

ANNEX 5
DORSET CLINICAL COMMISSIONING GROUP
CLINICAL COMMISSIONING COMMITTEE
TERMS OF REFERENCE

1. CONSTITUTION

- 1.1 The Clinical Commissioning Committees (the Committee) is established in accordance with the NHS Dorset Clinical Commissioning Group's Constitution, Standing Orders and Scheme of Delegation. 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 group's Constitution and Standing Orders. The Committee has no executive powers other than those specifically delegated in these Terms of Reference.
- 1.2 The terms of reference shall be reviewed by the Governing Body, and any resulting changes to the terms of reference or membership of the Committee shall be approved by the Governing Body.

2. MEMBERSHIP

- 2.1 Members of the Committee shall be appointed by the Governing Body and may include individuals who are not members of the Governing Body. Membership of the Committee shall be automatic and shall not require separate appointment by the Governing Body for those holding the following roles within the CCG:
- CCG Chair
 - ~~7-6 Clinical Commissioning Programme~~ Delivery Groups Leads (CDG)
 - 13 Locality Chairs, one from each cluster
 - Secondary Care Member
 - Lay Member/Chair of the Joint Primary Care Commissioning Committee
 - Chief Officer
 - Chief Financial Officer
 - Director of Service Delivery
 - Director of Quality
- 2.2 A quorum shall be one third of the total number of the members and the Chair including at least one officer member and one non officer member.

3. ATTENDANCE

- 3.1 The Committee can require the attendance of any officer of the CCG as required.
- 3.2 The Committee may request attendance from a representative of the Public Health function of the relevant Local Authorities.
- 3.3 The Secretary and General Counsel shall service the Committee.

4. FREQUENCY

- 4.1 The Committee shall meet a minimum of four times per year, but will meet more often, as required. Meetings will not be held in public.

5. AUTHORITY

- 5.1 The Committee is authorised by the Governing Body to consider and determine matters within its remit and to make representation to the Governing Body in respect of clinical priorities.
- 5.2 The Committee is authorised to determine matters within its remit where those matters involve expenditure up to the limits delegated to the Chief Officer under the Scheme of Delegation. Where the expenditure involved exceeds these sums the committee is authorised to make representations to the Governing Body in respect of those matters.

6. REMIT AND FUNCTION

- 6.1 The remit and function of the Committee are to:

- 6.1.1 Support the Governing Body in developing and implementing its vision and strategic direction through:

6.1.1.1 Determining Clinical Commissioning standards to support evidence based commissioning decisions;

6.1.1.2 Recommend short, medium and long term direction and vision;

6.1.1.3 Provide clinical leadership to inform strategy;

6.1.1.4 Interpret national and local policy to inform strategic direction and determine local implementation;

6.1.1.5 Inform regional thinking and policy from a primary care perspective;

6.1.1.6 Promote patient and public involvement and local community engagement and partnership working;

6.1.1.7 Facilitate succession planning for wider clinical leadership.

- 6.1.2 Support the Governing Body in commissioning a comprehensive and equitable range of high quality, efficient and responsive services within allocated resources by:

- 6.1.2.1 Providing a clinical perspective to inform decision making and determine reports and business cases received from ~~Clinical Commissioning Programmes (CCPCDGs)~~ and cross cutting programmes as part of this process;
 - 6.1.2.2 Undertaking annual priority setting as set out in the strategic planning framework and then make recommendation to the Governing Body;
 - 6.1.2.3 Identify opportunities for dis-investment to facilitate delivery of the CCG's strategic aims, eg care closer to home;
 - 6.1.2.4 Being clinical champions and innovation leads for commissioning and service improvement;
 - 6.1.2.5 Monitor the delivery of the ~~Annual Two Year~~ Delivery Plan and report to the Governing Body where necessary;
 - 6.1.2.6 Monitoring programme budgets for CCPs and determining (or recommending to the Governing Body as required) budgetary shifts e.g. to enable equity in spend by programme based on marginal analysis.
- 6.1.3 Support the Governing Body in delivery of clinical effectiveness and governance through:
- 6.1.3.1 Support of the Audit and Quality Committee in discharging the CCG's responsibility for clinical governance for commissioned services including the monitoring and enforcement of ~~NSFs~~, NICE guidance and other agreed standards;
 - 6.1.3.2 Providing clinical oversight to contract management on specific ~~CCP~~ CDG areas;
 - 6.1.3.3 Providing clinical scrutiny of service quality, effectiveness and safety and advising the Governing Body;
 - 6.1.3.4 Providing clinical assessment of commissioning outcomes.
- 6.1.4 Support communication with partners and stakeholders through:
- 6.1.4.1 Supporting and promoting effective partnership working, including joint planning and commissioning, with other NHS organisations, local authorities and the voluntary and independent sectors;
 - 6.1.4.2 Encouraging and facilitating locality engagement through ~~CCPs~~ CDGs;

6.1.4.3 Resolving, through a clinical perspective, conflict with providers of service;

6.1.4.4 Maintaining effective communications and engagement with front-line health care professionals.

7. REPORTING

7.1 Minutes of each meeting will be recorded and shall be submitted to the Governing Body at its next meeting after those minutes have been formally approved by the Chair ~~of the~~.

7.2 The Committee will report to the Governing Body annually on its work in support of the Governance Statement, ~~specifically commenting on the fitness for purpose of the assurance framework, the completeness and extent to which risk management is embedded in the organisations, the integration of governance arrangement~~, and the Committee's own report on compliance with its Terms of Reference.

8. SUB-COMMITTEES

8.1 The Committee may establish sub-committees for specific areas of work.

8.2 Where it does so it will keep sub-committee arrangements under regular review to ensure relevance and effectiveness.

8.3 Minutes of any sub-committees will be presented to the Committee as soon as they have been approved by the relevant sub-committee.

For app GB ~~16/07/2014~~16/09/2015