STRATEGIC COMMISSIONING COMMITTEE

TERMS OF REFERENCE

Document Control			
Title	Lancashire and South Cumbria STRATEGIC COMMISSIONING COMMITTEE Terms of Reference		
Responsible Person	Independent Chair		
Date of Approval			
Approved By	Clinical Commissioning Group Governing Bodies		
Author	Jerry Hawker		
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The version of the policy posted on the intranet must be a PDF copy of the approved version			
Constitutional Document		**Yes** ☑	**No**
Requires an Equality Impact Assessment		**Yes**	**No** ☑

Amendment History		
Version	**Date**	**Changes**
2	25/01/2021	Updated wording to incorporate change to a Strategic Commissioning Committee
3	15/04/2021	Strategic Commissioning Committee approved
4	15/04/2021	Membership CCG representatives clarified
5	12/8/2021	Membership review following Amanda Doyle's departure as ICS Lead and other interim ICS Executive Director appointments
5	9/9/21	Strategic Commissioning Committee approved

1.	The Purpose of the Strategic Commissioning Committee
1.1	The primary role of the Strategic Commissioning Committee (SCC) will be to focus on delivery and decision making for the LSC population (transition to ICS and Place Partnerships) operating in a shadow ICS Committee role, but with the authority to make decisions at a Lancashire and South Cumbria level through the statutory vehicle of the Joint Committee of CCGs. This maximizes the potential of "One decision – One committee". The establishment of the Committee continues to comply with and supports each statutory commissioning organisational requirements in 2021/22. The decision-making role of the LSC Strategic Commissioning Committee (using JCCCG as the statutory vehicle for single decision making) are: • Strategic commissioning decisions for all ICS Priority Programmes • ICS level Quality and Performance assurance and oversight • ICS level financial, activity and contract assurance and sign-off • NHSE "Single point of Contact" for assurance framework • Consultation oversight and approval • Delegation and funding arrangements to place (via "place representatives") • Strategic co-ordination of joint commissioning arrangements with Local Authorities (s75/BCF etc.) • Approval of the annual commissioning work programme • Assurance and oversight of CCG Transition Management (statutory transition). The purpose of the Committee is to bring together the leadership of the eight Lancashire and South Cumbria Clinical Commissioning Groups (JCCCGs) together with ICS strategic commissioning leaders who have collectively committed to improve and transform health and care services across the area, delivering the highest quality of care possible within the resources available. The work of the Committee is designed to deliver on the ambitions, commitments and priorities set out in the NHS Long Term Plan and the Lancashire and South Cumbria ICS Strategy. The Strategic Commissioning Committee will aim to: a. Reduce unwarranted variation in the range and quality of services available to people living in different boroughs in Lancashire and South Cumbria by improving outcomes in areas that are below average and driving up outcomes overall b. Ensure key clinical standards are consistently met across the patch, so that all people receive the highest possible care and best outcomes c. Provide a joined-up approach to the commissioning of acute, community and mental health services, enabling the commissioners to work effectively with major health and care providers to ultimately improve quality of outcomes for patients d. Work collectively to ensure progress towards and ultimately delivery of financial sustainability (agreed control totals) at both ICP and ICS levels

	e. Provide leadership in developing new ways of working as set-out in the NHS Plan including: i. Supporting the continuing establishment of the Lancashire and South Cumbria ICS ii. Reform of the commissioning system iii. Development of integrated care partnerships.
1.2	The primary purpose of the Committee is to take collective commissioning decisions about services provided to the Lancashire and South Cumbria population.
1.3	Decisions will be taken by the Committee in accordance with delegated authority from their respective organisation.
1.4	Guiding principles: The Lancashire and South Cumbria Strategic Commissioning Committee will adhere to the following principles already adopted by the Healthy Lancashire and South Cumbria (HLSC) Programme: • People and patients come first – delivering parity of esteem and outcomes – fairness and timeliness of access to support • Delivering a clinically and financially sustainable health and care system across HLSC • Clinically-led, co-design and collaboration across HLSC health and care system, delivering integrated support • Aligning priorities across local health and care systems and organisations – managing sovereignty and risk • Prioritised effort on greatest benefit – improving quality and outcomes efficiently and effectively • Ensuring Value for Money. Getting it right first time • Alignment of effort and resource across the system • Built upon innovation, international evidence and proven best practice • Subsidiarity with clear framework of mutual accountability.
1.5	The Committee will meet collaboratively with NHS England (NHSE) to make decisions in respect of those services within the ICS, which are directly commissioned by NHSE.

