

NHS South West London Clinical Commissioning Group

[insert name] Borough Committee

Terms of Reference

DRAFT

Document management

Revision history

| Version | Date | Summary of changes |
|----------|--------------|---|
| 0.1 -0.3 | Pre 19/08/19 | Various comments received by SMT, Chairs and Governance Lay Members on initial drafts |
| 0.4 | 19/08/19 | Comments listed in amendments tracker |
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Reviewers

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| Governance Lay Members | | | |
| SMT | | | |
| Chairs | | | |

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NHS South West London Clinical Commissioning Group

[insert name] Borough Committee

1. Constitutional Obligations

- 1.1. The NHS South West London (SWL) Clinical Commissioning Group (hereafter known as ‘the CCG’)s Governing Body (hereafter known as the Governing Body) has resolved to establish a Committee of the Governing Body known as the [insert name] Borough Committee (hereafter known as ‘the Committee’). The Committee is established in accordance with the CCG’s Constitution, Standing Orders and Scheme of Reservation and Delegation.
- 1.2. These Terms of Reference set out the membership, remit, responsibilities and reporting arrangements of the Committee.
- 1.3. In the interest of collaborative working, the Committee will and can operate as a ‘Committees in Common’ with other CCGs and representatives from partners within the local system. The accountability and decision making of the Committee will remain with the Committee when it meets with others in common. The Committee will continue to report to the Governing Body, and regular reports from the Committee and Committees in Common will be reported to the Governing Body.

2. Purpose

- 2.1. The CCG has established six Borough Committees in accordance with its Constitution, Standing Orders, Scheme of Delegation and operating plan.
- 2.2. The Committee is formally constituted by, and is accountable (through the elected GP Chair) to the Governing Body to make decisions according to the Scheme of Reservation and Delegation. Under its delegated powers it must make commissioning decisions to the Governing Body, which are safe, timely, personalised, recovery focused and sustainable, which meet the needs for and on behalf of the local population within the available resource.
- 2.3. The Committee, through its Chair, will escalate any issues of concern to the Governing Body and will ensure the Committee is run to Nolan principles.
- 2.4. The Chair will take account of Conflicts of Interest in any local decision making.
- 2.5. These Terms of Reference set out the membership, remit, responsibilities and reporting arrangements of the [insert name] Borough Committee. The [insert name] Borough Committee will operate in accordance with the CCG Constitution.
- 2.6. The Committee will act as the forum for discussion and agreement for its specific local delegated funding and functions and will work as part of the wider CCG.

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2.7. The Committee will manage funds appropriately for the local population, taking into account any conflicts of interest, and will work to the CCG's Delegation Agreement.

3. Locality Chair and Vice Chair

3.1. {Insert names / roles}

3.2. In the absence of the Chair, the Vice Chair will take the role of Chair.

4. Membership

4.1. The membership of the Committee will comprise of, at least, the following roles:

4.1.1. Chair (the elected Borough GP Lead);

4.1.2. Another clinician;

4.1.3. The Place Based Leader/ Locality Director.

4.2. Borough Committee support will be provided through its own local administration.

4.3. Details of the election process for Chair and Vice Chair are held outside of these Terms of Reference.

5. Voting members

5.1. There are a total of {To be completed locally} clinical members for and {to be completed locally} non-clinical members, including the local Place Based/Locality {senior manager – change locally if necessary}.

5.2. At any {insert name} Borough Committee meeting each voting member will have one vote.

6. Non-Voting Members

6.1. To be determined locally

7. Invitees to the {insert name} Borough Committee (invitees do not have voting rights)

7.1. To be determined locally

8. Quorum

8.1. The {insert name} Borough Committee meeting will be quorate when at least three voting members are present, which must include:

8.1.1. Chair or Vice Chair ;

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8.1.2. **Place Based Lead/Locality Director** or their nominated deputy – who will receive a single vote;

8.1.3. Other clinician (would normally be the vice-chair).

8.2. There must always be a clinical majority.

8.3. **Please add locally other members to allow for management of conflicts.**

8.4. Non-voting members can be co-opted to manage conflicts and ensure a clinical majority.

8.5. The committee will normally be expected to meet in person. However, in exceptional circumstances, and where agreed with the Chair, members of the Committee 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 using these methods shall be deemed to constitute presence in person at the meeting.

9. Deputies

9.1. Deputies may be nominated to attend the Committee, at the discretion of the Chair. In the case of a GP or Clinician, this deputy will be one of the elected Clinical Leaders. The Place Based leader may also nominate a non-clinical deputy to attend in their absence.

