

ANNEX 7

NHS Corby CCG and NHS Nene CCG

Joint Strategic Commissioning Committee

Terms of Reference

Membership	<ul style="list-style-type: none">• Secondary Care Doctor (Chair)• Lay member for Finance and Planning (Deputy Chair)• Director of Population Health and Strategy• Director of Outcome Based Contracting• Chief Nurse and Quality Officer or nominated deputy• Clinical Representative from NHS Corby CCG and NHS Nene CCG
Quorum	<ul style="list-style-type: none">• Clinical Representative from NHS Corby CCG and NHS Nene CCG• Chair or Deputy Chair• Director of Population Health Strategy or Director of Outcome Based Contracting
In Attendance	<ul style="list-style-type: none">• Public Health• Local Authority Director of Commissioning• Administrative Support
Frequency of Meetings	<ul style="list-style-type: none">• Monthly
Accountability and Reporting	<ul style="list-style-type: none">• Accountable through the Chair to Corby and Nene Governing Bodies• Highlight Report to both Governing Bodies after each meeting from Chair of Committee• Approved Minutes presented to both Governing Bodies
Date of Approval by Governing Bodies	<ul style="list-style-type: none">• August 2019
Review Date	<ul style="list-style-type: none">• August 2020

Joint Strategic Commissioning Committee

Terms of Reference

1. Statement of Purpose

The purpose of the Joint Strategic Commissioning Committee is to provide commissioner leadership, oversight and support to the strategic commissioning plans for Northamptonshire. The Committee will ensure that opportunities for improving the health and well-being of the local population at a place and/or setting level, are identified to make best use of resources; are prioritised and implemented.

The Committee wants to achieve improvements in the population's health and well-being through improved forecasting and assessment of needs at a place or population level; through clear identification of desired patient outcomes; and by planning and working collaboratively with local partners through the local Sustainability & Transformation Partnership, i.e. the Northamptonshire Health & Care Partnership ('NH&CP), to commission sustainable models of care to deliver these outcomes.

The NH&CP is a whole system partnership that oversees the strategic direction and plans for the Northamptonshire health and care system. The commissioning responsibility to the partnership is to scope the delivery challenge, and to frame the patient reported outcome measures, and the activity and finance envelope for changes. This process will be supported by a quality function that can test the state of preparedness of our delivery partners to make the required changes to services. The Committee will work collaboratively with the NH&CP with a view to agreeing and developing strategic commissioning plans, whilst remaining responsible to NHS Nene and Corby CCGs' Governing Bodies and ensuring that the statutory duties of the organisations are maintained.

The Joint Strategic Commissioning Committee will review 'long' list commissioning ideas from the locality commissioning functions and the NH&CP; consider planning guidance priorities; using NHS RightCare/Public Health methodologies combined with GIRFT provider opportunity data, consider the greatest priorities for system strategic commissioning; and consider patient engagement priorities relating to strategic commissioning programmes.

The Committee will provide leadership, support and guidance to the NH&CP, and will support the identification of the most optimal areas of opportunity for strategic commissioning of healthcare services to be tested by providers for opportunity realisation.

2. Statutory Framework

The NHS Act 2006 (as amended) ('the NHS Act'), was amended through the introduction of a Legislative Reform Order ("LRO") to allow CCGs to form joint committees. This means that – as a result of the LRO amendment to s. 14Z3 of the NHS Act - two or more CCGs exercising commissioning functions jointly may form a joint committee.

Joint committees are a statutory mechanism which gives CCGs an additional option for undertaking collective strategic decision making and this can include NHS England too, who may also make decisions collaboratively with CCGs.

Individual CCGs and NHS England will still always remain accountable for meeting their statutory duties. The aim of creating a joint committee is to encourage the development of strong collaborative and integrated relationships and decision-making between partners.

3. Overview

The Joint Strategic Commissioning Committee is a joint advisory committee established across NHS Nene CCG and NHS Corby CCG. It will provide the strategic leadership and operational co-ordination of commissioning activities relating to establishing the commissioning priorities for the CCGs and the NH&CP's Sustainability and Transformation Plan; the review of Business Cases for NH&CP programmes of work; and the design of and transition to future strategic commissioning arrangements.

The Committee is an advisory group that will make recommendations for formal adoption by the appropriate NHS Nene and NHS Corby CCG sub-committees / Governing Bodies in line with the CCGs' Standing Financial Instructions, and the Northamptonshire Health & Care Partnership Board in line with local governance arrangements.

4. Objectives

The objectives of the Strategic Committee are to:

- Establish the scope of opportunities for strategic commissioning and develop the activity, financial, and patient reported outcomes framework for these;
- Provide the strategic commissioning leadership and operational co-ordination relating to:
 - The development of joint CCGs' clinical commissioning strategies;
 - The development of joint CCGs' Commissioning Intentions and Operating Plan;
 - The prioritisation, planning and delivery of NH&CP strategic commissioning priorities;
- Provide a mechanism for joint decision making across NHS Nene and Corby CCGs, which will ensure quality and service outcomes are an integral part of the commissioned pathway;
- Develop a sustainable commissioning solution for the NH&CP footprint;
- Provide leadership and decision making relating to the transition to future strategic commissioning arrangements, which emphasise the importance of place based commissioning;
- Ensure that all disinvestment and decommissioning decisions are in line with the Joint CCGs policy;
- Consider future functions such as the joint commissioning of a range of specialist services; and
- Through Committee and commissioning decisions, support the development of new integrated care system arrangements and make recommendations to the CCG Governing Bodies.