2.	**Geographic Coverage**
2.1	The Committee shall cover the geographic footprint of the Lancashire and South Cumbria Integrated Care System (ICS)
2.2	The Strategic Commissioning Committee acts wholly and entirely as a vehicle to discharge the same delegated authority as the preceding Joint Committee of Clinical Commissioning Groups ('**JCCCGs**') and therefore must retain membership from: • NHS Blackburn with Darwen CCG; • NHS Blackpool CCG; • NHS Chorley & South Ribble CCG; • NHS East Lancashire CCG; • NHS Fylde & Wyre CCG;

	• NHS Greater Preston CCG; • NHS Morecambe Bay CCG; • NHS West Lancashire CCG.
2.3	Specialised services commissioned by NHS England for the population of Lancashire and South Cumbria whilst outside the delegated authority of the Committee will be involved through a collaborative commissioning arrangement.
2.4	Services commissioned by Local Authorities for the population of Lancashire and South Cumbria whilst outside the delegated authority of the Committee will be involved through, wherever appropriate, a collaborative commissioning arrangement (including BCF/iBCF/Section 75s etc.)

3.	**Accountability & Responsibility - Statutory Framework**
3.1	The NHS Act 2006 (as amended) was amended through the introduction of a Legislative Reform Order (LRO 2014/2436) to form joint committees. This means that two or more CCG's exercising commissioning functions jointly may form a joint committee as a result of the LRO amendment to s.14Z3 of the NHS Act, which created s.14Z3 (2A). Joint committees are statutory mechanisms which enable CCGs to undertake collective decision making.
3.2	The CCGs named in paragraph 2.2 above, have delegated the functions set out in Schedule 1 to the Strategic Commissioning Committee for commissioning services and functions as set-out in section 1.1.
3.3	Joint committees are a statutory mechanism, which gives CCGs an additional option for undertaking collective strategic decision making. Whilst NHSE will make decisions on Commissioning Specialised services separate from the Joint Committee, it has been decided that decisions on those services will be undertaken on a collaborative basis. This will allow sequential decisions to be undertaken allowing clarity of responsibility, but also recognising the linkage between the two decisions.
3.4	Individual CCGs and NHSE will still always remain accountable for meeting their statutory duties. The aim of creating a Strategic Commissioning committee is to support strong collaborative and integrated relationships and decision-making between partners.

4.	**Role of the Strategic Commissioning Committee of CCGs**
4.1	The overarching role of the Committee is to take collective commissioning decisions about services provided for the Lancashire and South Cumbria population. Decisions will be taken by the Committee in accordance with delegated authority from their organisation. Members will represent the whole Lancashire and South Cumbria population and make decisions in the interests of all patients.
4.2	Decisions will support the strategy, aims and objectives of the Lancashire and South Cumbria ICS and will contribute to the sustainability and transformation of local health and social care systems. The Committee will at all times, act in accordance with all relevant laws and guidance applicable to the membership.

4.3	The role of the committee will be to exercise the collective functions of the Membership with respect to: a) Delegated decision-making authority (level 1) on commissioning services across Lancashire and South Cumbria as agreed within these terms of reference and each member CCG Scheme of Reservation & Delegation b) Making collective recommendations (level 2) to each member CCG Governing Body on commissioning services across Lancashire and South Cumbria which fall outside of the CCG Schemes of Reservation and Delegation c) Making collective recommendations (level 2) to each member CCG Governing Body on developing new ways of working as set-out in the NHS Plan, including; i. supporting the continuing establishment of the Lancashire & South Cumbria ICS ii. future options for the reform of commissioning iii. development of integrated care partnerships.
4.4	The Committee will develop an annual work programme (Example in Schedule 3) which will be agreed and approved by the Committee and shared with each CCG Governing Body and partner.
4.5	The role described in 4.3 includes, but is not limited to the following activities, which are aligned to those set-out in Appendix 1. • Acting to secure continuous improvement in the quality of commissioned services, including outcomes for patients, safety and patient experience • Duty to promote the NHS Constitution • Due regard to the finance duties imposed on CCGs and partner organisations under the NHS Act 2006 including ensuring the means of meeting expenditure out of public funds • Duty to ensure that process and decisions comply with the NHS Guidance on Planning, assuring and delivering service change for patients (including but not limited to Case for changes, service models and decision-making business cases) • Statutory duties with respect to public engagement and consultation (including Local Authorities and associated committees) • Complying with public sector equality duty.