10. Frequency of meetings

10.1. The Committee will usually meet **bi-monthly to be confirmed locally**- not less than six times each financial year.

10.2. The Committee can meet as Committees-in-Common with other CCGs and partners. These meetings will occur in the same venue at the same time with the same papers. The administrative support for these meetings will be agreed by the partners. At such meetings the committees will vote separately, with a right to dissent of outcome. Quoracy must be maintained with core voting members or appropriate deputies. The individual Committees' own Terms of Reference will apply.

10.3. Any one, voting, Committee member, is able to call an extraordinary general meeting (EGM) of the Committee, where due process has been followed. In the first instance, Committee members should indicate their reasons for calling a meeting, and if supported by 50% of voting members, the request must be put in writing to the Committee chair, which must include details of the business to be transacted at that meeting; on receipt of which a meeting will be convened.

11. Required Frequency of Attendance by Members

11.1. Members are required to attend a minimum of four out of six meetings, other than absence due to sickness. Nominated deputies must attend on behalf of absent members.

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12. Accountability and Reporting Assurance

- 12.1. Where there is a significant likelihood (or actual breach) of the Committee not meeting their responsibilities as set out below, this will be included in each Committee report to the Governing Body.
- 12.2. The Governing Body remains accountable. Where a potential breach is identified, the Governing Body and the Committee will meet to agree actions to mitigate the breach including through local recovery. In extremis, the Governing Body's reserves the right as accountable organisation to take back to itself any or all such duties, functions and / or responsibilities, or take other action as it reasonably considers appropriate.
- 12.3. The Committee is accountable to the Governing Body for delivering its delegated responsibilities to the standards specified and will be informed by, and report on, its activities to the membership.
- 12.4. Each Borough Committee is formally constituted to agree an annual plan for recommendation and make decisions according to the Scheme of Delegation, reporting to the Governing Body on behalf of the local population, in accordance with the CCG's Annual Operating Plan.
- 12.5. Each Borough Committee operates in accordance with the CCG's Standing Financial Instructions and Standing Orders.
- 12.6. Each Borough Committee has its own GP Borough Forum(s) – please complete for local, comprising of member practices.
- 12.7. The Committee is responsible for fulfilling the following:
- 12.7.1. Scheme of Delegation (as outlined in the NHS SWL CCG Constitution);
 - 12.7.2. CCG Assurance and Performance Framework;
 - 12.7.3. Achievement of the CCG's Corporate Objectives;
 - 12.7.4. Discharging its statutory duties for the commissioning of health and healthcare services.
- 12.8. Where a risk, issue, decision or action is identified that affects more than one Borough, or threatens the achievement of the CCG's objectives, or would benefit from being 'done once' across the CCG and requires a cross-Borough decision, the item will be taken through the CCG's processes. Each Borough Committee will escalate items to the Governing Body (and appropriate members of the Governing Body where timeliness is key to achieving results or avoiding breaches).
- 12.9. The Committee will not commit or implicate another Borough or CCG directorate through its decision making without prior discussion and written notice to the Chair of the

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CCG, except where two Borough committees have met together, fully quorate, and have agreed a decision in common.

- 12.10. Borough risks will be reviewed regularly, centrally documented and managed in accordance with the 'CCG Risk Management Framework Policy'.
- 12.11. The Committee will produce an annual plan for the delegated funding and will agree this with the Governing Body.

13. Register of Interests

- 13.1. The Committee will adhere to management of conflict of interests in accordance with the CCG Constitution and in accordance with the CCG Register of Interests. Any interest relating to a committee agenda item should be brought to the attention of the Chair in advance of the meeting or as soon as the interest becomes apparent and recorded in the minutes.
- 13.2. All members of the Committee and participants in meetings shall comply with the Standards for members of NHS Boards and Clinical Commissioning Group Governing Bodies in England.
- 13.3. Members of the Committee will complete a declaration of interest according to the CCG requirement. If a member feels compromised by any agenda item they should declare a conflict of interest and leave for that agenda item.

14. Managing Conflicts of Interest

- 14.1. For the purposes of managing conflicts of interest, the Borough Committee Chair can co-opt members as they see fit.
- 14.2. Where a Borough Committee cannot make a decision and loses quoracy because of local conflict of interest, this decision must be escalated to the relevant SWL committee

15. Reporting / Assurance Received from:

- 15.1. Each Borough GP Forum(s) Method: Chairs report – please set out how
- 15.2. Borough reports on risk, finance and delivery.

