

TERMS OF REFERENCE

Southwark Clinical Commissioning Committee

1. Introduction / Purpose / Constitution

- 1.1 In South East London the statutory functions of the six current PCT/ Care Trust Boards will be fulfilled by the six boards operating jointly. Within these arrangements each Board will establish borough based Local Clinical Commissioning Committees (LCCCs) as formal sub-committees that have delegated responsibility for local commissioning budgets. In Southwark this LCCC will be known as the Southwark Clinical Commissioning Committee (SCCC).
- 1.2 The SCCC will establish with the Joint Boards (hereafter referred to as the PCT Board, as the NHS Southwark Board remains the legal entity of the transition period) the areas that it will be commissioning for and will have formal agreement of the commissioning resource envelope for which it is responsible. This commissioning envelope will be based upon the areas that GP Commissioners are awarded 'Delegated Responsibility' for in advance of GP Commissioning Consortia becoming statutory bodies in April 2013. As such, this commissioning envelope will increase over time as local GP Commissioners move closer to fulfilling the requirements of full GP Consortia status.
- 1.3 Over the transition period it is essential that local decision making should support ownership, understanding and engagement of local clinicians and that as much business as possible should be delegated to the LCCCs.
- 1.4 Appendix A (below) outlines those areas that can be delegated by PCT/ Care Trust Boards to LCCCs and an agreed scheme of delegation will outline how many of these functions are delegated to the SCCC and within what timeframe.
- 1.5 Appendix B (below) details those areas that cannot be delegated by PCT/ Care Trust Boards¹.

2. Duties/ Roles and Responsibilities

- 2.1 In December 2010 Southwark Health was established as a GP Commissioning Consortium and was awarded First Wave Pathfinder

¹ Whilst it is not anticipated that these areas would be delegated, LCCC's would be expected to undertake the significant majority of the planning, monitoring and assurance gathering that will enable PCT Board to undertake these functions.

Status within the NHS London development programme. This consortium is currently co-terminus with the current PCT boundaries and comprises all general practice in Southwark. At the same time the PCT Board delegated commissioning responsibility for a limited number of areas to the then Clinical Commissioning Board.

- 2.2 Southwark Health will seek to achieve 'Delegated Responsibility', under the new NHS London arrangements for this area, for 30% of the current PCT commissioning budget in quarter one of 2011/12 and will seek to agree a trajectory of increasing 'Delegated Responsibility' across the transition period with the PCT Board.
- 2.3 The terms of reference outlined below describe the remit and functions of this PCT Board committee and assumes that 'Delegated Responsibility' will be granted and increased over time.
- 2.4 The SCCC will undertake the following roles:
 - To develop and ensure the implementation of local commissioning plans, aligned to the Sector strategy, ensuring value for money services are commissioned that best meet the needs of local people
 - Ensure that local commissioning follows a clear policy framework that incorporates national guidance and takes account of local priorities
 - Review, assess and make recommendations on commissioning and provider proposals for service delivery in the locality
 - Provide guidance on clinical governance requirements to GP practices and other organisations that develop business cases as an alternative provider of services
 - Assume the duty to consult local Overview & Scrutiny Committees on proposals for substantial developments or variations in local health service and carry out responsibilities to consult and engage patients as outlined in the Local Government and Public Involvement Act 2007 and other legislation in force.
- 2.5 The Committee is a decision-making body of the PCT Board and will be delegated responsibility for commissioning services within Southwark to ensure that:
 - Through strategic leadership, NHS Southwark delivers on its statutory duty to secure the best possible services for the local population within the allocated budget.
 - Services commissioned take account of the needs of the local population and aim to improve the health and well-being of local people, reduce health inequalities and provide choice.
 - The annual Operating/Business Plan reflects the strategic objectives of the Commissioning Strategy Plan.
 - Services commissioned deliver quality and value for money

- Commissioning and joint commissioning are developed, to enable the GP consortium to take on the commissioning responsibilities in accordance with any changes effected through legislation.
- Pathways are redesigned to deliver services closer to home, in line with clinical governance guidelines and delivered by a range of providers.
- Southwark contributes to Cluster Commissioning arrangements.
- There is active engagement with Southwark Local Involvement Network and other patient and user groups.

3. Accountability

3.1 The committee will be responsible for the day-to-day commissioning of the Trust and will operate within a scheme of delegation, accountable to the PCT Board for an agreed commissioning budget. Significantly the committee will perform the statutory functions of the PCT's Professional Executive Committee (PEC) and will be responsible for developing and recommending a commissioning plan that meets the health needs of local people to the PCT Board annually.

3.2 The remit of the SCCC is as follows:

- To be responsible for developing local commissioning strategies and plans, maximising health gain for the resources spent and delivery and performance against plans
- To oversee and direct the operation of the Southwark borough based Business Support Unit (BSU)
- To be accountable for the delivery of strategic and operational delivery within those areas of 'Delegated Responsibility' to the GP Commissioning Consortium, Southwark Health
- To undertake the significant majority of the planning, monitoring and assurance gathering that will enable PCT Board to undertake those commissioning functions that are not delegated to the SCCC.
- To hold those South East London Sector functional areas, managed by shared business services lines, to account for the delivery commissioning support to the consortium and local BSU commissioners.

4. Committee Membership

4.1 Membership of the committee will comprise the Southwark Health's eight mandated GP Commissioning leads, executives of the Southwark BSU, non-executive directors of the PCT Board, the Southwark Director of Public Health and a Southwark LINK representative.

