

# North West Specialised Services Committee

## Terms of Reference

Version 2.0, 1 June 2023

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# Introduction

## Background/context

From April 2023, a joint working model has been established between NHS England and ICBs. This arrangement introduced joint decision-making between NHS England and ICBs for specialised services that are suitable and ready for greater ICB involvement as approved by NHS England's Board on 2 February 2023.

A Joint Working Agreement (*Agreement in relation to the establishment and operation of joint working arrangements, May 2023*) has been developed to legally underpin the joint working model in 2023/24 for statutory joint committees between multi-ICBs and NHSE for the 59 services that are appropriate for more integrated commissioning. These arrangements will be implemented using NHS England's powers under section 65Z5 of the NHS Act 2006.

This model:

- introduced a North West Specialised Services Committee (NWSSC) to facilitate collaboration and decision-making in relation to specialised services that have been determined by NHSE as suitable and ready for greater ICB involvement.
- will support the transition to fully delegated commissioning arrangements for appropriate services in future.
- will support a managed transition towards full delegation in the future. For 2023/24 finances, liability and contracting will remain with NHS England, overseen by the NWSSC.

These terms of reference should be read in conjunction with the Agreement in relation to the establishment and operation of joint working arrangements in support of the joint working model described above.

# Document management

<b>Document name:</b>	Terms of Reference for the North West Specialised Services Committee
<b>Senior Responsible Owner (SRO):</b>	Andrew Bibby, Regional Director of Health and Justice and Specialised Commissioning (North West)
<b>Lead:</b>	Elizabeth Stillibrand - NHS AGEM
<b>Version</b> 2.0	<b>Date:</b> 01/06/2023

## Revision history

Version	Date	Summary of changes
1.0	08/03/23	Voting option agreed. Option of face to face or virtual meetings agreed
1.1	05/04/23	Due to the single- and multi- ICB arrangements for delegation, the agenda will need to be structured appropriately.
1.4	09/05/23	Membership updated
1.4	11/05/23	Rotational chair of 3 ICB core members agreed
2.0	01/06/23	Drafting notes and comments removed following agreement at the North West Specialised Services Committee (01/06/2023). Introduction added.

## Approved by

This document must be approved by the following people:

Name	Signature	Title	Date	Version
Clare Watson		Assistant Chief Executive		2.0
Andrew Bibby		Regional Director of Health & Justice and Specialised Commissioning		2.0
Rob Bellingham		Director of Primary Care and Strategic Commissioning		2.0
Professor Craig Harris		Chief of Health and Care Integration		

## Related documents

Title	Owner	Location
Agreement in relation to the establishment and operation of joint working arrangements	All partners	Copies with all ICBs and NHSE
Next steps on the delegation of specialised services commissioning (NHS England Board Paper)	NHS England	<a href="#">NHS England Board Paper (Feb 2023)</a>
Roadmap for Integrating Specialised Services	NHS England	<a href="#">NHS England Publication</a>

### Document control

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# Terms of Reference

<p><b>Introduction and purpose</b></p>	<p>From April 2023, Integrated Care Boards (ICBs) entering joint working agreements with NHS England will become jointly responsible, with NHS England, for commissioning the Joint Specialised Services set out in Schedule 3 of the Agreement, and for any associated Joint Functions set out in Schedule 4.</p> <p>NHS England and ICBs will form a statutory joint committee to collaboratively make decisions on the planning and delivery of the Joint Specialised Services, to improve health and care outcomes and reduce health inequalities. Joint Committees are intended as a transitional mechanism prior to ICB taking on full delegated commissioning responsibility.</p> <p>Subject to Clauses 7.1 and 7.2 of this Agreement (Further Collaborative Working), the Partners may, to such extent that they consider it desirable, table an item at the Joint Committee relating to any other of their functions that is not a Joint Specialised Service or a Joint Function to facilitate engagement, promote integration and collaborative working.</p> <p>The Partners may, from time to time, establish sub-groups or sub-committees of the Joint Committee, with such terms of reference as may be agreed between them. Any such sub-groups or sub-committees that are in place at the commencement of this Agreement may be documented in the Local Terms (Schedule 9).</p>
<p><b>The Terms of Reference</b></p>	<p>These Terms of Reference provide a template to support effective collaboration between NHS England and ICBs acting through Joint Committees in 2023/24.</p> <p>The Terms of Reference set out the role, responsibilities, membership, decision-making powers, and reporting arrangements of the Joint Committee in accordance with the Agreement between the ICB and NHS England.</p> <p>It is acknowledged that Joint Working Arrangements aim to give ICBs greater involvement in the commissioning of Specialised Services to better align and transform pathways of care around the needs of local populations.</p>