5.	**Decision Making**
5.1	The primary purpose of the Committee is to take collective commissioning decisions about services provided to the Lancashire and South Cumbria population.
5.2	Committee members will make decisions in the best interests of the whole Lancashire and South Cumbria population, rather than the population of the CCG Governing Body or partner organisation they are drawn from.
5.3	At all times, the Committee, through undertaking the decision-making function of each member, will act in accordance with the terms of their Constitutions, Scheme of Reservation & Delegation and the functions set-out in Schedule 1.
5.4	The decision of the Committee will be binding on all member organisations.

5.5	***Decision making authority level definition:*** ***Level 1:*** *where decision making authority is within the delegated authority of the Committee as outlined within its Terms of Reference (section 1.1) and where a decision(s) undertaken by the Joint Committee will be final and binding on all member organisations.* ***Level 2:*** *Any decision that effects the statutory authority of an organisation and deemed outside the delegated authority of the Committee.* *In the case of CCGs the following areas are considered to be level 2 and will continue to be reserved for decisions solely to be made by individual Governing Bodies or their Membership Councils (or equivalents). This includes all non-delegable duties:* • *Statutory sign-off of 2020/21 CCG Annual Report and Accounts* • *Statutory sign-off of ICS determined 2020/21 allocations and budget* • *CCG Primary Care Commissioning* • *Statutory sign-off of CCG transitional arrangements* • *Statutory sign-off off 2021/22 CCG Annual Report & Accounts* • *External / Internal Audit requirements* • *Mandatory/statutory duties for staff* • *Changes to CCG Constitutions.*

6.	**Voting**
6.1	The Committee will aim to make decisions by consensus wherever possible. Where consensus is not reached the committee will determine a decision by a vote of the voting membership (or their deputies).
6.2	Recommendations can only be approved if there is approval by more than 75% of the voting membership (or their deputies) in attendance at the meeting.

7.	**Membership**
7.1	Membership of the committee will combine both voting and Non-voting members and will comprise of: -
7.2	Voting members: • All CCG Chairs (includes minimum four Clinical Chairs) • All CCG AOs • ICS Chief Officer • Lead CFO • ICS Executive Director of Nursing and Quality • 2 x CCG Lay Members • ICS Director of Finance • ICS Executive Director of Commissioning • ICS Medical Director • Local Authority Commissioning Representative(s) • NHSE Commissioning Representative • A vice chairman to be elected from the membership of the CCG Chairs by the members and who will retain their voting rights

	• A CCG Audit Chair who will act as the Conflicts of Interest Guardian to be elected from the membership and who will retain their voting rights.
7.3	Non-voting members: • The Independent Chair of the Strategic Commissioning Committee • ICS Director of HR and OD • ICS Director of Provider Sustainability • Group Commissioning Support Representative (MLCSU) • ICS Provider Collaborative Representative • NHS England Locality Director • A Healthwatch representative nominated by the local Healthwatch groups • Other such representation as the Committee deems appropriate.
7.4	Committee members may nominate a suitable deputy when necessary and subject to the approval of the Chair of the Committee. All deputies should be fully briefed and the secretariat informed of any agreement to deputise, so that quoracy can be maintained.
7.5	No person can act in more than one role on the Committee, meaning that each deputy needs to be an additional person from outside the Committee membership.

