Enc 11/04

MK Commissioning

Subject: MK Commissioning Board Terms of Reference

Meeting: MK Commissioning Board

Date of Meeting: 13 December 2011

Report of: Sue Lacey-Bryant, Head of Commissioning Support and Organisational Development

---

1. Purpose

The purpose of this paper is for the Board to formally approve the MK Commissioning Board Terms of Reference

NHS Milton Keynes

NHS Northamptonshire

Terms of Reference:
Clinical Commissioning Groups

Introduction

Clinical Commissioning Groups must have terms of reference that describe their roles as committees of the PCT Cluster Board. This document outlines that role and the relationship between the commissioning groups and the PCT Cluster Board.

Status

Subject to parliamentary approval a prospective Clinical Commissioning Group (CCG), (also referred to in this document as "Group/s") will be able to apply to the NHS Commissioning Board (NCB) to be established as a statutory body from April 2012 onwards. Once the NCB has granted an application (i.e. it has authorised the CCG), the Clinical Commissioning Groups will be established as a statutory body.

Subject to the Health and Social Care Bill, a Clinical Commissioning Group – once it is established – will be a statutory corporate body and classified as an NHS body. In both these respects, it will have the same statutory status currently afforded a PCT or SHA.

For the 2011/12 period, if a Clinical Commissioning Group is to exercise delegated PCT functions they must become committees or sub-committees of the statutory PCT organisation.

Constitution

MK Commissioning, the Clinical Commissioning Group, is established as a formal Committee of the NHS Northamptonshire/NHS Milton Keynes PCT Cluster Board. It aligns and consolidates the governance arrangements between the Board and the Clinical Commissioning Group. The PCT Cluster Board has delegated responsibility to oversee the development and progress of the Clinical Commissioning Group and as such, the CCG will report to the PCT Cluster Board.

The Clinical Commissioning Group will co-design the combined healthcare strategy with the PCT/Cluster and operate within the legal framework for NHS Northamptonshire/NHS Milton Keynes. The powers and responsibilities of the Clinical Commissioning Group are set out in these Terms of Reference.

These Terms of Reference should be read in conjunction with the PCT's Standing Orders, Scheme of Delegation, Standing Financial Instructions and other financial procedures that form part thereof.

Authority

The Board is responsible for ensuring that it discharges its statutory duties for the commissioning of health and health care services. The Chief Executive of NHS Northamptonshire/NHS Milton Keynes cluster is the Accountable Officer for the PCTs in accordance with the Accountable Officer Memorandum for Chief Executives (2002). Together with the Director of Finance for NHS Northamptonshire/NHS Milton Keynes the Chief Executive is responsible for ensuring that the PCTs meet their statutory duties for financial management.

Purpose

The Clinical Commissioning Group has been established to drive forward clinical commissioning and to facilitate the delivery of the policy ambition set out in Liberating the NHS; Legislative Framework and Next Steps.

It is charged with supporting the safe and secure transfer of commissioning responsibilities from the Primary Care Trust to the Clinical Commissioning Group within the statutory framework. This will require:

- Securing leadership, capacity and capability
- Supporting the development of the consortia
- Managing resources delegated to it
- Ensuring that the responsibilities delegated to it are delivered.

The Clinical Commissioning Group will set out its arrangements for the effective, efficient and economically discharge of its responsibilities. These arrangements will need to be agreed by the Group and be compatible with the arrangements set out in its Constitution and the scheme of delegation.

The PCT Cluster Board will hold the Clinical Commissioning Group to account against an agreed set of measures and indicators. The PCT Cluster Board remains the sovereign and where the Board is not assured that the Clinical Commissioning Group is discharging its delegated duties, functions and responsibilities efficiently, effectively and economically, the Board reserves the right to take back to itself any or all such duties, functions and/or responsibilities.

These terms of reference outline the relationship between individual Clinical Commissioning Groups and the PCT Cluster Board, as well as specifying key

responsibilities for the Groups and will sit alongside their constitutions, which outline how member practices relate to the Group.

The Clinical Commissioning Groups will expect the PCTs and the PCT Cluster Board to deliver an agreed set of outcomes that will ensure Groups are facilitated to be as successful as possible, and authorised according to their proposed timescales.

Membership of the Governing Body

The PCT Cluster Board does not mandate the composition of the governing body of Clinical Commissioning Groups, but will work together with the Groups to ensure that its functions and outcomes are achieved. The Clinical Commissioning Groups must comply with future legislation, particularly with regard to regulations relating to appropriate membership of the board. The PCT Cluster Board will promote an outcome focussed culture. The Groups must work effectively with the Health and Wellbeing Board, Local Strategic Partnerships and with other partnerships where appropriate.

Accountability

The Clinical Commissioning Group is accountable to the PCT Cluster Board of NHS Northamptonshire/NHS Milton Keynes for the range of duties delegated at any given time during the transition towards authorisation. Minutes of the Clinical Commissioning Group must be submitted to the public section of the PCT Cluster Board.

Each Group will operate within the powers delegated to it by the respective board under Standing Financial Instructions. Until formal establishment as a statutory body by April 2013, all contracts entered into as a result of the Clinical Commissioning Group delegated activity must be signed off by an Executive Director of the PCT Cluster.

Quorum

The quorum for the Clinical Commissioning Group board will be as outlined in the constitution.

Duties

The Clinical Commissioning Group is responsible for ensuring their key duties are effectively discharged in accordance with the scheme of delegation and the transition plan for delegated responsibility towards authorisation.

