NHS
North Lincolnshire
Clinical Commissioning Group

PLANNING AND COMMISSIONING COMMITTEE
TERMS OF REFERENCE

1. PURPOSE

1.1. NHS North Lincolnshire CCG Clinical Commissioning Group (NLCCG) Governing Body has established a Planning & Commissioning Committee in accordance with its Constitution, Standing Orders and Scheme of Delegation. These Terms of Reference set out the membership, remit, responsibilities and reporting arrangements of the Committee.

1.2. The Planning and Commissioning Committee is responsible for ensuring the planning, commissioning and procurement of commissioning-related business is in line with the commissioning strategy and organisational objectives.

1.3. Links And Interdependencies

The Committee will provide an opinion to the Integrated Audit and Governance Committee as to the assurances that can be provided for its areas of responsibility. In addition, the Committee will also link to the following:

a) Quality, Performance & Finance Committee
b) Primary Care Commissioning Committee
c) Humber Coast and Vale Sustainability and Transformation Partnership
d) Health and Wellbeing Board
e) A range of other partnership forums that provide advice and support with regard to commissioning

The Planning and Commissioning Committee is chaired by a GP member of the CCG Board. In which case the term "Chair" is to be read as a reference to the chair of the Committee as the context permits, and the term "member" is to be read as a reference to a member of the Committee also as the context permits.

2. ACCOUNTABILITY

2.1. The Planning and Commissioning Committee is directly accountable to the CCG Governing Body for overseeing and providing update reports on the matters detailed under Section 10 (Remit).

3. AUTHORITY

3.1. The Planning and Commissioning Committee is authorised by the CCG Governing Body to investigate any activity within its Terms of Reference. It is authorised to

seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Planning and Commissioning Committee.

3.2. The Planning and Commissioning Committee, subject to such directions as may be given by the Governing Body, may establish sub-committees and task and finish groups, as appropriate and determine the membership and terms of reference of such. The Standing Orders and Prime Financial Policies of the CCG, as far as they are applicable, shall apply to the Planning and Commissioning Committee and its sub- committees and task & finish groups.

3.3. The Planning and Commissioning Committee has established a CCG Prioritisation Panel, a Procurement Panel and a Prescribing sub-committee which report directly to the Committee through the submission of Terms of Reference and minutes.

3.4. The Planning and Commissioning Committee is authorised by the CCG Governing Body to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary in its consideration of:

i. Clinical pathways;
ii. Clinical assurance and sign-off of clinical pathways within business cases;
iii. Clinical aspects of service improvement proposals;
iv. Strategic change, and
v. Delivery of transformational programmes that support the Commissioning Strategy.

4. REPORTING ARRANGEMENTS

4.1. All meetings shall be formally minuted and a record kept of all reports/documents considered.

4.2. The Planning and Commissioning Committee will provide assurance reports, in the form of a monthly Chair's report, to the Integrated Audit and Governance Committee setting- out the approach used to provide and determine commissioning and planning decisions.

4.3. The reporting arrangements to the CCG Board shall be through the submission of the same written Chairs' Report which will update on the progress made and assurances received. The report shall, where necessary, include details of any recommendations requiring ratification by the CCG Governing Body.

4.4. Copies of the Minutes are a standing item on the CCG Governing Body. In addition, the Committee will provide an Annual Report into the work of the Committee and an annual work-plan for approval.

4.5. <u>Disclosure/Freedom of Information Act (FOI)</u>

The senior officer with responsibility for corporate governance will be responsible for ensuring that FOI requirements in relation to the Committee's minutes and reports are met. The chair of the committee will seek the advice of the senior officer with responsibility for corporate governance in relation to any matters where an exemption as defined within the

Freedom of Information Act 2000 is believed to apply.

5. MEMBERSHIP

5.1. The Membership of the Planning and Commissioning Committee is listed at Appendix 1

5.2. Members are required to attend 9 out of 12 scheduled meetings and comply with the conduct and behaviours. Attendance will be monitored throughout the year and any concerns raised by the Clinical Chair with the relevant Member.

6. APPOINTMENT OF CHAIRS

6.1. The Chair shall be appointed by the CCG Board, and the Vice-Chair by the Committee.

7. QUORACY

7.1. The quorum for meetings shall be:

i. Chair or Vice Chair
ii. Chief Operating Officer or Head of Service / Commissioning Manager;
iii. At least 2 CCG Board GP Members (which can include the Chair),
iv. 1 x CCG Lay Member

7.2. If a quorum has not been reached, then the meeting may proceed if those attending agree but any record of the meeting should be clearly indicated as notes rather than formal Minutes, and no decisions may be taken by the non-quorate meeting of the Committee.

8. ATTENDANCE

8.1. Other Directors/Managers should be invited to attend, particularly when the Committee is discussing areas of risk or operations that are the responsibility of those Directors/Managers.

