


NHS Cheshire & Merseyside Integrated Care Board

Women's Services Committee

Terms of Reference V1.1



Document revision history

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Women's Services Committee

Terms of Reference

1. Purpose

The Women's Services Committee (the Committee) is established by NHS Cheshire and Merseyside as a Committee of the Integrated Care Board (ICB) in accordance with its constitution.

The Committee and its members, including those who are not members of the Board, are bound by the Standing Orders and other policies of the ICB.

The Liverpool Clinical Services Review report, published in January 2023,¹ recommended that a sub-committee of the ICB be established to oversee a programme of work to help determine the future of women and families' services delivered across the city region. Although these services are delivered across the Liverpool City region, this is also the tertiary centre for Cheshire and Merseyside, therefore solutions proposed will impact on the care of patients across Cheshire and Merseyside and beyond.

The Liverpool Clinical Services Review, informed by and building on the considerable work undertaken by others reviews over a number of years, recommended a whole-system approach to addressing the clinical risks and sustainability challenges affecting women's health services, which is why NHS Cheshire and Merseyside ICB will be responsible for overseeing this programme of work.

The Committee will be established with a diverse membership, drawn from a variety of partner organisations, including representatives drawn from the NHS Trusts with a role in delivering these services, reflecting the dependencies with other services across Cheshire and Merseyside.

The Committee will oversee the development and implementation over the next five years of a future care model that will ensure that services delivered across the Liverpool City Region provide the best possible care and experience for all women, babies and families.

2. Responsibilities / duties

The Committee's duties are as follows:

- to approve an annual workplan
- to identify solutions to key clinical risks and to develop proposals for the future model for women and families' services delivered across the Liverpool City region
- to be assured of the delivery of all elements of the programme
- to involve and engage NHS and wider partners in the programme, managing the interdependencies with similar services across Cheshire and Merseyside (and beyond) and resolving any conflicts

¹ <https://www.cheshireandmerseyside.nhs.uk/media/vz2na242/cm-icb-board-public-260123.pdf>

- to ensure the programme has sufficient resources drawn from all partners, with the right skills and capacity to deliver a large-scale, complex programme
- to ensure any proposals for the future delivery of women and families services are financially sustainable, deliverable and opportunities for efficiencies are maximised
- identify and address programme risks and issues.
- to ensure that the programme complies with statutory and best practice standards in the delivery of potential major service reconfiguration.
- to ensure that the voice of patients, public and stakeholders are integral to the programme and there is meaningful involvement of the public, patients, carers, and stakeholders in any proposal development
- to ensure that proposals for future delivery of these services are clinically led, informed by clinical evidence, research, and intelligence, and can demonstrate that they meet the needs of women and their families
- to ensure that proposals for future delivery of these services have robustly considered, been informed by and address the findings of equality, quality and sustainability impact assessments
- to provide oversight and contribute to the development of any strategic case for change.
- to ensure a robust and defensible process for option development for the future care model which will inform the development of a business case.
- seek external clinical and professional advice where specialist or independent review is required, including involvement from an NHS Clinical Senate.
- report on progress, risks, issues and delivery to the Board of NHS Cheshire and Merseyside.

3. Authority

The Committee will oversee the development of a future care model that will ensure that services delivered across the Liverpool City Region provide the best possible care and experience for all women, babies and families.

The Committee is authorised by the ICB to:

- request further investigation or assurance on any area within its remit
- bring matters to the attention of other committees to investigate or seek assurance where they fall within the remit of that committee
- make recommendations to the ICB Board
- escalate issues to the ICB Board
- approve an annual work plan to discharge its responsibilities
- approve the terms of reference of any sub-groups or sub-committees to the committee
- delegate responsibility for specific aspects of its duties to sub-groups, sub-committees of individuals.

Decisions on areas, functions, or budgets outside of the authority or scope of the ICB is discharged through the authority that is delegated to the individual members of the Committee by their respective organisations.

