

Appendix 3: Draft (Strategic Commissioning Board) Terms of Reference

Context

1. As part of the Bury Locality Plan for Health and Social Care Transformation 2017 to 2021 and to progressing the wider public service reform agenda there is a commitment to full alignment and integration between the Council and the Clinical Commissioning Group to form Bury Health and Social Care One Commissioning Organisation.
2. As part of this commitment the statutory bodies have agreed to form a single “Strategic Commissioning Board” in Bury to bring together the integrated governance of health and social care commissioning in its widest sense.
3. The following document sets out the terms of reference for the Strategic Commissioning Board (SCB).
4. Any changes to these Terms of Reference must be approved by the Council Cabinet and the CCG Governing Body

Statutory Framework

5. The SCB is not a statutory body. It is not intended to replace any of the existing statutory bodies in the locality; instead it is a joint committee of the two statutory organisations, Bury Metropolitan Borough Council (“the Council”) and NHS Bury Clinical Commissioning Group (“the CCG”). The SCB will have overarching responsibility for all powers as have been delegated to it by the two statutory organisations (subject to any reserved matters) and set out in the associated Scheme of Delegation.

Role of the Strategic Commissioning Board

6. The SCB will be responsible for setting the principles and high-level strategic direction across the full responsibilities of health and care commissioning that is the responsibility of the two partners and will align wider Council, CCG and public services by inclusion so far as possible.
7. The SCB has been established to make decisions on the objectives, priorities, strategic design, commissioning and overall delivery of health and care services, including the oversight of their effectiveness, quality and performance.
8. In performing its role, the SCB will exercise its functions in accordance with duties delegated to it to support the delivery of the Bury Locality Plan for Health and Social Care Transformation 2017 to 2021, and its successor strategies and plans; including the Bury Strategy.
9. Members of the SCB have a collective responsibility for its operation. In undertaking its role, clinical and democratic accountability will be implicit within all decisions, as will respect for all professional areas of knowledge and expertise. Decisions will be based on achieving better outcomes and experience for the residents of Bury and those that use services within

the Borough, better quality and better value.

10. The ethos of partnership working will underpin the programme of work, recognising that on occasion, difficult decisions may be required to benefit the population of Bury.
11. The SCB will have responsibility for providing a Bury response to Greater Manchester commissioning matters.

Core Business

12. As the SCB will operate as a “place based”, strategic, outcomes-based commissioner, the items of business for the SCB are likely to be:
 - a) Understanding the aspirations, strengths and needs of Bury communities
 - b) Leading collaboratively agreement of priorities for improvement
 - c) Leading collaboratively the agreement of commissioning and enabling strategies and associated use of financial and other resources
 - d) Enabling and supporting others to fulfil their roles within the system
 - e) Providing oversight and gaining assurance in respect of outcomes, quality, performance and finance
 - f) Providing leadership, oversight and assurance in respect of the development of an effective “One Commissioning Organisation”
13. The items of business for the SCB are unlikely to include detailed plans for operational service design and re-design.

Membership

14. The Strategic Commissioning Board shall consist of the following members:
 - Councillors – Cabinet Members of the Council to include no more than 7 voting Cabinet Members;
 - CCG Governing Body Members – 9 of the clinical and lay members to include 7 voting members, of which the majority will be clinicians; and 2 non-voting members;
 - The joint Chief Executive and Accountable Officer;
 - The joint Chief Finance Officer (including S151 responsibilities); and
 - The joint Director of Strategic Commissioning.
15. In addition, other Officers and representatives will be invited to the SCB, and will be recognised as in attendance, enabled to participate fully in discussions to inform the decisions of the SCB, but will not hold voting rights. This will include, but is not limited to:
 - 2 opposition party representatives;
 - additional members of the CCG Governing Body (who are not members of the SCB)
 - additional members of the CCG/Council Joint Executive Team or any such equivalent successor team (who are not members of the SCB)

Chair

16. The SCB will be jointly chaired by the Council's Leader on behalf of the Council and the CCG Chair on behalf of the CCG, with chairing responsibility rotated between meetings.

