

Appendix Bi

Commissioning Committee Terms of Reference

1. CONSTITUTION

- 1.1. The Commissioning Committee is established by the Lancashire and South Cumbria Integrated Care Board (the Board or ICB) as a committee of the Board in accordance with its Constitution.
- 1.2. These Terms of Reference (ToR), which must be published on the ICB website, set out the membership, the remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the Board.
- 1.3. The Committee is a non-executive chaired committee of the Board, and its members are bound by the Standing Orders and other policies and procedures of the ICB.

2. AUTHORITY

- 2.1. The Committee is authorised by the Board to:
 - Investigate any activity within its terms of reference
 - seek any information it requires within its remit, from any employee or member of the ICB (who are directed to co-operate with any request made by the Committee) as outlined in these terms of reference
 - commission any reports it deems necessary to help fulfil its obligations
 - obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary to fulfil its functions. In doing so the Committee must follow any procedures put in place by the ICB for obtaining legal or professional advice
 - create groups in order to take forward specific programmes of work as considered necessary by the Committee's members. The Committee shall determine the membership and terms of reference of any such groups in accordance with the ICB's constitution, Standing Orders and Scheme of Reservation and Delegation (SoRD) but may not delegate any decisions to such groups.
- 2.2. For the avoidance of doubt, the Committee will act in accordance with the ICB's Constitution, Standing Orders, SFIs and Scheme of Reservation & Delegation.

3. PURPOSE

- 3.1. The Commissioning Committee (“the Committee”) exists to contribute to the overall delivery of the ICB’s strategic objectives by providing oversight and assurance to the Board that the ICB is discharging its statutory responsibilities for commissioning services that meet the needs of its population. The commissioning of services by the ICB is driven by the need to meet its core purpose defined by the four aims:
- a) improve outcomes in population health and healthcare
 - b) tackle inequalities in outcomes, experience and access
 - c) enhance productivity and value for money
 - d) help the NHS support broader social and economic development.
- 3.2. The committee will oversee the process of the annual integrated needs assessment and development and implementation of the 5-year Strategic Commissioning Plan refresh that sets out the commissioning intentions for the ICB over the next five years, informed by local data and intelligence, taking account of the neighbourhood health plans produced by and wellbeing boards, national planning commitments including national access and quality standards, and the 3 strategic shifts in the 10 Year Health Plan for England: Hospital to Community; Analogue to Digital; Sickness to Prevention
- 3.3. The committee will seek assurance that that the ICB’s strategic commissioning prioritisation framework is developed to reflect a clear and transparent approach to prioritisation of current and potential commissioning intentions and that the ICB involves residents, communities, staff and stakeholders in a meaningful and sustained way.
- 3.4. The Committee will also assess the ICB’s planning and processes for substantial service change proposals and seek assurance that proposals are in accordance with the ICBs legal duties around public engagement and consultation, NHSE statutory guidance and assurance process, Operational Scheme of Delegation and the ICB’s Service Change Policy.

4. DUTIES

4.1. Commissioned Health Care Services

- Review the **annual refresh of the 5-year Commissioning Plan and Commissioning Intentions** prior to submission to the board for approval, ensuring this is within approved budgets and takes account of the Medium-Term Planning Framework and any changes to local priorities
- Monitor the delivery of the annual commissioning plan against the achievement of the ICB’s Strategic Objectives.
- Ensure that plans for overall configuration of services commissioned explicitly consider local constraints including estates, capital, digital and data, and workforce

- Seek assurance that the 5-year Strategic Commissioning Plan is addressing the outcomes of the annual integrated needs assessment and the annual baseline mapping of commissioned healthcare services
- Seek assurance that the **ICB's strategic commissioning prioritisation framework** reflects national best practice and that there is a clear and transparent approach to prioritisation of current and potential commissioning intentions.
- Ensure that, through an evaluation approach, any gaps or challenges in the achievement of agreed commissioning intentions are understood and that there are plans to address, including shaping the provider landscape through strategic market management and contract redesign
- Seek assurance that each commissioning intention includes defined outcomes and metrics; clear milestones and delivery timescales; delivery scale (for example, neighbourhood, place, ICB, pan-ICB); governance arrangements (including any proposed delegation to providers) and monitor delivery of the annual and medium-term intentions
- Oversee proposals for **scales of commissioning** (OPIC, multi-ICB, system, place and neighbourhood, joint commissioning with local government) and ensure these align to the overall strategy, prior to board approval
- Review proposals for the launch of procurements for healthcare services within planned budget or new investment in compliance with the PSR, including the timeline for procurement and the service specification
- Monitor and scrutinise achievement against the General Practice Quality Contract and Local Enhanced Services commissioned through the GP contract.

