North Tyneside
Clinical Commissioning Group

CLINICAL COMMISSIONING AND CONTRACTS COMMITTEE TERMS OF REFERENCE

1 Introduction

The Clinical Commissioning and Contracts Committee (the committee) is established as a committee of the NHS North Tyneside Clinical Commissioning Group Governing Body, in accordance with the constitution, standing orders and scheme of delegation.

These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Clinical Commissioning and Contracts Committee and shall have effect as if incorporated into the CCG constitution and standing orders.

2 Principal Function

The committee assists the Governing Body in its duties to promote a comprehensive health service, reduce inequalities and promote innovation. It exists to provide day to day operational management direction for the successful delivery of the objectives of the CCG. The committee makes recommendations to the Governing Body on issues of strategy, clinical need, clinical pathways, commissioning intentions and procurements.

The committee has a particular responsibility for ensuring effective clinical, stakeholder and patient engagement and promoting the involvement of all member practices in the work of the CCG in securing improvements in the commissioning of care and services. This includes a key role linking in with the Localities.

The committee reviews activity and financial performance across both the commissioning and running cost budgets. It reviews the delivery of the NHS Constitution and performance targets by providers; the achievement of the Quality Premium; and CQUIN performance.

The committee approves new QIPP programmes and projects and monitors existing QIPP programmes and projects to ensure delivery to plan and targets

The committee has the authority to make decisions as defined in these terms of reference.

The committee has the authority to establish sub committees to support the delivery if its remit. Sub committees will not have the authority to make decisions other than as stated in Standing Orders, paragraph 4.3.1, or as stated specifically in

*Title change from Director of Commissioning and Performance January 2021

the Scheme of Reservation and Delegation (SORD) or Standing Financial Instructions SFIs.

3 Membership

The membership of the Clinical Commissioning and Contracts Committee will consist of:

- Chief Officer (**Chair**)
- Executive Director of Nursing and Chief Operating Officer (**Deputy Chair)**
- Chief Finance Officer
- Director of Commissioning and Planning*
- Director of Contracting and Finance
- Medical Director
- Clinical Directors
- Nominated Practice Manager
- Director of Quality and Patient Safety
- Deputy Director Transformation
- Deputy Director Commissioning and Corporate Development
- Deputy Director Commissioning and Performance
- Head of Governance
- Head of Planning & Commissioning
- Senior Provider Management Lead

4 Chair

The committee will be chaired by the Chief Officer. The Chair has the responsibility to ensure that the committee obtains appropriate advice in the exercise of its functions.

In addition to the named attendees, other appropriate individuals may be invited to attend all or part of meetings of the committee to provide advice or support particular discussion. This may include representatives from the Commissioning Support service.

5 Secretarial support

The PA to the Director of Contracting and Commissioning will ensure that a minute of the meeting is taken and provide appropriate support to the Chair, the Lead Officer and committee members.

6 Frequency of meetings

Meetings of the committee will take place not less than four times per financial

*Title change from Director of Commissioning and Performance January 2021

year.

Members will be expected to attend each meeting.

Where meetings are held in person, then in exceptional circumstances and where agreed in advance by the chair, members of the committee or others invited to attend may participate in meetings by telephone, by the use of video conferencing facilities and/or webcam where such facilities are available. Participation in a meeting in any of these manners shall be deemed to constitute presence in person at the meeting.

7 Agendas and papers

The agenda for meetings of the Clinical Commissioning and Contracts Committee will be set by the chair.

The agenda and papers for meetings of the committee will be distributed 5 working days in advance of the meeting. Items for the agenda should be notified to the chair 10 days in advance of each meeting. Agendas and papers should identify where discussion should rightly be recorded as being of an officially sensitive (commercial or personal) nature.

Before papers are distributed the Chair (or the Lead Officer acting on behalf of the Chair) shall determine which (if any) papers should be restricted (i.e. withheld) from members or attendees at the committee because of conflicts of interest (actual, potential or perceived).

