

NHS Sandwell & West Birmingham Clinical Commissioning Group

Governing Body's Strategic Commissioning & Redesign Committee

Terms of Reference

1. Introduction

The Strategic Commissioning & Redesign Committee (the 'Committee') is established in accordance with paragraph 6.4.3 of NHS Sandwell & West Birmingham Clinical Commissioning Group's constitution. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Committee. The Committee will review its terms of reference annually. Any resulting changes to the terms of reference will be approved by the governing body or the group if they relate to the membership of the Committee (Standing Order 4.1).

'The Committee will incorporate the responsibilities of Commissioning Business Planning Group by providing assurance to the organisation that the detail of service redesign/commissioning documentation have been comprehensively reviewed'.

The Committee may develop sub-committees with the agreement of the governing body and/or request the Local Commissioning Groups (LCGs) to report upon specified topics.

2. Membership

The members of the Committee will be appointed by the group such that the Committee has 10 members, which will be made up of:

Voting members:

- Chair of the Committee
- Vice-Chair of the Committee
- 5 clinical members or their authorised representative (from each of the 5 LCGs)
- A lay member or Non-executive Director
- A Finance Officer or their authorised representative
- The Chief Officer for SCR or their authorised representative

3. In attendance

The Committee may invite other individuals or non-members to attend a meeting to contribute to its discussions where relevant and appropriate. Head of Contracts and Performance and a voluntary sector representative will normally be in attendance.

4. Secretary

A named individual will be responsible for supporting the Chair in the management of the Committee's business and will be responsible for:

- Preparation of the agenda in conjunction with the Chairman and Deputy Chief Officer for Strategic Commissioning and Redesign)
- Minuting the proceedings and resolutions of all meetings of the Committee, including recording the names of those present and in attendance, and details of any conflicts and how they were managed;
- Minutes shall be circulated promptly to all members of the Committee;
- Keeping a record of matters arising and issues to be carried forward; and
- Advising the Committee on pertinent areas.

5. Quorum

A meeting of the Committee will be quorate provided that 8 members are present, of which:

5.1 The quorum for a Committee meeting shall be when the following are present:

- 5 must be clinical members, which must include a representative from each of the 5 LCGs, plus either the Chair or Vice-Chair of the Committee
- One must be a lay member or Non-executive Director
- One must be the Chief Officer or Deputy Chief Officer of Strategic Commissioning
- One must be a Senior Finance Officer

At least one clinical representative from each LCG should attend. Where members are unable to attend a meeting they must arrange for a named and duly authorised representative to attend in their place

5.2 If a quorate member of the Committee should be required to leave prior to the conclusion of the meeting, the chair should confirm that the meeting is still quorate or not. If the meeting is no longer quorate, it may continue but decisions will have to be ratified at the next meeting.

5.3 A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee.

5.4 The Committee may on occasion take a decision by email provided that:

- The decision taken is by quorum of the committee as laid down in its Terms of Reference;
- If the decision is one which requires a vote, it shall be at the discretion of the Chair to decide whether use of email is appropriate;
- The decision is reported to the next meeting and is minuted;
- The e-mails reflecting the decision are copied to all members of the committee, are printed, appended to the minutes and are retained on file.

6. Frequency and notice of meetings

The Committee will normally meet twice a month. No unscheduled or rescheduled meetings will take place without members having at least one week's notice of the date. The agenda and supporting papers will be circulated to all members at least five working days before the date the meeting will take place.

The governing body and/or the Committee reserve the right to call a meeting at any time if an urgent matter arises.

7. Remit, duties and responsibilities

The purpose of the Committee is to:

- Provide the governing body, within the scope of the Committee's terms of reference, with assurance that the group is meeting the obligations of an effective commissioning organisation
- Ensure effective and efficient delivery of the group's strategic commissioning plan
- Ensure all commissioning intentions, strategically determined or locally derived, are aligned to the strategic commissioning plan
- Provide clinical leadership in relation to the commissioning cycle and service redesign and lead the dissemination of good practice.

The objectives of the Committee are to:

- Determine the commissioning strategy and priorities of the group, which includes; the Quality, Innovation, Prevention & Productivity (QIPP) programme, the Improvement and Assessment Framework (IAF), the Right Care programme, commissioning transformational plans, and the Joint Strategic Needs Assessment (JSNA)
- Alignment with the Operating Plan
- Assure the governing body that the findings from the JSNA inform the operating plan and strategic objectives
- Identify and ensure the delivery of strategic redesign work streams, including clinical input to these
- Ensure that the group fulfils its statutory requirement to consult and engage with patients, public and stakeholders with regard to strategic and local commissioning plans and service changes
- Ensure that the equality and diversity implications of commissioning services and clinical developments are properly considered and acted upon
- Monitor and review commissioning strategies, plans and redesign work streams and their respective implementation
- Within delegated limits set by the governing body, to approve business cases and service specifications
- Determine arrangements to enable patients to make informed choices (for example, through the provision of relevant and timely information and where appropriate the development of personal budgets and care plans)
- Consider and act upon the commissioning implications of any issues referred by the Primary Care Commissioning Committee, Quality & Safety Committee and/or the Finance & Performance Committee
- Provide assurance to the governing body that significant commissioning risks are being adequately managed, and agree remedial action where necessary.
- To approve the Terms of Reference for the Strategic Estates Review Group; a Sub-Committees of the Strategic Commissioning and Redesign Committee
- To oversee the Strategic Estates Review Group
- 'To have oversight of the Programme Management Board (PMO) as a sub-committee of SCR, to give assurance that all current commissioning projects and project plans and their associated Key Performance Indicators (KPI) are consistently and comprehensively monitored. The PMO will provide a formal progress report at each Committee meeting'.

8. Standards of business conduct

Members of the Committee have a duty to demonstrate leadership in the observation of the NHS Code of Conduct and to work to the Nolan Principles. Members must also comply with the group's policy for declaring and managing conflicts of interest.

9. Relationship with the governing body

For the next meeting of the governing body following each meeting of the Committee, the Chair of the Committee will provide a written summary of the key matters covered by the meeting, including any action or decisions reserved for the governing body.

The minutes of each meeting of the Committee, as agreed at the subsequent meeting, will be presented to the next meeting of the governing body for information.

10. Review of Committee effectiveness

The Committee will annually self-assess and report to the governing body on its performance in delivery of these terms of reference.

These terms of reference will be reviewed at least annually to ensure they remain fit for purpose.

NEXT ANNUAL REVIEW OF TERMS OF REFERENCE DUE IN FEBRUARY 2018.