For the avoidance of doubt, in the event of any conflict when making any decisions or recommendations, the ICB Standing Orders, Standing Financial Instructions and the Scheme of Reservation and Delegation will prevail over these terms of reference other than the committee being permitted to meet in private.

4. Membership & Attendance

Membership

The Committee membership shall be appointed by the ICB in accordance with the ICB Constitution. Membership of the Committee may be drawn from the ICB Board membership; the ICB' executive leadership team; officers of the ICB; members or officers of other bodies in the wider health and social care system; other individuals/representatives as deemed appropriate.

When determining the membership of the Committee, active consideration will be made to diversity and equality.

The Committee Membership will be composed of:

- Committee Chair - Chair of the ICB
- an Independent Clinical SRO, from outside the Cheshire and Merseyside ICB footprint
- x1 ICB Liverpool Women's Services Programme SRO, who will be an ICB executive
- x1 ICB Non-Executive member
- ICB Director of Finance
- ICB Associate Medical Director - Transformation
- x1 ICB Primary (GP) Care Partner representative
- x1 representative from the Local Maternity and Neonatal System
- x1 Liverpool Place Director
- x1 Sefton Place Director
- x2 representatives from Liverpool Women's Hospital NHS FT
- x2 representatives from Liverpool University Hospitals NHS FT
- x1 representative from Alder Hey NHS FT
- x1 representative from Clatterbridge Cancer Centre NHS FT
- x1 representative from CMAST
- x1 lay person with lived experience of maternity services
- x1 lay person with lived experience of gynaecology services.

Attendees

Only members of the Committee have the right to attend Committee meetings, but the Chair will invite relevant staff for all or part of a meeting as necessary in accordance with the business of the Committee.

The Chair may also invite specified individuals to be regular participants at meetings of the Committee in order to inform its decision-making and the discharge of its functions as it sees fit.

Participants will receive advance copies of the notice, agenda, and papers for Committee meetings. Any such person may be invited, at the discretion of the Chair to ask questions and address the meeting but may not vote. Named regular participants may include:

- a) a Director of Public Health
- b) a representative from Healthwatch Liverpool on behalf of all the Cheshire and Merseyside Healthwatch organisations

- c) an individual bringing knowledge and a perspective of the voluntary, community, faith, and social enterprise sector
- d) an individual(s) representing the Local Medical Committee
- e) an individual(s) representing Primary Care (Pharmacy, Dentistry)
- f) x1 representative from the University of Liverpool.

The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.

Working Groups

The Committee will establish working groups to deliver each component workstream of the programme. These groups will include, but not limited to:

- Finance & Capital
- Communications and Engagement
- Estates
- Clinical Evidence, Research and Data
- Workforce.

The Committee programme and that of the working groups will be the responsibility of a dedicated Programme Director. Working groups will report progress and escalate risks and issues to the Committee via a Programme Director report to the Committee.

5. Meetings

5.1 Leadership

The Chair of the Committee will be the Chair of NHS Cheshire and Merseyside ICB.

A Deputy Chair will be identified from within the standing membership of the Committee by the Chair.

The Chair will be responsible for agreeing the agenda with the Senior Responsible Officer for the Programme, and the Programme Director, ensuring matters discussed meet the objectives as set out in these Terms of Reference.

5.2 Quorum

For a meeting or part of a meeting to be quorate a minimum of five Committee members need to be present, including:

- the Committee Chair or Deputy Chair
- at least one NHS Trust representative
- at least one clinically qualified member
- at least one ICB Executive member.

Committee members may identify a deputy to represent them at meetings of the Committee when they are absent. Committee members should inform the Committee Chair of their intention to nominate a deputy to attend/act on their behalf and any such deputy should be suitably briefed and suitably qualified (in the case of any clinical members). When in attendance, a deputy of a Committee member has the same right to vote as that of the member.

If any member of the Committee has been disqualified from participating on an item in the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.

If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken within the remit of the Committee.

