

Adults' Commissioning Committee (CCC)

Terms of Reference

1. Background and scope

The Adults' Commissioning Committee will have responsibility (subject to reserved matters) for all matters relating to the Adults' Services Integrated Health and Care Fund (Pooled Budget and Aligned Budgets) as set out in the Partnership Agreement Relating to Integrated Health and Care Commissioning Arrangements (the Partnership Agreement) Salford City Council (SCC) and NHS Salford Clinical Commissioning Group (SCCG).

This document sets out commissioning arrangements where GPs via SCCG and Councillors of SCC can contribute to, and make decisions with regards to health and social care matters. The ethos of partnership working will underpin the programme of work, recognising that on occasion, difficult decisions may be required to benefit the Salford population.

In respect of the Integrated Health and Care Fund (Pooled Budget), the Adults' Commissioning Committee ('the Committee') will sit as a joint committee established under Regulation 10(2) of the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 ("the 2000 Regulations"). In respect of the CCG Aligned Budget element of the Integrated Health and Care Fund (Aligned Budgets), the Committee will sit as a Committee of the Governing Body of SCCG on which there is Council representation. For the avoidance of doubt, insofar as the Committee sits as a joint committee under the 2000 Regulations, Salford City Council and/or NHS Salford CCG are delegating the making of commissioning decisions to the Committee and not to their individual representatives on the Committee. For the avoidance of doubt where the Committee sits as a Committee of the Governing Body of SCCG, SCCG is delegating the making of commissioning decisions to the Committee collectively and not to individual representatives on the Committee.

The Committee also acts as a venue in which decisions may be taken by the relevant SCC or SCCG Officer or SCC Member in respect of Retained Decisions. Retained Decisions relate to statutory duties and are decisions only exercisable by a specified Officer or SCC Member as detailed in Schedule 4 of the Partnership Agreement. For the avoidance of doubt, the relevant SCC or SCCG Officer or SCC Member retains an absolute discretion to take Retained Decisions outside of the venue of the Committee. Before reaching such a decision the Officer or SCC Member shall use reasonable endeavours to ensure that he/she has heard and participated in discussion on the subject matter relevant to such Retained Decision at the relevant meeting of the Committee. Such decisions should be formally reported to the next relevant meeting of the Committee (although a failure to so report will not invalidate the decision).

The Committee will provide a place for engagement regarding “in view” decisions relating to adults, which are made by SCC or SCCG. Such “in view” decisions made by SCC or SCCG should also be reported to the Committee for information (although a failure to so report will not invalidate the decision).

The Committee will be responsible for the commissioning elements of the Locality Plan relating to adults and associated commissioning plans. The Locality Plan outlines our ambitions in relation to health, care and public health services, as well as the work being done to prevent and reduce ill health, improve outcomes and promote wellbeing.

The Committee will have delegated decision making authority of up to £1m in relation to all associated adult commissioning decisions, with regards to the Integrated Health and Care Fund (Pooled Budget), the CCG Aligned Budget element of the Integrated Health and Care Fund (Aligned Budget) and any other relevant new funding streams (such as grants). In addition, other officers and committees will have the authority to commit ‘Pooled’ and ‘Aligned’ resources as identified in Schedule 5 of the Partnership Agreement (this schedule will be attached to the working copies of the Terms of Reference).

Through its decision making processes it will adhere to all relevant aspects of SCC’s Constitution, including SCC’s duties of transparency in relation to ‘Key Decisions’ (see Schedule 5 of the Partnership Agreement). It will also adhere to all relevant aspects of the SCCG’s Constitution (including its Standing Orders and Standing Financial Instructions).

In line with the Locality Plan and relevant commissioning plans the Committee in its different configurations, will have responsibility for the management of system level performance relating to adults as well as the overall performance of providers commissioned from the Integrated Health and Care Fund (Pooled Budget and Aligned Budget), the most significant of which will be the Integrated Care Organisation.

As required, the Committee may establish non-decision making groups and seek assurances about progress via the receipt of regular reports.

These Terms of Reference have been prepared to outline the responsibilities of the Committee and have been approved by SCCG's Governing Body and by SCC's City Mayor in consultation with SCC's Cabinet. They form part of the Partnership Agreement. They will remain valid until such time as there is a need to implement revised governance arrangements, in accordance with section 9 of these Terms of Reference..