17. In the event of the Chair of the SCB being unavailable for all or part of the meeting, the following deputising arrangements will apply:
- The Deputy Council Leader will deputise for the Council Leader; and
 - The CCG Chair will nominate a deputy drawn from the CCG members of the SCB.

Quorum

18. The meeting will achieve quoracy if the following requirements are satisfied:
- A minimum of 3 elected members, of which 1 must be the Leader or Deputy Leader of the Council;
 - A minimum of 3 Governing Body representatives, of which 2 must be practicing clinicians; and
 - At least one joint Officer.

Voting

19. It is anticipated that decisions will be made by consensus, however in the event that this cannot be achieved, a vote will be undertaken. Each voting member of the SCB will have one vote and a simple majority vote will be sufficient to carry the decision.
20. In the event that the vote is tied, and a deadlock position is reached, the item of business will be referred back, with the minuted views of the Strategic Commissioning Board members, to the respective decision-making body from which the item of business is delegated.

Deputies

21. Deputies are only permitted in respect to the Chairing of the SCB or Officer members.
22. With the exception of deputising arrangements for the Chair of the SCB, nominated deputies will not hold a vote nor will they count towards quoracy.

Frequency of meetings

23. The SCB will routinely meet at monthly times; a schedule of pre-arranged meeting dates will be distributed on an annual basis with a proposed annual calendar of business.
24. The meetings of the SCB shall be held in public:
- a) subject to any exemption provided by law
 - b) the SCB 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 both the Public Bodies (Admission to Meetings) Act 1960 (as amended or succeeded from time to time) and the Local Government Act 1972.

Attendance

25. Members are expected to attend every meeting.
26. Where a member is unable to attend a meeting, apologies should be notified in advance to the Chair of the meeting.

Conduct of Meetings

27. The SCB will give no less than five clear working days' notice of its meetings.
28. The agenda and supporting papers will be published at least 5 clear working days in advance of the meeting, not including the publication day and the day of the meeting. Authors of papers presented must use the required template. Papers must be received by the committee secretary in line with the published deadlines unless, in exceptional circumstances, explicit agreement has been reached with the SCB Chair.
29. The SCB will be appropriately resourced to ensure the timely distribution of papers, production of minutes, action and decision tracking, and the maintenance of the formal record and documentation of the business of the SCB.
30. Presenters of papers can expect all SCB members to have read the papers and should keep to a summary that outlines the purpose of their paper/report and key issues arising since the time of publication which may materially influence the decision or actions of the SCB. SCB members and others in attendance may question the presenter.

Conflict of Interest

31. As a statutory Joint Committee formed by the two statutory organisations, the SCB must comply with the standards set by the Local Government Act 2000 as set out in Part 5(a) of the Council's Constitution and Section 140 of the National Health Service Act 2006 (as amended) as set out in Section 6 of the CCG Constitution.
32. In addition, the Register of Interests will be maintained for the members of the SCB and published on the Council and CCG websites.

Reporting

33. A highlight report from the SCB will be submitted to the Governing Body and Cabinet meetings, drawing the attention of the respective Statutory Committee to any items where further action is required. The SCB minutes will be included as an appendix to this report.

Monitoring Compliance

34. Meetings of the SCB shall be conducted in accordance with the provisions of both bodies Constitutions, Standing Orders, Scheme of Reservation and delegation of the respective partners and the duties delegated.
35. The SCB shall submit an annual report to the Governing Body and Council, incorporating

progress, reporting arrangements, frequency of meetings and membership attendance. A summary of which will be included within the respective Governance Statements.

36. A review of effectiveness of the SCB will be undertaken at the end of the first year of operation and at further intervals as agreed appropriate.
37. The Terms of Reference of the SCB will be reviewed at least annually and submitted through the appropriate Governance arrangements for approval.