

Meeting: Strategic Commissioning Board			
Meeting Date	07 June 2021	Action	Recommend
Item No	06	Confidential / Freedom of Information Status	No
Title	Strategic Commissioning Board Membership and Voting		
Presented By	Geoff Little, Chief Executive and Accountable Officer		
Author	Lisa Featherstone, Deputy Director of Business Delivery		
Clinical Lead	-		
Council Lead	-		

Executive Summary
<p>This paper sets out the revised membership and voting arrangements for the Strategic Commissioning Board in light of the recent changes to the Council Cabinet following the Local Elections in May 2021 and recent changes within the CCG. There is a need to ensure that the Board continues to operate efficiently and effectively in discharging the duties delegated to it from the Council Cabinet and CCG Governing Body.</p> <p>The Strategic Commissioning Board has been established as a Joint Committee, under the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (as amended) to support the delivery of health and care integration in Bury.</p> <p>Whilst developing the governance arrangements, including voting arrangements, a number of discussions were undertaken with the Cabinet, Council, Governing Body, CCG membership and NHS England.</p> <p>The arrangements were originally approved by all parties consulted and an overarching governance paper was submitted to the Strategic Commissioning Board in October 2019, including the final Terms of Reference which set out the voting arrangements in respect to the SCB. This reflected no more than 7 voting members and 2 non-voting members from the CCG and 7 voting members from the Council Cabinet plus two (2) opposition party representatives in attendance.</p> <p>Further changes were made to the membership of the SCB in both June 2020 and February 2021. In June 2020 the number of Cabinet Members was increased from 7 to 9 with an equivalent voting arrangement applied for the CCG and in February 2021 a cosmetic change to the roles within the CCG holding a vote was made.</p> <p>Following the Local Elections 2021, the new Council Cabinet consists of 8 members (compared to the previous 9) and therefore it is proposed that the number of Governing Body votes is also reduced to 8 on the SCB to maintain the balance. A vacancy has arisen in one of the Clinical Director roles which provides a natural removal of one voting member.</p>

When originally established, the SCB also included a non-voting member position for the largest opposition parties. As Radcliffe First has increased its membership, it is proposed that the number of opposition party representatives invited to the meeting is increased to 3.

No changes to quoracy are proposed as part of this report, which for information is set at:

- A minimum of 4 elected members (voting), of which 1 must be the Leader or Deputy Leader of the Council;
- A minimum of 4 Governing Body (voting) members, of which 2 must be practicing clinicians; and
- At least one joint Executive Officer.

These changes impact on the voting arrangements of the SCB, and whilst it is envisaged that all decisions will be made by consensus, appropriate provisions must be in place in the eventuality that a vote be required.

Recommendations

It is recommended that the Strategic Commissioning Board:

- Supports the revised membership and voting arrangements for the Strategic Commissioning Board as set out in the paper and revised Terms of Reference;
- Recommend the draft Terms of Reference to the respective governance arrangements for formal approval.

Links to Strategic Objectives/Corporate Plan

Does this report seek to address any of the risks included on the Governing Body / Council Assurance Framework? If yes, state which risk below:

Yes

No

Implications

Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Have any departments/organisations who will be affected been consulted?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any legal implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>

Implications						
Are there any health and safety issues?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
How do proposals align with Health & Wellbeing Strategy?	The SCB will support delivery of the health and Well-being Strategy through collective decision making to support the health and well-being of the patients, residents and population of Bury.					
How do proposals align with Locality Plan?	Establishing the OCO is explicit within the Locality Plan.					
How do proposals align with the Commissioning Strategy?	The SCB will support delivery of the Commissioning Strategy.					
Are there any Public, Patient and Service User Implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
How do the proposals help to reduce health inequalities?	The SCB will bring together the Council and CCG to ensure that future decisions are made jointly and for the benefit of the population of Bury					
Is there any scrutiny interest?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
What are the Information Governance/ Access to Information implications?						
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Additional details	The establishment of the SCB has been socialised with key stakeholders, including staff, elected members, clinicians and other interested parties over the last 6 months. This engagement has informed the shape and remit of the SCB, which has set out its membership and terms of reference in accordance with what is legally permissible under existing legislation.					

Governance and Reporting		
Meeting	Date	Outcome

Strategic Commissioning Board

Review of Membership, Voting and Quoracy

1.0 Introduction

- 1.1 The Strategic Commissioning Board has been established as a Joint Committee, under the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (as amended) to support the delivery of health and care integration in Bury.
- 1.2 This paper sets out the proposed revised membership and voting arrangements for the Strategic Commissioning Board following the recent changes to the Council Cabinet

2.0 Background

- 2.1 In September 2015, NHS Bury CCG and Bury Local Authority signaled their ambition to work more closely to ensure better outcomes for the Borough of Bury through the most economic, efficient and effective use of the Bury pound to improve outcomes for the residents of the Borough.
- 2.2 The Terms of Reference for the Strategic Commissioning Board have previously been approved through the respective governance arrangements of each organisation with the first meeting of Board taking place in October 2019.
- 2.3 A paper setting out the Governance arrangements including voting arrangements was originally submitted to the Strategic Commissioning Board in October 2019. This included a proposal for no more than 7 voting members and 2 non-voting members from the CCG and 7 voting members from the Council Cabinet plus two opposition party representatives in attendance. These arrangements were also reflected within the Terms of Reference.
- 2.4 Further changes were made to the membership of the SCB in both June 2020 and February 2021. In June 2020 the number of Cabinet Members was increased from 7 to 9 with an equivalent voting arrangement applied for the CCG and in February 2021 a cosmetic change to the roles within the CCG holding a vote was made.
- 2.5 Following the Local Elections 2021, the new Council Cabinet consists of 8 members (compared to the previous 9) and therefore it is proposed that the number of Governing Body votes is also reduced to 8 on the SCB to maintain the balance. A vacancy has arisen in one of the Clinical Director roles which provides a natural removal of one voting member.
- 2.6 When originally established, the SCB also included a non-voting member position for the largest opposition parties. As Radcliffe First has increased its membership, it is proposed that the number of opposition party representatives invited to the meeting is increased to 3.