8 Quoracy and Decision Making

The committee has the authority to make operational decisions within the scope of these Terms of Reference. Strategic decisions or those that may give rise to significant qualitative, reputational or financial risk must be referred to Governing Body for decision.

To ensure the effective management of actual or potential conflicts of interest, the Lead Officer (on behalf of the Chair) will review the agenda ahead of distribution of the papers to identify potential or actually conflicts of interest. These will be discussed with the members concerned. Where the Lead Officer determines that a conflict may exist, they will supress the paper/s from circulation to that member and advise the Chair.

The Chair will ensure that the register of interests is complete and up to date in respect of members and those in attendance at meetings. The Chair will seek confirmation at each meeting that the register is up to date and confirm specifically if there are any items on the agenda where an individual is or may be conflicted. Conflicts of interests must be recorded in the minutes.

*Title change from Director of Commissioning and Performance January 2021

It is for the Chair to determine the actions to be taken to manage the conflicts which may include: allowing participation in discussions to ensure expert view, excluding an individual from the meeting, excluding an individual from discussing a particular item, or in the case of voting members, exclude from voting. This list is not exhaustive. The Chair's decision is final.

Five members are needed for the meeting to be quorate, and **must include**:

- The Chief Officer or the Executive Director of Nursing & Chief Operating Officer
- The Chief Finance Officer or the Director of Contracting and Finance
- At least one clinical director who must be either the Medical Director or a NTCCG Clinical Director, or in their absence a CCG GP Lead
- Director of Commissioning and Planning* or Deputy Director Commissioning & Performance

Where quoracy is not achieved because the Medical Director, Clinical Directors or CCG GP Lead are excluded from a meeting or an agenda item because of conflicts of interest the following, alternative quoracy will apply:

Five members are needed for the meeting to be quorate, and **must include**:

- The Chief Officer or the Executive Director of Nursing & Chief Operating Officer
- The Chief Finance Officer or the Director of Contracting and Finance
- The Executive Director of Nursing & Chief Operating Officer (unless already part of quoracy) or Director of Quality and Patient Safety
- Director of Commissioning and Planning* or Deputy Director Commissioning & Performance

Generally it is expected that decisions will be reached by consensus. Should this not be possible then a view of members will be required. In the case of an equal vote, the person presiding (i.e. the Chair of the meeting) will have a second, and casting vote.

9 Remit and responsibilities of the Clinical Commissioning and Contracts Committee

The Clinical Commissioning and Contracts Committee will be responsible for

*Title change from Director of Commissioning and Performance January 2021

providing day to day operational management direction for the successful delivery of the objectives of the CCG; specifically:

9(1) Planning & Engagement

1. Preparing and recommending the strategy and annual commissioning plan for the Governing Body to consider and approve;

2. Oversee the development of financial plans for Governing Body approval, providing assurance that the plans are capable of delivery;

3. Developing CCG input to the Joint Health and Wellbeing Strategy and contributing to the Joint Strategic Needs Assessment (JSNA), with a view to reducing inequalities in health. [Approval of the JSNA is reserved to Governing Body];

4. Ensuring that the views of patients and the public are properly reflected in the development of clinical recommendations to Governing Body;

5. Developing and maintaining effective working arrangements with the North Tyneside CCG localities to support the commissioning and delivery of high quality, safe, value for money and effective services; and

6. Establishing links and working arrangements with other CCGs, Provider Trusts, the Local Authority, other health care partners, the NHS England Area and Regional Team and the clinical senate that would support the integration of both health services with other health services and health services with health-related and social care services where the CCG considers that this would improve the quality of services or reduce inequalities.