Partnership working is vital to the success of integrated commissioning, however it is acknowledged that at all times, individual organisation powers remain in place as set out below and in the Partnership Agreement.

2. Core Principles and Responsibilities

The work of the Committee will be driven by the following core principles:

- ✓ Decisions will be based on achieving better outcomes and experience for the adult local population^{1, 2};
- ✓ Service transformation will deliver an effective and efficient use of resources (within the statutory requirement to meet SCCG's and SCC's financial duties) whilst assuring safe and effective standards of service;
- ✓ New care models will be developed by commissioners in partnership with providers, citizens and communities;
- ✓ Services and support will be evidence-based and of the best quality, encompassing safety, effectiveness and experience;
- ✓ Salford's local adult population will be given more choice, in so far as this is possible and practical, and influence over services and support, which promote prevention, self care and independence;
- ✓ Clinical and democratic accountability will be implicit within all decisions;

¹ The definition of local adult population includes registered patients and unregistered patients resident in Salford. This does not include members of the armed forces, nor their families if they are registered with Defence Medical Services (DMS) rather than a NHS GP practice. It also does not include those detained in prison and other custodial settings (NHS England 2012).

² If a contract contains a children and young person's element, the definition of local population will be explicit and be noted as exemption to the agreed definition above.

- ✓ Respect will be given to professional areas of knowledge and expertise;
- ✓ There will be collective management of risks and benefits; and
- ✓ Each organisation remains sovereign: whilst decision-making responsibilities can be delegated, accountability cannot.

The Committee has responsibility to deliver clearly defined objectives which are detailed below:

- ✓ Contribute to the development of Salford's Locality Plan and SCC's and SCCG's Strategic and Operational Plans ;
- ✓ Use national and international best practice together with the Joint Strategic Needs Assessment (JSNA) data to influence decisions, working in partnership with other statutory and non-statutory organisations to improve health and wellbeing and reduce inequalities;
- ✓ Lead the development and delivery of the adults' health, wellbeing and care service and support commissioning plans and associated financial plans for approval by SCC Mayor/Cabinet and the SCCG Governing Body. Ensure all new and existing workstreams, initiatives and projects are complementary and aligned;
- ✓ Facilitate coherence and working towards shared goals with other commissioners, partners and programmes of work, including but not limited to :
 - Wider Salford Integrated Commissioning Arrangements;
 - Adults' Advisory Board
 - Healthier Together / Bolton, Salford and Wigan Partnership Acute Reconfiguration Programme;
 - Greater Manchester Devolution including the Greater Manchester Health and Care Partnership and the Joint Commissioning Board; and
 - National guidance, including from NHS England, Department of Health, Public Health England, and other relevant national organisations.
- ✓ Make decisions regarding new and existing contracts for adults' services;
- ✓ Promote engagement of public, service users and patients to inform decision making;
- ✓ Drive forward service improvement and the development of new models of care, through an inclusive approach, including engaging with the Adults' Advisory Board. Make service/service model change and/or investment/disinvestment decisions, considering business cases and service reviews/evaluations;

- ✓ Ensure the quality assurance and quality improvement of all commissioned services, in line with the Quality Strategy, including receiving reports on:
 - The commissioned service performance against standards and targets, and compliance with Care Quality Commission (CQC) requirements;
 - The achievement of agreed Commissioning for Quality and Innovation (CQUIN) or incentive schemes;
 - Compliance with best practice;
 - Measures of service user/patient or carer experience feedback and staff satisfaction;
 - Themes and trends in relation to Patient Safety incidents, Serious Incidents (including Never Events) along with actions for improvement'; and
 - Quality Account Commentary for all relevant providers;
- ✓ Manage performance and risk, considering performance data, setting improvement targets and timescales, reviewing provider performance, measuring progress against relevant aims, objectives and plans, and assessing risk, escalating matters as needed;
- ✓ Maximise the benefit of democratic accountability and clinical leadership through the role of Elected Members and Clinicians on the Committee.
- ✓ Ensure that all aspects of financial governance are followed. In order to support outcomes based commissioning and new models of care, approve changes to existing payment mechanisms and contractual arrangements with relevant providers where necessary;
- ✓ Promote learning that could be shared with other programmes and / or applied to different client groups; and
- ✓ Inform the work of the Health and Social Care Scrutiny Panel, as well as providing appropriate reporting in response to the 'call in' of key decisions;

These core principles and responsibilities should be read in conjunction with the levels of decision making authority provided in Schedule 5 of the Partnership Agreement.