8.	**Meetings**
8.1	The Committee shall adopt the standing orders of Blackpool CCG, insofar as they relate to the: a) notice of meetings b) handling of meetings c) agendas d) circulation of papers e) conflicts of interest. Notice of Meetings and the Business to be transacted (1) Before each meeting of the Committee, a clear agenda and supporting documentation, specifying the business proposed to be transacted shall be sent to every member of the committee at least six clear days before the meeting. The agenda and papers will also be published on the Healthier Lancashire and South Cumbria website. (2) No business shall be transacted at the meeting, other than that specified on the agenda, or emergency motions allowed under Standing Order 3.8. (3) Before each public meeting of CCG Governing Body meetings, a public notice of the time and place of the next Committee meeting and the public part of the agenda shall be displayed on the CCG's website, at least three clear days before the meeting.

9.	**Quorum**
9.1	At least one voting member (or nominated deputy) from each CCG must be present for the meeting to be Quorate. At least 75% of the voting members must be present for the meeting to be Quorate.

	It is the responsibility of each organisation to ensure that they have a voting member present at all Committee meetings. In the exceptional circumstances that an organization cannot field a representative, the organisation must communicate this information to the independent chair in advance of the meeting.
10.	**Frequency of Meetings**
10.1	Frequency of meetings will usually be monthly, but as and when required, in line with priorities.

11.	**Meetings of the Committee**
11.1	Meetings of the Committee shall be held in public, unless the Committee considers that it would not be in the public interest to permit members of the public to attend a meeting or part of a meeting. Therefore, the Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings), whenever publicity would be prejudicial to the public interest, by reason of the confidential nature of the business to be transacted, or for other special reasons stated in the resolution and arising from the nature of that business, or of the proceedings, or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.
11.2	Members of the Committee have a collective responsibility for the operation of the Committee. They will participate in discussion, review evidence and provide objective expert input to the best of the knowledge and ability and endeavor to reach a collective view.
11.3	The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.
11.4	The Committee has the power to establish sub-committees and working groups and any such groups will be accountable directly to the Committee.
11.5	Members of the Committee shall respect confidentiality requirements as set out in the Standing Orders referred to above, unless separate confidentiality requirements are set out for the Committee, in which event these shall be observed.

12.	**Secretariat Provisions**
12.1	The agenda and supporting papers will be circulated by email, five working days prior to the meeting. The agenda and papers will be published on each member's website and the Healthier Lancashire and South Cumbria website.
12.2	Papers may not be tabled without the agreement of the Chair.
12.3	Minutes will be taken and distributed to the members within 14 working days after the meeting.
12.4	Minutes will be published in the public domain, unless there are discussions which need to be recorded confidentially - in which case there will be recorded separately and will not be made public.

12.5	Agenda and papers to be agreed with the Chairman seven working days before the meeting.

13.	Reporting
13.1	The Committee will hold annual engagement events to review aims, objectives, strategy and progress. The Committee will also publish an annual report on progress made against objectives.

14.	Decisions
14.1	The Committee will make decisions within the bounds of the scope of the functions delegated.
14.2	The decisions of the Committee shall be binding on all member CCGs, which are: Blackburn with Darwen CCG; Blackpool CCG; Chorley and South Ribble CCG; East Lancashire CCG; Fylde and Wyre CCG; Greater Preston CCG; Morecambe Bay CCG; West Lancashire CCG.
14.3	All decisions undertaken by the Committee will be published by the Clinical Commissioning Groups and all other member organisations.

15.	Conflicts of Interest
15.1	The Committee shall hold and publish a register of interests. Each member and attendee of the committee will be under a duty to declare any such interests. Any interest related to an agenda item should be brought to the attention of the Chair in advance of the meeting or notified as soon as the interest arises and recorded in the minutes. Any changes to these interests should be notified to the Chair.
15.2	To further strengthen scrutiny and transparency of the' decision-making processes, the Committee will have a Conflicts of Interest Guardian (akin to a Caldicott Guardian). This role should be undertaken by a nominated CCG audit chair, provided they have no provider interests, as audit chairs already have a key role in conflicts of interest management. The role of the Conflicts of Interest Guardian will be in-line with the requirements set-out in NHS England's "Managing Conflicts of Interest: Revised Statutory Guidance for CCG's 2017".
15.3	All members of the Committee and participants in its meetings shall comply with, and are bound by, the requirements in the relevant organisations Constitutions, Policies, and the Standards of Business Conduct for Public Sector staff and NHS Code of Conduct.