4.2. **Patient and Public Involvement**

- Seek assurance that the ICB is delivering against its ambitions in relation to Working with People and Communities and that the ICB delivers its statutory function for involvement, engagement and communications, and that the ICB has involved residents, communities, staff and stakeholders in a meaningful and sustained way.

4.3. **Strategy and Plans**

- Review the ICB's **annual Integrated Needs Assessment** prior to board approval – including analysis of the gap between current provision and desired future provision, and seek assurance that the assessment is founded on joined-up, person-level data and intelligence and that it sets out a detailed understanding of the local population and their needs now and in the future
- Review the ICB's **annual baseline mapping exercise** prior to submission to the board - including a risk assessment of the healthcare services commissioned by the ICB including activity, costs, demand, capacity and access waiting times and waiting lists, and seek assurance that the reviews have been conducted in

partnership with commissioned providers, local authority, VCSFE sector, and those with lived experience

- Seek assurance that ICB is using the map, with the integrated needs assessment to analyse the gap between current provision and desired future provision and inform the 5-year commissioning plan, and strategic commissioning intentions.
- Monitor delivery against **the ICB's digital plan**, ensuring it builds digital capability to inform better decision-making, support improved population health, enable improved patient care and experience, and drive efficiency and integration, and oversee an annual update to the plan, for assurance to the board.

4.4. **Service Change**

- Seek assurance that the planning process and approach applied for proposed substantial service changes is in accordance with the ICB's legal duties, NHSE statutory guidance and assurance process, use of best practice methodology for public engagement and/or consultation and that the ICB complies with its public sector equality duties during the change process.
- Review any case for change, pre-consultation business case, decision-making business case, prior to Board approval
- Ensure the Board are appraised of any such plans, highlighting any areas of risk including clinical safety related to a proposed programme of change to the Board.
- Review implementation plans, with assurance that any resource needs have been considered and costs approved in line with the operational scheme of delegation, and receive regular progress reports, including any risks or issues
- Ensure that the outcomes of the change are evaluated and receive assurance of the success of the programme of change.

Temporary service change will be overseen via the Executive Committee, in line with the ICB's Service Change Policy.

4.5. **Other**

- Approval of clinical commissioning policies and any business case proposals aligned to such policies.
- Review and monitor those risks on the Board Assurance Framework, and Operational Risk Register which relate to the business of the committee.
- Monitor the quality of data that informs the work of the Committee; this includes review of the timeliness, accuracy, validity, reliability, relevance and completeness of data.

5. **MEMBERSHIP AND ATTENDANCE**

The Committee members shall be agreed by the Board in accordance with the ICB Constitution. When determining the membership of the Committee, active consideration will be made to equality, diversity and inclusion.

The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters, or where there is deemed to be a conflict of interest that cannot be managed within the meeting.

5.1 Chair and Deputy

The Committee will be chaired by a non-executive member of the ICB board. In the event of the Chair being unable to attend all or part of the meeting, a non-executive from within the Committee's membership will be nominated to deputise as chair for that meeting.

If the Chair has a conflict of interest, then the deputy chair or, if necessary, another member of the Committee will be responsible for deciding the appropriate course of action. The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives of the Committee as set out in these terms of reference.

5.2 Membership

The Committee will have nine members, comprised as follows:

- a) Two Non-Executive Members of the Board (one to be the committee Chair)
- b) One independent member
- e) Chief Nurse or Medical Director
- f) Chief Commissioning Officer
- g) Chief Finance Officer
- h) Chief Strategy and Planning Officer

5.3 Attendance by Invitation

Other individuals may be invited to attend all or part of any meeting as and when appropriate to assist it with its discussions on any particular matter.