3. Membership, Attendance and Quorum

Membership

The Committee will comprise the following core members:

Voting Members – Name	Organisation
Lead Member for Adult Services, Health and Wellbeing	Salford City Council
Executive Support for Social Care and Mental Health	Salford City Council
Lead Member for Housing and Neighbourhoods	Salford City Council
Lead member for Finance and Support Services	Salford City Council
Medical Director	NHS Salford CCG
Chief Accountable Officer	NHS Salford CCG
Clinical Director for Transformation	NHS Salford CCG
Chief Finance Officer	NHS Salford CCG
Neighbourhood Clinical Lead	NHS Salford CCG
Director of Commissioning	NHS Salford CCG
Director of Quality and Innovation	NHS Salford CCG

Non-Voting Members – Name	Organisation
Strategic Director for People	Salford City Council
Director of Public Health	Salford City Council
Chief Finance Officer	Salford City Council

Other individuals will be co-opted onto the Committee as necessary on an ad-hoc or longer term basis to inform discussions. Such individuals will be non-voting. The Committee may also invite other people to address it, deliver a report to it and/or answer questions.

The Committee will be co-chaired by the Lead Member for Adult Services, Health and Wellbeing on behalf of SCC and the Medical Director on behalf of SCCG with chairing responsibility rotated between meetings.

Agendas will be jointly agreed in terms of content and forward planning. Agendas will be structured to clearly distinguish between decisions to be taken in respect of the Integrated Health and Care Fund (Pooled Budget) by the Committee sitting as a joint committee under the 2000 Regulations, decisions taken in respect of the CCG Aligned Budget element of the Integrated Health and Care Fund by the Committee sitting as a committee of the Governing

Body of SCCG and Retained Decisions taken by the relevant Council or CCG Officer in the venue of the Committee.

Officer support will be provided by SCC. The main contact at SCCG will be nominated by the Head of Governance and Policy. The main contact at SCC will be nominated by the SCC Monitoring Officer. Defined duties will specifically include the circulation of agendas and papers five clear working days in advance of each scheduled meeting. In addition, officer support will assist the chair(s) in the management of all associated business.

Attendance

It will be important that members of the Committee commit to attend meetings of the Committee. However, where this is not possible a substitute appointed by the relevant organisation may attend. Substitutes must be able to contribute and make decisions on behalf of the organisation they are representing and, if substituting for a voting member, vote.

Quorum, Decision Making, Voting and Urgent Decisions

The Committee will be quorate providing one-third of the voting membership is in attendance, with at least three members present from each of SCCG and SCC.

The Committee will aim to achieve a consensus for all decisions.

Where the Committee is making a decision as a joint committee of SCCG and SCC a decision reached is a joint decision of the partners binding on both partners.

Where the Committee is making a decision as a committee of the Governing Body of SCCG that decision is a decision of SCCG and is binding on SCCG only.

In those circumstances where consensus cannot be reached and a decision must be taken, the issue may be put to a vote.

If a decision of the Committee acting as a joint committee is put to a vote, then all SCCG members will be entitled to vote on behalf of SCCG. SCC voting members will be entitled to vote on behalf of SCC. **This is subject to the decision-making safeguards set out below.**

If a decision of the Committee acting as a committee of the Governing Body of SCCG is put to a vote, then all voting members entitled to vote (see below) shall do so as individual members of the Committee. **This is subject to the decision-making safeguards set out below.**

Should it be agreed that a matter should be taken to a vote (see below for how this is to be decided), there shall be an equal number of votes allocated to SCCG members and to SCC

voting members regardless of the number of members in attendance. The number of votes will be determined by reference to the lower number of voting members in attendance at that meeting from either of the partners. Votes will be given in the order of the voting members listed in the table above, to the number required to meet the determined number of voting members from either organisation.

