

Surrey Heartlands' CCGs

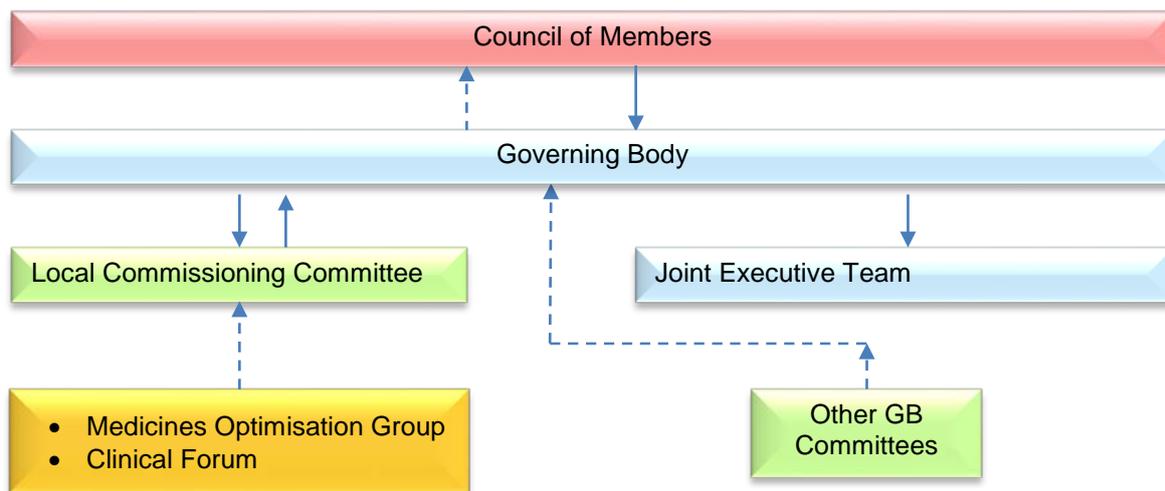
Guildford and Waverley CCG

Local Clinical Commissioning Committee

Terms of Reference

NHS Guildford and Waverley CCG	✓
NHS North West Surrey CCG	
NHS Surrey Downs CCG	

Approved: April 2019
 Next review due: March 2020



1. Context

1.1. Each of the three Surrey Heartlands' Clinical Commissioning Groups (NHS Guildford & Waverley CCG, NHS North West Surrey CCG and Surrey Downs CCG) Governing Body hereby resolves to establish a committee of the Governing Body called the Local Commissioning Committee (also known as the Clinical Cabinet / Clinical Executive or 'the Committee') in accordance with Schedule 1A of the National Health Service Act 2006 (as amended) ("the NHS Act").

Working together as the Surrey Heartlands Clinical Commissioning Groups

Guildford and Waverley CCG | North West Surrey CCG | Surrey Downs CCG

- 1.2. The Committee is established in accordance with each of the CCG's constitution. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Committee and shall have effect as if incorporated into the CCG's constitution.

2. Purpose & Objectives

- 2.1. The Committee acts and make decisions to implement the Strategic Commissioning Plan.

3. Accountability/ Delegated Authority

- 3.1. The Committee is accountable to the Governing Body.
- 3.2. The minutes will be submitted to the Governing Body and the Chair will be invited to highlight any issues.
- 3.3. The Committee will approve project initiation documents or business cases between £250,000 and £2,000,000, where a provisional allocation has already been made within the CCG budget and subject to the usual finance and governance controls.
- 3.4. The Committee will agree the award, termination and modification of contracts for services within existing budget where the contracting authority is solely the CCG of a value between £250,000 and £2,000,000.
- 3.5. The Committee is authorised by the Governing Body to investigate any activity within these terms of reference. It is authorised to seek any information it requires from any member, officer or employee who are directed to co-operate with any request made by the Committee. The Committee is authorised by the Governing Body to obtain outside legal or other independent professional advice and to secure the attendance of other individuals with relevant experience and expertise if it considers necessary.

4. Sub Committees & Delegation

- 4.1. The Committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest.
- 4.2. The Committee has established the following sub-committees and approved their Terms of Reference, with a remit to report and make recommendations.
 - Medicines Optimisation Group