5. Duties of the Committee

The Committee will:

- Develop commissioning strategies for the emerging provider market i.e. integrated care organisations;
- Receive and consider long-list commissioning ideas and opportunities;
- Oversee, agree and deliver joint Commissioning Intentions and commissioner operational plans;
- Oversee the delivery of the CCGs commissioning input into the STP process;
- Have operational oversight of the delivery of NH&CP strategic commissioning programmes of work;
- Ensure alignment between the CCGs' clinical commissioning strategy and its engagement and communication strategy;
- Co-ordinate the required communication, engagement and consultation processes for NH&CP strategic commissioning programmes of work;
- Explore and agree opportunities for risk management;
- Complete an option appraisal on future commissioning reform;
- Retain responsibility to agree service contracts with providers on issues outside of counting and coding changes; and
- Undertake a co-ordination role ensuring contractual arrangements and agreements align with and will support the delivery of the NH&CP programme.

6. Membership

The Committee shall be appointed by both Governing Bodies and membership will be comprised of the following:

- Secondary Care Doctor (Chair)
- Lay member for Finance and Planning (Deputy Chair)
- Director of Population Health and Strategy
- Director of Outcome Based Contracting
- Chief Nurse and Quality Officer or nominated Deputy
- Clinical Representative from NHS Corby CCG and NHS Nene CCG

7. Quorum, Frequency of meetings and required frequency of attendance

Attendance by the Clinical Representative, Chair or Deputy Chair and one Executive Director will constitute a quorum.

No business shall be transacted unless two members of the Committee are present, including the Director of Health Strategy and Planning (or nominated Deputy) and at least one of the Governing Body GPs. The Deputy Director of Corporate Affairs will monitor compliance with the Terms of Reference and will bring any non-compliance to the attention of the Governing Bodies. In addition, the post holder 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 Joint Governing Body meetings to ensure timely cascade of information to and from the Committee and both Governing Bodies. The agenda and supporting papers will be circulated to all members at least five working days before the date the meeting will take place. Extraordinary meetings may also be called giving at least five working days' notice before the meeting can take place.

Members of the Committee 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.

8. In attendance

The following will be in attendance:

- Public Health representative;
- Local Authority Director of Commissioning;
- Administrative Support

Others may be invited at the discretion of the Committee, although this will be in attendance only, and these individuals will not be entitled to vote on any matter. Deputies may attend with prior approval of the Chair but will not be entitled to vote.

9. Authority

The Committee is authorised by Nene and Corby CCGs Governing Bodies to investigate any activity within its terms of reference. The Committee shall make recommendations to both Governing Bodies through the Chair of the Committee as deemed appropriate on any area within its Terms of Reference where action or improvement is required. The Committee can also recommend the provision of expert advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

Corby and Nene 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. Executive members will vote on issues. In the event a consensus cannot be reached, the Chair shall have a second or casting vote. Anyone taking a dissenting view but losing a vote will have their dissent recorded in the Minutes.

10. Accountability and Reporting Arrangements

The Committee is accountable to and will report to the Governing Bodies on its proceedings after each meeting through a highlight report from the Chair of the Committee.

11. 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 that alignment of financial management functions.

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.

12. Declaration of interests

The chair, voting members with support from the secretarial manage any conflict of interest ensuring the CCGs policies are followed, including a record of any deputies nominated for special purpose e.g. to provide cover arrangements or in order to manage a conflict of interest.

All declarations of interest shall be minuted and added to the Conflict of Interest Register.

13. Administration

The Committee shall be supported administratively by resources from within the two CCGs whose duties in this respect will include:

- Review of the Terms of Reference in line with requirements
- Maintain agenda against work planner/cycle of business
- Agreement of the agenda with the Chair and attendees and collation of papers;
 - Circulation of agendas and supporting papers to Committee members at least five working days prior to the meeting
 - Other members of the Committee should submit their agenda items to the Chair or Deputy Chair
 - 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.
 - Maintain an on-going list of actions, specifying members responsible, timescales and keeping track of these actions
 - Drafting of minutes for approval by the Chair within five working days of the meeting and then distributed as outlined above within ten working days
- Keeping an accurate record of attendance

- Other officers or Governing Body members from either CCG may request or be required to attend meetings of the Committee when matters concerning their responsibilities are to be discussed or they are presenting papers submitted to the Committee.

14. 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.

15. FOI Reminder

The minutes (or sub-sections) of the Governing Body, unless deemed exempt under the Freedom of Information Act 2000, shall be made available to the public, through the meeting papers.

16. Equality Act

Each decision made/approved by the Joint Strategic Commissioning Committee should align to the CCGs commitment to equality and inclusion. And by doing so, the Joint Strategic Commissioning 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).