Should it be agreed that a matter should be taken to a vote (see below for how this is to be decided), there shall be an equal number of votes allocated to SCCG members and to SCC voting members regardless of the number of members in attendance. The number of votes will be determined by reference to the lower number of voting members in attendance at that meeting from either of the partners. Votes will be given in the order of the voting members listed in the table above, to the number required to meet the determined number of voting members from either organisation.

As an illustration, should all voting members from SCCG be present and four voting members from SCC be present, then four votes will be allocated to SCCG members and four votes allocated to SCC members. All four of the SCC members will vote and the four votes ascribed to the CCG members would be determined as follows:

- Medical Director;
- Chief Accountable Officer;
- Clinical Director for Transformation; and
- Chief Finance Officer.

A vote will be carried by a simple majority.

Should a vote be tied, the process will be to take the issue outside of the meeting to obtain further detail/information relevant to the decision in hand. There will be no casting vote to resolve such deadlock. The issue will then be brought back to the next meeting of the committee with a clear recommendation for approval or alternatively the matter will be escalated to the Health and Care Commissioning Board. Where the matter under consideration is a decision of the Committee acting as a committee of the Governing Body of SCCG, the decision will be escalated to the Health and Care Commissioning Board for consideration of the Health and Care Commissioning Board acting as a committee of the Governing Body of SCCG.

However, before a vote can be considered the majority of voting members from both partner organisations who would be entitled to participate in the relevant vote(having applied the balancing mechanism above to ensure equality of votes between the organisations as described above) must have agreed that it is appropriate to determine the issue in this manner. Before choosing to put the issue to a vote, the Committee may instead ask for further work to be undertaken on the issue to explore, clarify, mitigate or minimise any concerns. The Committee may ask for specific individuals who may or may not be part of this Committee to discuss the issue further to try to find a suitable resolution on the issue. The issue would then be brought back to a future Committee meeting.

Where a decision cannot be made through consensus and it is not acceptable to undertake further work or discussion on the issue outside of the Committee meeting or put the issue to a vote, the issue will be referred back to the Health and Care Commissioning Board. Where the matter under consideration is a decision of the Committee acting as a committee of the Governing Body of SCCG, the decision will be escalated to the Health and Care Commissioning Board for consideration of the Health and Care Commissioning Board acting as a committee of the Governing Body of SCCG.

Either Partner may, notwithstanding the provisions of these Terms of Reference, make any Urgent Decision (as defined below) that would otherwise be taken by the Committee, themselves. This is provided for in the Partnership Agreement.

Where either Partner makes an Urgent Decision it shall report such Urgent Decision to the Committee at its next meeting together with an explanation of:

- what the decision was;
- why it was deemed an Urgent Decision; and
- any implications of such Urgent Decision on the Partnership Arrangements.

Where either Partner considers that the other Partner's justification for making an Urgent Decision is not reasonable or not substantiated and/or if the Partners cannot agree as to the implications of any Urgent Decision on the Partnership Arrangements, then either Partner may refer any such matter to the Disputes Procedure under the Partnership Agreement.

"Urgent Decision" means a decision by either Partner made in relation to any decision that would otherwise be a Commissioning Decision to be made under the Partnership Arrangements where the making of such decision by that Partner falls within the statutory powers of that Partner (otherwise than as supplemented by any flexibility accessible by virtue of Section 75 NHSA 2006) and can be justified as an urgent and/or emergency decision under the CCG's Standing Orders or Standing Financial Instructions or under the

CCG's constitution or as urgent and/or emergency decision under the Council's constitution (as applicable).

For the avoidance of doubt, decisions taken by individual officers of SCC or SCCG or individual SCC Members, whether taken within the venue of the Committee or elsewhere, are not subject to the above rules on 'Quorum, Decision-making, Voting and Urgent Decisions'.

Responsibilities and Behaviour

Members of the Committee have a collective responsibility for its operation. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

Members of the Committee will behave in a manner consistent with the Core Principles outlined in Section 2 of these Terms of Reference and will adhere to the behaviours highlighted in the Nolan Principles, recognising that the success of the work programme will depend upon relationships and an environment of integrity, trust, collaboration and innovation.