	<p>The Joint Committee will operate as the decision-making forum for exercising the agreed Joint Functions in accordance with the Agreement.</p> <p>By agreement, the Partners may use an alternative title for the Joint Committee that reflects local arrangements, for example, 'Commissioning Committee.'</p> <p>In the North West Region the Joint Committee will be known as the North West Specialised Services Committee (NWSSC)</p>
<p><b>Statutory Framework</b></p>	<p>The Partners have arranged to exercise the Functions jointly pursuant to section 65Z5 of the NHS Act 2006.</p> <p>The Joint Committee is established pursuant to section 65Z6 of the NHS Act 2006.</p> <p>Apart from as set out in the Agreement, the Joint Committee does not affect the statutory responsibilities and accountabilities of the Partners.</p>
<p><b>Role of the Joint Committee</b></p>	<p>The role of the Joint Committee is to provide strategic decision-making, leadership and oversight for the Joint Specialised Services and any associated activities. The Joint Committee will safely, effectively, efficiently and economically discharge the Joint Functions and deliver these Joint Specialised Services through the following key responsibilities:</p> <ul style="list-style-type: none"> <li>▪ Determining the appropriate structure of the Joint Committee;</li> <li>▪ Making joint decisions in relation to the planning and commissioning of the Joint Specialised Services, and any associated commissioning or statutory functions, for the population, for example, through undertaking population needs assessments;</li> <li>▪ Making recommendations on the population-based Specialised Services financial allocation and financial plans;</li> <li>▪ Oversight and assurance of the Joint Specialised Services in relation to quality, operational and financial performance, including co-ordinating risk and issue management and escalation, and developing the approach to intervention with Specialised Services Providers where there are quality or contractual issues;</li> </ul>

- Identifying and setting strategic priorities and undertaking ongoing assessment and review of Joint Specialised Services within the remit of the Joint Committee, including tackling unequal outcomes and access;
- Supporting the development of partnership and integration arrangements with other health and care bodies that facilitate population health management and providing a forum that enables collaboration to integrate service pathways, improve population health and services and reduce health inequalities. This includes establishing links and working effectively with Provider Collaboratives and cancer alliances, and working closely with other ICBs, Joint Committees and NHS England where there are cross-border patient flows to providers;
- Ensuring the Joint Committee has effective engagement with stakeholders, including patients and the public, and involving them in decision-making;
- Ensuring the Joint Committee has appropriate clinical advice and leadership, including through Clinical Reference Groups and Relevant Clinical Networks;
- Commencing longer-term planning, particularly in view of the ICB(s) receiving full delegated commissioning responsibility in future;
- Discussing any matter which any member of the Joint Committee believes to be of such importance that it should be brought to the attention of the Joint Committee;
- Where agreed by the Partners, overseeing the Collaborative Commissioning Agreements set out in the Joint Working Arrangement;
- Otherwise ensuring that the roles and responsibilities set out in the Agreement between the Partners are discharged.

The Partners must implement such arrangements as are necessary to demonstrate good decision-making and compliance with all statutory duties, guidance and good practice, including ensuring that the Joint Committee has sufficient independent scrutiny of its decision-making and processes.