6. MEETING QUORACY AND DECISIONS

6.1 Quoracy

The committee will be quorate with a minimum of six members present, to include at least three non-executive member/independent/partner members and two executive members, one being the Chief Strategy and Planning Officer or Chief Commissioning Officer (***not deputies for both**).

If any member of the Committee has been disqualified from participating in an item on the agenda, by reason of declaration of conflicts of interest, then that individual shall no longer count towards the quorum. Where known, all declarations of interest should be made in

advance of the meeting to allow planning for changes in quoracy during the course of a meeting.

If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

6.2 Nominated Deputies

*Nominated Deputies may attend by exception for executive members with the approval of the Committee Chair, and it is expected that the nominated individual will be the regular deputy.

6.2 Decision making and voting

Decisions will be taken in accordance with the Standing Orders. The Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.

Only members of the Committee may vote. Each member (or nominated deputy) is allowed one vote, and a majority will be conclusive on any matter. In no circumstances may an absent member vote by proxy.

Where there is a split vote, with no clear majority, the Chair will hold the casting vote. The result of the vote will be recorded in the minutes. If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis. Where such action has been taken between meetings, then these will be reported and recorded at the next meeting.

7. BEHAVIOURS AND CONDUCT

7.1 ICB values

Members will be expected to conduct business in line with the ICB values and objectives. Members of, and those attending, the Committee shall behave in accordance with the ICB's Constitution, Standing Orders, and Standards of Business Conduct Policy.

7.2 Equality and diversity

Members must demonstrably consider the equality and diversity implications of decisions they make.

8. REPORTING

The Committee is directly accountable to the ICB. The minutes of meetings shall be formally recorded, and a summary report prepared for the next ICB Board. The Chair of the Committee shall report to the Board (public session) after each meeting and provide a report on assurances received, escalating any concerns where necessary.

The Committee will advise the Audit Committee on the adequacy of assurances available and contribute to the Annual Governance Statement.

The Committee will receive scheduled assurance report from its delegated sub committees or groups. Any delegated sub committees or groups would need to be agreed by the committee.

9. MEETING ARRANGMENTS

The Committee is not a meeting held in public. Meetings of the Committee will be scheduled on a monthly basis, and the Committee will meet no less than five times per year, with the frequency being reviewed after an initial 12-month period. Members of the Committee are expected to attend all meetings wherever possible.

Additional meetings may be convened on an exceptional basis at the discretion of the Committee Chair.

Part 2 meetings may take place where due to a confidential nature the item requires restricted membership and observation. Where such a meeting is called, the Chair must agree for any named deputies to be permitted.

The committee shall normally meet virtually via MS Teams, unless agreed otherwise by the Chair of the committee.

The Committee may meet virtually using telephone, video and other electronic means. Where a virtual meeting is convened, the usual process for meetings of the Committee will apply, including those relating to the quorum.

Virtual attendance at in-person meetings will be permitted at the discretion of the Chair.

9.1 Secretariat and Administration

The Committee shall be supported with a secretariat function which will include ensuring that:

- The agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant executive lead;
- Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements;
- Records of members' appointments and renewal dates are held and the Board is prompted to renew membership and identify new members where necessary;
- Good quality minutes are taken and agreed with the chair and that a record of matters arising, action points and issues to be carried forward are kept;
- A Summary Report of the minutes, including key discussions, decisions and any areas of concern or assurance is prepared for the Chair to present at the Board;
- The Chair is supported to prepare and deliver reports to the Board;
- The Committee is updated on pertinent issues/ areas of interest/ policy developments;
- Action points are taken forward between meetings and progress against those actions is monitored.

10. DECLARATIONS OF INTEREST

All members, ex-officio members and those in attendance must declare any actual or potential conflicts of interest which will be recorded in the minutes. Anyone with a relevant or material interest in a matter under consideration will be excluded from the discussion at the discretion of the Committee Chair.

11. REVIEW

The committee will review its terms of reference and its effectiveness at least annually.

These terms of reference will be reviewed more frequently if required. Any proposed amendments to the terms of reference will be submitted to the Board for approval.

The Committee will utilise a continuous improvement approach in its delegation and all members will be encouraged to review the effectiveness of the meeting at each sitting.

Date of approval:

Date of review:

DRAFT