9. MEETINGS

9.1. Meetings shall be administered in accordance with the CCG Constitution, Standing Orders and Prime Financial Policies.

9.2. Meetings of the Planning and Commissioning Committee shall usually be held monthly. The Chief Operating Officer will ensure the Committee is supported administratively, and will oversee the following:

i. Agreement of agenda with the Chair and attendees and the collation/

circulation of papers.

ii. Taking the Minutes and keeping a record of matters arising and issues to be carried forward.

iii. Advising the Committee on pertinent issues/areas.

9.3. Each member present shall have a single vote. Matters put to a vote shall be determined by a simple majority of the votes of members present and voting on the matter. In the case of an equal vote, the person presiding (i.e. the chair of the meeting) shall have a second and casting vote.

9.4. An Annual Schedule of Meetings shall be agreed at, or before, the last meeting each year in order to circulate the schedule for the following year.

10. CONFIDENTIALITY

10.1. All Members are expected to adhere to the CCG Constitution, Standards of Business Conduct and Conflicts of Interest Policy arrangements as well as the NHS duties of confidence.

11. REMIT

11.1. Strategy

i. To prepare and recommend an Annual Operating Plan before the start of each financial year, explaining in particular how the CCG intends to exercise its functions with a view to securing improvement in the quality of services and outcomes for patients.

ii. To ensure that the programmes of work supporting the delivery of the commissioning strategy, the operating plan and the Medium Term Financial Strategy are enacted in a timely and effective way.

iii. To request, develop and approve commissioning strategies, service reviews and frameworks and ensure that they are implemented in a timely fashion.

iv. To approve new clinical strategies and policies.

11.2. System Development and Implementation

i. To exercise functions with a view to securing continuous improvements in the quality of services for patients and related outcomes, with particular regard to clinical effectiveness, safety and patient experience (all of which is supported by a firm evidence base).

ii. To approve, including clinical sign-off, of all service specifications.

iii. To approve general commissioning policies in respect of treatments, procedures and drugs, taking account any advice provided by the appropriate sub-committees.

iv. To ensure effective Key Performance Indicators (KPIs) are developed with specifications which will deliver planned Quality, Innovation, Productivity and Prevention (QIPP) benefits.

v. To stimulate innovation in the commissioning of services which could include the

decommissioning of services.

vi. To review effectiveness of commissioned pilot scheme, making recommendations in terms of their future commissioning and procurement.

vii. To maintain and further develop jointly-commissioned arrangements with the Local Authority (including specific duties in line with the Scheme of Delegation).

viii. To recommend procurement routes for commissioned services and ensure procurements are undertaken with proper clinical involvement, including compliance with regulations governing procurement activities.

ix. To ensure that requirements under the Service Change and Assurance Process are conducted as appropriate.

x. To develop business cases for CCG approval.

xi. To be responsible for sign-off of 'Map of Medicine' Care Maps.

xii. To ensure alignment with the Sustainability and Transformational Partnership (STP) strategic commissioning plans taking account of any impact of local commissioning and decommissioning activities.

11.3. Governance and Quality

i. To contribute to the development of Commissioning for Quality and Innovation (CQUIN) schemes and ensure that these are integrated into KPIs for commissioned services.

ii. To receive and agree NICE quality standards, sign-off implementation plans and agree monitoring regimes (including prescribing).

iii. To meet all relevant requirements in line with equality and diversity and to have regard to the need to reduce inequalities in access to healthcare and healthcare outcomes, promote patient and carer involvement in decisions about them ("no decision about me without me") and enable patients to make choices with respect to aspects of their healthcare.

iv. To involve patients and the public in considering, developing and making decisions on any proposals that would have a significant impact on service delivery or on the range of health services offered.

v. To ensure timely post implementation reviews of newly commissioned and/ or re-commissioned services are undertaken; and that the learning is disseminated and embedded within the CCG.

12. REVIEW OF THE TERMS OF REFERENCE

12.1. The Terms of Reference will be reviewed annually as a minimum or as and when required. Any changes to the Terms of Reference of the Planning and Commissioning Committee must be approved by the CCG Governing Body.

Appendix 1

MEMBERSHIP

Membership of the Committee is determined and approved by the CCG Board and will comprise of:

Members

i. Six CCG Board GP Members - One of whom shall be the chair of the Committee (two GP members to be present for quoracy)
ii. Medical Director
iii. Chief Operating Officer
iv. Two Lay Members
v. Director of Nursing & Quality
vi. CCG Heads of Service:
    a. Deputy Director of Quality and Nursing,
    b. Head of Strategic Commissioning,
    c. Director of Primary Care
    d. Deputy Chief Finance Officer
vii. Public Health representative

In attendance (as and when required)

i. Local Authority representatives
ii. Clinical leads as appropriate

Nominated deputies may be appointed subject to approval by the Clinical Chair