5. Responsibilities

5.1. The Committee shall:

- 5.1.1. support the development and implementation of the Surrey Heartlands Strategic Commissioning Strategy;
- 5.1.2. develop and recommend a Local Commissioning Strategy that is aligned with the Strategic Commissioning Strategy and the Joint Health and Wellbeing Strategy;
- 5.1.3. ensure effective means of communication are in place for consultation with localities in the development of commissioning plans and to report decisions;
- 5.1.4. be the main source of clinical advice to the Governing Body;
- 5.1.5. be responsible for QIPP plan, finance and programme delivery;
- 5.1.6. generate new QIPP ideas, make the case for and support clinical change;
- 5.1.7. develop, oversee and ensure the delivery of the necessary programme and/or project arrangements to effectively inform the development of clinical strategy and to develop annual commissioning plans for priority programmes of care;
- 5.1.8. support the joint commissioning arrangements with Surrey County Council and other partners;
- 5.1.9. determine and assess the clinical outcomes for provider contracts e.g. CQUINs and review the performance and delivery of providers against the contractual provisions;
- 5.1.10. determine tactical investments/interventions, and ensuring the operational delivery of agreed strategy and change programmes, including strategic commissioning intentions;
- 5.1.11. determine and approve recommendations and developments from Medicines Management, including considering and ratifying recommendations of the monthly Surrey and North West Sussex Area Prescribing Committee around the managed entry of new drugs to: promote equity of access to medicines across our health community; promote patient safety; ensure rational and transparent decision making around funding medicines and treatments; bring consistency to value for money considerations; and identify opportunities for investment and disinvestment; and
- 5.1.12. reviewing those risks on the Corporate Risk Register and Governing Body Assurance Framework which have been assigned to it and ensure that appropriate and effective mitigating actions are in place and giving assurance to the Governing Body on risks associated with the Committee's purpose.

6. Membership

6.1. The membership of the committee shall consist of:

6.1.1. Voting members (or nominated deputies):

- A Clinical Member of the Governing Body (Chair);
- The CCG Clinical Chair;
- At least three clinicians;
- GB Lay Member – Public & Patient Engagement
- Joint Accountable Officer
- Chief Finance Officer
- Executive Director for Quality
- Executive Director for Strategic Commissioning
- Managing Director
- Surrey County Council Representative

6.1.2. The Committee voting membership must have a clinical majority or parity of clinical / non-clinical members with the chair having an extra vote.

6.1.3. Non-Voting Members:

- None

6.2. Appointment of Members:

- The members of the Committee shall be appointed with approval from the Governing Body.

6.3. Members of the Committee should aim to attend all scheduled meetings. The Chair of the Committee will review with the Chair of the Governing Body any circumstances in which a Member's attendance falls below 75% attendance.

7. Co-opted members / deputies / attendees

7.1. The Committee may co-opt additional clinical members.

7.2. Committee members may nominate a suitable deputy when necessary and subject to the approval of the Chair. All deputies should be fully briefed and the secretariat informed of any agreement to deputise so that quoracy can be maintained.

7.3. No person attending the meeting in one role can additionally act on behalf of another person as their deputy.

7.4. People from a range of areas may be invited to attend based on the needs of the agenda

8. Not Used

9. Quorum

- 9.1. A quorum shall be 3 Committee members, which must include:
 - Two clinicians; and
 - One Executive Director.
- 9.2. Nominated deputies attending committee meetings, on behalf of substantive members, will count towards quorum.
- 9.3. If a meeting is not quorate, the Chair may adjourn the meeting to permit the appointment or co-option of additional members if necessary. The Chair will have the final decision as to their suitability.

10. Meetings

- 10.1. The committee will usually meet on a monthly basis, with a minimum of ten meetings per annum.
- 10.2. The Committee will operate in accordance with the CCG's Standing Orders. The Corporate Office will be responsible for ensuring administrative support to the Committee. This will include:
 - Giving notice of meetings (including, when the Chair of the Committee deems it necessary in light of the urgent circumstances, calling a meeting at short notice)
 - Issuing an agenda and supporting papers to each member and attendee no later than five working days before the date of the meeting;
 - Ensuring an accurate record (minutes) of the meeting
- 10.3. The Committee will meet in private.
- 10.4. Meetings may be held by conference call or by electronic means, so long as those present can hear each other and contribute simultaneously to the meeting.
- 10.5. With the agreement of the Chair and by exception Members of the Committee may participate in meetings in person or virtually by using video or telephone or web link or other live and uninterrupted conferencing facilities.
- 10.6. To call a meeting, members will be given a minimum of one weeks' notice where possible. Notification will be given by email.
- 10.7. An extraordinary meeting of Committee can be called at the request of the four committee members.
- 10.8. Any non-voting people may be asked to withdraw from the confidential part of the meeting
- 10.9. Members of the Committee have a collective responsibility for the operation of the Committee. 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.

11. Agenda Preparation

- 11.1. The Committee will develop a forward-looking rolling Agenda programme with dates, maintained by the secretariat.
- 11.2. The Chair will work with the secretariat on the preparation of the next meeting agenda.