Specific reference will be paid to both organisations' core values

NHS Salford CCG:

- ✓ Collaborative;
- ✓ Innovative; and
- ✓ Act with integrity.

Salford City Council:

- ✓ Pride;
- ✓ Passion;
- ✓ People; and
- ✓ Personal Responsibility.

Decision Making Authority

The Committee has delegated decision making authority of up to £1m.

Decisions Reserved to Partner Organisations and the Health and Care Commissioning Board

Whilst the areas which are 'reserved matters' are recognised, it will be critical that the Committee has a clear mandate and sufficient delegated authority to take forward the commissioning decisions falling within these Terms of Reference without requiring separate approvals at each stage in the process.

Whilst the Committee will act as a responsible body for integrated care for adults (in line with relevant statutory responsibilities), it will work alongside the Adults' Advisory Board and the

Health and Wellbeing Board, recognising the latter's role in setting city wide strategy and promoting integrated care and partnerships.

The work of the Committee will be subject to review by the Health and Social Care Scrutiny Panel and audit arrangements on both sides, where appropriate.

4. Public, Service User and Patient Involvement

The Committee will ensure that commissioning activities include appropriate service user/patient, carer and public involvement in line with SCC's and SCCG's respective duties.

5. Conflict of Interest / Codes of Conduct / Transparency

Members will be aware of what may constitute a Conflict of Interest under their own organisation's Conflict of Interest Policies, and must ensure that any such Conflicts of Interest are formally disclosed to the Committee and will ensure they are subsequently managed in adherence with their organisations' respective Conflict of Interest Policies. In addition, appropriate Codes of Conduct will be followed by members of the Committee at all times alongside adherence to the Nolan Principles and compliance with any statutory bar on participation and/or voting in particular circumstances.

The Committee will formally record its deliberations within relevant minutes. Such minuting will be undertaken by the designated officer support provided by SCC, alongside the management of paperwork and version control.

Depending upon the topic under discussion and the nature of a conflict of interest disclosed or identified, the member may be:

- ✓ Allowed to remain in the meeting and contribute to the discussion;
- ✓ Allowed to remain in the meeting and contribute to the discussion but leave the meeting at the point of decision; or
- ✓ Asked to leave the meeting for the duration of the item under consideration.

In relation to rights of access to information, including the publication/availability of agendas, reports, background documents and minutes, and public attendance at meetings, the Committee shall comply with the Public Bodies (Admission to Meetings) Act 1960 and shall apply rules equivalent to those of Part VA of the Local Government Act 1972 ("the 1972 Act"). Such rights of access to information may be limited where the Committee considers "confidential information" or "exempt information", in a manner equivalent to that provided for by the 1972 Act.

In relation to decisions that would meet the criteria for a “key decision” under SCC’s Constitution, additional publication requirements will apply in line with those set out in that Constitution.

6. Frequency of Meetings

Meetings will ordinarily be scheduled on a monthly basis (except for April, August and December).

The Co-Chairs of the Committee may call extraordinary meetings at their discretion. A minimum of five clear working days’ notice will be required.

7. Reporting

The Committee will be accountable to the Health and Care Commissioning Board which will receive regular written reports from the Committee.

8. Policy and Best Practice

The Committee will apply best practice in its deliberations and in making any recommendations. It will conduct its business in accordance with national guidance and relevant codes of conduct and good governance practice.

9. Review of Terms of Reference

These Terms of Reference will be formally reviewed by SCC and SCCG at the date below and amended following such review, such amendment being recorded in writing and signed by both parties. Alternatively they may be amended by mutual agreement in writing between both partners at any time to reflect changes in circumstances which may arise. Any amendment of these Terms of Reference that would require a corresponding amendment of any other provision of the Partnership Agreement and/or would create any conflict or inconsistency with any other provision of the Partnership Agreement shall only be valid if agreed as a Variation (as defined in the Partnership Agreement) of the Partnership Agreement (together with all corresponding consequential amendments necessary in the provisions of the Partnership Agreement).

Terms of Reference Agreed (Date): March 2019

Review Date: March 2020