16	Review of Terms of Reference
16.1	These terms of reference will be formally reviewed by the Committee at least annually, taking the date of the first meeting, following the year in which the committee is created

	and may be amended by mutual agreement between the committee members at any time to reflect changes in circumstances as they may arise.

17.	**Withdrawal from the Committee**
17.1	Should this joint commissioning arrangement prove to be unsatisfactory, the Governing Body of any of the member organisations can decide to withdraw from the arrangement, but has to give six months' notice to partners, with new arrangements starting from the beginning of the next new financial year.

Schedule 1 - Delegation by CCGs to the Strategic Commissioning Committee

A. As required to achieve the purpose of the Committee the following CCG functions will be delegated to the Strategic Commissioning Committee by the member CCGs in accordance with their statutory powers under s.14Z3 of the NHS Act 2006 (as amended). S.14Z3 allows CCGs to make arrangements in respect of the exercise of their functions and includes the ability, in s.14Z3 (2A), for two or more CCGs to create a Joint Committee to exercise functions. The delegated functions relate to the health services provided to the member CCGs by all providers they commission services from in the exercise of their functions.

B. The Lancashire and South Cumbria ICS focuses on achieving clinical quality standards in the services listed below provided by the NHS Trusts (and other providers) within the ICS. As part of this work, it is necessary to consider interdependencies between these services and any other services that are affected. The relevant services are:

a. All elements of the programme, including the Case for Change, evaluation criteria, options, communications plan and such like.
b. Such other services not set out above, which the CCG members of the Committee determine should be included in the programme of work.

C. Each member CCG shall also delegate the following functions to the Committee, so that it can achieve the purpose set out in (A) above:

a. Acting with a view to securing continuous improvement to the quality of commissioned services in so far as these services are included within the scope of the programme. This will include outcomes for patients with regard to clinical effectiveness, safety and patient experience to contribute to improved patient outcomes across the NHS Outcomes Framework.
b. Promoting innovation, in so far as this affects the services included within the scope of the programme, seeking out and adopting best practice, by supporting research and adopting and diffusing transformative, innovative ideas, products, services and clinical practice within its commissioned services, which add value in relation to quality and productivity.
c. The requirement to comply with various statutory obligations, including making arrangements for public involvement and consultation throughout the process. That includes any determination on the viability of models of care pre-consultation and during formal consultation processes, as set out in s.13Q, s.14Z2 and s.242 of the NHS Act 2006 (as amended) ('the Act').
d. The requirement to ensure process and decisions comply with the five key tests for service change introduced by the last Secretary of State for Health, which are:
    - Support from GP commissioners;
    - Strengthened public and patient engagement;
    - Clarity on the clinical evidence base;
    - Consistency with current and prospective patient choice.

e. The requirement to comply with the statutory duty under s.149 of the Equality Act 2010 i.e. the public sector equality duty.

f. The requirement to have regard to the other statutory obligations set out in the new sections 13 and 14 of the NHS Act. The following are relevant but this is not an exhaustive list:
13C and 14P - Duty to promote the NHS Constitution
13D and 14Q - Duty to exercise functions effectively, efficiently and economically
13E and 14R – Duty as to improvement in quality of services
13G and 14T - Duty as to reducing inequalities
13H and 14U – Duty to promote involvement of each patient
13I and 14V - Duty as to patient choice
13J and 14W – Duty to obtain appropriate advice
13K and 14X – Duty to promote innovation
13L and 14Y – Duty in respect of research
13M and 14Z - Duty as to promoting education and training
13N and 14Z1- Duty as to promoting integration
13Q and 14Z2 - Public involvement and consultation by NHS England/CCGs
13O - Duty to have regard to impact in certain areas
13P - Duty as respects variations in provision of health services
14O – Registers of Interests and management of conflicts of interest
14S – Duty in relation to quality of primary medical services

g. The Committee must also have regard to the financial duties imposed on CCGs under the NHS Act 2006 and as set out in:
- 223G – Means of meeting expenditure of CCGs out of public funds
- 223H – Financial duties of CCGs: expenditure
- 223I - Financial duties of CCGs: use of resources
- 223J - Financial duties of CCGs: additional controls of resource use.

