet operational need, with the Chair determining this as necessary and in accordance with the provisions for meetings as set out above.

Reporting

- 30 The AJCC will present its minutes to each CCG governing body for information and ensure that appropriate updates are provided to each AJCC sub-committee to enable them to carry out their role.
- 31 Individual member representatives are responsible for ensuring that they appropriately report-back on decisions made by taken by the AJCC and that the AJCC is informed of relevant local matters that impact on its operation and role.

AJCC sub-committees

- 32 In order to assist it with performing its role and responsibilities, the AJCC is authorised to establish sub-committees and to determine the membership, role and remit for each sub-committee. Any sub-committee established by the AJCC will report directly to it.
- 33 The AJCC may decide to delegate decision-making to any of its sub-committees duly established but, unless this is explicitly stated within the terms of reference for the relevant sub-committee, the default will be that no decision-making has been delegated. Where decision-making responsibilities are delegated to a sub-committee, these will be clearly recorded in the AJCC's scheme of reservation and delegation , which shall be maintained by the Secretariat to the AJCC.

- 34 Subject to paragraph 33, above, and as a guiding principle only, the AJCC will have overall responsibility for determining the strategy, vision and objectives for matters within its remit, with day-to-day operational matters being managed at sub-committee level or escalated to the AJCC as per the agreed escalation arrangements.
- 35 Details of any sub-committees established by the AJCC will be set out in the terms of reference for each sub-committee and the scheme of reservation and delegation for the AJCC, all of which shall form part of the AJCC Handbook.

Dispute Resolution

- 36 As far as possible any disputes relating to the AJCC and its operation will be resolved by the members, with reference to the guiding principles for its operation as set out above.
- 37 Where it is not possible for a dispute to be resolved in this way, mediation will be provided through the regional NHSE/I offices.

Withdrawal from the AJCC

- 38 Should this joint commissioning arrangement prove to be unsatisfactory, the governing body of any of the member CCGs can decide to withdraw from the arrangement, but has to give six months' written notice to the other CCG members, with new arrangements starting from the beginning of the next new financial year or as otherwise agreed by the remaining members of the AJCC.

Review

- 39 The arrangements for the AJCC, including its terms of reference and those of any sub-committee established by it, shall be reviewed after the first 6 months of its establishment and revised as necessary.
- 40 Thereafter, the ToR will be reviewed annually or more frequently as required.

Date of adoption: 1 February 2020.

Appendix 1 List of CCG members

Bath and North East Somerset CCG

Bristol, North Somerset & South Gloucester CCG

Devon CCG

Dorset CCG

Gloucestershire CCG

Kernow CCG

Somerset CCG

Swindon CCG

Wiltshire CCG

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Appendix 2 CCG Delegation

[Separately enclosed as Appendix 1]

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Appendix 3 CCG Standing Orders

[Contained in the Dorset CCG Constitution from page 50 onwards
<https://www.dorsetccg.nhs.uk/wp-content/uploads/2019/04/Dorset-CCG-Constitution-v3-010419-final-for-website.pdf>]

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