	<p>Further information on independent membership of the NWSSC is contained in the Membership Section.</p> <p>The NWSSC will also be used as a forum for NHS England and ICBs to discuss the development of Retained Specialised Services. NHSE North West retains decision making responsibility for these services.</p> <p>The NWSSC will oversee and endorse the development plan for 2023/24 that will support the delivery of delegation of Specialised Services from 1<sup>st</sup> April 2024</p> <p>The NWSSC will oversee and endorse a Target Operating Model (TOM) setting out how the functions and responsibilities will be discharged from April 2024.</p> <p>The Joint Committee must adhere to these Terms of Reference but may otherwise regulate its own procedure.</p>
<p><b>Accountability and reporting</b></p>	<p>The Joint Committee will be formally accountable to the Board of NHS England through the relevant NHS England regional governance structure for Specialised Services.</p> <p>In the North West the NWSSC will report to the NHS England Board via the North West Regional Management Team (RMT) and the North West Regional Commissioning Committee. Reporting will also be to the North West Regional Leadership Group (RLG), which includes ICB Chief Executives.</p> <p>In addition, the NWSSC will report separately to each of the three ICBs via the following Committees:</p> <p>NHS Lancashire and South Cumbria ICB – via Lancashire and South Cumbria Specialised Services System Board</p> <p>NHS Greater Manchester ICB – via Greater Manchester Specialised Services System Board</p> <p>NHS Cheshire and Mersey ICB – via Cheshire and Mersey ICB Board</p> <p>The Joint Committee may report to the Delegated Commissioning Group (DCG) for Specialised Services on its proceedings and decisions.</p>

	<p>The Joint Committee’s Chair(s) or, at the Chair’s discretion, another member of the Joint Committee, may attend the DCG and report to the DCG on its proceedings.</p> <p>Where the DCG requests that the Joint Committee provides information or reports on its proceedings or decisions, the Partners must comply with that request within a reasonable timescale.</p>
<p><b>Membership</b></p>	<p><u>Core Membership</u></p> <p>Each of the Partners must nominate one Authorised Officer to be their representative at meetings of the Joint Committee. The Authorised Officers nominated by the Partners and present at a meeting of the Joint Committee comprise the voting membership of the Joint Committee.</p> <p>Each of the Partners may nominate a named substitute to attend meetings of the Joint Committee if its Authorised Officer is unavailable or unable to attend or because they are conflicted.</p> <p>Each of the Partners must ensure that its Authorised Officer (and any named substitute) is of a suitable level of seniority and duly authorised to act on its behalf and to agree to be bound by the final position or decision taken at any meeting of the Joint Committee.</p> <p>The Authorised Officers (or any substitute(s) appointed) form the Core Membership of the Joint Committee.</p> <p><u>Discretionary Membership</u></p> <p>Each of the Partners may be represented at meetings of the Joint Committee by representatives (who may be officers or, in the case of an ICB, non-executive members of the ICB) who may observe proceedings and contribute to the Joint Committee’s deliberations as required, but these representatives will not have the right to vote.</p> <p>The Partners may identify individuals or representatives of other organisations that may be invited to observe proceedings and contribute to the Joint Committee’s deliberations as required. These representatives will not have the right to vote.</p> <p><u>Independent Membership and Independent Scrutiny</u></p> <p>Each ICB will appoint one Non-Executive Director by way of ensuring independent scrutiny. This arrangement will be reviewed ahead of formal delegation arrangements.</p>

	<p>The Non-Executive Directors (Independent Members) will not have voting rights on the NWSSC, their role is:</p> <ul style="list-style-type: none"> <li>• To provide constructive impartial challenge in the decision-making process;</li> <li>• To support the Partners to reach a consensus position wherever possible;</li> <li>• To support the NWSSC to exercise the Functions with reference to the statutory framework, good practice and the Triple Aim; and</li> <li>• To encourage the Partners to undertake effective stakeholder engagement and to have regard to the outcome of engagement exercises.</li> <li>• To role model and support a regional perspective in relation to Specialised Services</li> </ul> <p><u>Term of membership</u></p> <p>Each member of the Core Membership (and any substitute appointed) will hold their appointment until 31st March 2024 or until the NWSSC is superseded by governance arrangements in relation to the delegation of Specialised Services. Members will be eligible to be reappointed for further terms at the discretion of the Partners.</p> <p><u>Membership lists</u></p> <p>The Chair (or in the absence of a Chair, the Partners themselves) shall ensure that there is prepared (and updated from time to time) a list of the members and that this list is made available to the Partners.</p>
<p><b>Chair</b></p>	<p>At the first meeting of the Joint Committee in each financial year, the Core Membership shall select a Chair, or joint Chairs, from among the membership.</p> <p>The incumbent(s) in the role / position of Chair shall hold office until such time as an individual is formally confirmed at the first meeting of the Joint Committee in that financial year and be eligible for re-appointment for 2 further terms. At the first scheduled Joint Committee meeting after the expiry of the Chair's term of office, the Core Membership will select a Chair, or joint Chairs, who will assume office at that meeting and for the ensuing term.</p> <p>The chairing of the NWSSC will be undertaken by the 3 ICB core members and on a rotational basis throughout the year.</p> <p>If the Chair(s) is/are not in attendance at a meeting, the Core Membership will select one of the members to take the chair for that meeting.</p>