h. Further, the Committee must have regard to the Information Standards as set out in ss.250, 251, 251A, 251B and 251C of the Health & Social Care Act 2012 (as amended).

i. The expectation is that CCGs will ensure that clear governance arrangements are put in place, so that they can assure themselves that the exercise by the Committee of their functions is compliant with statute.

j. The Committee will meet the requirement for CCGs to comply with the obligation to consult the relevant local authorities under s.244 of the NHS Act and the associated regulations.

k. To continue to work in partnership with key partners e.g. the Local Authority and other commissioners and providers to take forward plans so that pathways of care are seamless and integrated within and across organisations.

l. The Committee will be delegated the capacity to propose, consult on and agree future service configurations that will shape the medium and long terms financial plans of the constituent organisations. The Joint Committee will have no contract negotiation powers meaning that it will not be the body for formal annual contract negotiation between commissioners and providers. These processes will continue to be the responsibility of Clinical Commissioning Groups and NHS England under national guidance, tariffs and contracts during the pre-consultation and consultation periods.

D. The role of the Committee shall be to carry out the functions relating to decision making on pertinent Lancashire and South Cumbria wide commissioning issues that arise from the programme. This includes, but is not limited to, the following activities:

- Determine the options appraisal process;

- Determine the method and scope of the engagement and consultation processes;
- Act as the formal body in relation to consultation with the Joint Overview and Scrutiny Committees established for relevant consultation by the applicable Local Authorities;
- Make any necessary decisions arising from a pre-consultation Business Case (and the decision to run a formal consultation process);
- Approve relevant consultation plans;
- Approve the text and issues on which the public's views are sought in all documentation associated with the formal consultation process;
- Take or arrange for all necessary steps to be taken to enable the CCG to comply with its public sector equality duties;
- Approve the formal report on the outcome of the consultation that incorporates all of the representations received in response to the consultation document in order to reach a decision;
- Make decisions about future service configuration and service change, taking into account all of the information collated and representations received in relation to the consultation process. This should include consideration of any recommendations made by the ICS Board, or views expressed by the Joint Health Overview and Scrutiny Committee or any other relevant organisations and stakeholders.

At all times, the Committee, through undertaking the decision-making function of each member CCG will act in accordance with the terms of their constitutions. No decision outcome shall impede any organisation in the fulfillment of its statutory duties.

Schedule 2 - List of Voting Members

Organisation	Representative
Blackburn with Darwen CCG	Graham Burgess Dr Julie Higgins
Blackpool CCG	Roy Fisher Beth Goodman
Chorley & South Ribble CCG	Dr Lindsey Dickinson Denis Gizzi
East Lancashire CCG	Dr Richard Robinson Dr Julie Higgins
Fylde & Wyre CCG	Dr Adam Janjua Beth Goodman
Greater Preston CCG	Dr Sumantra Mukerji Denis Gizzi
Morecambe Bay CCG	Dr Geoff Joliffe Anthony Gardner/Hilary Fordham
West Lancashire CCG	Dr Peter Gregory Paul Kingan
Lancashire & South Cumbia ICS	Andrew Bennett (ICS Director of Commissioning – vacant position) Andy Curran Gary Raphael Jane Scattergood (representing L&SC Chief Nurses)
NHSEI	Nicola Adamson
Local Authority Representatives	TBC

2 x CCG Lay Member	David Swift (Conflicts of Interest Guardian) Debbie Corcoran
Lead CFO	Paul Kingan