3.0 Membership and Voting arrangement of the Strategic Commissioning Board

- 3.1 The proposed changes to the Terms of Reference for Strategic Commissioning Board members as included at Appendix 1 of the report.

- 3.2 The proposed revised voting arrangements are also included at Appendix 2 of the report for information.
- 3.3 The SCB will aim to achieve consensus for all decisions and securing the support of both partners will be critical to the success of most of the decisions made. In exceptional circumstances where consensus cannot be reached, and should a vote be required, it will be by a simple majority of voting members present. If 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.

4.0 Recommendations

- 4.1 The Strategic Commissioning Board is recommended to:
- Supports the revised membership, voting and quoracy arrangements for the Strategic Commissioning Board as set out in the paper and revised Terms of Reference;
 - Recommend the draft Terms of Reference to the respective governance arrangements for formal approval.

Appendix 1: 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 8 voting Cabinet Members;
 - CCG Governing Body Members – no more than 8 voting , of which the majority will be clinicians;
 - The joint Chief Executive and Accountable Officer;
 - The joint Chief Finance Officer (including S151 responsibilities); and
 - The joint Executive 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:
 - 3 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 4 elected members (voting), of which 1 must be the Leader or Deputy Leader of the Council;
- A minimum of 4 Governing Body (voting) members, of which 2 must be practicing clinicians; and
- At least one joint Executive 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.

Appendix 2: Membership and Voting Status

Role	Current Post Holder	Membership Status	Voting Status	Deputy Permitted
Council Leader and portfolio holder for Finance and Growth	Cllr Eamonn O'Brien	Member	Voting	✓ (Deputy Leader)
Council Deputy Leader and Portfolio holder for Children, Young People and Skills	Cllr Tamoor Tariq	Member	Voting	
Council First Deputy and Portfolio Holder for Health and Wellbeing	Cllr Andrea Simpson	Member	Voting	-
Council Elected Member and Portfolio Holder for Environment and Climate Change	Cllr Alan Quinn	Member	Voting	-
Council Elected Member and Portfolio Holder for Communities	Cllr Richard Gold	Member	Voting	-
Council Elected Member and Portfolio Holder for Culture and The Economy	Cllr Charlotte Morris	Member	Voting	-
Council Elected Member and Portfolio Holder for Corporate Affairs and HR	Cllr Tahir Rafiq	Member	Voting	-
Council Elected Member and Portfolio Holder for Housing Services	Cllr Clare Cummins	Member	Voting	-
Council Opposition Member	Cllr Nick Jones	In attendance	Non-Voting	-
Council Opposition Member	Cllr Michael Powell	In attendance	Non-Voting	-
Council Opposition Member	Cllr Mason	In attendance	Non-Voting	-
CCG Chair (Clinical)	Dr Jeff Schryer	Member	Voting	✓

				(when Chair of Mtg)
Clinical Director	Mr Howard Hughes	Member	Voting	-
Clinical Director	Dr Cathy Fines	Member	Voting	-
Clinical Director	Dr Daniel Cooke	Member	Voting	-
Lay Member – Quality	Mr Peter Bury	Member	Voting	-
Lay Member - PPI	Mr David McCann	Member	Voting	-
Lay Member – Finance and Audit	Mr Chris Wild	Member	Voting	-
Governing Body Registered Nurse	Mrs Fiona Boyd	Member	Voting	-
Chief Executive and Accountable Officer	Mr Geoff Little	Member	Voting	✓
Executive Director of Finance	Ms Sam Evans	Member	Voting	✓
Joint Executive Director of Strategic Commissioning	Mr Will Blandamer	Member	Voting	✓
Governing Body/Director/Executive Members (not members of the SCB)				
Governing Body Secondary Care Consultant	Mr Peter Thompson	In Attendance	Non-voting	-
Director of Community Commissioning (DASS)	Mrs Julie Gonda	In Attendance	Non-Voting	-
Director of Public Health	Mrs Lesley Jones	In Attendance	Non-Voting	-
Deputy Chief Executive (Corporate Core)	Lynne Ridsdale	In Attendance	Non-Voting	-
Executive Director of Operations	Ms Donna Ball	In Attendance	Non-Voting	-
Executive Director of Children and Young People	Ms Sheila Durr	In Attendance	Non-Voting	-
Director of Nursing and Quality Improvement	Ms Catherine Jackson	In Attendance	Non-Voting	-

Other Colleagues (Advisory Only)				
Head of Communications, Marketing and Engagement	Mrs Karen Johnston	In Attendance	Advisory	-
Business Support Unit Representative	Mrs Emma Kennett	In Attendance	Advisory and Minutes	-
Business Support Unit Representative	Ms Philippa Braithwaite	In Attendance	Advisory and Minutes	-