<b>Remuneration</b>	<p>The Partners shall prepare a scheme for the remuneration of any external members and for meeting the reasonable expenses incurred by other classes of membership of the Joint Committee.</p> <p>The scheme shall be reviewed on an annual basis.</p>
<b>Meetings</b>	<p>The Joint Committee shall meet quarterly, as a minimum.</p> <p>At its first meeting (and at the first meeting following each subsequent anniversary of that meeting) the Joint Committee shall prepare a schedule of meetings for the forthcoming year (“the Schedule”).</p> <p>Meetings of the Joint Committee can be conducted electronically where this is felt to be appropriate.</p> <p>The Chair(s) (or in the absence of a Chair, the Partners themselves) shall see that the Schedule is notified to the members.</p> <p>Either:</p> <ul style="list-style-type: none"> <li>▪ NHS England, or</li> <li>▪ The ICBs acting collectively,</li> </ul> <p>may call for a special meeting of the Joint Committee outside of the Schedule as they see fit, by giving notice of their request to the Chair. The Chair(s) may, following consultation with the Partners, confirm the date on which the special meeting is to be held and then issue a notice giving not less than 1 weeks’ notice of the special meeting.</p>
<b>Quorum</b>	<p>A Joint Committee meeting is quorate if the following are in attendance:</p> <ul style="list-style-type: none"> <li>▪ the Authorised Officer (or substitute) nominated by NHS England;</li> <li>▪ each of the Authorised Officers (or substitutes) appointed by the ICBs.</li> </ul>
<b>Decisions and voting arrangements</b>	<p>The Joint Committee must seek to make decisions relating to the exercise of the Joint Functions and Joint Specialised Services on a consensus basis.</p> <p>The Partners must ensure that matters requiring a decision are anticipated and that sufficient time is allowed prior to Joint Committee meetings for discussions and negotiations between Partners to take place.</p>

	<p>In preparation for future delegation of Specialised Services and collaboration between them for this purpose, the ICBs should seek to adopt a common position on any matter to be decided.</p> <p>Decisions must be ratified by the Core Membership of the Joint Committee.</p> <p>Where it has not been possible, despite the best efforts of the Core Membership, to come to a consensus decision on any matter before the Joint Committee, the Chair(s) may require the decision to be put to a vote in accordance with the following provision.</p> <p>Where voting is required there will be equal voting rights with NHS England casting vote: each ICB has a single vote and NHS England has a number of votes equal to the number of ICB votes. Where there is deadlock, NHS England has a casting vote at the meeting of the Joint Committee.</p> <p>In the event that the Regional Director of Specialised Commissioning uses their casting vote, this will be communicated to the NHSE Regional Director.</p> <p>The agenda of the Joint Committee will be constructed in such a way that members vote only where there is a legitimate interest in the decision being made.</p>
<p><b>Conduct and conflicts of interest</b></p>	<p>Members of the Joint Committee will be expected to act consistently with existing statutory guidance, NHS Standards of Business Conduct and relevant organisational policies.</p> <p>The NHS Standards of Business Conduct policy is available from: <a href="https://www.england.nhs.uk/publication/standards-of-business-conduct-policy/">https://www.england.nhs.uk/publication/standards-of-business-conduct-policy/</a></p> <p>Members should act in accordance with the Nolan Principles (the Seven Principles of Public Life). See: <a href="https://www.gov.uk/government/publications/the-7-principles-of-public-life">https://www.gov.uk/government/publications/the-7-principles-of-public-life</a>.</p> <p>Members should refer to and act consistently with the NHS England guidance: <i>Managing Conflicts of Interest in the NHS: Guidance for staff and organisations</i>. See: <a href="https://www.england.nhs.uk/ourwork/coi/">https://www.england.nhs.uk/ourwork/coi/</a>.</p> <p>Where any member of the Joint Committee has an actual or potential conflict of interest in relation to any matter under consideration by the Joint Committee, that member must not participate in meetings (or parts of meetings) in which the relevant matter is discussed, either by participating in</p>