9(2) Monitoring & Assurance

1. Ensuring the delivery of target outcomes and outputs set by the Secretary of State, NHS England, NICE, CQC and other national/regional authorised bodies and providing assurance to the Governing Body;

2. Monitoring the performance of the CCG against its financial and non-financial targets;

3. Receive, review and challenge contract performance reports for all major providers (acute/community/mental health) including CQUIN;

4. Ensuring the co-ordination and monitoring of the CCG's clinical work programme, in delivery of the CCG's annual commissioning plan;

*Title change from Director of Commissioning and Performance January 2021

5. Review the risks, controls and assurance relevant to the committee (and as aligned to corporate objective/s);

6. Ensure that arrangements are in place for the Clinical Commissioning and Contracts Committee to develop sufficient QIPP schemes to meet assigned QIPP targets from NHSE; and

7. To review, challenge and take appropriate action in relation to existing QIPP projects which are not progressing to plan or target.

9(3) Decisions

1. Formulating service change and development arising out of the Governing Body approved strategy;

2. Approval of investments; grants; business cases; capital business cases including PFI schemes/other schemes and granting, terminating or extending leases; procurements up to and including £1m (annual value); where:

    a) these fall within the remit of this committee;
    b) where a budget has already been made available;
    c) where the scheme of delegation permits;
    d) subject to compliance with the CCG's financial policies

Notwithstanding a-d, strategic decisions or those that may give rise to significant qualitative, reputational or financial risk must be referred to Governing Body for decision;

3. Approving the Organisational Development Plan and enabling strategies including the Communications and Engagement Strategy;

4. Agree contract variations up to and including £1m;

5. To consider approval of recommendations from its sub committees which are within the operational limits of the Clinical Commissioning and Contracts Committee;

6. Managing the contract and annual work plan with the CCG's commissioning support services provider;

7. Determine material interventions relating to contractual performance with the providers including provider contract penalties;

8. Subject to financial policies, approval of QIPP Schemes and associated business cases (up to and including £1m); reviewing the

*Title change from Director of Commissioning and Performance January 2021

assumptions made; ensuring fit with organisational strategic and operational priorities; confirming clinical commitment; testing deliverability; ensuring that there is a comprehensive project plan in place which is detailed in the CQI Toolkit and Plans on a Page; and

9. Approving the CCG's operational procedures (unless assigned to Quality & Safety Committee).

10 Reporting arrangements

The Clinical Commissioning and Contracts Committee reports to the Governing Body. The CCG Governing Body will receive assurance from the Clinical Commissioning and Contracts Committee on the delivery of its remit and responsibilities.

11 Authority

The committee will have full authority to commission any reports or surveys it deems necessary to help it fulfil its obligations.

The committee will establish such sub-groups to assist with the delivery of its delegated responsibilities and progress its work as it sees fit, subject to the sub groups not having delegated decision making.

12 Conduct of the Clinical Commissioning and Contracts Committee

All members of the committee and participants in its meetings will comply with the Standards of Business Conduct for NHS Staff, the NHS Code of Conduct, and the CCG's Policy on Standards of Business Conduct and Declarations Interest which incorporates the Nolan Principles.

The committee will apply best practice in its operational decision making, and in particular it will ensure that decisions are based on clear and transparent criteria.

13 Date of Review

The Clinical Commissioning and Contracts Committee will review its performance, membership and these Terms of Reference at least once per financial year. It will make recommendations for any resulting changes to these Terms of Reference to the Governing Body for approval.

No changes to these Terms of Reference will be effective unless and until they are agreed by the Governing Body. Governing Body has approved these Terms of Reference for three years (minute NTGB(P)/19/179 (Oct 2019).

Date approved by Governing Body: 22 May 2018

*Title change from Director of Commissioning and Performance January 2021

Date approved by Governing Body: 27 November 2018
Date approved by Governing Body: 22 January 2019
Date approved by Governing Body: 23 April 2019
Date approved by Governing Body: 24 September 2019
Date approved by Governing Body: 24 November 2020
Review Date: November 2023

*Title change from Director of Commissioning and Performance January 2021