

Strategic Commissioning Committee

Terms of Reference v2.2

1. ESTABLISHMENT AND PURPOSE

The Strategic Commissioning Committee (the “Committee”) has been established in accordance with the Clinical Commissioning Group’s (CCG’s) constitution.

The Committee has been established to support the CCG in the delivery of its statutory duties and provide assurance to the Governing Body in relation to the delivery of those duties. It shall:

- Provide a clinical and lay forum to consider the development and implementation of the commissioning strategy and policy of the CCGs and to help secure the continuous improvement of the quality of services;
- Retain a focus on health inequalities and improved outcomes and ensure that the delivery of the CCG's strategic and operational plans are achieved within financial allocations
- Have delegated authority to make decisions within the limits as set out in the CCG's Schemes of Reservation and Delegation.

In particular, the Committee will provide assurance to the Governing Body on the delivery of the following statutory duties:

- *Duty to commission certain specified health services*
- *Duty as to reducing inequalities*
- *Duty as to patient choice*
- *Duty to obtain appropriate advice*
- *Duty to promote innovation*
- *Duty in respect of research*
- *Duty to promote integration*
- *Duty as to public involvement and consultation*
- *Duty to consult about commissioning plan and to publish a summary of the expressed views of the individuals consulted and how the CCG has taken account of those views.*

2. COMMITTEE REMIT AND AUTHORITY

The broad purpose of the Committee is outlined in “Purpose” section above. In order to deliver this, the responsibilities of the Committee will include:

- a) Overseeing the development and review of commissioning strategy, operational commissioning plans and annual commissioning intentions (and making recommendations to the Governing Body on their approval).
- b) Overseeing the development of work programmes that support the CCG’s strategy and operational commissioning plan, including areas of joint commissioning with partner

organisations (and making recommendations to the Governing Body on their approval as required).

- c) Overseeing the development of work programmes that support national and regional priorities, strategies and plans (and making recommendations to the Governing Body on their approval as required).
- d) Overseeing the delivery of strategies, plans, commissioning intentions and work programmes.
- e) Overseeing the CCG's provider contract development process.
- f) Overseeing the coordination and integration of services to support the delivery of effective, high quality, accessible services, including via the Better Care Fund.
- g) Ensuring that commissioning activities promote the health and wellbeing of communities as well as addressing health inequalities, prioritising investment / disinvestment and commissioning activities to ensure cost effective care is delivered.
- h) Ensuring that commissioning decisions are underpinned and informed by communications and engagement with the membership and local population as appropriate.
- i) Overseeing the application of commissioning policies including those relating to individual funding requests (IFR) and personal health budgets (PHB).
- j) Overseeing the operation of the Medicines Management function.
- k) Taking account of collaborative commissioning activities, including those of clinical networks, to ascertain if they will have wider contracting / financial implications for the clinical commissioning group (for referral to the Finance Committee / Governing Body if appropriate).
- l) Overseeing the rigorous and ongoing analytical review of the drivers of system pressures, so that solutions to these pressures may be developed with a collaborative approach.
- m) Approving investment and significant commissioning decisions under delegated authority in accordance with the CCG's Schemes of Reservation and Delegation.
- n) Commissioning, reviewing and authorising policies where they are explicitly related to areas within the remit of the Committee as outlined within the TOR, or where specifically delegated by the Governing Body

A list of subject areas that would typically be considered by the Committee is included at attachment 1 for reference.

The Committee is authorised to:

- Request further investigation or assurance on any area within its remit
- Bring matters to the attention of other committees to investigate or seek assurance where they fall within the remit of that committee
- Make recommendations to the Governing Body
- Escalate issues to the Governing Body
- Produce an annual work plan to discharge its responsibilities
- Approve the terms of reference of any sub-groups to the committee.

3. CHAIR ARRANGEMENTS

The Committee shall be chaired by a Lay Member. The Deputy Chair shall be the other Lay Member.

If the Chair, or Deputy Chair, is unable to attend a meeting, they may designate an alternative Governing Body representative to act as Chair.

If the Chair is unable to chair an item of business due to a conflict of interest, another member of the committee will be asked to chair that item.

4. MEMBERSHIP

Membership of the Committee may be drawn from the CCG's Governing Body membership; the CCG's executive leadership team; member practices of the CCG; officers of the CCG; members or officers of other bodies in the wider health and social care system; other individuals/representatives as deemed appropriate.

The Committee members shall be:

- Lay Member x 2
- GP representative x 2
- CCG Clinical Chair
- At least one Independent Clinical Governing Body Member (i.e. secondary care doctor or registered nurse).
- Accountable Officer
- At least one Joint Medical Director
- Executive Director of Finance and Contracts (or nominated deputy)
- Executive Director of Planning and Delivery (or nominated deputy)
- Executive Director of Strategy and Partnerships (or nominated deputy)
- Local authority representative - public health or commissioning

All Committee members may appoint a deputy to represent them at meetings of the Committee. Committee members should inform the Committee Chair of their intention to nominate a deputy to attend/act on their behalf and any such deputy should be suitably briefed and suitably qualified (in the case of clinical members).

The Committee may also request attendance by appropriate individuals to present agenda items and/or advise the Committee on particular issues.

