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West Suffolk
Clinical Commissioning Group

GOVERNING BODY

Agenda Item No.	22
Reference No.	WSSCG 17-74
Date.	29 November 2017

Title	Commissioning Governance Committee – Terms of Reference	
Lead Chief Officer	Amanda Lyes, Chief Corporate Services Officer	
Author(s)	Andrew Eley, Deputy Chief Operating Officer	
Purpose	This paper details amendments to the Terms of Reference of the CCG's Commissioning Governance Committee, for approval of the Governing Body	
Applicable CCG Priorities		
1.	Develop clinical leadership	✓
2.	Demonstrate excellence in patient experience & patient engagement	
3.	Improve the health & care of older people	
4.	Improve access to mental health services	
5.	Improve health & wellbeing through partnership working	
6.	Deliver financial sustainability through quality improvement	✓
Action required by Governing Body:		
For approval as set out below.		



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1. **Background**

- 1.1 The CCG's review of its Constitution has highlighted the need to amend the Terms of Reference of the Commissioning Governance Committee to comply with advice and guidance provided by NHS England..

2. **Key Issues**

- 2.1 Appendix 'A' sets out the amendments made to the Terms of Reference which includes:
- additional wording in the 'Overview' section, clarifying the role of the Committee in light of the establishment of the Primary Care Commissioning Committee;
 - amendment to reflect the Committee is a formal Committee of the Governing Body, rather than a sub-Committee;
 - additional wording clarifying the arrangements for meetings, specifically 'virtual meetings'.
- 2.5 Subject to the Governing Body's approval, NHS England will be notified that the Terms of Reference have been amended to reflect their guidance, thereby facilitating approval of the CCG's revised Constitution.

3. **Public Engagement**

- 3.1 The amendments to the Terms of Reference are such that public engagement or consultation was not required.

4. **Recommendation**

- 4.1 The Governing Body is requested to approve the amendments to the Terms of Reference for the CCG's Commissioning Governance Committee.



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WEST SUFFOLK CLINICAL COMMISSIONING GROUP

COMMISSIONING GOVERNANCE COMMITTEE

TERMS OF REFERENCE

1. OVERVIEW

Managing potential conflicts of interest appropriately is needed to protect the integrity of the NHS commissioning system and Clinical Commissioning Groups (CCGs) and GP practices from any perceptions of wrong-doing.

An essential feature of the new commissioning arrangements is that CCGs should be able to procure a range of community based services, including primary care services, to improve quality and outcome for patients.

In accordance with devolved commissioning arrangements, the CCG has also established a Primary Care Commissioning Committee with NHS England whereby the CCG has authority to exercise primary care commissioning functions in accordance with section 13Z of the NHS Act and as set out in the terms of reference for that committee.

Comment [BC(N1): Wording updated

The Commissioning Governance Committee therefore provides an additional safeguard for the CCG when commissioning services for which GP practices are the recommended providers. Where the Governing Body would not be quorate for approving commissioning intentions, due to the withdrawal of GP members because of conflict of interest, the Commissioning Governance Committee assumes delegated responsibility, reporting its decisions to the Governing Body in public.

2. PURPOSE OF THE COMMITTEE

As a formal sub-committee of the CCG Governing Body, the purpose of the Commissioning Governance Committee is to:

Comment [CB2]: Amended as suggested

- (i) Provide a forum, with delegated decision-making powers, for approval of commissioning intentions where the recommended providers are GP practices.
- (ii) Provide assurance to the Governing Body, Audit Committee, NHS England and general public that the CCG has the necessary governance arrangements in place to manage conflict of interest in regard to the procurement of services provided by GP practices.
- (iii) Facilitate a culture of openness and probity around the local commissioning of GP services.
- (iv) Demonstrate that the CCG and member practices are acting fairly and transparently and that final commissioning decisions are made in ways that preserve the integrity of the decision making process.

3. ROLE OF THE COMMITTEE

On behalf of the Governing Body, the role of the Commissioning Governance Committee will scrutinise and approve proposals ensuring that where the recommended provider of services is to be a GP practice, there is evidence that they:

- (i) Clearly meet local health needs and have been planned appropriately
- (ii) Go beyond the scope of the GP contract
- (iii) Have been procured using the appropriate methodology
- (iv) Promote improvements in the quality of primary medical care
- (v) Demonstrate the achievement of improved outcomes and value for money
- (vi) Cannot be delivered by another provider to the same level of quality, specification and/or price
- (vii) Include details for monitoring the quality of service provision
- (viii) Include the details of any actual or potential conflict of interest having been appropriately declared and entered in the register which is publicly available
- (ix) Maintain confidence and trust between patients and GP's
- (x) Have been clearly detailed within the agreed proforma

4. AUTHORITY

The Committee is accountable to the CCG Governing Body and operates within agreed delegated powers.

5. MEETINGS

The Committee will not meet routinely but on an as required basis.

Comment [CB3]: Confirming this is a correct description as the committee does not meet to a regular schedule.

Meetings may be conducted on a 'virtual' basis through the use of e-mail communication or teleconference if necessary.

Comment [CB4]: Further clarification about the types of virtual meetings

Minutes will be recorded for both actual and virtual meetings and these will be presented to the next available meeting of the CCG Governing Body in public.

Comment [CB5]: Amended as suggested

Agendas and any papers for Committee meetings will be circulated to members at least five days in advance. Where the Committee meets in person, a Committee and Governance Officer will attend to formally minute the proceedings. Where the meetings are held on a virtual basis, the Committee and Governance Officer will provide minutes from the e-mail or verbal comments received from members.

Comment [CB6]: Additional sentence for clarification as suggested

6. MEMBERSHIP

Membership of the Committee comprises the CCG Chief Officer, Chief Finance Officer, Chief Contracts Officer, the Secondary Care Doctor and Governing Body Lay Members.

When the Committee meets in person:

The Lay Member for Governance will chair the committee.

A quorum shall comprise at least four members, one of whom shall be a Lay Member and three other members.

In the absence of the Chairman, the Lay Member for Patient and Public Engagement shall chair the meeting.

Where voting is required and in the event of an equality of votes, the Chairman shall have a casting vote.

When the Committee meets on a virtual basis:

The Lay Member for Governance as chair must be one of the participants/correspondents

A quorum of participants/correspondents will still be required and shall comprise at least four members, one of whom shall be a Lay Member and three other members.

In the absence of the Chairman, the Lay Member for Patient and Public Engagement must be one of the participants/correspondents.

Where voting is required and in the event of an equality of votes, the Chairman shall have a casting vote.

Comment [CB7]: New section to confirm details of virtual meetings

7. REVIEW

The Committee shall review its own performance and terms of reference on a bi-annual basis.

8. AUTHOR

Colin Boakes – Independent Governance Advisor

Date Approved:	March 2014
Review Date:	April 2016
Intermediate Review:	November 2017
Next Review Date:	April 2018

Comment [CB8]: This additional review