

# Clinical Strategy Committee

## Terms of Reference

### 1.0 CONSTITUTION

- 1.1 The Clinical Strategy Committee (the Committee) is a Committee of the CCG Governing Board and has those executive powers specifically delegated to it by the CCG Governing Board within the Scheme of Reservation and Delegation and in these Terms of Reference, which will be reviewed annually by the CCG Governing Board.

### 2.0 PURPOSE AND RESPONSIBILITIES

- 2.1 The Clinical Strategy Committee has been established by the Governing Board to develop and oversee, and where authorised to do so to approve, arrangements for commissioning of all services with the exception of primary medical services which fall within the remit of the Primary Care Commissioning Committee. The Committee will:

- drive service transformation and design, making recommendations for approval by the Governing Board
- consider options for future service delivery and commissioning strategies taking into account clinical quality, safety and effectiveness.
- consider recommendations and reports from the Portsmouth & South East Hampshire advisory groups as well as groups with Portsmouth City Council
- by working with the Primary Care Commissioning Committee through defined arrangements and by ensuring that appropriate account is taken of services commissioned by partner organisations (including but not limited to Portsmouth City Council), ensure that there is an integrated approach to commissioning primary medical and other services
- subject to the authority delegated to the Committee, approve or recommend for approval by the Governing Board commissioning strategies and plans in response to service design and transformation
- oversee the planning and prioritisation process, including in respect of the annual planning cycle
- oversee the development of solutions to needs and delivery, including the CCG's QIPP requirements,
- approve procurement of services within authority delegated to the Committee
- monitor the procurement of services commissioned by the CCG to ensure that providers are identified and engaged such that services will be delivered to meet objectives set by the CCG
- ensure that there is patient, public, stakeholder and member practice engagement in the development of commissioning ideas and strategies
- identify ideas and solutions providing a mandate to the Planning Executive Group to work these up on its behalf

- promote a culture of continuous improvement and innovation, with respect to safety of services clinical effectiveness and patient experience
- monitor the identification and management of strategic and operational risk associated with the commissioning of services within the Committee's remit and other matters which are material to the delivery of those services in Portsmouth

In order to fulfil its purpose, the Committee may appoint sub-committees for which it must approve the terms of reference and membership and from which it must receive regular reports.

### **3.0 SCOPE OF AUTHORITY AND DECISION-MAKING**

- 3.1 The Committee is required to work in accordance with these Terms of Reference and the CCG's Standing Orders, Prime Financial Policies and Scheme of Reservation and Delegation.
- 3.2 The Committee will work to the professional and legal standards required of its members.
- 3.3 The Committee will ensure that it reports to the CCG Governing Board on any matters which properly fall within the CCG Governing Board's 'Schedule of Matters Reserved to the Board'.
- 3.4 In order to facilitate the achievement of good governance the Committee is authorised by the CCG Governing Board to help the CCG Governing Board discharge its functions relating to CCG financial duties and its main function of overseeing efficiency, effectiveness, economy and governance 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 Committee.
- 3.5 Matters for consideration by the Committee may be nominated by any member of the Committee or the Chair of the CCG Governing Board for consideration by the Chair of the Committee.
- 3.6 The Committee is authorised by the CCG Governing 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.

### **4.0 MEMBERSHIP, QUORUM AND ATTENDANCE**

- 4.1 The Committee shall comprise the following members:
  - Four Clinical Executives including the Chief Clinical Officer, the Clinical Leader and the lead for primary care
  - Two Lay Members of the Governing Board
  - The Secondary Care Doctor member of the Governing Board

- Two Clinical Commissioning Leads (who may be GP or practice nurse)
  - Chief Financial Officer
  - Chief Operating Officer
  - One Practice Manager representative
  - Consultant in Public Health, Portsmouth City Council
  - Director of Quality & Commissioning
  - Deputy Chief Finance Officer
  - Director of Performance & Planning
  - Director of Primary Care
  - Chief Commissioning Officer
- 4.2 The Committee will be chaired by the Chief Clinical Officer. The vice chair will be one of the other Clinical Executives.
- 4.3 The meetings will be quorate when there are at least three members present of which one of must be a clinical representative. No person who has been excluded from any decision on the grounds of a conflict of interests shall count in the quorum.
- 4.4 Deputies shall not be invited to attend when a member of the committee is unable to do so except where approved in advance of a specific meeting by the Chair of the Committee or the Chief Operating Officer.
- 4.5 Others may be invited to attend for specific items of business on the agenda or for the whole duration of any meeting. Where this occurs those attending should be agreed in advance with the Chair of the Committee or the Chief Operating Officer and will only be in attendance for the specific item of business. Individuals in attendance at meetings shall have no vote.
- 4.6 The Committee must be quorate when any decisions are made or votes taken.
- 4.7 The Committee will operate in accordance with the CCGs Standard of Business Conduct Policy, including in respect of conflicts of interest management, and associated arrangements to ensure compliance with the law and good practice (including that published by NHS England).
- 4.8 In line with the Standards of Business Conduct Policy where a member (either voting or in attendance) has a potential conflict of interest then the chair of the meeting will determine whether the person concerned can remain the meeting and whether the person must be excluded from discussions and/or decisions for the specific item of business being transacted.

## **5.0 FREQUENCY**

- 5.1 Meetings shall be held a minimum of nine times a year. Additional meetings may be called by the Chair if deemed necessary.

## **6.0 MANAGEMENT**

- 6.1 The Committee shall operate in line with the requirements of the NHS Codes of Conduct and Accountability, the NHS Constitution and the CCG Constitution, reflecting the Nolan Principles.
- 6.2 Decisions will generally be made on the basis of consensus. In certain circumstances it may be necessary for all members to vote, normally by a show of hands.
- 6.3 In the case of an equality of votes, the chair shall have a second vote which will be the casting vote.
- 6.4 The Committee will report in writing to the CCG Governing Board the basis for its decisions and recommendations.
- 6.5 Minutes of the CCG Governing Board's meetings should record such decisions. Where reports to the CCG Governing Board contain confidential information, these should be considered in Part II of the CCG Governing Board meeting.
- 6.6 The Committee shall receive secretarial support from the CCG's administrative team.
- 6.7 The agenda and any papers shall normally be circulated to members five working days before the date of the meeting.

## **7.0 REPORTING**

- 7.1 The Committee will report to the CCG Governing Board. The minutes of the Committee shall be formally recorded and submitted to the Governing Board.
- 7.2 The Committee Chair will provide reports on the work of the Committee to Part I or Part II of the CCG Governing Board meeting according to the nature of the business to be reported.
- 7.3 The Committee Chair shall draw to the attention of the CCG Governing Board any issues which require full disclosure to the CCG Governing Board.
- 7.4 The Committee shall agree with the Primary Care Commissioning Committee the exchanges of information between the committees that are necessary to achieve an integrated approach to commissioning. The Committee shall co-operate with the Primary Care Commissioning Committee to ensure that such information is exchanged as agreed and is kept under review.

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