5. QUORACY

A meeting of the Committee is quorate if the following are present:

- At least five Committee members in total;
- At least one Lay Member*
- At least one Clinical Member*
- At least two Executive Directors (or their nominated deputies).

**If regular members are not able to attend they should make arrangements for a representative to attend and act on their behalf.*

6. DECLARATIONS OF INTEREST, CONFLICTS AND POTENTIAL CONFLICTS OF INTEREST

All members shall comply with the provisions of *Managing Conflicts of Interest: Statutory Guidance for CCGs* at all times. In accordance with the CCG's policy on managing conflicts of interest, Committee members should:

- Inform the chair of any interests they hold which relate to the business of the Committee.
- Inform the chair of any previously agreed treatment of the potential conflict / conflict of interest.
- Abide by the chair's ruling on the treatment of conflicts / potential conflicts of interest in relation to ongoing involvement in the work of the Committee.
- Inform the chair of any conflicts / potential conflicts of interest in any item of business to be discussed at a meeting. This should be done in advance of the meeting wherever possible.
- Declare conflicts / potential conflicts of interest in any item of business to be discussed at a meeting under the standing "declaration of interest" item.
- Abide by the chair's decision on appropriate treatment of a conflicts / potential conflict of interest in any business to be discussed at a meeting.

7. DECISION MAKING AND VOTING

Decisions should be taken in accordance with the financial delegation of the Executive Directors present.

<https://www.cheshireccg.nhs.uk/governance/corporate-governance-handbook/>

The Committee will usually make decisions by consensus. Where this is not possible, the Chair may call a vote.

Only voting members, as identified in the "Membership" section of these terms of reference, may cast a vote.

A person attending a meeting as a representative of a Committee member shall have the same right to vote as the Committee member they are representing.

In accordance with paragraph 6, no member (or representative) with a conflict of interest in an item of business will be allowed to vote on that item.

Where there is a split vote, with no clear majority, the Chair will have the casting vote.

8. ACCOUNTABILITY

The Committee is accountable to the Governing Body of the Clinical Commissioning Group.

9. REPORTING ARRANGEMENTS

The Committee will report a summary of its discussions to the Governing Body via a report from the Committee chair to the next meeting of the Governing Body.

Minutes of the Committee will be published to the CCG's website following approval at the subsequent Committee meeting.

10. FREQUENCY OF MEETINGS

The Committee shall normally meet 10 times a year.

11. SUB-COMMITTEES

The Committee may delegate responsibility for specific aspects of its duties to sub-groups. The terms of reference of any sub groups shall be approved by the Committee.

12. ADMINISTRATIVE ARRANGEMENTS

The CCG will provide appropriate resource to ensure meetings are fully supported and business is conducted efficiently and effectively. This will include managerial support as well as administrative support.

The Committee will operate in accordance with the CCG's corporate standards "Manual". This will include the following:

- Minutes of committee meetings will be taken to ensure an appropriate record of committee discussions / decisions.
- Risks and issues will be captured and escalated as appropriate.
- Action lists and forward planners will also be maintained to ensure the committee operates efficient and effectively.

13. RESPONSIBILITIES OF MEMBERS

As well as complying with requirements around declaring and managing potential conflicts of interest (as set out at section 6), Committee members should:

- Comply with the CCG's policies on standards of business conduct which include upholding the Nolan Principles of Public Life;
- Attend meetings, having read all papers beforehand;
- Arrange an appropriate deputy to attend on their behalf, if necessary;
- Act as 'champions', disseminating information and good practice as appropriate;
- Comply with the CCG's administrative arrangements to support the Committee around identifying agenda items for discussion, the submission of reports etc.

14. REVIEW

The Committee shall undertake an annual review of its effectiveness in delivering the CCG's vision and values and report this to the CCG Governing Body.

The Committee terms of reference shall be reviewed as part of the wider annual review of effectiveness. A review log of these terms of reference is outlined in the CCG Governance Handbook.

Version Control:

Version	Date Approved	Description of revisions made
V1	1 April 2020	Adoption of Cheshire CCGs' Strategic Commissioning and Performance Committee TOR
V1.1	18 June 2020	Section 2 revised to reflect GB approval that the committee has authority to approve policies
V2	29 April 2021	Removal of performance elements (which have been transferred to the Quality, Safeguarding and Performance Committee).
V2.2	20 May 2021	Updated proposed revisions to v1.1 following committee discussion on 29 April and further correspondence with executives and the committee Chair (including updated membership).

Attachment – List of issues / reports typically considered at the Committee

- Area Prescribing Committee - escalation reports
- Better Care Fund
- Business Case sign-off (within delegated authority)
- Cheshire & Mersey Health and Care Partnership and/or other regional or sub-regional developments
- CHC & Complex Care - overview of operation
- Commissioning Intentions
- Individual Funding Requests – overview of operation
- Integration – including care community development, primary care network development.
- Joint commissioning arrangements
- Joint Strategic Needs Assessment (JSNA)
- Medicines Management -overview of operation
- Operational Planning
- Personal Health Budgets – overview of operation
- Planning: Contract Process
- Public sector reform
- Review of grant spending (including Third Sector Grants)
- Strategic Commissioning – development of strategies, plans etc. for approval by the Governing Body