5.3 Decision-making and voting

The Committee will ordinarily reach its conclusions by consensus. When this is not possible the Chair may call a vote.

Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter.

Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote.

5.4 Frequency and meeting arrangements

The Committee will meet in private.

The Committee will meet at least six times each year. Additional meetings may take place as required.

In normal circumstances, each member of the Committee will be given not less than one month's notice in writing of any meeting to be held. However:

- the Chair may call a meeting at any time by giving not less than 14 calendar days' notice in writing.
- a majority of the members of the Committee may request the Chair to convene a meeting by notice in writing, specifying the matters which they wish to be considered at the meeting.
- in emergency situations the Chair may call a meeting with two days' notice by setting out the reason for the urgency and the decision to be taken.

As a Committee of the ICB, meetings may be conducted virtually using telephone, video, and other electronic means, when necessary.

5.5 Administrative Support

The Committee shall be supported with a secretariat function, which will include ensuring that:

- the agenda and papers are prepared and distributed having been agreed by the Chair with the support of the SRO of the programme.
- good quality minutes are taken in accordance with the standing orders and agreed with the Chair and that a record of matters arising, action points and issues to be carried forward are kept
- the Chair is supported to prepare and deliver reports to the Integrated Care Board.
- the Committee is updated on pertinent issues / areas of interest / policy developments; and

- action points are taken forward between meetings.

5.6 Accountability and Reporting Arrangements

The Committee is accountable to the Cheshire and Merseyside Integrated Care Board and shall report to its Board on how it discharges its responsibilities.

A summary of key issues discussed and concluded shall be produced and formally submitted to the Integrated Care Board. Reporting will be appropriately sensitive to personal circumstances and contain no personally sensitive or personally identifiable information.

The Committee will provide the Integrated Care Board with an Annual Report for each year it is in place. The report will summarise its conclusions from the work it has done during the year.

Members of the Committee who are not ICB members have the responsibility to inform their respective organisations prior to and post the meetings with respect to the business undertaken by the Committee, and seek their support for any recommendations being considered by the Committee and the Board.

6. Behaviours and Conduct

Benchmarking and guidance

The Committee will take proper account of National Agreements and appropriate benchmarking, for example Agenda for Change and guidance issued by the Government, the Department of Health and Social Care, NHS England, and the wider NHS in reaching their determinations.

ICB values


Members will be expected to conduct business in line with the ICB values and objectives and the principles set out by the ICB.

Members of, and those attending, the Committee shall behave in accordance with the ICB's constitution, Standing Orders, and Standards of Business Conduct Policy.

Management of Conflicts of Interest

All members shall comply with the ICB's Managing Conflicts of Interest Policy / their relevant organisation COI policy at all times. In accordance with best practice on managing conflicts of interest, members should:

- inform the chair of any interests they hold which relate to the business of the Committee.
- inform the chair of any previously agreed treatment of the potential conflict / conflict of interest.
- abide by the chair's ruling on the treatment of conflicts / potential conflicts of interest
- inform the chair of any conflicts / potential conflicts of interest in any item of business to be discussed at a meeting. This should be done in advance of the meeting wherever possible.
- declare conflicts / potential conflicts of interest in any item of business to be discussed at a meeting under the standing "declaration of interest" item.
- abide by the chair's decision on appropriate treatment of a conflicts / potential conflict of interest in any business to be discussed at a meeting.



As well as complying with requirements around declaring and managing potential conflicts of interest, members should:

- Uphold the Nolan Principles of Public Life
- Attend meetings, having read all papers beforehand
- Arrange an appropriate deputy to attend on their behalf, if necessary.

Equality diversity and inclusion

Members must demonstrably consider the equality, diversity and inclusion implications of any recommendations and decisions they make.

7. Review

The Committee will review its effectiveness at least annually.

These terms of reference will be reviewed at least annually and earlier if required.

Any proposed amendments to the terms of reference will be submitted to the Integrated Care Board for approval.