	discussion or by voting. A Partner whose Authorised Officer is conflicted in this way may secure that their appointed substitute attend the meeting (or part of meeting) in the place of that member.
<b>Confidentiality of proceedings</b>	<p>The Joint Committee is not subject to the Public Bodies (Admissions to Meetings) Act 1960. Admission to meetings of the Joint Committee is at the discretion of the Partners.</p> <p>All members in attendance at a Joint Committee are required to give due consideration to the possibility that the material presented to the meeting, and the content of any discussions, may be confidential or commercially sensitive, and to not disclose information or the content of deliberations outside of the meeting's membership, without the prior agreement of the Partners.</p>
<b>Publication of notices, minutes and papers</b>	<p>The Partners shall provide sufficient resources, administration and secretarial support to ensure the proper organisation and functioning of the Joint Committee.</p> <p>The Chair(s) (or in the absence of a Chair, the Partners themselves) shall see that notices of meetings of the Joint Committee, together with an agenda listing the business to be conducted and supporting documentation, is issued to the Partners 1 week (or, in the case of a special meeting, 2 days) prior to the date of the meeting.</p> <p>The proceedings and decisions taken by the Joint Committee shall be recorded in minutes, and those minutes circulated in draft form within 2 weeks of the date of the meeting. The Joint Committee shall confirm those minutes at its next meeting.</p>
<b>Review of the Terms of Reference</b>	These Terms of Reference will be reviewed annually.

# Annex A – Membership of the Joint Committee

## Core Members

Partner Organisation	Name	Role
NHS Cheshire and Merseyside Integrated Care Board	Clare Watson	Assistant Chief Executive
NHS England	Andrew Bibby	Regional Director of Health & Justice and Specialised Commissioning North West Region
NHS Greater Manchester Integrated Care Board	Rob Bellingham	Director of Primary Care and Strategic Commissioning
NHS Lancashire and South Cumbria Integrated Care Board	Professor Craig Harris	Chief of Health and Care Integration

## Discretionary Members

Partner Organisation	Name	Role
NHS Cheshire and Merseyside Integrated Care Board	Claire Wilson	Executive Director of Finance
NHS Cheshire and Merseyside Integrated Care Board	Dr Fiona Lemmens	Deputy Medical Director
NHS Cheshire and Merseyside Integrated Care Board	Louise Shepherd	Chief Executive, Alder Hay
NHS England	Carol Stublely	North West NHSE Director of Commissioning Finance
NHS England	Dr Richard Preece	North West NHSE Medical Director
NHS Greater Manchester Integrated Care Board	Phillip Kemp	Associate Finance Director
NHS Greater Manchester Integrated Care Board	Claire Lake	Deputy Chief Medical Officer
NHS Greater Manchester Integrated Care Board The Christie NHS FT	John Wareing	Interim Director of Strategy
NHS Lancashire and South Cumbria Integrated Care Board	Katherine Disley	Finance Lead
NHS Lancashire and South Cumbria Integrated Care Board	Dr David Levy	Chief Medical Director
NHS Lancashire and South Cumbria Integrated Care Board Lancashire Teaching Hospitals NHS FT	Gary Doherty	Director of Strategy

## Independent Members

Partner Organisation	Name	Role
NHS Cheshire and Merseyside Integrated Care Board	Neil Large	Non-Executive Director
NHS Greater Manchester Integrated Care Board	TBC	Non-Executive Director
NHS Lancashire and South Cumbria Integrated Care Board	Ebrahim Adia	Non-Executive Director