

**NHS HULL CLINICAL COMMISSIONING GROUP**

**PLANNING AND COMMISSIONING COMMITTEE**

**TERMS OF REFERENCE**

**1. PURPOSE**

1.1 The Clinical Commissioning Group (CCG) Board has resolved to establish 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 & Commissioning Committee is responsible for ensuring the planning, commissioning and procurement of commissioning-related business is in line with the Clinical Commissioning Group (CCG) organisational objectives.

1.3 Links and interdependencies

The Committee will provide an opinion to the Integrated Audit & 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:

- The Quality and Performance Committee.
- Strategic Programme Board (SPB) formerly the North Bank Securing Sustainable Services Review (SSSP), and
- Hull Health and Wellbeing Board.

The Planning & Commissioning Committee is co-chaired by GP members of the CCG Board. In which case the term “Chairman” is to be read as a reference to the co-chairs 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 Board for overseeing and providing assurance on the matters detailed under Section 11 (Remit).

**3. AUTHORITY**

3.1 The Planning and Commissioning is authorised by the CCG Board 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.

The Planning and Commissioning Committee is authorised by the CCG Board 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.

- clinical pathways;
- clinical assurance and sign-off of clinical pathways within business cases;
- clinical aspects of service improvement proposals;
- strategic change, and
- delivery of transformational programmes that support the Commissioning Strategy.

Any changes to the Terms of Reference of the Planning and Commissioning **Committee** must be approved by the CCG Board.

#### **4. REPORTING ARRANGEMENTS**

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

The Planning and Commissioning **Committee** will provide assurance reports to the Integrated Audit and Governance **Committee** setting-out the approach used to provide and determine commissioning and planning.

The reporting arrangements to the CCG **Board** shall be through the submission of a written Clinical Co-Chairs' Report on the progress made and assurances received to the next CCG **Board** meeting. The report shall, where necessary, include details of any recommendations requiring ratification by the CCG **Board**.

Copies of the Minutes are a standing item on the CCG **Board**. The **Committee** will provide an Annual Workplan to the CCG **Board** for approval and an Annual Report **into the work of the Committee**.

4.2 Disclosure/Freedom of Information Act (FOI)

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.

Members are required to attend 8 out of 11 scheduled meetings. Attendance will be monitored throughout the year and any concerns raised with the Clinical Co-Chairs and relevant Member.

#### **6. APPOINTMENT OF CHAIRS**

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

## 7. QUORACY

7.1 The quorum for meetings shall be:

- One of the co-chairs;
- Director of Commissioning & Partnerships or a Senior Commissioning Manager;
- at least two CCG Board GP Member Programme Leads (including a co-chair), and
- Lay Member – Strategic Change & Vice-Chair or the Patient Experience and Engagement Manager.

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.

Meetings of the Planning and Commissioning Committee shall usually be held monthly.

The Director of Commissioning and Partnerships will ensure the Committee is supported administratively, and will oversee the following:

- Agreement of agenda with the Chair and attendees and the collation/circulation of papers;
- taking the Minutes and keeping a record of matters arising and issues to be carried forward, and
- advising the Committee on pertinent issues/areas.

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 (ie: the chair of the meeting) shall have a second and casting vote.

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 Arrangements as well as the NHS duties of confidence.**

## 11. REMIT

### 11.1 Strategy

- To prepare and recommend a Commissioning 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;
- to ensure the CCG Commissioning Plans as set out in the Annual Operational Plan and Medium Term Strategy are enacted in a timely and effective way;
- to develop and ensure that all agreed commissioning strategies, service reviews and frameworks are implemented in a timely fashion;
- to develop and manage the market, and
- to recommend new clinical strategies and policies for CCG **Board** approval.

### 11.2 System Development and Implementation

- 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);
- to ensure clinical sign-off of all final service specifications relating to schemes agreed in the Annual Operating Plan;
- to ensure effective Key Performance Indicators (KPIs) are developed with specifications which will deliver planned Quality, Innovation, Productivity and Prevention (QIPP) benefits;
- to stimulate innovation in the commissioning of services;
- to review effectiveness of commissioned pilot schemes;
- to maintain and further develop jointly-commissioned arrangements with the Local Authority (including specific duties in line with the Scheme of Delegation);
- to recommend procurement routes for commissioned services and ensure procurements are undertaken with proper clinical involvement, including compliance with regulations governing procurement activities;

- to ensure that requirements under the Service Change and Assurance Process are conducted as appropriate;
- to develop business cases for CCG approval, and
- to be responsible for sign-off of 'map of medicine' Care Maps.

### 11.3 Governance and Quality

- To contribute to the development of Commissioning for Quality and Innovation (CQUIN) schemes and ensure that these are integrated into KPIs for commissioned services;
- to receive and agree NICE quality standards, sign-off implementation plans and agree monitoring regimes (including prescribing);
- 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, and
- 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.

## 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.

Proposed amendments must be submitted to the CCG **Board** for approval.

## MEMBERSHIP

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

### Members

- Two CCG **Board** GP Members (Who shall be the co-chairs of the Committee)
- Director of Commissioning and Partnerships
- Five CCG **Board** GP Member – Programme Leads ( **these may include the co-chairs of the Committee**)
- Lay Member – Strategic Change & Vice-Chair
- Patient Experience and Engagement Manager
- Senior Commissioning Managers
- Quality Manager
- Senior Business Intelligence Lead
- Public Health representative
- Ambassador/Patient Champion

### In attendance (as and when required)

- Local Authority representatives
- Commissioning Support Unit (CSU) representatives

Nominated deputies may be appointed subject to approval by the Clinical Co-Chairs.