- 4.2 The SCCC will be chaired by the Chair of the Southwark Health GP Commissioning Consortium (and PEC Chair) and the specific membership is outlined below:

Members with voting rights:

- Eight GP Clinical Commissioning leads (including a Chair)
- Two Non-Executive Director of the PCT Board²
- One Nurse
- Managing Director, Southwark BSU
- Director of Finance and Business, Southwark BSU
- Southwark Director of Public Health (and Health & Well Being Board representative)

- 4.3 Non voting members:

- Director of Joint Commissioning and Partnership, Southwark BSU
- Director of Acute and Community Commissioning, Southwark BSU
- Southwark LINK representative (Speaking rights only)
- Southwark Local Medical Committee Chair (Speaking rights only)
- Additional local authority representation may be identified

- 4.4 Other BSU senior managers will be expected to attend meetings in accordance with the annual programme of work and in line with reporting requirements of the defined business cycle. The Committee may co-opt further persons with relevant experience and expertise where it considers this necessary.

- 4.5 The SCCC Chair, the Non Executive Director of the PCT and the Managing Director of the BSU are all members of the PCT Board.

5. Reporting Arrangements and supporting structures

- 5.1 The SCCC will report to the PCT Board. The minutes of Committee meetings and committee decisions shall be formally recorded and submitted to that body. These documents will be made available on the PCT's public website.
- 5.2 The business cycle for the SCCC will be fully aligned with the business cycle of the PCT Boards.

The SCCC will undertake its functions through a series of local sub-committees and groups. The following sub-groups are proposed:

- Integrated Governance Group
- QIPP Delivery Group
- Engagement and Patient Experience Group

² Will share a vote

The membership of each sub-committee will include a GP Commissioning lead and the relevant members of the Southwark BSU and South East London Cluster functional directorates.

6. Quorum rules

A Quorum shall be one BSU Executive Director, four GP Clinical Commissioning Leads and either one of the NEDs or the Director of Public Health.

Decision making;

The SCCC will seek to make decision by consensus and agreement of its membership. Where decisions can not be made by consensus the SCCC will take decisions by vote and will approve decisions by majority of those members with voting rights. In the event of a 'tie' the Chair will hold the casting vote.

GP Clinical Commissioning leads have been selected / elected by constituent practices across the borough. The nurse member will also be appointed by the same process. Decision making of the SCCC will take full account of the locality engagement of practices when taking decisions. There maybe those decisions that are considered so important that further consultation with general practices in there localities would be required.

Local approach to managing conflict of interest is set out in appendix 3

7. Frequency of Meetings

The SCCC will meet on a monthly basis. Alternate meetings will be held in public and meetings will provide opportunity for a public 'open session' at the beginning of those meetings where members of the public may submit questions in advance or make representations to the SCCC.

8. Monitoring adherence to the Terms of Reference / Review

These terms of reference shall be reviewed initially after six months, and then annually.

Appendix A

Issues which could be delegated to local borough-based committees (Clinical Commissioning Committees)

- delivery of the Borough aspects of the QIPP and integrated delivery plan;
- delivery of the PCTs financial obligations at a borough level;
- ensuring best use of resources and QIPP delivery at a borough level;
- development of and support to GP commissioning development at a borough level;
- inform the development of the CSP and Integrated Delivery Plan with partners, based on an agreed JSNA;
- making optimal linkages to health and well being boards and GP commissioning operating arrangements;
- development of joint commissioning at a borough level;
- oversight and performance management of operating framework deliverables at a borough level;
- delivering service and quality improvement at a local level;
- ensuring borough based statutory deliverables e.g. safeguarding are achieved;
- assurance mechanisms for ensuring Quality of Primary Care.

Appendix B

Issues which only the Joint Boards can deal with

- overseeing the delivery of the single SE London QIPP and Operating Plan;
- decision-making on change programmes that have an impact across the cluster (e.g. potential reconfiguration or SE London wide models of care);
- achieving financial balance across SEL;
- oversight of planning for 2011-14;
- oversight and management of strategic risks;
- whole system performance management;
- market management / FT pipeline;
- tracking the delivery of SEL wide QIPP and change programmes;
- leadership to the organisational development and change implementation in preparation for the new commissioning system;
- adherence and delivery of the statutory PCT responsibilities;
- decisions on further delegation.

Appendix C

SCCC approach to Conflicts of Interest

- 1.1. A register of interests of members of the SCCC will be systematically maintained and will be made publically available. These details will be published in the PCT Annual Report. Members will also be asked to declare any interests at the start of each SCCC meeting.
- 1.2. To ensure that no commercial advantage could be gained, a GP lead who declares an interest in an area cannot be involved in it. If after being involved, any bids received from the lead's practice would not be accepted.
- 1.3. Where the business of the committee requires a decision upon an area where one GP holds a significant conflict of interest, the Chair will ensure that the individual takes no part in the discussion or subsequent decision making.
- 1.4. Where more than two GP leads holds a significant conflict of interest the committee will require consideration of the proposal / issue to be made by a separate evaluation panel. The evaluation panel would evaluate the proposal for quality and cost-effectiveness and if satisfied it would then make a recommendation to the Clinical Commissioning Committee, excluding the interested GP members, for decision.
- 1.5. The Evaluation Panel, when called upon, will provide neutrality in the evaluation process and will have the following membership:
 - One Non-Executive Director of the PCT Board
 - Managing Director, Southwark BSU
 - Southwark Director of Public Health (and Health & Well Being Board representative)
 - Co-Opted clinical expertise if necessary at discretion of the MD
- 1.6. In the rare occasion where the Clinical Commissioning Committee is unable to reach a decision under these circumstances the decision maybe referred to the PCT Board.