16. Statutory Functions and Committee Oversight

- 16.1. Levels of patient feedback (Method: Communications and Engagement/Patient Reference Groups).
- 16.2. Integrated Performance Reports

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- 16.2.1. Risk and Assurance
- 16.2.2. Maintain Register of interests
- 16.2.3. Act in accordance with scheme of delegation.

17. KPIs (internal monitoring)

- 17.1. Administrators report (attendance and action log) e.g. quoracy / frequency of meetings/review and effectiveness of meetings.
- 17.2. Breakdown of meeting reports:
 - 17.2.1. Patient Safety and Quality;
 - 17.2.2. Performance and Finance;
 - 17.2.3. Reports on local planning and delivery
 - 17.2.4. Clinical Effectiveness and Medicines Optimisation;
 - 17.2.5. Communications and Engagement
 - 17.2.6. Governance including corporate risk

18. Risk Reporting

- 18.1. The Committee will view their Borough risk register at least four times each year, and more frequently where they need to be collectively informed of progress against plans for specific risk areas. Each Borough risk register will inform and be informed by review and escalation of risks from and to the Governing Body.
- 18.2. Where timeliness is of the essence in managing a significant risk or issue, the Chair and / or Place Based Lead/ Locality Director will be informed of an issue by the quickest possible means (e.g. verbally).

19. Principal Responsibilities

- 19.1. Principal responsibilities of the Committee as delegated by the Governing Body and outlined in the Scheme of Reservation and Delegation include:
 - 19.1.1. The Borough will be responsible for the planning and delivery of local health services within their remit and for the functions associated with this work. They will be responsible for the management of the delegated budget for the Borough in accordance with the Scheme of Delegation;
 - 19.1.2. In addition to delivering the local joint control total and sharing financial risk across SWL as detailed in the Accountability Agreement, the Committee must ensure the following specific annual financial duties are met:
 - 19.1.2.1. Primary care delegated budget is fully spent for the purpose intended;
 - 19.1.2.2. Mental health minimum investment standard is met;
 - 19.1.2.3. Community (including Locally Commissioned Services) expenditure increases year on year in real terms (Community Services Expenditure Floor).

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- 19.1.3. Determine the appropriate mechanism to jointly commission services with partners including, but not limited to, place-based Committees in Common and the arrangement for pooled funds using Section 75 arrangements;
- 19.1.4. Agree commissioning, de-commissioning and service change decisions which meet the needs for and on behalf of the local population and are in line with the commissioning strategy and Scheme of Delegation;
- 19.1.5. Make arrangements to secure public involvement in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements;
- 19.1.6. Authority to establish sub-committees; and
- 19.1.7. Operate in accordance with the CCG Constitution, improving on minimum expectations as appropriate, and in line with the 'Standards for members of NHS Boards and Clinical Commissioning Group governing bodies in England'.

20. Process for monitoring compliance with terms of reference

- 20.1. The Management Lead to the Committee will work with its administrator to:
 - 20.1.1. Agree the agenda with the Chair;
 - 20.1.2. Collate and distribute the agenda and supporting documents;
 - 20.1.3. Take minutes and keep a record of matters arising, issues to be carried forward, register of interests and attendance log;
 - 20.1.4. Five days prior to each meeting, the Administrator for each Committee meeting will ensure that the meeting is quorate. If the meeting is not quorate the Chair and Management lead must be contacted.
- 20.2. The Chair will escalate any urgent or critical issues, which may put at risk the people who use our services or the reputation of CCG, to the Accountable Officer and Chair of the CCG with immediate effect.
- 20.3. Recommendations or action plans will be reported to the appropriate forum; in the case of urgent, critical issues, recommendations and action plans will be reported to the Governing Body or appropriate group or committee.
- 20.4. The Committee must review its Terms of Reference at least annually and confirm to the Chief of Staff that the Terms of Reference remain the same or that a change needs to be considered by the Governing Body.
- 20.5. These Terms of Reference must be read in connection with the CCG's Constitution, (comprising the Scheme of Delegation), Standing Orders and Standing Financial Instructions. This also takes into consideration items of note such as Annual General Meetings; extraordinary meetings: convened at the request of Member Practices or by the Borough Committee; indemnity; disputes and other relevant DH guidance or CCG financial and governance frameworks.
- 20.6. An annual effectiveness review of the Committee will be carried out.