Schedule 3: EXAMPLE OF A WORK PROGRAMME AND DELEGATION LEVELS

Service/ Subject	Executive Sponsor	Description	Key Output	Level of Decision making
Urgent Care	David Bonson	Approve updated Urgent and Emergency Care strategy for Lancashire and South Cumbria which will be developed in response to the national strategy.	Strategy Document	Level 1
SEND	Julie Higgins	Collaborative work between CCGs and Lancashire County Council to deliver the 2019-2020 Lancashire SEND partnership improvement plan with specific delivery of a commissioning plan, evaluation and monitoring system, implementation of the neuro developmental diagnostic pathway; speech and language and occupation therapy service reviews; consistency in multiagency school readiness pathway.		Level 1
Mental Health	Andrew Bennett	Agree action plan for commissioners which may arise from the external review of the urgent care mental health system in Lancashire being undertaken by Northumberland Tyne and Wear NHS Foundation Trust.	Action Plan	Level 1
Individual Patient Activity (IPA)	Jerry Hawker	Agree a single commissioning and operating model across Lancashire & South Cumbria, appropriately resourced, with the right staff, in the right place at the right time across the ICS, ICPs and neighbourhoods. Agree a single governance, business intelligence and delegated financial framework with accountability to the ICS and JCCCGs.	Proposed Commissioning Model	Level 1 Level 1

Cancer	Denis Gizzi	Agree recommendations for commissioners which arise from Cancer transformation programme.	Set of Recommendations	Level 1
Cancer/ Workforce	Denis Gizzi	Agree the Outline Business Case for Oncology Advanced Clinical Practitioners.	Outline Business Case	Level 1
Specialist weight management services	Clare Thomason	Approve a case for change for multi-agency action in relation to obesity and specialist weight management.	Case for Change	Level 1
Stroke	Andrew Bennett	Agree options for the configuration of Hyper Acute and Acute stroke services. Review and approve outline business case. Decide on requirement and readiness to consult. Approve full business case . Review outcomes of consultation. Consider and approve commissioning approach and approve delivery plan.	Case for Change Outline Business Case Full Business Case	Level 1 Level 1 Level 1
Commissioning Policies	Andrew Bennett	Agree updated commissioning policies developed collectively for all CCGs. Agree updated medicines management policies developed collectively for all CCGs.	Policy Documents	Level 1
Vascular	Talib Yaseen	Agree operating model for vascular services across Lancashire and South Cumbria.	Case for Change Service (operating) model	Level 1
Commissioning development	Andrew Bennett	Agree recommended operating models and implementation plans arising from Commissioning Development Framework programme.	Commissioning Framework	Level 1
Children and Young People's Mental Health	TBA	Approve clinical model for CYP Mental Health services across Lancashire and South Cumbria. Approve transition and implementation plan for clinical model.	Clinical Model and implementation plan	Level 1
Children and Maternity	Arif Rajpura	Approve case for change for paediatric services.	Case For Change	Level 1
Primary Care	Amanda Doyle	Approval of ICS Strategy for Primary Care.	ICS Strategy	Level 1
Planned Care	Andrew Harrison	Agree prioritised list of pathways and timeline for development of outcome based consistent clinical pathways across Lancashire and South Cumbria.	Clinical Pathways	Level 1

Learning Disability	Andrew Bennett	Agree clinical model of non-secure, specialist inpatient provision for Learning Disabilities and Autism within the Lancashire and South Cumbria footprint.	Clinical Model	Level 1
Integrated Commissioning (on LCC footprint)	Julie Higgins/Jerry Hawker	Collaborative work between CCGs and Lancashire County Council to build a common platform for integrated commissioning at an ICP level: Initiation to proof of concept phase:- scope principles, commitment and approaches, for the integration agenda building on BCF; test two areas for "in view" budget management leading to transformation for intermediate care and mental health section 117.	Integrated Commissioning platform	Level 2

Decision making authority level definition:

Level 1: *where decision making authority is within the delegated authority of the Joint Committee as outlined within its Terms of Reference and where a decision(s) undertaken by the Joint Committee will be final and binding on all member CCGs*

Level 2: *where health and social care commissioning areas and operational functions affect / impact on the population of Lancashire & South Cumbria (or wider) are considered by the Committee and any decision(s) undertaken by the Committee form the basis of endorsements and recommendations to the Governing Bodies of each member CCG, and other decision-making bodies.*