Key Responsibilities

a) Lead on the commissioning cycle for all delegated services provided to the population, covering their constituent practices, including:

i. Work with Public Health to undertake a joint strategic needs assessment;

ii. Develop and performance manage contracts with major providers;

iii. Monitor service quality and patient safety;

iv. Initiate service reviews where it is felt that services do not provide sufficient quality and/or value for money;

v. Develop proposals for new services and new clinical pathways;

vi. Receive and approve business cases within the limits set by the Scheme of Delegation;

vii. Work with the joint commissioning units for commissioning through section 75 arrangements;

viii. Ensure robust arrangements exist for local patient and public involvement.

ix. Ensure effective involvement in the development of strategy relating to the wider health economy and the clinical networks across the region.

b) Effectively manage all delegated budgets, ensuring the efficient and effective use of funds, including the achievement of QIPP savings;

c) Support, facilitate and encourage the contribution of GP practices towards the work of the MK Commissioning by:

i. Developing a constitution to define the relationship between the Clinical Commissioning Groups and its member Practices;

ii. Agreeing a process with its member practices, where each neighbourhood and practice has a development plan that ensures that the Clinical Commissioning Groups achieve all of its key objectives and duties.

iii. To work with fellow practices and staff to deliver quality services that deliver the best health outcomes and experiences while achieving value for money for the whole community.

iv. Establishing processes for identifying and sharing best practice amongst member Practices.

v. The board of the Clinical Commissioning Groups reserve the right to exclude any practice that fails to engage with the principles and work

towards the goals of the Group that has an adverse effect on patient care and the reputation of the Group. Exclusion of a member practice would only be invoked after all other options have been exhausted.

d) Ensure that relevant PCT policies and procedures are followed, including governance arrangements as set out in the Scheme of Delegation, Standing Financial Instructions and Standing Orders.

e) Support the achievement of national and local targets.

f) Take responsibility for understanding the health needs of the registered population by engaging with colleagues across health and social care in health needs assessments and by identifying priority areas based on public health data, and the knowledge and experience of frontline staff.

g) Work with key partners, e.g. Health and Wellbeing Board, neighbouring Clinical Commissioning Groups and Public Health where appropriate and in order to achieve agreed key outcomes.

h) Organisational development of the Clinical Commissioning Group for the period, including:

i. Developing and submitting to the PCT Cluster Board, a transition plan which outlines the journey towards establishment as statutory bodies;

ii. Developing the Clinical Commissioning Group application to the NHS Commissioning Board to become a statutory body by April 2013;

iii. Producing an annual report for 2011/12, to be submitted to the NHS Commissioning Board;

iv. Developing the structure of the Clinical Commissioning Group, identifying posts required, work streams to be undertaken, GP lead roles and sub committees as required.

v. Developing a full Organisational Development Plan that ensures the Clinical Commissioning Group will be able to achieve all of their key outcomes.

i) Undertake patient and public engagement on priorities of the Group and wherever significant service change is being considered, as required.

Frequency of Meetings

The MK Commissioning CCG Board will meet in accordance with their agreed constitution but not less than on a bi-monthly basis. The Board will also convene regular meetings with member practices and will also undertake Practice visits.

The CCG will also meet regularly with key stakeholders including Health and Wellbeing, Foundation Trusts, Milton Keynes and Northamptonshire NHS, Planned and Unplanned Care, Children's and Maternity, Mental Health, Clinical Quality Review Group, IMT Network and Acute Contracts and Service Review Groups.

Observation

From April 2012, all Board meeting will be open to public and practice staff for observation, provided adequate notice is given. Adequate notice is defined as 1 week's notice, in the form of a written request to the Chair of the Board. Other observer requests will be at the discretion of the CCG Chair.

Observers will be subject to regulations as detailed in Observers Guidance (Appendix 1).

Communication

The Board will ensure that effective channels of communication are in place with all member Practices and other key stakeholders.

From April 2012, Board minutes will be posted on websites within 2 weeks of Board meetings.

An e-newsletter will be developed and distributed to all practices outlining key information following each Board meeting. It is anticipated that the newsletter will act as the main communication method to practices, supported by contact from assigned Board representatives for each cluster group.

Through existing networks, such as LINk:MK, Patient Participation Groups and clinician and Practice communication channels, the CCG have established formal and informal routes to communicate with CCG Board members. The CCG Board will continue to use these channels of approach and communication to inform agendas and to identify relevant areas to focus upon and address.

Interests

The Clinical Commissioning Group shall hold a Register of Interests; business, pecuniary or other of its members. This register shall record any material concerning personal or business interests. Any change to these interests should be notified to the Chair prior to each meeting.

Failure to disclose any interest by a member will be dealt with in line with the constitution of the Clinical Commissioning Group. Where there is any dispute or where there is any suspicion of fraud or criminal behaviour this matter will be immediately reported to the relevant PCT. Any declared interest must be recorded in the minutes.

All members and participants in meetings of the Clinical Commissioning Group shall comply with the Standards of Business Conduct for NHS Staff and NHS Code of Conduct.

Disputes

Any unresolved disputes will be considered by the PCT Cluster Board at its next or specifically convened meeting. The decision of the PCT Cluster Board in any matter shall be final.

Liability of Members

NHS Northamptonshire/NHS Milton Keynes shall provide an indemnity to any member of the Clinical Commissioning Group that if any such person acts honestly and in good faith, such persons will not have to meet out of personal resources any personal civil liability which is incurred in the execution or purported execution of the functions of the Clinical Commissioning Group, save where they have acted recklessly.

Review

The Terms of Reference for the Clinical Commissioning Groups will be reviewed in three months to ensure they remain fit for purpose and must be approved by the PCT Cluster Board.

Version Control

Version 0.9
19 July 2011
Peter Boylan – **TO BE UPDATED**

Appendix 1

CCG Board Meeting Observers Guidance – To Be Added