

NHS Wolverhampton Clinical Commissioning Group Constitution Appendix H5

Governing Body's Commissioning Committee Terms of Reference

1. Introduction

The Commissioning Committee (CC) has been established in accordance with paragraph 6.9.3(e) of NHS Wolverhampton Clinical Commissioning Group's constitution, including standing orders and the scheme of delegation. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the CC and will have effect as if incorporated into the constitution and standing orders.

The CC will evaluate its own performance and terms of reference annually. Any resulting changes to the terms of reference and/or concerns in relation to performance evaluation will be received and considered for approval by the governing body, or the group if they relate to the membership of the committee (Standing Order 4.4), before becoming part of an application for variation to be approved by the group and submitted to NHS England (Paragraph 1.4 of the constitution). The terms of reference will be published on the group's website (www.wolverhamptonccg.nhs.uk) and available by post or email, if requested.

2. Membership

The Chair of the CC will be an elected member of the governing body and elected by a ballot of the group members.

The number of members of the CC shall be at least 5.

In the event of the Chair of the CC being unable to attend all or part of a meeting, the members of CC will nominate a replacement from within the membership to deputise for that meeting.

The other members of the CC will be appointed by the group to include other members of the governing body, employees of the group including the

Director of Strategy and Transformation, Executive Nurse and a representative of the finance function, a representative of organisations with which it carries out significant joint commissioning, individuals who reflect the wider local multi-professional clinical and social care community and a patient/carer representative, save that, subject to the qualifying proviso below, members of CC need not be members of the governing body.

No individual who could not be a member of the group's governing body by virtue of sections (4) to (10) of Schedule 5 of the 2012 Regulations (SI 2012/1631) will be eligible to be a non-governing body member of CC.

3. In attendance

Employees of and providers of relevant services to the group and other representatives of any organisations with which it jointly commissions or from whom it commissions healthcare services may be invited to attend when the CC is discussing areas that are the responsibility of that person.

4. Secretary

A named individual (or his/her nominee) shall be responsible for supporting the Chair in the management of the CC's business and for drawing members' attention to best practice, national guidance and other relevant documents as appropriate.

5. Quorum

A meeting of the CC will be quorate provided that three members are present of whom at least one is a GP and at least one is a member of the governing body.

6. Voting

Should a vote need to be taken, only the members of CC shall be allowed to vote. In the event of a tied vote, the Chair shall have a second and casting vote.

7. Frequency and notice of meetings

The CC will meet at least eight times per annum with meeting dates scheduled in advance for at least 12 months, save in an emergency when

the Chair of CC may call a meeting either of his/her own volition or at the request of a member(s) with the Chair's consent. No unscheduled or rescheduled meetings will take place without members usually having at least ten days of the date and in an emergency, standing order 3.8 (Emergency Powers and Urgent Decisions) shall apply. The agenda and supporting papers will be circulated to all members at least five working days before the date the meeting will take place unless a shorter time period for circulation of papers is necessary due to a meeting being re-scheduled at short notice.

8. Remit and responsibilities of the committee

The CC is accountable to the governing body and its remit is to provide the governing body, Director of Strategy and Solutions and Executive Nurse, amongst others, with support in meeting the duties and responsibilities of the group as a commissioner of healthcare services, specifically:

acting consistently with the promotion of a comprehensive health service and the mandate issued for each financial year by the Secretary of State to NHS England , for which the CC has developed a Commissioning Policy(constitution 5.1.2(a));

- securing continuous improvement in the quality of services (constitution 5.2.4);
- co-ordinating the work of the group as appropriate with NHS England , other clinical commissioning groups, local providers of services, local authorities, patients and their carers, the voluntary sector and others to develop robust commissioning plans (Prime Financial Policies 14.1).

It delivers these duties by developing and delivering annual work programmes giving appropriate focus to the following:

- develop the commissioning strategy, commissioning plans and annual commissioning intentions, anticipating and adapting as required for national and international policy, the group's safeguarding and other statutory responsibilities, local and national requirements and patient expectations;
- oversee the annual contracting processes and any other programmes of healthcare service procurement;
- review of commissioning policies;
- develop service specifications for the commissioning of healthcare services;

- consider service and system reviews and develop appropriate strategies across the health and social care economy to address any identified issues;
- review progress against commissioning strategies and plans to ensure achievement of objectives within agreed timescales;
- make recommendations as necessary to the governing body on the remedial actions to be taken with regard to key risks and issues associated with the commissioning portfolio.

The Committee will be responsible for ensuring that risks identified through the CCG's risk management arrangements and allocated to the committee due to its relevance to its responsibilities are effectively managed through regular consideration of the committee's risk profile. The committee will assure the Audit and Governance Committee and the Governing Body that these risks are being managed, escalating and de-escalating risks as it considers necessary.

9. Relationship with the governing body

For the next meeting of the governing body following each meeting of the CC, the Chair of the committee will provide a written summary of the key matters covered by the meeting.

The minutes of each meeting of the CC, as agreed at the subsequent meeting, will be presented to the next meeting of the governing body for information.

The Chair of the CC will report by exception to the next meeting of the governing body any significant issues brought to the Chair's attention other than at a meeting of the Committee.

10. Policy and best practice

In seeking to apply best practice in the decision- making process, the CC has full authority to commission any reports, surveys or other information that it deems necessary to assist it in fulfilling its obligations.