12. Managing Conflicts of Interest

- 12.1. The members of the Committee must comply fully with NHS England Guidance and CCG Policy regarding Conflict of Interest¹.
- 12.2. The Chair is responsible for managing conflicts of interest at a meeting of the committee. If the Chair has a conflict of interest, then one of the other Governing Body Clinicians is responsible for deciding the appropriate course of action.
- 12.3. At the start of the meeting, the Chair will invite members to declare if they have any conflicts of interest with the business to be conducted, including previously declared interests.
- 12.4. The Chair will decide any necessary course of action to manage a declared conflict of interest as advised by the CCG Conflict of Interest Policy.
- 12.5. Any declared conflicts of interest will be recorded in the minutes along with any action taken, in a form as advised by the CCG Conflict of Interest Policy. In summary the information recorded is
 - the name of the person noting the interest;
 - the nature of the interest and why it gives rise to the conflict;
 - the item of the agenda to which the interest related;
 - how it was agreed that the conflict should be managed;
 - evidence that the conflict was managed as intended.
- 12.6. In the unlikely event that all the GP Governing Body members are conflicted, the selected chair may decide to transfer the item for decision to the Primary Care Commissioning Committee, which is able to make decisions without GP GB Members.

13. Decision-making

- 13.1. The aim of the Committee is to achieve consensus decision-making wherever possible.
- 13.2. Each voting member of the Committee shall have one vote.

¹ The Management of Conflicts of Interest is included in the Standards of Business Conduct Policy.

- 13.3. If there is not a unanimous agreement, a vote will be taken by the Committee members. The vote will be passed with a simple majority of the votes of members present. In the case of an equal vote, the Chair shall have a second and casting vote.
- 13.4. The result of the vote will be recorded in the minutes and a record will also be made of the outcome of the voting for the other CCG committees.
- 13.5. All decisions taken in good faith at a meeting of the Committee shall be valid even if there is any vacancy in its membership or, it is discovered subsequently, that there was a defect in the calling of the meeting, or the appointment of a member attending the meeting

14. Not Used

15. Emergency/ Chair's action

- 15.1. The Committee will delegate responsibility for emergency powers and urgent decisions to the Chair or their deputy.
- 15.2. In the event of an urgent decision being required, this shall be taken by the Chair or their deputy, who must consult with at least two other members of the committee who are also members of the Governing Body (one clinical and one Executive Director) prior to taking the decision.
- 15.3. Urgent decisions must be reported to the next Committee meeting following the urgent decision for ratification by the full meeting together with a report detailing the grounds on which it was decided to take the decision on an urgent basis and the efforts made to contact the relevant other members of the Committee prior to taking the decision.

16. Secretariat

- 16.1. The Corporate Office will ensure the provision of a Secretary to the meeting who shall attend to take minutes of the meetings and provide appropriate administrative support to the Chair and Committee members.
- 16.2. The Corporate Office will be responsible for supporting the Chair in the management of the Committee's business and for drawing the Committee's attention to best practice, national guidance and other relevant documents as appropriate.
- 16.3. The Secretary will ensure minutes of the Committee will be formally signed off by the Committee at their next meeting and made available on the CCG's website (by inclusion in Governing Body papers). Minutes or sections of minutes which are of a confidential nature which would not be disclosed under a Freedom of Information Act request will not be made available on the CCG's website.

17. Policy and Best Practice

17.1. The Committee will apply best corporate governance practice in its decision-making processes, covering a clear ethical basis to the business being considered; aligned business goals; an effective strategy incorporating stakeholder values; a well governed organisation and reporting systems to provide transparency and accountability.

18. Conduct of the Committee

18.1. The CCG has a code of conduct in place which defines required standards of behaviour for individuals working within this organisation, and those performing or authorising activities or advisory duties on our behalf. The Committee and its membership will conduct itself in accordance with these standards and principles.

18.2. The CCG code of conduct specifically covers an employee/member's responsibility in relation to hospitality and gifts, and has regard to:

- Professional Standards Authority Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England,
- NHS Business Services Authority Standards of Business Conduct Procedure,
- Nolan seven principles of public life.

19. Review of Terms of Reference

19.1. The Committee will also self-assess its performance on an annual basis, referencing its work plan to ensure that the business transacted in meetings has effectively discharged the duties as set out in the Terms of Reference.

19.2. These terms of reference will be reviewed annually by the Committee membership at least annually. Any proposed significant changes to the ToR and responsibilities will be presented to the CCG Governing Body for approval.

Date	Version no.	Reviewed by	Status	Comments/ Changes since last version
10/11/18	0.1	Elaine Newton	DRAFT	
15/01/19	0.1	LCCC	FINAL	Approved
26/03/19	1.0	Governing Body	FINAL	Approved. Inclusion of risk within committee remit (5.1.12).
23/04/19	1.1	LCCC	DRAFT	Amendment to quoracy in event that all GP members conflicted.
13/06/19	1.2	Governance Team	FINAL	Removal of alternative quorum following consultation with Director of Governance