8.6

NHS Dorset Clinical Commissioning Group Governing Body

Clinical Commissioning Committee Terms of Reference

Date of the meeting	15/05/2013
Author	Conrad Lakeman, Secretary & General Counsel.
Sponsoring DCCGGB member	Dr. Forbes Watson, Chair.
Purpose of report	To put forward revised Terms of Reference for the Clinical Commissioning Committee.
Recommendation	The Governing Body is asked to **Approve** the Terms of Reference.
Resource implications	None.
Link to strategic objectives	• Services designed around patients. • Preventing ill health and inequalities. • Sustainable healthcare services. • Care closer to home.
Risk assurance Impact on high level risks	None.
Privacy impact assessment	N/A
Outcome of equality impact assessment process	N/A
Actions to address impact	N/A.
Legal implications	None.
Freedom of information	Unrestricted.
Public and patient involvement	None.
Current status	**N/A**
Trend	**N/A**
Reason for inclusion in Part 2	**N/A**

1. Introduction

1.1 The current Terms of Reference for the Clinical Commissioning Committee have led to over-lap between the remit and functions of the Governing Body and the Clinical Commissioning Committee. This report seeks approval to revise the Terms of Reference for the Clinical Commissioning Committee.

2. Report

2.1 The revised Terms of Reference at Annex 1 extend the membership of the Committee as previously discussed at the Governing Body Meeting and Workshop and have also been updated to reflect the reduced number of clinical commissioning programmes.

2.2 In addition they allow a representative from Public Health to attend on a regular basis.

2.3 The revisions also make it clear (sections 5 and 6) that the Committee is authorised to determine matters within its remit up to the limits of the Chief Officer under the Scheme of Delegation. These limits will vary dependent upon whether or not the anticipated expenditure is within budget or not.

2.4 This logically follows the Scheme of Delegation in that the Committee will be empowered to commit expenditure to schemes/projects where that expenditure has been approved by the Governing Body as part of the budget setting process, up to the financial limits in place from time to time, for the Chief Officer. Where expenditure will exceed this amount the matter will need to be referred with a recommendation to the Governing Body.

2.5 Where the Committee wishes to commit funds that are unbudgeted, it will only be able to do so up to the reduced limits applicable to the Chief Officer from time to time, under the Scheme of Delegation.

2.6 In this way, the Committee will have a much greater degree of freedom to commission projects to deliver the strategy and the Annual Delivery Plan as both will have been pre-approved by the Governing Body as part of its governance processes, but will have a much reduced ability to commit expenditure that is unbudgeted.

2.7 The amendment at 6.1.2.3 has been included simply to make it clear that the Committee should identify improvements to healthcare that may be made possible by dis-investment.

3. Conclusion

3.1 The Governing Body is asked to approve the revised Terms of Reference.

Author's Name and Title: Conrad Lakeman, Secretary & General Council

Telephone Number:
01305 368024

Appendices

Appendix 1	**Clinical Commissioning Committee Terms of Reference**

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 save the locality cluster representatives: ~~Members of the Committee shall include:~~

2.1

- CCG Chair
- ~~6~~ 7 Clinical Commissioning Programme Leads
- ~~2~~ 3 Locality Chairs, one from each cluster
- Secondary Care Member
- Chief Officer
- Chief Financial Officer
- Director of Service Delivery
- Lay Member with responsibility for Public Engagement
- Director of Quality

Formatted: Indent: Left: 0 cm, Hanging: 1.25 cm, Outline numbered + Level: 2 + Numbering Style: 1, 2, 3, … + Start at: 1 + Alignment: Left + Aligned at: 0.63 cm + Indent at: 1.9 cm

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 Authority(ies).

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 (CCP) 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 Delivery Plan and report to the Governing Body;

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 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 Standards for Better Health or other agreed standards;

6.1.3.2 Providing clinical oversight to contract management on specific CCP 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;

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 there shall be a presumption that they shall be submitted to the public session of the Governing Body at its next meeting after those minutes have been formally approved by the Chair of the meeting unless otherwise decided by the Committee, in which case they shall go to the confidential session.

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 15/01/14